



Preferred Drug List Plan Type I 2010

Preferred Drug List Medication Locator Instructions:

1. With the PDF open, on the **Edit** menu, click **Find**.
2. In the **Find** box type the name of the medication you want to find.
3. Click **Find Next** button until you find the medications you're looking for.

Pharmacy Program

CeltiCare Health Plan of Massachusetts (CeltiCare) is committed to providing appropriate, high quality, and cost effective drug therapy to all CeltiCare members. CeltiCare works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. CeltiCare covers prescription medications and certain over-the-counter medications when ordered by a CeltiCare provider. The pharmacy program does not cover all medications. Some require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

Preferred Drug List

The CeltiCare Preferred Drug List (PDL) is the list of covered drugs. The PDL applies to drugs you receive at retail pharmacies. The CeltiCare PDL is continually evaluated by the CeltiCare Pharmacy and Therapeutics Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the CeltiCare Medical Director, CeltiCare Pharmacy Program Director, and several Massachusetts primary care physicians and specialists.

For the most current CeltiCare PDL you may call Member Services at 1-866-895-1786 or visit the CeltiCare website www.celticarehealthplan.com

Prior Authorizations

Some medications listed on the CeltiCare PDL may require prior authorization. This means that CeltiCare may require additional information from your provider the first time he or she prescribes these medications for you. CeltiCare will cover the medication if it is determined that:

1. There is a medical reason you need the specific medication.
2. Depending on the medication, other medications on the PDL have not worked.

All reviews are performed by a licensed clinical pharmacist using the criteria established by the CeltiCare P&T Committee.

If CeltiCare does not grant prior authorization we will notify you and your provider and provide information regarding the appeal process. If you want more information about our pharmacy program, visit our website at www.celticarehealthplan.com or call us at 1-866-895-1786.

72-Hour Emergency Supply Policy

State and Federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. **The pharmacy must call the US Script Pharmacy Help Desk at 1-800-460-8988 for a prescription override to submit the 72-hour medication supply for payment.**

Exclusions

The following drug categories are not part of the CeliCare PDL and **are not covered by the 72-hour emergency supply policy**:

- Fertility enhancing drugs
- Experimental or investigational drugs
- Immunizations and vaccines (except flu vaccine)
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Infusion therapy and supplies
- Oxygen, blood and blood plasma
- Oral vitamins and minerals (except those listed in the PDL)
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Drugs eligible for coverage under Medicare Part D
- OTC drugs (except those listed in the PDL)

Over-the-Counter Items

The CeliCare PDL covers a variety of over-the-counter (OTC) medications. You can find a list of covered OTC medications beginning on page 1 of the Over-the-Counter Pharmacy Benefit section. CeliCare PDL OTCs are covered when you have a prescription from a licensed clinician that meets all the legal requirements for a prescription.

For the most current CeliCare PDL you may call Member Services at 1-866-895-1786 or visit the CeliCare website www.celticarehealthplan.com

Step Therapy

Some medications listed on the CeliCare PDL may require specific medications to be used before you can receive the step therapy medication. If CeliCare has a record that the required medication was tried first the step therapy medications are automatically covered. If CeliCare does not have a record that the required medication was tried, your provider may be required to provide additional information.

If CeliCare does not grant prior authorization we will notify you and your provider and provide information regarding the appeal process. If you want more information about our pharmacy program, visit our website at www.celticarehealthplan.com or call us at 1-866-895-1786.

Quantity Limits

To make sure the drugs you take are safe, CeltiCare may limit how much of your medication you can get at one time. If your provider feels you have a medical reason for getting a larger amount, he or she can ask for prior authorization.

If CeltiCare does not grant prior authorization we will notify you and your provider and provide information regarding the appeal process. If you want more information about our pharmacy program, visit our website at www.celticarehealthplan.com or call us at 1-866-895-1786.

Generic Drugs

When generic drugs are available, the brand-name drug will not be covered without prior CeltiCare authorization. Generic drugs have the same active ingredient, work the same as brand-name drugs, and have lower co-payments. If you and your provider feel a brand-name drug is medically necessary, your provider can ask for prior authorization.

We will cover the brand-name drug according to our clinical guidelines if there is a medical reason you need the particular brand-name drug.

If CeltiCare does not grant prior authorization we will notify you and your provider and provide information regarding the appeal process. If you want more information about our pharmacy program, visit our website at www.celticarehealthplan.com or call us at 1-866-895-1786.

The provision is waived for the following products due to their narrow therapeutic index (NTI) as recognized by current medical and pharmaceutical literature:

Aminophylline, Amiodarone, Carbamazepine, Clozapine, Cyclosporine, Digoxin, Disopyramide, Ethosuximide, Flecainide, L-thyroxine, Lithium, Phenytoin, Procainamide, Propafenone, Theophylline, Thyroid, Valproate Sodium, Valproic Acid, and Warfarin.

Newly Approved Products

We review new drugs for safety and effectiveness before adding them to the CeltiCare PDL. During this period, access to these medications will be considered through the PA review process.

If CeltiCare does not grant prior authorization we will notify you and your provider and provide information regarding the appeal process. If you want more information about our pharmacy program, visit our website at www.celticarehealthplan.com or call us at 1-866-895-1786.

Specialty Pharmacy Provider

Certain medications are only covered when supplied by CeltiCare's specialty pharmacy provider. Caremark is our specialty pharmacy provider.

Our Pharmacy Program Director and Medical Director oversee the clinical review of these medications and Caremark provides you with the following services:

- Delivers drugs to your home or provider's office

- Provide staff pharmacists who can help you 24 hours a day, seven days a week to answer your questions and offer help with your drugs
- Give you information, materials, and ongoing support to help you take the drugs to appropriately manage your health condition

These drugs are not available at retail pharmacies.

Additional information about the drugs that Caremark provides begins on page 1 of the Biopharmaceutical Pharmacy Program section, or you can visit our website at www.celticarehealthplan.com or call us at 1-866-895-1786.

Filling a Prescription

You can have your prescriptions filled at a network pharmacy.

If you decide to have your prescription filled at a network pharmacy you can locate a pharmacy near you by using your Provider Directory. You may also call a Member Services Representative to help you find a pharmacy. At the pharmacy you will need to provide the pharmacist with your prescription and your CeltiCare ID card.

Please contact CeltiCare at 1-866-895-1786 (TDD/TTY 1-866-614-1949) if you have questions about filling your prescriptions.

Co-Pays

The following list provides the co-pay amounts for Plan Type I. The table lists the co-pays for a one month supply at a retail pharmacy.

Plan Type I	
Generics that are in the following drug classes: antihyperglycemics, antihypertensives and antihyperlipidemics.	\$1.00
Generics	\$2.00
Non-Preferred Brands/High Cost	\$3.00

Over-the-Counter Pharmacy Program

CeltiCare pharmacy program covers a variety of OTC products. The products listed below are covered when you have a prescription from a licensed clinician that meets all the legal requirements for a prescription and have it filled at a CeltiCare network pharmacy. Covered products are available in quantities up to a 30-day supply for \$2 co-pay. All other OTC drugs except insulins require PA. Please note that **generic** products must be prescribed when available.

Antacids

Maalox-**generic** tablets, liquid
 Mylanta DS-**generic** liquid

Antibiotics

Bacitracin ointment-**generic**
 Clotrimazole – cream, vaginal cream/inserts-**generic**
 Miconazole – cream, vaginal cream/inserts - **generic**
 Tolnaftate – cream, gel, solution, aerosol - **generic**

Anti-Diarrheals

Imodium A-D-**generic** (loperamide) capsules
 Pepto-Bismol-**generic** (pink bismuth) liquid 262mg/15ml

Anti-Emetic

Antivert-**generic** (meclizine)

Anti-Flatulents

Gas-X chewables – **generic** simethicone 80mg
 Mylicon drops** – **generic** simethicone 40 mg/0.6ml

Anti-Histamines

Benadryl-**generic** (diphenhydramine)-capsules, liquid
 Chlor-Trimeton-**generic** (chlorpheniramine)-tablets, liquid
 Claritin - **generic** (loratadine) – tablets, syrup
 Claritin-D- **generic** (loratadine/ pseudoephedrine) - tablets

Antitussive

Robitussin DM -**generic** (guaifenesin DM) syrup

Cough Suppressant/Decongestant

Triaminic AM, Night, soft chewable tablets-**generic**

Counterirritants

Capzasin-P cream-**generic**

Diluents

Sodium chloride-**generic**

DME Products

Diabetic testing supplies
 Humidifiers & vaporizers (selected NDC #s)
 Peak Flow Meters
 Spacers

Dry Skin Preparations

AmLactin-**generic**

Ear Preparations

Debrox drops-**generic**
 Star Otic drops

Electrolytes

Electrolyte solutions-**generic**

Expectorant

Robitussin - **generic** (guaifenesin) syrup

H2-Receptor Antagonists

Pepcid 10mg tablets – **generic** (famotidine)
 Zantac 75mg tablets-**generic** (ranitidine)

Laxatives

Citrate of magnesium-**generic**
 Colace-**generic** (docusate sodium) capsules
 Dulcolax-**generic** (bisacodyl) tablets, suppositories
 Fleet enema-**generic**
 Milk Of Magnesium-**generic** MOM
 Miralax OTC

Pediatric glycerin suppositories-**generic**

Mast Cell Stabilizer

Nasal crom spray-**generic**

Minerals

Citracal – **generic** (calcium citrate) - tablets
 Citracal + D – **generic** (calcium citrate + D) – tablets
 Magnesium oxide-**generic**
 Neutra-phos/K powder-**generic**
 Oscal 500 + Vit D – **generic** (calcium carbonate + D) - tablets
 Tums Chew Tabs – **generic** (calcium carbonate)

Nasal Decongestant

Sudafed-**generic** (pseudoephedrine)-tablets, liquid

NSAIDs

Ibuprofen-**generic** tablets, chewable, liquid, drops
 Naproxen – **generic** tablets

Ophthalmic Preparations

Alaway – (ketotifen 0.025%)
 Artificial tears – **generic** drops
 Naphcon-A-**generic** (naphazoline/pheniramine 0.025/0.3)
 Zaditor-OTC (ketotifen 0.025%)

Pediculicides

NIX – **generic** (permethrin)
 RID-**generic** (pyrethrins/piperonyl butoxide)

Poison Ivy

Calamine-**generic**
 Hydrocortisone cream, lotion, ointment, solution -**generic**

Protectants

Zinc oxide ointment-**generic**

Proton Pump Inhibitors (PPIs)

Prilosec OTC tablets

Salicylates & Antipyretics

Acetaminophen-**generic** tablets, elixir, drops, suppositories
 Aspirin-**generic** tablets

Smoking Deterrents

Commit Lozenges
 NicoDerm CQ transdermal patch-**generic**

Nicorette DS gum-**generic**

Nicorette gum-**generic**

Nicotrol transdermal patch-**generic**

Trace Elements

Ferrous gluconate – **generic** tablets
 Ferrous sulfate-**generic** tablets, elixir, drops

Vitamins

Folic acid-**generic**
 Multi-vitamins with iron-**generic** tablets, liquid, chewable
 Multi-vitamins-**generic** tablets, liquid, chewable
 Nicotinic acid-**generic**
 Prenatal vitamins-**generic** tablets

All CeltiCare covered products are listed in the PDL. For the most current CeltiCare PDL you may call Member Services at 1-866-895-1786 or visit the CeltiCare website at www.celticarehealthplan.com.



MEDICATION PRIOR AUTHORIZATION REQUEST FORM

CeltiCare Health Plan of Massachusetts

(Do Not Use This Form for Biopharmaceutical Products*)



FAX this completed form to 866-399-0929

OR Mail requests to: US Script PA Dept / 2425 West Shaw Avenue / Fresno, CA 93711

Call 866-810-1903 to request a 72-hour supply of medication.

I. Provider Information		II. Member Information	
Prescriber name (print):		Member name:	
Prescriber Specialty:		Identification number:	
Fax:	Phone:	Date of Birth:	
Office Contact Name:		Medication allergies:	

III. Drug Information <i>(One drug request per form)</i>			
Drug name and strength:	Dosage form:	Dosage interval (sig):	Qty per Day:

Diagnosis relevant to **this** request:

Expected length of therapy:

Medication History for this Diagnosis

A. Is member currently treated on this medication?
 yes; How Long? _____ [go to item B] no [skip items B & C; go to item D]

B. Is this request for continuation of a previous approval?
 yes [go to item C] no [skip item C; go to item D]

C. Has strength, dosage, or quantity required per day increased or decreased?
 yes [go to item D] no [skip item D; indicate rationale for continuation in Section IV and submit form]

D. Please indicate previous treatment and outcomes below.

Drug Name (include strength and dosage)	Dates of Therapy	Reason for Discontinuation
1		
2		
3		
4		

NOTE: Confirmation of use will be made from member history on file; prior use of preferred drugs is a part of the exception criteria. The **CeltiCare Health Plan Preferred Drug List (PDL)** is available on the **CeltiCare Health Plan** website at www.CeltiCarehealthplan.com.

IV. Rationale for Request / Pertinent Clinical Information (Required for all Prior Authorizations)

Appropriate clinical information to support the request on the basis of medical necessity must be submitted.	Provider Signature:	Date:
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US Script will respond via fax or phone within 24 hours of receipt of all necessary information, except during weekends and holidays. Requests for prior authorization (PA) must include member name, ID#, and drug name. **Incomplete forms will delay processing.** Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)

***Contact Caremark at 800-237-2767 for Biopharmaceutical Products.**

Biopharmaceutical Pharmacy Program

CeltiCare works with CVS Caremark Specialty Pharmacy, to provide biopharmaceuticals and injectables. While the CeltiCare Medical Director and CeltiCare Director of Pharmacy Services oversee the clinical review, CVS Caremark Specialty Pharmacy is responsible for administering the PA process.

If a provider wishes to use office stock or if a drug is not listed on the Caremark product list below, please fax requests to CeltiCare Pharmacy Department at 866-614-4957.

Use the following guidelines for efficient processing of your PA request. Physicians can request that Caremark Specialty Pharmacy deliver the biopharmaceutical product or specialty injectable to their office or to the member's home:

1. Call Caremark Specialty Pharmacy at 1-800-237-2767 or fax Caremark Specialty Pharmacy the Caremark Enrollment Form to 1-800-323-2445 for Prior Authorization.
2. If approved, Caremark will contact the physician or member for delivery confirmation.

Below is a list of products that CVS Caremark can supply to CeltiCare members. Due to changing market conditions this list is not all inclusive.

ACTHAR HP	COPAXONE	HERCEPTIN *
ACTIMMUNE *	COPEGUS	HUMATE-P
ADVATE	CORTROSYN	HUMATROPE
ALDURAZYME	CYSTADANE	HUMIRA
ALPHANATE	CYSTAGON	HYALGAN
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	CYTOGAM	INCRELEX
ALPHANINE SD	DACOGEN *	INFERGEN
AMEVIVE	DEGARELIX	INNOHEP
APOKYN	ELAPRASE	INTRON-A *
ARALAST	ELIGARD *	ISENTRESS
ARALAST NP	ENBREL	KINERET
ARANESP ALBUMIN FREE	EPOGEN	KOATE-DVI
ARCALYST	EPOPROSTENOL SODIUM	KOGENATE FS
ARIXTRA	EXJADE	KUVAN
ATGAM	FABRAZYME	LETAIRIS
AVASTIN *	FEIBA VH IMMUNO	LEUKINE
AVONEX	FLEBOGAMMA	LEUPROLIDE ACETATE *
BEBULIN VH	FORTEO	LOVENOX
BENEFIX	FRAGMIN	LUCENTIS
BETASERON	FUZEON	LUPRON DEPOT
BOTOX	GAMASTAN S/D	MACUGEN
CARIMUNE NANOFILTERED	GAMMAGARD LIQUID	MESNEX *
CEREDASE	GAMMAGARD S/D	MIRENA
CEREZYME	GAMUNEX	MITOXANTRONE HCL *
CIMZIA	GENOTROPIN	MONARC-M
CINRYZE	HELIXATE FS	MONOCLATE-P
	HEMOFIL M	

Biopharmaceutical Pharmacy Program

MONONINE	PROPLEX T FACTOR IX COMP FACTOR VII ACTIVITY UNITS 700-3900	SYNAGIS
MOZOBIL	PULMOZYME	SYNVISC
MYOBLOC	REBETOL	TEV-TROPIN
MYOZYME	REBETOL	THALOMID
NAGLAZYME	REBIF	THYMOGLOBULIN
NEULASTA	RECOMBINATE	THYROGEN
NEUMEGA	REFACTO	TOBI
NEUPOGEN	REMICADE	TRACLEER
NEXAVAR	REMODULIN	TRELSTAR DEPOT
NORDITROPIN	REVLIMID	TRELSTAR LA
NOVANTRONE *	RIBAPAK	TYSABRI
NOVOSEVEN	RIBASPHERE	VANTAS *
NPLATE	RIBAVIRIN	VECTIBIX *
NUTROPIN	RISPERDAL CONSTA	VELCADE *
NUTROPIN AQ	RITUXAN	VENTAVIS
OCTAGAM	ROFERON-A *	VIDAZA *
OCTREOTIDE ACETATE	SAIZEN *	VISUDYNE
OMNITROPE	SANDOSTATIN	VIVAGLOBIN
ORENCIA	SELZENTRY	VIVITROL
ORTHOVISC	SENSIPAR	XENAZINE
PEGASYS	SEROSTIM	XOLAIR
PEG-INTRON	SIMULECT	ZENAPAX
POLYGAM S/D	SOLIRIS	ZOLADEX *
PRIALT	SOMAVERT	ZOLINZA
PRIVIGEN	SORIATANE CK	ZORBTIVE
PROCRIT	STIMATE	
PROFILNINE SD	SUPARTZ	
PROLEUKIN *	SUPPRELIN LA *	
PROMACTA		

* Indicates the product is exempt from the PA process if prescribed by an Oncologist.

All CeliCare covered products are listed in the PDL. For the most current CeliCare PDL, you may call Member Services at 1-866-895-1786 or visit the CeliCare website at www.celticarehealthplan.com.



Specialty Pharmacy Services Enrollment Form

Fax Referral To: 800-323-2445

Phone: 800-237-2767

Date: _____ Needs by Date: _____

Ship to: Patient Office Other: _____

PATIENT INFORMATION

(Complete the following or send patient demographic sheet)

Patient Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Alternate Phone: _____

SS #: _____

Date of Birth: _____ Gender: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

State License #: _____ UPIN: _____

DEA #: _____ NPI #: _____

Group or Hospital: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Contact Person: _____ Phone: _____

INSURANCE INFORMATION (Please copy and attach the front and back of insurance and prescription drug card)

Primary Insurance: Subscriber: _____ ID#: _____ Name of Insurer: _____ Phone: _____

Secondary Insurance: Subscriber: _____ ID#: _____ Name of Insurer: _____ Phone: _____

STATEMENT OF MEDICAL NECESSITY

Diagnosis:	Additional Clinical Information:
Please include diagnosis name and ICD-9:	• Weight: _____ kg/lbs • Height: _____ in/cm
_____	• Allergies: _____
_____	• Lab Data: _____
_____	• Concomitant Medications: _____
• Date of Diagnosis: _____	• Additional Comments: _____

Injection Training/Home Health Coordination:

• Injection training/home health will be/has been conducted/coordinated by the Physician's office. Yes No • If Yes, Date: _____

• Specialty Pharmacy to coordinate injection training/home health nursing. Yes No *Agency of Choice: _____

PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS

PRODUCT SUBSTITUTION PERMITTED (Date) _____

DISPENSE AS WRITTEN (Date) _____

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee. Do not disseminate material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee. Specialty Pharmacy Services 072108

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
1/2HALFPRIN	81MG	G	OTC	\$2						
8-MOP	10MG	B		\$3						
A/B OTIC	5.4%; 1.4%	G		\$2						
A-25	25000UNIT	G	OTC	\$2						
A-25000 FISH OIL	25000UNIT	G	OTC	\$2						
ABILIFY	10MG	B		\$3		1	per	1	day	
ABILIFY	15MG	B		\$3		1	per	1	day	
ABILIFY	1MG/ML	B		\$3	Yes	5	per	1	day	
ABILIFY	20MG	B		\$3		1	per	1	day	
ABILIFY	2MG	B		\$3		1	per	1	day	
ABILIFY	30MG	B		\$3		1	per	1	day	
ABILIFY	5MG	B		\$3		1	per	1	day	
ABILIFY	9.75MG/1.3ML	B		\$3	Yes					
ABILIFY DISCMELT	10MG	B		\$3	Yes	1	per	1	day	Prior Authorization is required for the orally disintegrating tablet.
ABILIFY DISCMELT	15MG	B		\$3	Yes	1	per	1	day	Prior Authorization is required for the orally disintegrating tablet.
ABSORBINE JR	1%	G	OTC	\$2						
ACANYA	2.5%; 1.2%	B		\$3	Yes					
ACARBOSE	100MG	G		\$1						
ACARBOSE	25MG	G		\$1						
ACARBOSE	50MG	G		\$1						
ACCOLATE	10MG	B		\$3		2	per	1	day	Step therapy applies for use of ICS or alternative allergic rhinitis therapy
ACCOLATE	20MG	B		\$3		2	per	1	day	Step therapy applies for use of ICS or alternative allergic rhinitis therapy
ACCU-CHEK ACTIVE GLUCOSE CONTROL SOLUTION		B	OTC	\$0		1	per	90	days	
ACCU-CHEK ACTIVE STRIPS		B	OTC	\$0		5	per	1	day	
ACCU-CHEK AVIVA		B	OTC	\$0		5	per	1	day	
ACCU-CHEK COMFORT CURVE CONTROL SOLUTION (2 LEVELS)		B	OTC	\$0		1	per	90	days	
ACCU-CHEK COMFORT CURVE LINEARITY SOLUTION		B	OTC	\$0		1	per	90	days	
ACCU-CHEK COMFORT CURVE TEST STRIPS		B	OTC	\$0		5	per	1	day	
ACCU-CHEK COMPACT GLUCOSE CONTROL SOLUTION		B	OTC	\$0		1	per	90	days	
ACCU-CHEK COMPACT STRIPS		B	OTC	\$0		5	per	1	day	
ACCU-CHEK COMPACT TEST DRUM		B	OTC	\$0		5	per	1	day	
ACCU-CHEK INSTANT GLUCOSE		B	OTC	\$0		5	per	1	day	
ACCU-CHEK INSTANT GLUCOSE CONTROL SOLUTION (2 LEVELS)		B	OTC	\$0		1	per	90	days	
ACCU-CHEK INSTANT PLUS		B	OTC	\$0		5	per	1	day	
ACCU-CHEK MULTICLIX LANCETS		B	OTC	\$0		7	per	1	day	
ACCU-CHEK SAFE-T-PRO LANCETS		B	OTC	\$0		7	per	1	day	
ACCU-CHEK SAFE-T-PRO PLUSLANCETS		B	OTC	\$0		7	per	1	day	
ACCU-CHEK SOFT TOUCH LANCET DEVICE		B	OTC	\$0		1	per	180	days	
ACCU-CHEK SOFT TOUCH LANCETS		B	OTC	\$0		7	per	1	day	
ACCU-CHEK SOFTCLIX LANCETDEVICE		B	OTC	\$0		1	per	180	days	
ACCU-CHEK SOFTCLIX LANCETS		B	OTC	\$0		7	per	1	day	
ACCUSURE INSULIN SYRINGE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
ACCUSURE INSULIN SYRINGE/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
ACCUSURE INSULIN SYRINGE/0.5ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
ACCUSURE INSULIN SYRINGE/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
ACCUSURE INSULIN SYRINGE/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
ACCUSURE INSULIN SYRINGE/1ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ACE AEROSOL CLOUD ENHANCER		B		\$0		2	per	360	days	
ACEBUTOLOL HCL	200MG	G		\$1						
ACEBUTOLOL HCL	400MG	G		\$1						
ACEON	2MG	B		\$3	Yes					
ACEON	4MG	B		\$3	Yes					
ACEON	8MG	B		\$3	Yes					
ACEPHEN	120MG	G	OTC	\$2		24	per		dispense	
ACEPHEN	325MG	G	OTC	\$2		24	per		dispense	
ACEPHEN	650MG	G	OTC	\$2		24	per		dispense	
ACETAMIN	500MG	G	OTC	\$2						
ACETAMINOPHEN	120MG	G	OTC	\$2		24	per		dispense	
ACETAMINOPHEN	160MG	G	OTC	\$2						
ACETAMINOPHEN	160MG/5ML	G	OTC	\$2						
ACETAMINOPHEN	325MG	G	OTC	\$2		24	per		dispense	
ACETAMINOPHEN	500MG	G	OTC	\$2						
ACETAMINOPHEN	650MG	G	OTC	\$2		24	per		dispense	
ACETAMINOPHEN	80MG	G	OTC	\$2						
ACETAMINOPHEN	80MG/0.8ML	G	OTC	\$2						
ACETAMINOPHEN /CODEINE	120MG/5ML; 12MG/5ML	G		\$2		30	per	1	day	
ACETAMINOPHEN CHILDRENS	80MG	G	OTC	\$2						
ACETAMINOPHEN CONCENTRATED	80MG/0.8ML	G	OTC	\$2						
ACETAMINOPHEN EXTRA STRENGTH	500MG	G	OTC	\$2						
ACETAMINOPHEN/CAFFEINE/DIHY DROCODEINE BITARTRATE	712.8MG; 60MG; 32MG	G		\$2	Yes					
ACETAMINOPHEN/CODEINE	120MG/5ML; 12MG/5ML	G		\$2		30	per	1	day	
ACETAMINOPHEN/CODEINE	300MG; 15MG	G		\$2		6	per	1	day	
ACETAMINOPHEN/CODEINE	300MG; 60MG	G		\$2		6	per	1	day	
ACETAMINOPHEN/CODEINE #2	300MG; 15MG	G		\$2		6	per	1	day	
ACETAMINOPHEN/CODEINE #3	300MG; 30MG	G		\$2		6	per	1	day	
ACETAMINOPHEN/CODEINE #4	300MG; 60MG	G		\$2		6	per	1	day	
ACETAMINOPHEN/CODEINE PHOSPHATE	300MG; 30MG	G		\$2		6	per	1	day	
ACETAMINOPHEN-CODEINE #4	300MG; 60MG	G		\$2		6	per	1	day	
ACETAZOLAMIDE	125MG	G		\$2						
ACETAZOLAMIDE	250MG	G		\$2						
ACETAZOLAMIDE	500MG	G		\$2						
ACETIC ACID	2%	G		\$2		15	per		dispense	
ACETIC ACID/HYDROCORTISONE	2%; 1%	G		\$2		10	per		dispense	
ACETYLCYSTEINE	10%	G		\$2						
ACETYLCYSTEINE	20%	G		\$2						
ACID REDUCER	10MG	G	OTC	\$2						
ACID REDUCER	75MG	G	OTC	\$2						
ACID REDUCER 200	200MG	G	OTC	\$2						
ACIPHEX	20MG	B		\$3	Yes	1	per	1	day	Priosec OTC and omerprazole capsules preferred.
ACNE-CLEAR	10%	G	OTC	\$2						
ACT ANTICAVITY FLUORIDE RINSE	0.05%	G	OTC	\$2						
ACT ANTICAVITY FLUORIDE RINSE KIDS	0.05%	G	OTC	\$2						
ACT FLUORIDE	0.05%	G	OTC	\$2						
ACT FLUORIDE DENTAL RINSE	0.05%	G	OTC	\$2						
ACT FOR KIDS	0.05%	G	OTC	\$2						
ACT RESTORING FLUORIDE RINSE	0.05%	G	OTC	\$2						
ACTHAR HP	80UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ACTIMMUNE	2000000UNIT/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
ACTIQ	1200MCG	B		\$3	Yes					
ACTIQ	1600MCG	B		\$3	Yes					
ACTIQ	200MCG	B		\$3	Yes					
ACTIQ	400MCG	B		\$3	Yes					
ACTIQ	600MCG	B		\$3	Yes					
ACTIQ	800MCG	B		\$3	Yes					
ACTIVELLA	0.5MG; 0.1MG	B		\$3						
ACTIVELLA	1MG; 0.5MG	B		\$3	Yes					Generics preferred
ACTIVITY PACK W/POCKET CHAMBER AND POUCH		B	OTC	\$0		2	per	360	days	
ACTIVITY POUCH		B		\$0		2	per	360	days	
ACTIONEL	150MG	B		\$3	Yes					

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ACTONEL	30MG	B		\$3	Yes	1	per	1	day	
ACTONEL	35MG	B		\$3	Yes	4	per	28	days	
ACTONEL	5MG	B		\$3	Yes	1	per	1	day	
ACTONEL	75MG	B		\$3	Yes					
ACTONEL WITH CALCIUM	1250MG; 35MG	B		\$3	Yes					
ACTOPLUS MET	500MG; 15MG	B		\$3	Yes	2	per	1	day	
ACTOPLUS MET	850MG; 15MG	B		\$3	Yes	2	per	1	day	
ACTOS	15MG	B		\$3		1	per	1	day	
ACTOS	30MG	B		\$3		1	per	1	day	
ACTOS	45MG	B		\$3		1	per	1	day	
ACULAR	0.5%	B		\$3		5	per		dispense	
ACULAR LS	0.4%	B		\$3						
ACULAR PF	0.5%	B		\$3		5	per		dispense	
ACYCLOVIR	200MG	G		\$2						
ACYCLOVIR	200MG/5ML	G		\$2						
ACYCLOVIR	400MG	G		\$2						
ACYCLOVIR	800MG	G		\$2						
ACZONE	5%	B		\$3	Yes					
ADAPTER PED DISPOSABLE MOUTHPIECE		B	OTC	\$0						
ADCIRCA	20MG	B		\$3	Yes					Prior authorization review as specialty drug
ADDAPRIN	200MG	G	OTC	\$2						
ADJUSTABLE LANCING DEVICE		B	OTC	\$0		1	per	180	days	
ADOXA	150MG	B		\$3	Yes					
ADRENALIN	0.1%	B		\$3						
ADULT AEROSOL MASK		B		\$0		2	per	360	days	
ADULT ASPIRIN LOW STRENGTH	81MG	B	OTC	\$2						
ADULT DISPOSABLE MOUTHPIECE		B	OTC	\$0						
ADULT MASK		B		\$0		2	per	360	days	
ADULT MASK LARGE		B		\$0		2	per	360	days	
ADVAIR DISKUS	100MCG/DOSE; 50MCG/DOSE	B		\$3		60	per	30	days	
ADVAIR DISKUS	250MCG/DOSE; 50MCG/DOSE	B		\$3		60	per	30	days	
ADVAIR DISKUS	500MCG/DOSE; 50MCG/DOSE	B		\$3		60	per	30	days	
ADVAIR HFA	115MCG/ACT; 21MCG/ACT	B		\$3		12	per	30	days	
ADVAIR HFA	230MCG/ACT; 21MCG/ACT	B		\$3		12	per	30	days	
ADVAIR HFA	45MCG/ACT; 21MCG/ACT	B		\$3		12	per	30	days	
ADVANCE INTUITION CONTROL SOLUTION		B	OTC	\$0		1	per	90	days	
ADVANCE INTUITION TEST STRIPS		B	OTC	\$0		5	per	1	day	
ADVANCE MICRO-DRAW CONTROL LEVEL 1-2		B	OTC	\$0		1	per	90	days	
ADVANCE MICRO-DRAW NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
ADVANCE MICRO-DRAW TEST STRIPS		B	OTC	\$0		5	per	1	day	
ADVATE	1000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
ADVATE	1500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
ADVATE	2000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
ADVATE	250UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
ADVATE	3000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
ADVATE	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
ADVICOR	20MG; 1000MG	B		\$3	Yes	1	per	1	day	Single agent generics are preferred
ADVICOR	20MG; 500MG	B		\$3	Yes	1	per	1	day	Single agent generics are preferred
ADVICOR	20MG; 750MG	B		\$3	Yes	1	per	1	day	Single agent generics are preferred
ADVICOR	40MG; 1000MG	B		\$3	Yes	1	per	1	day	Single agent generics are preferred
ADVOCATE CONTROL SOLUTIONHIGH		B	OTC	\$0		1	per	90	days	
ADVOCATE CONTROL SOLUTIONLOW		B	OTC	\$0		1	per	90	days	
ADVOCATE LANCETS		B	OTC	\$0		7	per	1	day	
ADVOCATE LANCING DEVICE		B	OTC	\$0		1	per	180	days	
ADVOCATE REDI-CODE		B	OTC	\$0		5	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ADVOCATE SAFETY LANCETS		B	OTC	\$0		7	per	1	day	
ADVOCATE TEST STRIPS		B	OTC	\$0		5	per	1	day	
AEROBID	250MCG/ACT	B		\$3						
AEROBID-M	250MCG/ACT	B		\$3						
AEROCHAMBER MAX VALVED HOLDING CHAMBER W/COMFORTSEAL MASK		B		\$0		2	per	360	days	
AEROCHAMBER MAX VALVED HOLDING CHAMBER W/FLOW-VU		B		\$0		2	per	360	days	
AEROCHAMBER MV		B		\$0		2	per	360	days	
AEROCHAMBER PLUS		B		\$0		2	per	360	days	
AEROCHAMBER PLUS/LARGE MASK		B		\$0		2	per	360	days	
AEROCHAMBER PLUS/MASK		B		\$0		2	per	360	days	
AEROCHAMBER PLUS/SMALL MASK		B		\$0		2	per	360	days	
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU		B		\$0		2	per	360	days	
AEROCHAMBER Z-STAT PLUS/FLWSIGNAL		B		\$0		2	per	360	days	
AEROCHAMBER Z-STAT PLUS/LARGE MASK		B		\$0		2	per	360	days	
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK		B		\$0		2	per	360	days	
AEROCHAMBER Z-STAT PLUS/SMALL MASK		B		\$0		2	per	360	days	
AEROCHAMBER/FLWSIGNAL		B		\$0		2	per	360	days	
AEROGEAR ASTHMA ACTION		B		\$0		1	per	360	days	
AEROTRACH PLUS		B		\$0		2	per	360	days	
AF CAPSICUM OLEORESIN	0.025%	G	OTC	\$2						
AFEDITAB CR	30MG	G		\$2		1	per	1	day	
AFEDITAB CR	60MG	G		\$2		1	per	1	day	
AFINITOR	10MG	B		\$3	Yes					Prior authorization review as specialty drug
AFINITOR	5MG	B		\$3	Yes					Prior authorization review as specialty drug
AFLURIA 2007-2008		B		\$3						
AFLURIA 2008-2009		B		\$3						
AFLURIA PF 2007-2008		B		\$3						
AFLURIA PF 2008-2009		B		\$3						
AGGRASTAT	0.9%; 25MG/500ML	B		\$3						
AGGRASTAT	12.5MG/50ML	B		\$3						
AGGRENOX	25MG; 200MG	B		\$3						
AIMSCO INSULIN SYRINGE MAXI- COMFORT/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
AIMSCO INSULIN SYRINGE MAXI- COMFORT/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
AIMSCO INSULIN SYRINGE ULTRA THIN/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
AIMSCO INSULIN SYRINGE ULTRA THIN/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
AIMSCO INSULIN SYRINGE ULTRA THIN/U-100/0.3ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
AIMSCO INSULIN SYRINGE ULTRA THIN/U-100/0.5ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
AIMSCO INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
AIMSCO INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
AIMSCO ULTRA THIN AUTO LANCET		B	OTC	\$0		7	per	1	day	
AIMSCO ULTRA THIN LANCETS		B	OTC	\$0		7	per	1	day	
AIRS PEDIATRIC AEROSOL MASK		B	OTC	\$0		2	per	360	days	
AIRZONE PEAK FLOW METER		B	OTC	\$0		1	per	360	days	
AKNE-MYCIN	2%	B		\$3	Yes	25	per		dispense	Prior authorization is required for combination acne and rosacea products and convenience dosing
AKORN BALANCED SALT SOLUTION	0.048%; 0.03%; 0.075%; 0.39%; 0.49%; 0.17%	G		\$2						
AKTEN	3.5%	B		\$3						
AKWA TEARS	1.4%	G	OTC	\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
AL12	12%	G	OTC	\$2		400	per		dispense	
ALA CORT	1%	G		\$2		30	per		dispense	
ALA-CORT	1%	G		\$2		120	per		dispense	
ALAMAG	225MG/5ML; 200MG/5ML	G	OTC	\$2		720	per	30	days	
ALAMAG	300MG; 150MG	G	OTC	\$2						
ALAMAG PLUS	225MG/5ML; 200MG/5ML; 25MG/5ML	G	OTC	\$2						
ALAMAG-PLUS	200MG; 200MG; 25MG	G	OTC	\$2						
ALAMAST	0.1%	B		\$3	Yes					Prior authorization is not required for artificial tears, Alaway, NaphconA, OpconA, VisineA, VasoconA, and Zaditor OTC
ALAVERT	10MG	G	OTC	\$2		1	per	1	day	
ALAVERT	5MG/5ML	G	OTC	\$2		10	per	1	day	
ALAVERT ALLERGY/SINUS	5MG; 120MG	G	OTC	\$2		2	per	1	day	
ALAWAY	0.025%	G	OTC	\$2		10	per		dispense	
ALBA-3	400UNIT/GM; 5MG/GM; 5000UNIT/GM	G	OTC	\$2		15	per		dispense	
ALBENZA	200MG	B		\$3						
ALBUTEROL	90MCG/ACT	B		\$2		34	per	30	days	
ALBUTEROL SULFATE	0.083%	G		\$2		375	per	25	days	
ALBUTEROL SULFATE	0.5%	G		\$2		2	per	1	day	
ALBUTEROL SULFATE	0.63MG/3ML	G		\$2						
ALBUTEROL SULFATE	1.25MG/3ML	G		\$2						
ALBUTEROL SULFATE	2MG	G		\$2						
ALBUTEROL SULFATE	2MG/5ML	G		\$2						
ALBUTEROL SULFATE	4MG	G		\$2						
ALBUTEROL SULFATE ER	4MG	G		\$2						
ALBUTEROL SULFATE ER	8MG	G		\$2						
ALCALAK	420MG	G	OTC	\$2						
ALCLOMETASONE DIPROPIONATE	0.05%	G		\$2						
ALCOHOL PREP		B	OTC	\$0		400	per		dispense	
ALCOHOL PREP PADS	70%	B	OTC	\$0		400	per		dispense	
ALCOHOL PREPS		B	OTC	\$0		400	per		dispense	
ALDARA	5%	B		\$3	Yes	24	per	60	days	
ALDROXICON I	200MG/5ML; 200MG/5ML; 20MG/5ML	G	OTC	\$2		720	per	30	days	
ALDROXICON II	400MG/5ML; 400MG/5ML; 40MG/5ML	G	OTC	\$2						
ALDURAZYME	2.9MG/5ML	B		\$3	Yes					Prior authorization for review as specialty drug
ALENDRONATE SODIUM	10MG	G		\$2		1	per	1	day	
ALENDRONATE SODIUM	35MG	G		\$2		4	per	28	days	
ALENDRONATE SODIUM	40MG	G		\$2		1	per	1	day	
ALENDRONATE SODIUM	5MG	G		\$2		1	per	1	day	
ALENDRONATE SODIUM	70MG	G		\$2		4	per	28	days	
ALER-CAP	25MG	G	OTC	\$2						
ALER-DRYL	50MG	G	OTC	\$2						
ALERTAB	25MG	G	OTC	\$2						
ALER-TAB	25MG	G	OTC	\$2						
ALINIA	100MG/5ML	B		\$3	Yes					
ALINIA	500MG	B		\$3	Yes					
ALKA MINTS	850MG	B	OTC	\$2						
ALKA-MINTS	850MG	B	OTC	\$2						
ALKA-SELTZER ANTACID	500MG	B	OTC	\$2						
ALKA-SELTZER ANTI-GAS	125MG	G	OTC	\$2						
ALKERAN	2MG	B		\$3						
ALL DAY ALLERGY	10MG	G	OTC	\$2		1	per	1	day	
ALL DAY ALLERGY CHILDRENS	1MG/ML	G	OTC	\$2		10	per	1	day	
ALL DAY RELIEF	220MG	G	OTC	\$2		2	per	1	day	
ALL FLOW 1000 PULMONARY FUNCTION FILTER		B		\$0		2	per	360	days	
ALL FLOW RUBBER MOUTHPIECE		B		\$0						
ALLEGRA	30MG/5ML	B		\$3	Yes					
ALLEGRA-D 12 HOUR	60MG; 120MG	B		\$3	Yes					
ALLEGRA-D 24 HOUR	180MG; 240MG	B		\$3	Yes					
ALLER-CHLOR	2MG/5ML	G	OTC	\$2		60	per	1	day	
ALLER-CHLOR	4MG	G	OTC	\$2		6	per	1	day	
ALLERGY	10MG	G	OTC	\$2		1	per	1	day	
ALLERGY	4MG	G	OTC	\$2		6	per	1	day	
ALLERGY MED	25MG	G	OTC	\$2						
ALLERGY MEDICATION	25MG	G	OTC	\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ALLERGY RELIEF	10MG	G	OTC	\$2		1	per	1	day	
ALLERGY RELIEF	4MG	G	OTC	\$2		6	per	1	day	
ALLERGY RELIEF	5MG/5ML	G	OTC	\$2		10	per	1	day	
ALLERGY RELIEF CHILDRENS	12.5MG/5ML	G	OTC	\$2						
ALLERGY RELIEF FOR KIDS	5MG/5ML	G	OTC	\$2		10	per	1	day	
ALLERGY RELIEF/NASAL DECONGESTANT	10MG; 240MG	G	OTC	\$2		1	per	1	day	
ALLERGY TABLETS	4MG	G	OTC	\$2		6	per	1	day	
ALLERMAX	25MG	G	OTC	\$2						
ALLOPURINOL	100MG	G		\$2						
ALLOPURINOL	300MG	G		\$2						
ALMACONE	200MG/5ML; 200MG/5ML; 20MG/5ML	G	OTC	\$2		720	per	30	days	
ALMACONE MLT	200MG; 200MG; 20MG	B	OTC	\$2						
ALOCRI	2%	B		\$3	Yes	5	per		dispense	Prior authorization is not required for artificial tears, Alaway, NaphconA, OpconA, VisineA, VasoconA, and Zaditor OTC
ALOMIDE	0.1%	B		\$3	Yes	10	per		dispense	Prior authorization is not required for artificial tears, Alaway, NaphconA, OpconA, VisineA, VasoconA, and Zaditor OTC
ALORA	0.025MG/24HR	B		\$3		0.29	per	1	day	
ALORA	0.05MG/24HR	B		\$3		0.29	per	1	day	
ALORA	0.075MG/24HR	B		\$3		0.29	per	1	day	
ALORA	0.1MG/24HR	B		\$3		0.29	per	1	day	
ALPHAGAN P	0.1%	B		\$3						
ALPHAGAN P	0.15%	B		\$3						
ALPHANATE	1000-1500 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
ALPHANATE	250-500 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	1000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	1500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	250UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
ALPRAZOLAM	0.25MG	G		\$2		4	per	1	day	
ALPRAZOLAM	0.5MG	G		\$2		4	per	1	day	
ALPRAZOLAM	1MG	G		\$2		4	per	1	day	
ALPRAZOLAM	2MG	G		\$2		4	per	1	day	
ALPRAZOLAM ER	0.5MG	G		\$2						
ALPRAZOLAM ER	1MG	G		\$2						
ALPRAZOLAM ER	2MG	G		\$2						
ALPRAZOLAM ER	3MG	G		\$2						
ALPRAZOLAM INTENSOL	1MG/ML	B		\$3						
ALPRAZOLAM ODT	0.25MG	G		\$2						
ALPRAZOLAM ODT	0.5MG	G		\$2						
ALPRAZOLAM ODT	1MG	G		\$2						
ALPRAZOLAM ODT	2MG	G		\$2						
ALPRAZOLAM XR	0.5MG	G		\$2						
ALPRAZOLAM XR	1MG	G		\$2						
ALPRAZOLAM XR	2MG	G		\$2						
ALPRAZOLAM XR	3MG	G		\$2						
ALREX	0.2%	B		\$3	Yes					Prior authorization is not required for artificial tears, Alaway, NaphconA, OpconA, VisineA, VasoconA, and Zaditor OTC
ALTABAX	1%	B		\$3	Yes					
ALTACAINE	0.5%	G		\$2						
ALTACE	1.25MG	B		\$3	Yes					
ALTACE	10MG	B		\$3	Yes					
ALTACE	2.5MG	B		\$3	Yes					
ALTACE	5MG	B		\$3	Yes					
ALTARUSSIN	100MG/5ML	G	OTC	\$2		240	per	6	days	
ALTARUSSIN DM	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per		dispense	
ALTARYL	12.5MG/5ML	G	OTC	\$2						
ALTERNATE SITE LANCING DEVICE		B	OTC	\$0		1	per	180	days	
ALTOPREV	20MG	B		\$3	Yes	1	per	1	day	
ALTOPREV	40MG	B		\$3	Yes	1	per	1	day	
ALTOPREV	60MG	B		\$3	Yes	1	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ALUMINUM HYDROXIDE	320MG/5ML	G	OTC	\$2						
ALVESCO	160MCG/ACT	B		\$3						
ALVESCO	80MCG/ACT	B		\$3						
AMANTADINE HCL	100MG	B		\$2						
AMANTADINE HCL	50MG/5ML	G		\$2						
AMBIEN CR	12.5MG	B		\$3	Yes	1	per	1	day	
AMBIEN CR	6.25MG	B		\$3	Yes	1	per	1	day	
AMCINONIDE	0.1%	B		\$2						
AMERGE	1MG	B		\$3	Yes	9	per	30	days	
AMERGE	2.5MG	B		\$3	Yes	9	per	30	days	
AMEVIVE	15MG	B		\$3	Yes					Prior authorization for review as specialty drug
AMIGESIC	500MG	G		\$2						
AMIGESIC	750MG	G		\$2						
AMILORIDE /HYDROCHLOROTHIAZIDE	5MG; 50MG	G		\$1						
AMILORIDE HCL	5MG	G		\$1						
AMINOCAPROIC ACID	25%	G		\$2						
AMINOCAPROIC ACID	500MG	G		\$2						
AMINOFEN	325MG	G	OTC	\$2						
AMINOFEN	500MG	G	OTC	\$2						
AMINOPHYLLINE	100MG	G		\$2						
AMINOPHYLLINE	200MG	G		\$2						
AMIODARONE HCL	200MG	G		\$2						
AMIODARONE HCL	400MG	G		\$2						
AMITIZA	24MCG	B		\$3	Yes					
AMITIZA	8MCG	B		\$3	Yes					
AMITRIPTYLINE /CHLORDIAZEPOXIDE	12.5MG; 5MG	G		\$2						
AMITRIPTYLINE /CHLORDIAZEPOXIDE	25MG; 10MG	G		\$2						
AMITRIPTYLINE HCL	100MG	G		\$2						
AMITRIPTYLINE HCL	10MG	G		\$2						
AMITRIPTYLINE HCL	150MG	G		\$2						
AMITRIPTYLINE HCL	25MG	G		\$2						
AMITRIPTYLINE HCL	50MG	G		\$2						
AMITRIPTYLINE HCL	75MG	G		\$2						
AMLACTIN	12%	G	OTC	\$2		140	per		dispense	
AMLODIPINE BESYLATE	10MG	G		\$1		1	per	1	day	
AMLODIPINE BESYLATE	2.5MG	G		\$1		1	per	1	day	
AMLODIPINE BESYLATE	5MG	G		\$1		1	per	1	day	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	10MG; 20MG	G		\$1		1	per	1	day	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	2.5MG; 10MG	G		\$1		1	per	1	day	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	5MG; 10MG	G		\$1		1	per	1	day	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	5MG; 20MG	G		\$1		1	per	1	day	
AMMONIUM LACTATE	12%	G	OTC	\$2		140	per		dispense	
AMNESTEEM	10MG	G		\$2	Yes	2	per	1	day	Prior authorization is required for oral retinoid therapy with generics preferred if approved
AMNESTEEM	20MG	G		\$2	Yes	2	per	1	day	Prior authorization is required for oral retinoid therapy with generics preferred if approved
AMNESTEEM	40MG	G		\$2	Yes	2	per	1	day	Prior authorization is required for oral retinoid therapy with generics preferred if approved
AMOCLAN	200MG/5ML; 28.5MG/5ML	G		\$2		100	per		dispense	
AMOCLAN	400MG/5ML; 57MG/5ML	G		\$2		200	per		dispense	
AMOCLAN	600MG/5ML; 42.9MG/5ML	G		\$2		400	per		dispense	
AMOXAPINE	100MG	B		\$2						
AMOXAPINE	150MG	B		\$2						
AMOXAPINE	25MG	B		\$2						
AMOXAPINE	50MG	B		\$2						
AMOXICILLIN	125MG	G		\$2						
AMOXICILLIN	125MG/5ML	G		\$2						
AMOXICILLIN	200MG	G		\$2						
AMOXICILLIN	200MG/5ML	G		\$2						
AMOXICILLIN	250MG	G		\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
AMOXICILLIN	250MG/5ML	G		\$2						
AMOXICILLIN	400MG	G		\$2						
AMOXICILLIN	400MG/5ML	G		\$2						
AMOXICILLIN	500MG	G		\$2						
AMOXICILLIN	875MG	G		\$2						
AMOXICILLIN/CLAVULANATE POTASSIUM	200MG/5ML; 28.5MG/5ML	G		\$2		100	per		dispense	
AMOXICILLIN/CLAVULANATE POTASSIUM	200MG; 28.5MG	G		\$2		20	per		dispense	
AMOXICILLIN/CLAVULANATE POTASSIUM	250MG; 125MG	G		\$2		30	per		dispense	
AMOXICILLIN/CLAVULANATE POTASSIUM	400MG/5ML; 57MG/5ML	G		\$2		200	per		dispense	
AMOXICILLIN/CLAVULANATE POTASSIUM	400MG; 57MG	G		\$2		20	per		dispense	
AMOXICILLIN/CLAVULANATE POTASSIUM	500MG; 125MG	G		\$2		20	per		dispense	
AMOXICILLIN/CLAVULANATE POTASSIUM	600MG/5ML; 42.9MG/5ML	G		\$2		400	per		dispense	
AMOXICILLIN/CLAVULANATE POTASSIUM	875MG; 125MG	G		\$2		20	per		dispense	
AMOXICILLIN/POTASSIUM CLAVULANATE	200MG/5ML; 28.5MG/5ML	G		\$2		100	per		dispense	
AMOXICILLIN/POTASSIUM CLAVULANATE	200MG; 28.5MG	G		\$2		20	per		dispense	
AMOXICILLIN/POTASSIUM CLAVULANATE	400MG/5ML; 57MG/5ML	G		\$2		200	per		dispense	
AMOXICILLIN/POTASSIUM CLAVULANATE	400MG; 57MG	G		\$2		20	per		dispense	
AMOXICILLIN/POTASSIUM CLAVULANATE	500MG; 125MG	G		\$2		20	per		dispense	
AMOXICILLIN/POTASSIUM CLAVULANATE	875MG; 125MG	G		\$2		20	per		dispense	
AMOXIL	200MG	B		\$2						
AMOXIL	200MG/5ML	B		\$2						
AMOXIL	250MG/5ML	G		\$2						
AMOXIL	400MG	B		\$2						
AMOXIL	400MG/5ML	B		\$2						
AMOXIL	500MG	B		\$2						
AMOXIL	50MG/ML	B		\$2						
AMOXIL	875MG	B		\$3	Yes					
AMPHETAMINE /DEXTROAMPHETAMINE	1.25MG; 1.25MG; 1.25MG; 1.25MG	B		\$2		1	per	1	day	
AMPHETAMINE /DEXTROAMPHETAMINE	1.875MG; 1.875MG; 1.875MG; 1.875MG	G		\$2		2	per	1	day	
AMPHETAMINE /DEXTROAMPHETAMINE	2.5MG; 2.5MG; 2.5MG; 2.5MG	B		\$2		1	per	1	day	
AMPHETAMINE /DEXTROAMPHETAMINE	3.125MG; 3.125MG; 3.125MG; 3.125MG	G		\$2		2	per	1	day	
AMPHETAMINE /DEXTROAMPHETAMINE	3.75MG; 3.75MG; 3.75MG; 3.75MG	B		\$2		1	per	1	day	
AMPHETAMINE /DEXTROAMPHETAMINE	5MG; 5MG; 5MG; 5MG	B		\$2		2	per	1	day	
AMPHETAMINE /DEXTROAMPHETAMINE	6.25MG; 6.25MG; 6.25MG; 6.25MG	B		\$2		1	per	1	day	
AMPHETAMINE /DEXTROAMPHETAMINE	7.5MG; 7.5MG; 7.5MG; 7.5MG	B		\$2		1	per	1	day	
AMPHETAMINE SALT COMBO	1.25MG; 1.25MG; 1.25MG; 1.25MG	G		\$2		2	per	1	day	
AMPHETAMINE SALT COMBO	1.875MG; 1.875MG; 1.875MG; 1.875MG	G		\$2		2	per	1	day	
AMPHETAMINE SALT COMBO	2.5MG; 2.5MG; 2.5MG; 2.5MG	G		\$2		2	per	1	day	
AMPHETAMINE SALT COMBO	3.125MG; 3.125MG; 3.125MG; 3.125MG	G		\$2		2	per	1	day	
AMPHETAMINE SALT COMBO	3.75MG; 3.75MG; 3.75MG; 3.75MG	G		\$2		2	per	1	day	
AMPHETAMINE SALT COMBO	5MG; 5MG; 5MG; 5MG	G		\$2		2	per	1	day	
AMPHETAMINE SALT COMBO	7.5MG; 7.5MG; 7.5MG; 7.5MG	G		\$2		2	per	1	day	
AMPICILLIN	125MG/5ML	B		\$2						
AMPICILLIN	250MG	G		\$2						
AMPICILLIN	250MG/5ML	B		\$2						
AMPICILLIN	500MG	G		\$2						
AMRIX	15MG	B		\$3	Yes					
AMRIX	30MG	B		\$3	Yes					
ANACIN AF	500MG	G	OTC	\$2						
ANAGRELIDE HYDROCHLORIDE	0.5MG	G		\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ANAGRELIDE HYDROCHLORIDE	1MG	G		\$2						
ANCOBON	250MG	B		\$3						
ANCOBON	500MG	B		\$3						
ANDRODERM	2.5MG/24HR	B		\$3		2	per	1	day	
ANDRODERM	5MG/24HR	B		\$3		1	per	1	day	
ANDROGEL	25MG/2.5GM	B		\$3						
ANDROGEL PUMP	1%	B		\$3						
ANDROID	10MG	B		\$3						
ANDROXY	10MG	B		\$3						
ANGELIQ	0.5MG; 1MG	B		\$3	Yes					
ANOLOR 300	325MG; 50MG; 40MG	G		\$2		4	per	1	day	
ANTABUSE	250MG	B		\$3						
ANTABUSE	500MG	B		\$3						
ANTACID	200MG/5ML; 200MG/5ML; 20MG/5ML	G	OTC	\$2		720	per	30	days	
ANTACID	225MG/5ML; 200MG/5ML	G	OTC	\$2		720	per	30	days	
ANTACID	420MG	G	OTC	\$2						
ANTACID	500MG	G	OTC	\$2						
ANTACID	750MG	G	OTC	\$2						
ANTACID ANTI-GAS	200MG/5ML; 200MG/5ML; 20MG/5ML	G	OTC	\$2		720	per	30	days	
ANTACID ANTI-GAS REGULAR STRENGTH	200MG/5ML; 200MG/5ML; 20MG/5ML	G	OTC	\$2		720	per	30	days	
ANTACID I	200MG/5ML; 200MG/5ML; 20MG/5ML	G	OTC	\$2		720	per	30	days	
ANTACID M	200MG/5ML; 200MG/5ML; 20MG/5ML	G	OTC	\$2		720	per	30	days	
ANTACID ULTRA STRENGTH	1000MG	G	OTC	\$2						
ANTARA	130MG	B		\$3	Yes					Generic fenofibrate is preferred
ANTARA	43MG	B		\$3	Yes					Generic fenofibrate is preferred
ANTI GAS	166MG	G	OTC	\$2						
ANTI-DIARRHEAL	1MG/5ML	G	OTC	\$2						
ANTI-DIARRHEAL	2MG	G	OTC	\$2						
ANTIFUNGAL	1%	G	OTC	\$2		30	per		dispense	
ANTIFUNGAL	2%	G	OTC	\$2						
ANTI-FUNGAL CREAM	2%	G	OTC	\$2						
ANTI-HIST	25MG	G	OTC	\$2						
ANTI-HIST ALLERGY	25MG	G	OTC	\$2						
ANTI-ITCH	2%; 0.1%	G	OTC	\$2						
ANTI-OXIDANT	250MG; 0; 200UNIT; 10000UNIT	G	OTC	\$2						
ANTI-PYRINE /BENZOCAINE	5.4%; 1.4%	G		\$2						
ANTISPASMODIC	0.0194MG/5ML; 0.104MG/5ML; 16.2MG/5ML; 0.0065MG/5ML	G		\$2						
ANTI-STICK INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
ANTI-STICK INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
ANTI-STICK INSULIN SYRINGE/U- 100/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
ANUCORT-HC	25MG	G		\$2		2	per	1	day	
ANUMED-HC	25MG	G		\$2		2	per	1	day	
ANZEMET	100MG	B		\$3	Yes	10	per	30	days	Prior authorization is required for use of ondansetron
ANZEMET	50MG	B		\$3	Yes	10	per	30	days	Prior authorization is required for use of ondansetron
APAP	160MG/5ML	G	OTC	\$2						
APAP	325MG	G	OTC	\$2						
APAP	500MG	G	OTC	\$2						
APAP 500	500MG/5ML	B	OTC	\$2						
APAP DROPS	100MG/ML	G	OTC	\$2						
APAP EXTRA STRENGTH	500MG	G	OTC	\$2						
APARA	160MG/5ML	G	OTC	\$2						
APHTHASOL	5%	B		\$3						
APIDRA	100UNIT/ML	B		\$1						
APIDRA SOLOSTAR	100UNIT/ML	B		\$1						
APLENZIN	174MG	B		\$3	Yes	1	per	1	day	Bupropion XL preferred
APLENZIN	348MG	B		\$3	Yes	1	per	1	day	Bupropion XL preferred
APLENZIN	522MG	B		\$3	Yes	1	per	1	day	Bupropion XL preferred
APOKYN	10MG/ML	B		\$3	Yes					Prior authorization is required for review of standard firstline oral treatment
APRA	160MG/5ML	G	OTC	\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
APRI	0.15MG; 30MCG	G		\$0		1	per	1	day	
APRISO	0.375GM	B		\$3	Yes					Mesalamine generics preferred
APTIVUS	100MG/ML	B		\$3						
APTIVUS	250MG	B		\$3						
AQUANIL HC	1%	G	OTC	\$2		120	per		dispense	
ARALAST	400MG	B		\$3	Yes					Prior authorization for review as specialty drug
ARALAST	800MG	B		\$3	Yes					Prior authorization for review as specialty drug
ARALAST NP	400MG	B		\$3	Yes					Prior authorization for review as specialty drug
ARALAST NP	800MG	B		\$3	Yes					Prior authorization for review as specialty drug
ARANELLE	0; 0	G		\$0		1	per	1	day	
ARANESP	100MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP	150MCG/0.3ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP	25MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP	300MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP	40MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP	60MCG/0.3ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP	60MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP ALBUMIN FREE	100MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP ALBUMIN FREE	150MCG/0.3ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP ALBUMIN FREE	25MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP ALBUMIN FREE	300MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP ALBUMIN FREE	40MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP ALBUMIN FREE	60MCG/0.3ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP ALBUMIN FREE	60MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP ALBUMIN FREE SURECLICK	100MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP ALBUMIN FREE SURECLICK	25MCG/0.42ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP ALBUMIN FREE SURECLICK	300MCG/0.6ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARANESP ALBUMIN FREE SURECLICK	40MCG/0.4ML	B		\$3	Yes					Prior authorization for review as specialty drug
ARCALYST	220MG	B		\$3	Yes					Prior authorization for review as specialty drug
ARICEPT	10MG	B		\$3		1	per	1	day	
ARICEPT	5MG	B		\$3		1	per	1	day	
ARICEPT ODT	10MG	B		\$3						
ARICEPT ODT	5MG	B		\$3						
ARIMDEX	1MG	B		\$3						
ARIXTRA	10MG/0.8ML	B		\$3						Prior authorization is required for treatment past 21 days
ARIXTRA	2.5MG/0.5ML	B		\$3						Prior authorization is required for treatment past 21 days
ARMOUR THYROID	120MG	B		\$3						
ARMOUR THYROID	15MG	B		\$3						
ARMOUR THYROID	180MG	B		\$3						
ARMOUR THYROID	240MG	B		\$3						
ARMOUR THYROID	300MG	B		\$3						
ARMOUR THYROID	30MG	B		\$3						
ARMOUR THYROID	60MG	B		\$3						
ARMOUR THYROID	90MG	B		\$3						
AROMASIN	25MG	B		\$3						
ARTHRITIS PAIN RELIEF	650MG	G	OTC	\$2						
ARTHROTEC 50	50MG; 200MCG	B		\$3	Yes					
ARTHROTEC 75	75MG; 200MCG	B		\$3	Yes					
ARTIFICIAL TEARS	1.4%	G	OTC	\$2						
ASACOL	400MG	B		\$3		6	per	1	day	
ASCENSIA AUTODISC LOW ANDHIGH CONTROLS		B	OTC	\$0		1	per	90	days	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ASCENSIA AUTODISC NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
ASCENSIA EASYFILL NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
ASCENSIA ELITE LOW AND HIGH CONTROLS		B	OTC	\$0		1	per	90	days	
ASCENSIA ELITE NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
ASCENSIA ELITE TEST STRIPS		B	OTC	\$0		5	per	1	day	
ASCOMP/CODEINE	325MG; 50MG; 40MG; 30MG	G		\$2		4	per	1	day	
ASMANEX 120 METERED DOSES	220MCG/INH	B		\$3						
ASMANEX 14 METERED DOSES	220MCG/INH	B		\$3						
ASMANEX 30 METERED DOSES	110MCG/INH	B		\$3						
ASMANEX 30 METERED DOSES	220MCG/INH	B		\$3						
ASMANEX 60 METERED DOSES	220MCG/INH	B		\$3						
ASPERGUM	227MG	B	OTC	\$2						
ASPIR-81	81MG	G	OTC	\$2						
ASPIRIN	120MG	B	OTC	\$2		24	per		dispense	
ASPIRIN	200MG	B	OTC	\$2		24	per		dispense	
ASPIRIN	300MG	G	OTC	\$2		24	per		dispense	
ASPIRIN	325MG	G	OTC	\$2						
ASPIRIN	500MG	G	OTC	\$2						
ASPIRIN	600MG	G	OTC	\$2		24	per		dispense	
ASPIRIN	60MG	B	OTC	\$2		24	per		dispense	
ASPIRIN	650MG	B	OTC	\$2						
ASPIRIN	800MG	G		\$2						
ASPIRIN	81MG	G	OTC	\$2						
ASPIRIN	81MG; 0	G	OTC	\$2						
ASPIRIN	975MG	G		\$2						
ASPIRIN BUFFERED	325MG; 48.6MG; 97.2MG	G	OTC	\$2						
ASPIRIN CHILDRENS	81MG	G	OTC	\$2						
ASPIRIN EC	325MG	G	OTC	\$2						
ASPIRIN EC	500MG	G	OTC	\$2						
ASPIRIN EC	650MG	G	OTC	\$2						
ASPIRIN EC	81MG	G	OTC	\$2						
ASPIRIN EC	975MG	G		\$2						
ASPIRIN EC EXTRA STRENGTH	500MG	G	OTC	\$2						
ASPIRIN EC LOW DOSE	81MG	G	OTC	\$2						
ASPIRIN EC LOW STRENGTH	81MG	G	OTC	\$2						
ASPIRIN FREE ANALGESIC	325MG; 30MG	G	OTC	\$2						
ASPIRIN LOW DOSE	81MG	G	OTC	\$2						
ASPIRIN REGIMEN BAYER WITH CALCIUM	81MG; 250MG	B	OTC	\$2						
ASPIRIN/ANTACID	50MG; 325MG; 50MG	B	OTC	\$2						
ASPIRIN/CODEINE	325MG; 30MG	G		\$2		6	per	1	day	
ASPIRIN/CODEINE	325MG; 60MG	G		\$2		6	per	1	day	
ASPIR-LOW	81MG	G	OTC	\$2						
ASPIRTAB	324MG	G	OTC	\$2						
ASPIRTAB MAXIMUM STRENGTH	500MG	G	OTC	\$2						
ASPIR-TRIN	325MG	G	OTC	\$2						
ASPIR-TRIN	650MG	G	OTC	\$2						
ASSESS FULL RANGE PEAK FLOW METER		B	OTC	\$0		1	per	360	days	
ASSESS LOW RANGE PEAK FLOW METER		B	OTC	\$0		1	per	360	days	
ASSESS PEAK FLOW METER FULL RANGE		B	OTC	\$0		1	per	360	days	
ASSESS PEAK FLOW METER LOW RANGE		B	OTC	\$0		1	per	360	days	
ASSURE 3 CONTROL LEVEL 1/2		B	OTC	\$0		1	per	90	days	
ASSURE 3 TEST STRIPS		B	OTC	\$0		5	per	1	day	
ASSURE 4 CONTROL LEVEL 1/2		B	OTC	\$0		1	per	90	days	
ASSURE 4 TEST STRIPS		B	OTC	\$0		5	per	1	day	
ASSURE II		B	OTC	\$0		5	per	1	day	
ASSURE II CHECK STRIP		B	OTC	\$0		5	per	1	day	
ASSURE II CONTROL LEVEL 1		B	OTC	\$0		1	per	90	days	
ASSURE II CONTROL LEVEL 1/2		B	OTC	\$0		1	per	90	days	
ASSURE II TEST STRIPS		B	OTC	\$0		5	per	1	day	
ASSURE LANCE LANCETS		B	OTC	\$0		7	per	1	day	
ASSURE PRO CONTROL LEVEL 1/2		B	OTC	\$0		1	per	90	days	
ASSURE PRO TEST STRIPS		B	OTC	\$0		5	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ASTELIN	137MCG/SPRAY	B		\$3	Yes	17	per		dispense	Generic fluticasone nasal spray is preferred
ASTEPRO	137MCG/SPRAY	B		\$3	Yes	17	per		dispense	Generic fluticasone nasal spray is preferred
ASTHMA CHECK METER-ZONE SYSTEM		B	OTC	\$0		1	per	360	days	
ASTHMAMENTOR		B	OTC	\$0		1	per	360	days	
ASTHMAPACK I		B		\$0		1	per	360	days	
ASTHMAPACK II		B		\$0		1	per	360	days	
ASTHMAPACK III		B		\$0		1	per	360	days	
AT LAST CONTROL SOLUTION		B	OTC	\$0		1	per	90	days	
AT LAST LANCETS		B	OTC	\$0		7	per	1	day	
AT LAST TEST STRIPS		B	OTC	\$0		5	per	1	day	
ATACAND	16MG	B		\$3	Yes					Use of generic ACE inhibitors preferred
ATACAND	32MG	B		\$3	Yes					Use of generic ACE inhibitors preferred
ATACAND	4MG	B		\$3	Yes					Use of generic ACE inhibitors preferred
ATACAND	8MG	B		\$3	Yes					Use of generic ACE inhibitors preferred
ATACAND HCT	16MG; 12.5MG	B		\$3	Yes					Use of generic combination ACE inhibitors preferred
ATACAND HCT	32MG; 12.5MG	B		\$3	Yes					Use of generic combination ACE inhibitors preferred
ATACAND HCT	32MG; 25MG	B		\$3	Yes					Use of generic combination ACE inhibitors preferred
ATAMET	25MG; 250MG	G		\$2						
ATENOLOL	100MG	G		\$1		2	per	1	day	
ATENOLOL	25MG	G		\$1		2	per	1	day	
ATENOLOL	50MG	G		\$1		2	per	1	day	
ATENOLOL /CHLORTHALIDONE	100MG; 25MG	G		\$1		1	per	1	day	
ATENOLOL/CHLORTHALIDONE	100MG; 25MG	G		\$1		1	per	1	day	
ATENOLOL/CHLORTHALIDONE	50MG; 25MG	G		\$1		1	per	1	day	
ATGAM	50MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ATHLETES FOOT SPRAY	1%	G	OTC	\$2						
ATRIPLA	600MG; 200MG; 300MG	B		\$3		1	per	1	day	
ATROPINE SULFATE	1%	G		\$2		3.5	per		dispense	
ATROPINE-CARE	1%	G		\$2		15	per		dispense	
ATROVENT HFA	17MCG/ACT	B		\$3	Yes	25.8	per	30	days	
AUGMENTED BETAMETHASONE DIPROPIONATE	0.05%	G		\$2		15	per		dispense	
AUGMENTIN XR	1000MG; 62.5MG	B		\$3	Yes					Prior authorization requiring use of generic amoxicillin/clavulanate alternative
AURAPHENE-B	6.5%	G	OTC	\$2						
AURO EARDROPS	6.5%	G	OTC	\$2						
AURO-DRI	95%	G	OTC	\$2						
AURORA HEALTHCARE LANCETS		B	OTC	\$0		7	per	1	day	
AUTO-LANCET		B	OTC	\$0		1	per	180	days	
AUTO-LANCET MINI		B	OTC	\$0		1	per	180	days	
AUTO-LANCETS		B	OTC	\$0		1	per	180	days	
AVALIDE	12.5MG; 150MG	B		\$3	Yes					Use of generic combination ACE inhibitors preferred
AVALIDE	12.5MG; 300MG	B		\$3	Yes					Use of generic combination ACE inhibitors preferred
AVALIDE	25MG; 300MG	B		\$3	Yes					Use of generic combination ACE inhibitors preferred
AVANDAMET	1000MG; 2MG	B		\$3		2	per	1	day	
AVANDAMET	1000MG; 4MG	B		\$3		2	per	1	day	
AVANDAMET	500MG; 1MG	B		\$3						
AVANDAMET	500MG; 2MG	B		\$3		2	per	1	day	
AVANDAMET	500MG; 4MG	B		\$3		2	per	1	day	
AVANDARYL	1MG; 4MG	B		\$3		1	per	1	day	
AVANDARYL	2MG; 4MG	B		\$3		1	per	1	day	
AVANDARYL	2MG; 8MG	B		\$3		1	per	1	day	
AVANDARYL	4MG; 4MG	B		\$3		1	per	1	day	
AVANDARYL	4MG; 8MG	B		\$3		1	per	1	day	
AVANDIA	2MG	B		\$3		1	per	1	day	
AVANDIA	4MG	B		\$3		1	per	1	day	
AVANDIA	8MG	B		\$3		1	per	1	day	
AVAPRO	150MG	B		\$3	Yes					Use of generic ACE inhibitors preferred

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
AVAPRO	300MG	B		\$3	Yes					Use of generic ACE inhibitors preferred
AVAPRO	75MG	B		\$3	Yes					Use of generic ACE inhibitors preferred
AVAR	10%; 5%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
AVAR CLEANSER	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
AVAR-E EMOLLIENT	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
AVAR-E GREEN	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
AVELOX	400MG	B		\$3						
AVELOX ABC PACK	400MG	B		\$3						
AVIANE	20MCG; 0.1MG	G		\$0		1	per	1	day	
AVINZA	120MG	B		\$3	Yes					Preferred product is generic morphine extended release.
AVINZA	30MG	B		\$3	Yes					Preferred product is generic morphine extended release.
AVINZA	45MG	B		\$3	Yes					Preferred product is generic morphine extended release.
AVINZA	60MG	B		\$3	Yes					Preferred product is generic morphine extended release.
AVINZA	75MG	B		\$3	Yes					Preferred product is generic morphine extended release.
AVINZA	90MG	B		\$3	Yes					Preferred product is generic morphine extended release.
AVITA	0.025%	G		\$2	Yes	20	per	30	days	Prior authorization is required for topical retinoids with generics preferred if approved
AVODART	0.5MG	B		\$3	Yes					
AVONEX	30MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
AVONEX	30MCG/VIAL	B		\$3	Yes					Prior authorization for review as specialty drug
AXERT	12.5MG	B		\$3		6	per	30	days	
AXERT	6.25MG	B		\$3		6	per	30	days	
AXID	150MG	B		\$3	Yes					Prior authorization required for both brand and generic forms of this product.
AXID	15MG/ML	B		\$3	Yes					Prior authorization required for both brand and generic forms of this product.
AXID	300MG	B		\$3	Yes					Prior authorization required for both brand and generic forms of this product.
AZACTAM	500MG	B		\$3						
AZASITE	1%	B		\$3	Yes					
AZATHIOPRINE	50MG	G		\$2						
AZELEX	20%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
AZILECT	0.5MG	B		\$3						
AZILECT	1MG	B		\$3						
AZITHROMYCIN	100MG/5ML	G		\$2		15	per		dispense	
AZITHROMYCIN	1GM	B		\$2		2	per		dispense	
AZITHROMYCIN	200MG/5ML	G		\$2		15	per		dispense	
AZITHROMYCIN	250MG	G		\$2		6	per		dispense	
AZITHROMYCIN	500MG	G		\$2		3	per		dispense	
AZITHROMYCIN	600MG	G		\$2		8	per	28	days	
AZMACORT	75MCG/ACT	B		\$3		20	per	30	days	
AZO STANDARD MAXIMUM STRENGTH	97.5MG	B	OTC	\$2						
AZO-GESIC	95MG	G	OTC	\$2						
AZOPT	1%	B		\$3		5	per		dispense	
AZOR	10MG; 20MG	B		\$3	Yes					Preferred drug is generic amlodipine/benazepril
AZOR	10MG; 40MG	B		\$3	Yes					Preferred drug is generic amlodipine/benazepril

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
AZOR	5MG; 20MG	B		\$3	Yes					Preferred drug is generic amlodipine/benazepril
AZOR	5MG; 40MG	B		\$3	Yes					Preferred drug is generic amlodipine/benazepril
AZO-SEPTIC	95MG	G	OTC	\$2						
AZURETTE	0; 0	G		\$0		1	per	1	day	
BAC /POLY /NEOMY /HC	400UNIT/GM; 1%; 0.5%; 10000UNIT/GM	G		\$2						
BACITRACIN	500UNIT/GM	B		\$2		3.5	per		dispense	
BACITRACIN /NEOMYCIN /POLYMYXIN	400UNIT/GM; 5MG/GM; 10000UNIT/GM	G		\$2		3.5	per		dispense	
BACITRACIN /NEOMYCIN /POLYMYXIN	400UNIT/GM; 5MG/GM; 5000UNIT/GM	G	OTC	\$2		15	per		dispense	
BACITRACIN ZINC	500UNIT/GM	G	OTC	\$2						
BACLOFEN	10MG	G		\$2						
BACLOFEN	20MG	G		\$2						
BACTROBAN	2%	B		\$3	Yes	15	per		dispense	Prior authorization is required for Bactroban Cream and brand name Bactroban ointment.
BACTROBAN NASAL	2%	B		\$3						
BALACET 325	325MG; 100MG	G		\$2	Yes					
BALANCED SALT SOLUTION	0.48MG/ML; 0.3MG/ML; 0.75MG/ML; 3.9MG/ML; 6.4MG/ML; 1.7MG/ML	G		\$2						
BALSALAZIDE DISODIUM	750MG	G		\$2						
BALZIVA	35MCG; 0.4MG	G		\$0		1	per	1	day	
BANOPHEN	12.5MG/5ML	G	OTC	\$2						
BANOPHEN	25MG	G	OTC	\$2						
BANZEL	200MG	B		\$3	Yes					Prior authorization requires use of firstline generic epilepsy drugs
BANZEL	400MG	B		\$3	Yes					Prior authorization requires use of firstline generic epilepsy drugs
BARACLUDE	0.05MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
BARACLUDE	0.5MG	B		\$3	Yes					Prior authorization for review as specialty drug
BARACLUDE	1MG	B		\$3	Yes					Prior authorization for review as specialty drug
BARIDIUM	97.2MG	B	OTC	\$2						
BAYER ASPIRIN	325MG	G	OTC	\$2						
BAYER BREEZE 2 HIGH CONTROL		B	OTC	\$0		1	per	90	days	
BAYER BREEZE 2 LOW CONTROL		B	OTC	\$0		1	per	90	days	
BAYER BREEZE 2 NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
BAYER CHILDRENS ASPIRIN	81MG	B	OTC	\$2						
BAYER CONTOUR BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
BAYER CONTOUR HIGH CONTROL		B	OTC	\$0		1	per	90	days	
BAYER CONTOUR LOW CONTROL		B	OTC	\$0		1	per	90	days	
BAYER CONTOUR NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
BAYER LOW STRENGTH	81MG	G	OTC	\$2						
BAYER MICROLET 2 LANCING DEVICE		B	OTC	\$0		1	per	180	days	
BAYER MICROLET LANCETS		B	OTC	\$0		7	per	1	day	
BAZA ANTIFUNGAL	2%	G	OTC	\$2						
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE MICROFINE PLASTIPAK/U-100/1ML/27G X 5/8"		B	OTC	\$0		5	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U- 100/1ML/25G X 1"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U- 100/1ML/25G X 5/8"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U- 100/1ML/26G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE/U- 100/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE/U- 100/2ML/27.5G X 5/8"		B	OTC	\$0		5	per	1	day	
BD INSULIN SYRINGE/U- 100/2ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
BD INTEGRA INSULIN SYRINGE/U- 100/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
BD LANCET DEVICE		B	OTC	\$0		1	per	180	days	
BD MICROTAINER LANCETS		B	OTC	\$0		7	per	1	day	
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
BD SINGLE USE SWABS BUTTERFLY		B	OTC	\$0		400	per		dispense	
BD SINGLE USE SWABS REG		B	OTC	\$0		400	per		dispense	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
BD ULTRA FINE LANCETS		B	OTC	\$0		7	per	1	day	
BD ULTRA-FINE 33 LANCETS		B	OTC	\$0		7	per	1	day	
BEBULIN VH	200-1200 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
BECONASE AQ	42MCG/SPRAY	B		\$3	Yes	25	per		dispense	Generic fluticasone nasal spray is preferred
BELLADONNA ALKA/PB	0.0194MG/5ML; 0.1037MG/5ML; 16.2MG/5ML; 0.0065MG/5ML	G		\$2						
BELLADONNA ALKALOIDS/PHENOBARBITAL	0.0194MG/5ML; 0.1037MG/5ML; 16.2MG/5ML; 0.0065MG/5ML	G		\$2						
BELLADONNA ALKALOIDS/PHENOBARBITAL	0.0194MG; 0.1037MG; 16.2MG; 0.0065MG	G		\$2						
BENAZEPRIL HCL	10MG	G		\$1		1	per	1	day	
BENAZEPRIL HCL	20MG	G		\$1		1	per	1	day	
BENAZEPRIL HCL	40MG	G		\$1		1	per	1	day	
BENAZEPRIL HCL	5MG	G		\$1		1	per	1	day	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	10MG; 12.5MG	G		\$1		1	per	1	day	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	20MG; 12.5MG	G		\$1		1	per	1	day	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	20MG; 25MG	G		\$1		1	per	1	day	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	5MG; 6.25MG	G		\$1		1	per	1	day	
BENEFIX	1000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
BENEFIX	2000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
BENEFIX	250UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
BENEFIX	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
BENICAR	20MG	B		\$3	Yes					Use of generic ACE inhibitors preferred
BENICAR	40MG	B		\$3	Yes					Use of generic ACE inhibitors preferred
BENICAR	5MG	B		\$3	Yes					Use of generic ACE inhibitors preferred
BENICAR HCT	12.5MG; 20MG	B		\$3	Yes					Use of generic combination ACE inhibitors preferred
BENICAR HCT	12.5MG; 40MG	B		\$3	Yes					Use of generic combination ACE inhibitors preferred
BENICAR HCT	25MG; 40MG	B		\$3	Yes					Use of generic combination ACE inhibitors preferred
BENPROX	2.75%	G		\$2						
BENPROX	5.25%	G		\$2						
BENZACLIN	5%; 1%	B		\$3	Yes					
BENZACLIN WITH PUMP	5%; 1%	B		\$3	Yes					
BENZAMYCINPAK	5%; 3%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
BENZASHAVE 10	10%	G		\$2						
BENZASHAVE 5	5%	B		\$3						
BENZOYL PEROXIDE	10%	G	OTC	\$2						
BENZOYL PEROXIDE	2.5%	G		\$2						
BENZOYL PEROXIDE	3%	G		\$2						
BENZOYL PEROXIDE	3.5%	G		\$2						
BENZOYL PEROXIDE	4%	G		\$2						
BENZOYL PEROXIDE	4.5%; 10%	G		\$2						
BENZOYL PEROXIDE	5%	B	OTC	\$2						
BENZOYL PEROXIDE	5.5%	G		\$2						
BENZOYL PEROXIDE	6%	G		\$2						
BENZOYL PEROXIDE	6.5%; 10%	G		\$2						
BENZOYL PEROXIDE	8%	G		\$2						
BENZOYL PEROXIDE	8.5%	G		\$2						
BENZOYL PEROXIDE	8.5%; 10%	G		\$2						
BENZOYL PEROXIDE	9%	G		\$2						
BENZOYL PEROXIDE 10	10%	G		\$2						
BENZOYL PEROXIDE 5	5%	G		\$2						
BENZOYL PEROXIDE CLEANSER	3%	G		\$2						
BENZOYL PEROXIDE CLEANSER	4.5%; 10%	G		\$2						
BENZOYL PEROXIDE CLEANSER	6%	G		\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
BENZOYL PEROXIDE CLEANSER	6.5%; 10%	G		\$2						
BENZOYL PEROXIDE CLEANSER	8.5%; 10%	G		\$2						
BENZOYL PEROXIDE CLEANSER	9%	G		\$2						
BENZOYL PEROXIDE CLEANSING	4%	G		\$2						
BENZOYL PEROXIDE CLEANSING	8%	G		\$2						
BENZOYL PEROXIDE CREAMY WASH	4%	G		\$2						
BENZOYL PEROXIDE CREAMY WASH	8%	G		\$2						
BENZOYL PEROXIDE CREAMY WASH ACNE KIT	4%	G		\$2						
BENZOYL PEROXIDE CREAMY WASH ACNE KIT	8%	G		\$2						
BENZOYL PEROXIDE WASH	10%	G		\$2						
BENZOYL PEROXIDE WASH	2.5%	G		\$2						
BENZOYL PEROXIDE WASH	5%	G		\$2						
BENZOYL PEROXIDE WASH	5.75%; 10%	G		\$2						
BENZTROPINE MESYLATE	0.5MG	G		\$2						
BENZTROPINE MESYLATE	1MG	G		\$2						
BENZTROPINE MESYLATE	2MG	G		\$2						
BETA HC	1%	G	OTC	\$2		120	per		dispense	
BETAMETHASONE DIPROPIONATE	0.05%	G		\$2		15	per		dispense	
BETAMETHASONE VALERATE	0.1%	G		\$2	Yes	15	per		dispense	
BETASERON	0.3MG	B		\$3	Yes					Prior authorization for review as specialty drug
BETAXOLOL HCL	0.5%	B		\$2		15	per		dispense	
BETAXOLOL HCL	10MG	G		\$1						
BETAXOLOL HCL	20MG	G		\$1						
BETHANECHOL CHLORIDE	10MG	G		\$2						
BETHANECHOL CHLORIDE	25MG	G		\$2						
BETHANECHOL CHLORIDE	50MG	G		\$2						
BETHANECHOL CHLORIDE	5MG	G		\$2						
BETIMOL	0.25%	B		\$3						
BETIMOL	0.5%	B		\$3						
BETOPTIC-S	0.25%	B		\$3		10	per		dispense	
BIDIL	37.5MG; 20MG	B		\$3	Yes					
BILTRICIDE	600MG	B		\$3						
BIOSCANNER GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
BIO-STATIN		G		\$2						
BIO-STATIN	1000000UNIT	B		\$3						
BIO-STATIN	500000UNIT	B		\$3						
BIO-THROID	120MG	B		\$3						
BIO-THROID	150MG	B		\$3						
BIO-THROID	15MG	B		\$3						
BIO-THROID	180MG	B		\$3						
BIO-THROID	240MG	B		\$3						
BIO-THROID	30MG	B		\$3						
BIO-THROID	60MG	B		\$3						
BIO-THROID	8MG	B		\$3						
BIO-THROID	90MG	B		\$3						
BISAC-EVAC	10MG	G	OTC	\$2						
BISAC-EVAC	5MG	G	OTC	\$2						
BISACODYL	10MG	G	OTC	\$2						
BISACODYL EC	5MG	G	OTC	\$2						
BISCOLAX	10MG	G	OTC	\$2						
BISMATROL	262MG	G	OTC	\$2						
BISMATROL	524MG/30ML	G	OTC	\$2						
BISMATROL	690MG/30ML	B	OTC	\$2						
BISMUTH	262MG	G	OTC	\$2						
BISMUTH SUBSALICYLATE	262MG	G	OTC	\$2						
BISOPROLOL FUMARATE	10MG	G		\$1						
BISOPROLOL FUMARATE	5MG	G		\$1						
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	10MG; 6.25MG	G		\$1						
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	2.5MG; 6.25MG	G		\$1						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
BISOPROLOL FUMARATE/HYDROCHLOROTHAZIDE	5MG; 6.25MG	G		\$1						
BLEPHAMIDE	0.2%; 10%	B		\$3		5	per		dispense	
BLEPHAMIDE S.O.P.	0.2%; 10%	B		\$3		3.5	per		dispense	
BLIS-TO-SOL	1%	G	OTC	\$2						
BONIVA	150MG	B		\$3	Yes					
BONIVA	2.5MG	B		\$3	Yes					
BOTOX	100UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
BREATHERITE		B		\$0		2	per	360	days	
BREATHERITE COLLAPSIBLE ADULT SPACER W/MASK		B		\$0		2	per	360	days	
BREATHERITE COLLAPSIBLE CHILD SPACER W/MASK		B		\$0		2	per	360	days	
BREATHERITE COLLAPSIBLE INFANT SPACER W/MASK		B		\$0		2	per	360	days	
BREATHERITE COLLAPSIBLE SMALL CHILD SPACER W/MASK		B		\$0		2	per	360	days	
BREATHERITE COLLAPSIBLE SPACER W/ NEONATE MASK		B		\$0		2	per	360	days	
BREATHERITE RIGID SPACER W/MASK		B		\$0		2	per	360	days	
BREATHERITE W/LARGE MASK		B		\$0		2	per	360	days	
BREATHERITE W/MEDIUM MASK		B		\$0		2	per	360	days	
BREATHERITE W/SMALL MASK		B		\$0		2	per	360	days	
BREVOXYL-4 CREAMY WASH	4%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
BREVOXYL-4 CREAMY WASH COMPLETE PACK		B		\$3						
BREVOXYL-8 CREAMY WASH	8%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
BREVOXYL-8 CREAMY WASH COMPLETE PACK		B		\$3						
BREZE KIT	4.75%	B		\$3						
BREZE KIT	7.75%	B		\$3						
BRIGHT BEGINNINGS SOY	24MG/237ML; 76MCG/237ML; 2.4MG/237ML; 230MG/237ML; 4MG/237ML; 120UNIT/237ML; 71MG/237ML; 12.5MCG/237ML; 0; 0.24MG/237ML; 1.4MCG/237ML; 3.3MG/237ML; 88MCG/237ML; 19MG/237ML; 47MG/237ML; 0; 0.8MG/237ML; 4MG/237ML; 9MCG/237ML; 240MG/237ML; 370MG/237ML; 23MCG/237ML; 214MG/237ML; 0.62MG/237ML; 0.5MG/237ML; 0; 90MG/237ML; 12.5MCG/237ML; 7.5MCG/237ML; 17MG/237ML; 0.64MG/237ML; 610UNIT/237ML; 5.4UNIT/237ML; 2.8MG/237ML	B	OTC	\$3						
BRIMONIDINE TARTRATE	0.2%	G		\$2		5	per		dispense	
BROMOCRIPTINE MESYLATE	2.5MG	G		\$2						
BROMOCRIPTINE MESYLATE	5MG	G		\$2						
BROMPHENIRAMINE MALEATE	1MG/ML	G		\$2						
BROMPHENIRAMINE TANNATE	12MG	G		\$2						
BROMPHENIRAMINE TANNATE	12MG/5ML	G		\$2						
BROVANA	15MCG/2ML	B		\$3	Yes					
BUBBLES THE FISH II PEDIATRIC MASK/PVC		B	OTC	\$0		2	per	360	days	
BUDEPRION SR	100MG	G		\$2		2	per	1	day	
BUDEPRION SR	150MG	G		\$2		2	per	1	day	
BUDEPRION XL	150MG	G		\$2		1	per	1	day	
BUDEPRION XL	300MG	G		\$2		1	per	1	day	
BUFFERED ASPIRIN	325MG; 0; 0; 0	G	OTC	\$2						
BUFFERIN LOW DOSE	81MG	G	OTC	\$2						
BULLSEYE SAFETY LANCETS		B	OTC	\$0		7	per	1	day	
BUMETANIDE	0.5MG	G		\$1						
BUMETANIDE	1MG	G		\$1						
BUMETANIDE	2MG	G		\$1						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
BUPROBAN	150MG	G		\$2		2	per	1	day	Total 90 day benefit, > 90 days treatment requires prior authorization
BUSPIRONE HCL	10MG	G		\$2		3	per	1	day	
BUSPIRONE HCL	15MG	G		\$2		3	per	1	day	
BUSPIRONE HCL	30MG	G		\$2		3	per	1	day	
BUSPIRONE HCL	5MG	G		\$2		3	per	1	day	
BUSPIRONE HCL	7.5MG	B		\$2		3	per	1	day	
BUTAL/ASA/CAFF/COD	325MG; 50MG; 40MG; 30MG	G		\$2		4	per	1	day	
BUTAL/ASA/CAFF	325MG; 50MG; 40MG	G		\$2		4	per	1	day	
BUTAL/ASA/CAFF/COD	325MG; 50MG; 40MG; 30MG	G		\$2		4	per	1	day	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	500MG; 50MG; 40MG	G		\$2		4	per	1	day	
BUTALBITAL/APAP/CAFFEINE	325MG; 50MG; 40MG	G		\$2		4	per	1	day	
BUTALBITAL/APAP/CAFFEINE/CODEINE	325MG; 50MG; 40MG; 30MG	G		\$2		4	per	1	day	
BUTALBITAL/ASPIRIN/CAFFEINE	325MG; 50MG; 40MG	G		\$2		4	per	1	day	
BUTALBITAL COMPOUND	325MG; 50MG; 40MG	G		\$2		4	per	1	day	
BUTALBITAL/APAP/CAFFEINE	325MG; 50MG; 40MG	G		\$2		4	per	1	day	
BUTALBITAL/APAP/CAFFEINE	500MG; 50MG; 40MG	G		\$2		4	per	1	day	
BUTALBITAL/ASA/CAFFEINE	325MG; 50MG; 40MG	G		\$2		4	per	1	day	
BUTORPHANOL TARTRATE	10MG/ML	G		\$2	Yes					
BYETTA	5MCG/0.02ML	B		\$3	Yes	0.04	per	1	day	
BYSTOLIC	10MG	B		\$3	Yes					
BYSTOLIC	2.5MG	B		\$3	Yes					
BYSTOLIC	20MG	B		\$3	Yes					
BYSTOLIC	5MG	B		\$3	Yes					
CABERGOLINE	0.5MG	G		\$2						
CADUET	10MG; 10MG	B		\$3	Yes					
CADUET	10MG; 20MG	B		\$3	Yes					
CADUET	10MG; 40MG	B		\$3	Yes					
CADUET	10MG; 80MG	B		\$3	Yes					
CADUET	2.5MG; 10MG	B		\$3	Yes					
CADUET	2.5MG; 20MG	B		\$3	Yes					
CADUET	2.5MG; 40MG	B		\$3	Yes					
CADUET	5MG; 10MG	B		\$3	Yes					
CADUET	5MG; 20MG	B		\$3	Yes					
CADUET	5MG; 40MG	B		\$3	Yes					
CADUET	5MG; 80MG	B		\$3	Yes					
CALAGESIC	8%; 1%	G	OTC	\$2						
CALAMINE		B	OTC	\$2						
CALAMINE PHENOLATED	0; 0	B	OTC	\$2						
CALCARB 600	1500MG	G	OTC	\$2						
CAL-CARB FORTE	1250MG	G	OTC	\$2						
CALCI-CHEW	1250MG	G	OTC	\$2						
CALCI-MIX	1250MG	B	OTC	\$2						
CALCIO DEL MAR	1250MG	G	OTC	\$2						
CALCIPOTRIENE	0.005%	G		\$2	Yes	60	per		dispense	
CALCITONIN-SALMON	200UNIT/ACT	G		\$2	Yes	3.7	per	30	days	
CALCITRATE	950MG	G	OTC	\$2						
CALCITRATE/VITAMIN D	315MG; 200UNIT	G	OTC	\$2						
CALCITRIOL	0.25MCG	G		\$2						
CALCITRIOL	0.5MCG	G		\$2						
CALCITRIOL	1MCG/ML	G		\$3	Yes					
CALCIUM	500MG; 125UNIT	G	OTC	\$2						
CALCIUM	600MG	G	OTC	\$2						
CALCIUM 500/VITAMIN D	500MG; 125UNIT	G	OTC	\$2						
CALCIUM 600	1500MG	G	OTC	\$2						
CALCIUM 600	600MG	G	OTC	\$2						
CALCIUM ACETATE	667MG	G		\$2						
CALCIUM ANTACID	500MG	G	OTC	\$2						
CALCIUM ANTACID EXTRA STRENGTH	750MG	G	OTC	\$2						
CALCIUM CARBONATE	1250MG	G	OTC	\$2						
CALCIUM CARBONATE	1250MG/5ML	G	OTC	\$2						
CALCIUM CARBONATE	1500MG	G	OTC	\$2						
CALCIUM CARBONATE	500MG	G	OTC	\$2						
CALCIUM CARBONATE	600MG	G	OTC	\$2						
CALCIUM CARBONATE	648MG	B	OTC	\$2						
CALCIUM CARBONATE ORIGINAL	500MG	G	OTC	\$2						
CALCIUM CARBONATE/VITAMIN D	600MG; 400UNIT	G	OTC	\$2		2	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
CALCIUM CITRATE	950MG	G	OTC	\$2						
CALCIUM CITRATE + D	315MG; 200UNIT	G	OTC	\$2						
CALCIUM CITRATE/VITAMIN D	315MG; 200UNIT	G	OTC	\$2						
CALCIUM GLUCONATE	500MG	G	OTC	\$2						
CALCIUM GLUCONATE	650MG	G	OTC	\$2						
CALCIUM GLUCONATE	975MG	B	OTC	\$2						
CALCIUM OYSTER SHELL	1250MG	G	OTC	\$2						
CALCIUM/VITAMIN D	500MG; 125UNIT	G	OTC	\$2						
CALCIUM-CARB 600	600MG	G	OTC	\$2						
CAL-CO3S	200MG	B	OTC	\$2						
CALDECORT	1%	G	OTC	\$2		30	per		dispense	
CAL-GEST ANTACID	500MG	G	OTC	\$2						
CAL-GLU	500MG	B	OTC	\$2						
CALOMIST	25MCG/SPRAY	B		\$3	Yes					
CALTRATE 600	1500MG	G	OTC	\$2						
CAMILA	0.35MG	G		\$0		1	per	1	day	
CAMPRAL	333MG	B		\$3						
CANASA	1000MG	B		\$3						
CAPEX	0.01%	B		\$3	Yes					
CAPITAL/CODEINE	120MG/5ML; 12MG/5ML	B		\$3						
CAPREX	0.025%	G	OTC	\$2		60	per		dispense	
CAPREX +	0.075%	G	OTC	\$2		56.6	per		dispense	
CAPSAGEL	0.025%	B	OTC	\$2						
CAPSAGEL EXTRA STRENGTH	0.05%	B	OTC	\$2						
CAPSAGEL MAXIMUM STRENGTH	0.075%	B	OTC	\$2						
CAPSAICIN	0.025%	G	OTC	\$2		60	per		dispense	
CAPSICUM OLEORESIN	0.025%	G	OTC	\$2						
CAPTOPRIL	100MG	G		\$1		3	per	1	day	
CAPTOPRIL	12.5MG	G		\$1		3	per	1	day	
CAPTOPRIL	25MG	G		\$1		3	per	1	day	
CAPTOPRIL	50MG	G		\$1		3	per	1	day	
CAPTOPRIL /HYDROCHLOROTHIAZIDE	25MG; 15MG	G		\$1		2	per	1	day	
CAPTOPRIL /HYDROCHLOROTHIAZIDE	25MG; 25MG	G		\$1		2	per	1	day	
CAPTOPRIL /HYDROCHLOROTHIAZIDE	50MG; 15MG	G		\$1		2	per	1	day	
CAPTOPRIL /HYDROCHLOROTHIAZIDE	50MG; 25MG	G		\$1		2	per	1	day	
CAPZASIN	0.15%	B	OTC	\$2						
CAPZASIN-HP	0.1%	B	OTC	\$2						
CAPZASIN-P	0.035%	B	OTC	\$2						
CARAC	0.5%	B		\$3		30	per		dispense	
CARBAMAZEPINE	100MG	G		\$2						
CARBAMAZEPINE	100MG/5ML	G		\$2						
CARBAMAZEPINE	200MG	G		\$2						
CARBATROL	100MG	B		\$3						
CARBATROL	200MG	B		\$3						
CARBATROL	300MG	B		\$3						
CARBIDOPA /LEVODOPA	10MG; 100MG	G		\$2						
CARBIDOPA /LEVODOPA	25MG; 100MG	G		\$2						
CARBIDOPA /LEVODOPA	25MG; 250MG	G		\$2						
CARBIDOPA/LEVODOPA	10MG; 100MG	G		\$2						
CARBIDOPA/LEVODOPA	25MG; 100MG	G		\$2						
CARBIDOPA/LEVODOPA	25MG; 250MG	G		\$2						
CARBIDOPA/LEVODOPA CR	25MG; 100MG	G		\$2						
CARBIDOPA/LEVODOPA ER	25MG; 100MG	G		\$2						
CARBIDOPA/LEVODOPA ER	50MG; 200MG	G		\$2						
CARBIDOPA/LEVODOPA ODT	10MG; 100MG	G		\$2						
CARBIDOPA/LEVODOPA ODT	25MG; 100MG	G		\$2						
CARBIDOPA/LEVODOPA ODT	25MG; 250MG	G		\$2						
CARBIDOPA/LEVODOPA SR	25MG; 100MG	G		\$2						
CARBIDOPA/LEVODOPA SR	50MG; 200MG	G		\$2						
CARBINOXAMINE MALEATE	4MG	G		\$2	Yes					
CARBINOXAMINE MALEATE	4MG/5ML	G		\$2	Yes					
CARDENZ	25MG; 1MCG; 30MG; 0.05MG; 23MG; 20MG; 9MG; 8MG; 1.5MG; 2000UNIT; 100UNIT; 5UNIT	B	OTC	\$2						
CARDIOM LANCING DEVICE		B	OTC	\$0		1	per	180	days	
CARDURA XL	4MG	B		\$3	Yes					Preferred drug is generic doxazosin
CARDURA XL	8MG	B		\$3	Yes					Preferred drug is generic doxazosin

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
CAREONE GLUCOSE	4GM	B	OTC	\$0		50	per	30	days	
CAREONE LANCET		B	OTC	\$0		7	per	1	day	
CAREONE LANCET ULTRA THIN		B	OTC	\$0		7	per	1	day	
CAREONE ULTIGUARD INSULIN SYRINGE/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
CAREONE ULTIGUARD INSULIN SYRINGE/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
CAREONE ULTIGUARD INSULIN SYRINGE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
CAREONE ULTIGUARD INSULIN SYRINGE/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
CAREONE ULTIGUARD INSULIN SYRINGE/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
CAREONE ULTIGUARD INSULIN SYRINGE/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
CARISOPRODOL	350MG	G		\$2	Yes	4	per	1	day	Preferred drug is generic cyclobenzaprine
CARISOPRODOL /ASPIRIN	325MG; 200MG	G		\$2						
CARISOPRODOL /ASPIRIN /CODEINE	325MG; 200MG; 16MG	G		\$2						
CARISOPRODOL/ASPIRIN	325MG; 200MG	G		\$2						
CARMOL 40	40%	G		\$2		133	per		dispense	
CARMOL SCALP TREATMENT	10%; 10%	B		\$3						
CARNITINE	250MG	G	OTC	\$2						
CARTEOLOL HCL	1%	G		\$2						
CARTERS LITTLE PILLS	5MG	G	OTC	\$2						
CARTIA XT	120MG	G		\$2		1	per	1	day	
CARTIA XT	180MG	G		\$2		1	per	1	day	
CARTIA XT	240MG	G		\$2		1	per	1	day	
CARTIA XT	300MG	G		\$2		1	per	1	day	
CARVEDILOL	12.5MG	G		\$1		3	per	1	day	
CARVEDILOL	25MG	G		\$1		3	per	1	day	
CARVEDILOL	3.125MG	G		\$1		3	per	1	day	
CARVEDILOL	6.25MG	G		\$1		3	per	1	day	
CASODEX	50MG	B		\$3						
CATAPRES-TTS-1	0.1MG/24HR	B		\$3						
CATAPRES-TTS-2	0.2MG/24HR	B		\$3						
CATAPRES-TTS-3	0.3MG/24HR	B		\$3						
CAVAREST	1.1%	G		\$2						
CAVIRINSE	0.2%	G		\$2						
CEDAX	400MG	B		\$3						
CEDAX	90MG/5ML	B		\$3						
CEENU	100MG	B		\$3						
CEENU	10MG	B		\$3						
CEENU	300MG	B		\$3						
CEENU	40MG	B		\$3						
CEFACLOR	125MG/5ML	B		\$2						
CEFACLOR	187MG/5ML	B		\$2						
CEFACLOR	250MG	G		\$2						
CEFACLOR	250MG/5ML	B		\$2						
CEFACLOR	375MG/5ML	G		\$2						
CEFACLOR	500MG	G		\$2						
CEFACLOR ER	500MG	G		\$2						
CEFADROXIL	1GM	G		\$2						
CEFADROXIL	250MG/5ML	G		\$2						
CEFADROXIL	500MG	G		\$2						
CEFADROXIL	500MG/5ML	G		\$2						
CEFDINIR	125MG/5ML	G		\$2		60	per		dispense	
CEFDINIR	250MG/5ML	G		\$2		60	per		dispense	
CEFDINIR	300MG	G		\$2		20	per		dispense	
CEFPODOXIME PROXETIL	100MG	G		\$2						
CEFPODOXIME PROXETIL	100MG/5ML	G		\$2						
CEFPODOXIME PROXETIL	200MG	G		\$2						
CEFPODOXIME PROXETIL	50MG/5ML	G		\$2						
CEFPROZIL	125MG/5ML	G		\$2		200	per		dispense	
CEFPROZIL	250MG	G		\$2		20	per		dispense	
CEFPROZIL	250MG/5ML	G		\$2		200	per		dispense	
CEFPROZIL	500MG	G		\$2		20	per		dispense	
CEFUOXIME AXETIL	125MG/5ML	G		\$2		100	per		dispense	
CEFUOXIME AXETIL	250MG	G		\$2		20	per		dispense	
CEFUOXIME AXETIL	250MG/5ML	G		\$2		100	per		dispense	
CEFUOXIME AXETIL	500MG	G		\$2		20	per		dispense	
CELEBREX	100MG	B		\$3	Yes	2	per	1	day	
CELEBREX	200MG	B		\$3	Yes	2	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
CELEBREX	400MG	B		\$3	Yes	2	per	1	day	
CELEBREX	50MG	B		\$3	Yes	2	per	1	day	
CELLCEPT	200MG/ML	B		\$3		225	per		dispense	
CELLCEPT INTRAVENOUS	500MG	B		\$3						
CENESTIN	0.3MG	B		\$3						
CENESTIN	0.45MG	B		\$3						
CENESTIN	0.625MG	B		\$3						
CENESTIN	0.9MG	B		\$3						
CENESTIN	1.25MG	B		\$3						
CENTANY	2%	G		\$2		22	per		dispense	
CEPHALEXIN	125MG/5ML	G		\$2						
CEPHALEXIN	250MG	B		\$2						
CEPHALEXIN	250MG/5ML	G		\$2						
CEPHALEXIN	500MG	B		\$2						
CEREDASE	80UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
CEREZYME	200UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
CEREZYME	400UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
CERVIDIL	10MG	B		\$3						
CESAMET	1MG	B		\$3	Yes					
CETACORT	1%	G		\$2		120	per		dispense	
CETIRIZINE HCL	10MG	G	OTC	\$2		1	per	1	day	
CETIRIZINE HCL	5MG	G	OTC	\$2		1	per	1	day	
CETIRIZINE HCL	5MG/5ML	G		\$2		10	per	1	day	
CETIRIZINE HCL CHILDRENS	1MG/ML	G	OTC	\$2		10	per	1	day	
CETIRIZINE HCL CHILDRENS ALLERGY	1MG/ML	G	OTC	\$2		10	per	1	day	
CHANTIX		B		\$3	Yes	2	per	1	day	Total 90 day benefit, after approved
CHANTIX	0.5MG	B		\$3	Yes	2	per	1	day	Total 90 day benefit, after approved
CHANTIX	1MG	B		\$3	Yes	2	per	1	day	Total 90 day benefit, after approved
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRIPS		B	OTC	\$0						
CHEK-STIX CONTROL		B	OTC	\$0						
CHEMET	100MG	B		\$3						
CHEMSTRIP-K		B	OTC	\$0						
CHEWABLE ANTACID	500MG	G	OTC	\$2						
CHEWABLE CALCIUM	1250MG	G	OTC	\$2						
CHEWABLE CALCIUM	500MG	B	OTC	\$2						
CHILD APAP	80MG	G	OTC	\$2						
CHILDRENS ACETAMINOPHEN	80MG	G	OTC	\$2						
CHILDRENS ADVIL	100MG/5ML	B	OTC	\$2						
CHILDRENS ASPIRIN	81MG	G	OTC	\$2						
CHILDRENS ASPIRIN LOW STRENGTH	81MG	G	OTC	\$2						
CHILDRENS IBUPROFEN	100MG/5ML	G	OTC	\$2						
CHILDRENS IBUPROFEN	40MG/ML	G	OTC	\$2						
CHILDRENS LORATADINE	5MG/5ML	G	OTC	\$2		10	per	1	day	
CHILDRENS MAPAP RAPID TABS	80MG	G	OTC	\$2						
CHILDRENS MOTRIN	100MG/5ML	B	OTC	\$2						
CHILDRENS MOTRIN	40MG/ML	B	OTC	\$2						
CHILDRENS MYLANTA UPSET STOMACH RELIEF	400MG	B	OTC	\$2						
CHILDRENS NASAL DECONGESTANT	30MG/5ML	G	OTC	\$2		240	per	6	days	
CHILDRENS NON-ASPIRIN	160MG/5ML	G	OTC	\$2						
CHILDRENS NON-ASPIRIN	80MG	G	OTC	\$2						
CHILDRENS NON-ASPIRIN PAIN RELIEF	80MG	G	OTC	\$2						
CHILDRENS NON-ASPIRIN PAIN RELIEVER	80MG	G	OTC	\$2						
CHILDRENS PAIN RELIEF	160MG/5ML	G	OTC	\$2						
CHILDRENS PAIN RELIEVER	80MG	G	OTC	\$2						
CHILDRENS PAIN/FEVER	80MG/0.8ML	G	OTC	\$2						
CHILDRENS PEPTO	400MG	G	OTC	\$2						
CHILDRENS SILAPAP	160MG/5ML	G	OTC	\$2						
CHILDRENS TACTINAL	80MG	G	OTC	\$2						
CHLORAL HYDRATE	500MG	B		\$2		2	per	1	day	
CHLORAL HYDRATE	500MG/5ML	G		\$2		240	per		dispense	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
CHLORAMPHENICOL SODIUM SUCCINATE	1GM	B		\$2						
CHLORASEPTIC SORE THROAT	1000MG/30ML	G	OTC	\$2						
CHLORDIAZEPOXIDE /AMITRIPTYLINE	12.5MG; 5MG	G		\$2						
CHLORDIAZEPOXIDE /AMITRIPTYLINE	25MG; 10MG	B		\$2						
CHLORDIAZEPOXIDE HCL	10MG	G		\$2		3	per	1	day	
CHLORDIAZEPOXIDE HCL	25MG	G		\$2		3	per	1	day	
CHLORDIAZEPOXIDE HCL	5MG	G		\$2		3	per	1	day	
CHLORHIST	4MG	G	OTC	\$2		6	per	1	day	
CHLOROQUINE PHOSPHATE	250MG	G		\$2		60	per	30	days	
CHLOROQUINE PHOSPHATE	500MG	G		\$2		8	per	56	days	
CHLOROTHIAZIDE	250MG	G		\$1						
CHLOROTHIAZIDE	500MG	G		\$1						
CHLORPHEN	4MG	G	OTC	\$2		6	per	1	day	
CHLORPHENIRAMINE /PSEUDOEPHEDRINE	2MG/5ML; 30MG/5ML	B		\$2		240	per		dispense	
CHLORPHENIRAMINE MALEATE	4MG	G	OTC	\$2		6	per	1	day	
CHLORPHENIRAMINE MALEATE ER	12MG	B		\$2		2	per	1	day	
CHLORPHENIRAMINE MALEATE ER	8MG	G		\$2		3	per	1	day	
CHLORPHENIRAMINE/PSEUDOEP HEDRINE CR	8MG; 120MG	G		\$2		2	per	1	day	
CHLORPHENIRAMINE/PSEUDOEP HEDRINE LA	12MG; 120MG	G		\$2						
CHLORPROMAZINE HCL	100MG	G		\$2		3	per	1	day	
CHLORPROMAZINE HCL	10MG	G		\$2		3	per	1	day	
CHLORPROMAZINE HCL	200MG	G		\$2		3	per	1	day	
CHLORPROMAZINE HCL	25MG	G		\$2		3	per	1	day	
CHLORPROMAZINE HCL	50MG	G		\$2		3	per	1	day	
CHLORPROPAMIDE	100MG	G		\$1						
CHLORPROPAMIDE	250MG	G		\$1						
CHLOR-TABLETS	4MG	G	OTC	\$2		6	per	1	day	
CHLORTHALIDONE	100MG	B		\$1						
CHLORTHALIDONE	25MG	G		\$1						
CHLORTHALIDONE	50MG	G		\$1						
CHLOR-TRIMETON	4MG	B	OTC	\$2		6	per	1	day	
CHLOR-TRIMETON ALLERGY	12MG	B	OTC	\$2						
CHLOR-TRIPOLON	2MG/5ML	G	OTC	\$2		60	per	1	day	
CHOLESTYRAMINE	4GM	G		\$1						
CHOLESTYRAMINE	4GM/DOSE	G		\$1						
CHOLESTYRAMINE LIGHT	4GM	G		\$1						
CHOLESTYRAMINE LIGHT	4GM/DOSE	G		\$1						
CHOLINE MAGNESIUM TRISALICYLATE	1000MG	G		\$2						
CHOLINE MAGNESIUM TRISALICYLATE	500MG	G		\$2						
CHOLINE MAGNESIUM TRISALICYLATE	500MG/5ML	G		\$2						
CHOLINE MAGNESIUM TRISALICYLATE	750MG	G		\$2						
CHOOZ	500MG	G	OTC	\$2						
CICLOPIROX	0.77%	G		\$2						
CICLOPIROX NAIL LACQUER	8%	G		\$2						
CICLOPIROX OLAMINE	0.77%	G		\$2						
CICLOPIROX TOPICAL SOLUTION KIT	8%; 5%	G		\$2						
CILOSTAZOL	100MG	G		\$2						
CILOSTAZOL	50MG	G		\$2						
CILOXAN	0.3%	B		\$3	Yes	3.5	per		dispense	
CIMETIDINE	200MG	G	OTC	\$2						
CIMETIDINE	300MG	G		\$2						
CIMETIDINE	400MG	G		\$2						
CIMETIDINE	800MG	G		\$2						
CIMETIDINE ACID REDUCER	200MG	G	OTC	\$2						
CIMETIDINE HCL	300MG/5ML	G		\$2		26.6	per	1	day	
CIMZIA	200MG	B		\$3	Yes					Prior authorization for review as specialty drug
CINRYZE	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
CIPRO HC	0.2%; 1%	B		\$3						
CIPRODEX	0.3%; 0.1%	B		\$3		7.5	per		dispense	
CIPROFLOXACIN	200MG	G		\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
CIPROFLOXACIN ER	1000MG; 0	G		\$2						
CIPROFLOXACIN EXTENDED- RELEASE	500MG; 0	G		\$2						
CIPROFLOXACIN HCL	0.3%	G		\$2		5	per		dispense	
CIPROFLOXACIN HCL	100MG	G		\$2		6	per		dispense	
CIPROFLOXACIN HCL	250MG	G		\$2						
CIPROFLOXACIN HCL	500MG	G		\$2						
CIPROFLOXACIN HCL	750MG	G		\$2						
CITALOPRAM HYDROBROMIDE	10MG	G		\$2		1.5	per	1	day	
CITALOPRAM HYDROBROMIDE	10MG/5ML	G		\$2		240	per	30	days	
CITALOPRAM HYDROBROMIDE	20MG	G		\$2		1.5	per	1	day	
CITALOPRAM HYDROBROMIDE	40MG	G		\$2		1.5	per	1	day	
CITRATE OF MAGNESIA		G	OTC	\$2						
CITROMA	1.745GM/30ML	G	OTC	\$2						
CITRUS CALCIUM +D MAXIMUM	315MG; 250UNIT	G	OTC	\$2						
CITRUS CALCIUM WITH VITAMIN D	200MG; 200UNIT	G	OTC	\$2						
CLARAVIS	10MG	G		\$2	Yes	2	per	1	day	Prior authorization is required for oral retinoid therapy with generics preferred if approved
CLARAVIS	20MG	G		\$2	Yes	2	per	1	day	Prior authorization is required for oral retinoid therapy with generics preferred if approved
CLARAVIS	30MG	G		\$2	Yes					Prior authorization is required for oral retinoid therapy with generics preferred if approved
CLARAVIS	40MG	G		\$2	Yes	2	per	1	day	Prior authorization is required for oral retinoid therapy with generics preferred if approved
CLARIFOAM EF	10%; 5%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
CLARINEX	0.5MG/ML	B		\$3	Yes					
CLARINEX	5MG	B		\$3	Yes					
CLARINEX REDITABS	2.5MG	B		\$3	Yes					
CLARINEX REDITABS	5MG	B		\$3	Yes					
CLARINEX-D 12 HOUR	2.5MG; 120MG	B		\$3	Yes					
CLARINEX-D 24 HOUR	5MG; 240MG	B		\$3	Yes					
CLARITHROMYCIN	125MG/5ML	G		\$2		100	per		dispense	
CLARITHROMYCIN	250MG	G		\$2		28	per		dispense	
CLARITHROMYCIN	250MG/5ML	G		\$2		50	per		dispense	
CLARITHROMYCIN	500MG	G		\$2		28	per		dispense	
CLARITHROMYCIN ER	500MG	G		\$2						
CLARITIN-D 12 HOUR	5MG; 120MG	B	OTC	\$2		2	per	1	day	CeltiCare pays only for generic nonlegend (OTC) drugs
CLEAN & CLEAR PERSA-GEL EXTRA STRENGTH	5%	G	OTC	\$2						
CLEAN & CLEAR PERSA-GEL MAXIMUM STRENGTH	10%	G	OTC	\$2						
CLEANLET LANCETS 28G		B	OTC	\$0		7	per	1	day	
CLEAR-ATADINE CHILDRENS	10MG	G	OTC	\$2		1	per	1	day	
CLEAR-ATADINE CHILDRENS	5MG/5ML	G	OTC	\$2		10	per	1	day	
CLEAR-ATADINE D	10MG; 240MG	G	OTC	\$2		1	per	1	day	
CLEARPLEX V	5%	G	OTC	\$2						
CLEARPLEX X	10%	G		\$2						
CLEARSKIN	10%	G	OTC	\$2						
CLEMASTINE FUMARATE	0.67MG/5ML	G		\$2						
CLEMASTINE FUMARATE	1.34MG	G	OTC	\$2						
CLEMASTINE FUMARATE	2.68MG	G		\$2						
CLENIA	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
CLENIA FOAMING WASH	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
CLEOCIN	100MG	B		\$3						
CLEOCIN	2%	B		\$3		40	per		dispense	
CLEVER CHEK AUTO-CODE TEST STRIPS		B	OTC	\$0		5	per	1	day	
CLEVER CHEK AUTO-CODE VOICE TEST STRIPS		B	OTC	\$0		5	per	1	day	
CLEVER CHEK LANCETS ULTRATHIN		B	OTC	\$0		7	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
CLEVER CHEK TEST STRIPS		B	OTC	\$0		5	per	1	day	
CLIMARA PRO	0.045MG/DAY; 0.015MG/DAY	B		\$3						
CLINAC BPO	7%	B		\$3						
CLINDAGEL	1%	B		\$3	Yes	30	per		dispense	Prior authorization is required for combination acne and rosacea products and convenience dosing
CLINDAMAX	1%	G		\$2	Yes	30	per		dispense	Prior authorization is required for combination acne and rosacea products and convenience dosing
CLINDAMAX	2%	G		\$2		40	per		dispense	
CLINDAMYCIN HCL	150MG	G		\$2						
CLINDAMYCIN HCL	300MG	G		\$2						
CLINDAMYCIN PHOSPHATE	1%	G		\$2		30	per		dispense	
CLINDAMYCIN PHOSPHATE	2%	G		\$2		40	per		dispense	
CLINDESSE	2%	B		\$3						
CLOBETASOL PROPIONATE	0.05%	G		\$2		15	per		dispense	
CLOBETASOL PROPIONATE E	0.05%	G		\$2		15	per		dispense	
CLOBETASOL PROPIONATE EMOLLIENT	0.05%	G		\$2		15	per		dispense	
CLOBEX	0.05%	B		\$3	Yes					
CLODERM	0.1%	B		\$3	Yes					
CLODERM PUMP	0.1%	B		\$3	Yes					
CLOMIPRAMINE HCL	25MG	G		\$2						
CLOMIPRAMINE HCL	50MG	G		\$2						
CLOMIPRAMINE HCL	75MG	G		\$2						
CLONAZEPAM	0.5MG	G		\$2		3	per	1	day	
CLONAZEPAM	1MG	G		\$2		3	per	1	day	
CLONAZEPAM	2MG	G		\$2		3	per	1	day	
CLONAZEPAM ORALLY DISINTEGRATING	0.125MG	G		\$2						
CLONAZEPAM ORALLY DISINTEGRATING	0.25MG	G		\$2						
CLONAZEPAM ORALLY DISINTEGRATING	0.5MG	G		\$2						
CLONAZEPAM ORALLY DISINTEGRATING	1MG	G		\$2						
CLONAZEPAM ORALLY DISINTEGRATING	2MG	G		\$2						
CLONIDINE HCL	0.1MG	G		\$1						
CLONIDINE HCL	0.2MG	G		\$1						
CLONIDINE HCL	0.3MG	G		\$1						
CLORAZEPATE DIPOTASSIUM	15MG	G		\$2		3	per	1	day	
CLORAZEPATE DIPOTASSIUM	3.75MG	G		\$2		3	per	1	day	
CLORAZEPATE DIPOTASSIUM	7.5MG	G		\$2		3	per	1	day	
CLORPRES	15MG; 0.1MG	B		\$3						
CLORPRES	15MG; 0.2MG	B		\$3						
CLORPRES	15MG; 0.3MG	B		\$3						
CLOTRIMAZOLE	1%	G		\$2		1	per		dispense	
CLOTRIMAZOLE	10MG	G		\$2						
CLOTRIMAZOLE 3 DAY	2%	G	OTC	\$2		30	per		dispense	
CLOTRIMAZOLE ANTI-FUNGAL	1%	G	OTC	\$2		15	per		dispense	
CLOTRIMAZOLE VAGINAL 3	200MG	G	OTC	\$2						
CLOZAPINE	100MG	G		\$2		9	per	1	day	
CLOZAPINE	200MG	B		\$2		3	per	1	day	
CLOZAPINE	25MG	G		\$2		3	per	1	day	
CLOZAPINE	50MG	G		\$2		3	per	1	day	
CLOZARIL	100MG	B		\$3		9	per	1	day	Generics preferred
CLOZARIL	25MG	B		\$3		3	per	1	day	Generics preferred
CO MONITOR REPLACEMENT T PIECES		B		\$0		2	per	360	days	
COAGUCHEK LANCETS		B	OTC	\$0		7	per	1	day	
COCAINE HCL	10%	G		\$2						
COCAINE HCL	4%	G		\$2						
CODEINE PHOSPHATE	30MG	B		\$2						
CODEINE PHOSPHATE	60MG	B		\$2						
CODEINE SULFATE	15MG	B		\$2						
CODEINE SULFATE	30MG	G		\$2						
CODEINE SULFATE	60MG	G		\$2						
CO-GESIC	500MG; 5MG	G		\$2		8	per	1	day	
COGNEX	10MG	B		\$3						
COGNEX	20MG	B		\$3						
COGNEX	30MG	B		\$3						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
COGNEX	40MG	B		\$3						
COLACE ADULT	3GM	G	OTC	\$2		24	per		dispense	
COLACE PEDIATRIC	1.5GM	G	OTC	\$2		12	per	30	days	
COLCHICINE	0.6MG	G		\$2						
COLESTIPOL HCL	1GM	G		\$1						
COLESTIPOL HCL	5GM	G		\$1						
COLESTIPOL HCL FOR ORAL SUSPENSION	5GM	G		\$1						
COLFED-A	8MG; 120MG	G		\$2		2	per	1	day	
COLICON	40MG/0.6ML	G	OTC	\$2		30	per		dispense	
COLIDROPS PEDIATRIC	0.125MG/ML	G		\$2						
COLLYRIUM EYE WASH	0; 0.025%; 0; 0; 0.1%	G	OTC	\$2						
COLLYRIUM FOR FRESH EYES EYE WASH	0.01%; 0; 0	G	OTC	\$2						
COLOCORT	100MG/60ML	G		\$2		420	per		dispense	
COLYTROL PEDIATRIC	0.031MG/ML	B		\$3						
COMBIGAN	0.2%; 0.5%	B		\$3						
COMBIPATCH	0.05MG/DAY; 0.14MG/DAY	B		\$3		0.14	per	1	day	
COMBIPATCH	0.05MG/DAY; 0.25MG/DAY	B		\$3		0.14	per	1	day	
COMBIVENT	103MCG/ACT; 18MCG/ACT	B		\$3		29.4	per	30	days	
COMBIVIR	150MG; 300MG	B		\$3		2	per	1	day	
COMMIT	2MG	B	OTC	\$2						Total 90 day benefit, > 90 days treatment requires prior authorization
COMMIT	4MG	B	OTC	\$2						Total 90 day benefit, > 90 days treatment requires prior authorization
COMPLETE ALLERGY MEDICATION	25MG	G	OTC	\$2						
COMPLETE ALLERGY MEDICINE	25MG	G	OTC	\$2						
COMPLETE ALLERGY RELIEF	25MG	G	OTC	\$2						
COMPUTER EYE DROPS	1%	B	OTC	\$2						
COMTAN	200MG	B		\$3						
CONCERTA	18MG	B		\$3		2	per	1	day	
CONCERTA	27MG	B		\$3		2	per	1	day	
CONCERTA	36MG	B		\$3		2	per	1	day	
CONCERTA	54MG	B		\$3		1	per	1	day	
CONDYLOX	0.5%	B		\$3						
CONGEST AID	30MG	G	OTC	\$2						
CONSTULOSE	10GM/15ML	G		\$2						
CONTINUOUS EPIDURAL TRAY	0.5%; 0; 0; 0.9%	B		\$3						
CONTINUOUS EPIDURAL TRAY EPINEPH/NAACL/LIDO-EPI TEST DOSE	0; 0; 0	B		\$3						
CONTROL AST		B	OTC	\$0		5	per	1	day	
CONTROL TEST STRIPS		B	OTC	\$0		5	per	1	day	
CONTROLRX	1.1%	G		\$2		56	per		dispense	
COPAXONE	20MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
COPEGUS	200MG	B		\$3	Yes					Prior authorization for review as specialty drug
CORDRAN	0.05%	B		\$3	Yes					
CORDRAN SP	0.05%	B		\$3	Yes					
CORDRAN TAPE	4MCG/SQCM	B		\$3	Yes					
COREG CR	10MG	B		\$3	Yes	1	per	1	day	Preferred drug is generic carvedilol
COREG CR	20MG	B		\$3	Yes	1	per	1	day	Preferred drug is generic carvedilol
COREG CR	40MG	B		\$3	Yes	1	per	1	day	Preferred drug is generic carvedilol
COREG CR	80MG	B		\$3	Yes	1	per	1	day	Preferred drug is generic carvedilol
CORMAX	0.05%	G		\$2		15	per		dispense	
CORN HUSKERS	6.7%	B	OTC	\$2						
CORRECT	5MG	G	OTC	\$2						
CORRECTIVE LAXATIVE	5MG	G	OTC	\$2						
CORRECTOL	5MG	G	OTC	\$2						
CORRECTOL EXTRA GENTLE	100MG	G	OTC	\$2						
CORTICAINE	0.5%	G	OTC	\$2						
CORTIFOAM	90MG	B		\$3						
CORTISONE ACETATE	25MG	G		\$2						
CORTIZONE-10	1%	G	OTC	\$2						
COUMADIN	10MG	B		\$3						Generics preferred
COUMADIN	1MG	B		\$3						Generics preferred
COUMADIN	2.5MG	B		\$3						Generics preferred

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
COUMADIN	2MG	B		\$3						Generics preferred
COUMADIN	3MG	B		\$3						Generics preferred
COUMADIN	4MG	B		\$3						Generics preferred
COUMADIN	5MG	B		\$3						Generics preferred
COUMADIN	6MG	B		\$3						Generics preferred
COUMADIN	7.5MG	B		\$3						Generics preferred
COZAAR	100MG	B		\$3	Yes	1	per	1	day	Use of generic ACE inhibitors preferred
COZAAR	25MG	B		\$3	Yes	1	per	1	day	Use of generic ACE inhibitors preferred
COZAAR	50MG	B		\$3	Yes	1	per	1	day	Use of generic ACE inhibitors preferred
CPM	12MG	B		\$3						
CREON 5	16600UNIT; 5000UNIT; 18750UNIT	B		\$3						
CREON 10	33200UNIT; 10000UNIT; 37500UNIT	B		\$3						
CREON 20	66400UNIT; 20000UNIT; 75000UNIT	B		\$3						
CRESTOR	10MG	B		\$3	Yes	1	per	1	day	Use of generic statins preferred
CRESTOR	20MG	B		\$3	Yes	1	per	1	day	Use of generic statins preferred
CRESTOR	40MG	B		\$3	Yes	1	per	1	day	Use of generic statins preferred
CRESTOR	5MG	B		\$3	Yes	1	per	1	day	Use of generic statins preferred
CRIXIVAN	100MG	B		\$3						
CRIXIVAN	200MG	B		\$3						
CRIXIVAN	333MG	B		\$3						
CRIXIVAN	400MG	B		\$3						
CROMOLYN SODIUM	20MG/2ML	G		\$2		240	per	30	days	
CROMOLYN SODIUM	4%	G		\$2		10	per		dispense	
CROMOLYN SODIUM	5.2MG/ACT	G	OTC	\$2		26	per		dispense	
CRYSELLE-28	30MCG; 0.3MG	G		\$0		1	per	1	day	
CUPRIMINE	125MG	B		\$3						
CUPRIMINE	250MG	B		\$3						
CURITY ALCOHOL PREPS	70%	B	OTC	\$0		400	per		dispense	
CURITY ALCOHOL PREPS/MEDIUM/2 PLY		B	OTC	\$0		400	per		dispense	
CURITY ALCOHOL SWABS		B	OTC	\$0		400	per		dispense	
CYANIDE ANTIDOTE PKG	5MIN/0.3ML; 300MG/10ML; 12.5GM/50ML	B		\$2						
CYCLOBENZAPRINE COMFORT PAC	0; 0; 10MG; 0; 0; 0; 0; 0	B		\$3						
CYCLOBENZAPRINE HCL	10MG	G		\$2		3	per	1	day	
CYCLOBENZAPRINE HCL	5MG	G		\$2		3	per	1	day	
CYCLOMYDRIL	0.2%; 1%	B		\$3						
CYCLOPENTOLATE HCL	1%	G		\$2		15	per		dispense	
CYCLOPHOSPHAMIDE	25MG	B		\$2						
CYCLOPHOSPHAMIDE	50MG	B		\$2						
CYCLOSPORINE	100MG	G		\$2		28	per	1	day	
CYCLOSPORINE	100MG/ML	G		\$2		50	per		dispense	
CYCLOSPORINE	25MG	G		\$2		28	per	1	day	
CYCLOSPORINE MODIFIED	100MG	G		\$2		4	per	1	day	
CYCLOSPORINE MODIFIED	100MG/ML	G		\$2		50	per		dispense	
CYCLOSPORINE MODIFIED	25MG	G		\$2		4	per	1	day	
CYCLOSPORINE MODIFIED	50MG	B		\$2		4	per	1	day	
CYMBALTA	20MG	B		\$3	Yes	2	per	1	day	Prior authorization for diagnosis or preferred use of generic venlafaxine ER
CYMBALTA	30MG	B		\$3	Yes	1	per	1	day	Prior authorization for diagnosis or preferred use of generic venlafaxine ER
CYMBALTA	60MG	B		\$3	Yes	1	per	1	day	Prior authorization for diagnosis or preferred use of generic venlafaxine ER
CYPROHEPTADINE HCL	2MG/5ML	G		\$2						
CYPROHEPTADINE HCL	4MG	G		\$2						
CYSTADANE		B		\$3	Yes					Prior authorization for review as specialty drug
CYSTAGON	50MG	B		\$3						
CYTOMEL	25MCG	B		\$2						
CYTOMEL	50MCG	B		\$2						
CYTOMEL	5MCG	B		\$2						
CYTRA-2	334MG/5ML; 500MG/5ML	G		\$2						
D.O.S.	100MG	G	OTC	\$2						
D.O.S.	250MG	G	OTC	\$2		3	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
DAILY MULTIPLE VITAMINS	50MG; 7MG; 1MCG; 400UNIT; 20MG; 1MG; 2.5MG; 2MG; 5000UNIT	G	OTC	\$2						
DAILY VITAMIN FORMULA	60MG; 400UNIT; 6MCG; 20MG; 2MG; 1.7MG; 1.5MG; 5000UNIT	G	OTC	\$2						
DAILY VITE	60MG; 6MCG; 0.4MG; 20MG; 0; 1.7MG; 0; 5000UNIT; 400UNIT; 15UNIT	G	OTC	\$2						
DANAZOL	100MG	G		\$2						
DANAZOL	200MG	G		\$2						
DANAZOL	50MG	G		\$2						
DANDREX	1%	G	OTC	\$2		240	per		dispense	
DANTROLENE SODIUM	100MG	G		\$2						
DANTROLENE SODIUM	25MG	G		\$2						
DANTROLENE SODIUM	50MG	G		\$2						
DAPSONE	100MG	B		\$2						
DAPSONE	25MG	B		\$2						
DARAPRIM	25MG	B		\$3						
DARVON-N	100MG	B		\$3	Yes					Preferred drugs are generic propoxyphene formulations
DAYHIST ALLERGY 12 HOUR RELIEF	1.34MG	G	OTC	\$2						
DAYTRANA	10MG/9HR	B		\$3	Yes	1	per	1	day	Preferred drugs are oral methylphenidate products
DAYTRANA	15MG/9HR	B		\$3	Yes	1	per	1	day	Preferred drugs are oral methylphenidate products
DAYTRANA	20MG/9HR	B		\$3	Yes	1	per	1	day	Preferred drugs are oral methylphenidate products
DAYTRANA	30MG/9HR	B		\$3	Yes	1	per	1	day	Preferred drugs are oral methylphenidate products
DECONGESTANT	30MG	G	OTC	\$2						
DECONGESTANT +	4MG; 60MG	G	OTC	\$2						
DECONGESTANT 60	60MG	G	OTC	\$2						
DECONGESTANT PLUS	4MG; 60MG	G	OTC	\$2						
DEL-AQUA	10%	G	OTC	\$2						
DEL-AQUA	5%	G		\$2						
DEMAREST DRICORT	1%	G	OTC	\$2						
DEMECLOCYCLINE HCL	150MG	G		\$2						
DEMECLOCYCLINE HCL	300MG	G		\$2						
DENAVIR	1%	B		\$3						
DENTA 5000 PLUS	1.1%	G		\$2		56	per		dispense	
DENTAGEL	1.1%	G		\$2						
DENTS EAR WAX DROPS	6.5%	G	OTC	\$2						
DEPADE	50MG	G		\$2						
DEPAKENE	250MG	B		\$3						Generics preferred
DEPAKENE	250MG/5ML	B		\$3						Generics preferred
DEPAKOTE	125MG	B		\$3		2	per	1	day	Generics preferred
DEPAKOTE	250MG	B		\$3		3	per	1	day	Generics preferred
DEPAKOTE	500MG	B		\$3		10	per	1	day	Generics preferred
DEPAKOTE ER	250MG	B		\$3		3	per	1	day	
DEPAKOTE ER	500MG	B		\$3		10	per	1	day	
DEPAKOTE SPRINKLES	125MG	B		\$3		8	per	1	day	
DEPODUR	15MG/1.5ML	B		\$3						
DEPO-SUBQ PROVERA 104	104MG/0.65ML	B		\$0		1	per		dispense	
DERMTEX HC	0.5%	B	OTC	\$2						
DERMTEX HC	1%	G	OTC	\$2						
DESIPRAMINE HCL	100MG	G		\$2						
DESIPRAMINE HCL	10MG	G		\$2						
DESIPRAMINE HCL	150MG	G		\$2						
DESIPRAMINE HCL	25MG	G		\$2		2	per	1	day	
DESIPRAMINE HCL	50MG	G		\$2						
DESIPRAMINE HCL	75MG	G		\$2						
DESMOPRESSIN ACETATE	0.01%	G		\$2		5	per		dispense	
DESMOPRESSIN ACETATE	0.1MG	G		\$2		3	per	1	day	
DESMOPRESSIN ACETATE	0.2MG	G		\$2		3	per	1	day	
DESONATE	0.05%	B		\$3	Yes					
DESONIDE	0.05%	G		\$2		15	per		dispense	
DESOXIMETASONE	0.05%	G		\$2		15	per		dispense	
DESOXIMETASONE	0.25%	G		\$2		15	per		dispense	
DESQUAM-E	2.5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
DESQUAM-X	10%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
DETROL	1MG	B		\$3		2	per	1	day	
DETROL	2MG	B		\$3		2	per	1	day	
DETROL LA	2MG	B		\$3		1	per	1	day	
DETROL LA	4MG	B		\$3		1	per	1	day	
DEXAMETHASONE	0.5MG	G		\$2						
DEXAMETHASONE	0.5MG/5ML	B		\$2						
DEXAMETHASONE	0.75MG	G		\$2						
DEXAMETHASONE	1.5MG	G		\$2						
DEXAMETHASONE	1MG	B		\$2						
DEXAMETHASONE	2MG	B		\$2						
DEXAMETHASONE	4MG	G		\$2						
DEXAMETHASONE	6MG	G		\$2						
DEXAMETHASONE INTENSOL	1MG/ML	B		\$3						
DEXAMETHASONE SODIUM PHOSPHATE	0.1%	G		\$2		5	per		dispense	
DEXASOL	0.1%	G		\$2		5	per		dispense	
DEXCHLORPHENIRAMINE MALEATE	2MG/5ML	B		\$3	Yes					
DEXCHLORPHENIRAMINE MALEATE CR	4MG	B		\$3	Yes					
DEPAK 10 DAY	1.5MG	B		\$3						
DEPAK 13 DAY	1.5MG	B		\$3						
DEPAK 6 DAY	1.5MG	B		\$3						
DEXTROAMPHETAMINE SULFATE	10MG	B		\$2		3	per	1	day	
DEXTROAMPHETAMINE SULFATE	5MG	G		\$2		3	per	1	day	
DEXTROAMPHETAMINE SULFATE CR	10MG	G		\$2		1	per	1	day	
DEXTROAMPHETAMINE SULFATE CR	15MG	G		\$2		1	per	1	day	
DEXTROAMPHETAMINE SULFATE CR	5MG	G		\$2		1	per	1	day	
DEXTROAMPHETAMINE SULFATE ER	10MG	G		\$2		1	per	1	day	
DEXTROAMPHETAMINE SULFATE ER	15MG	G		\$2		1	per	1	day	
DEXTROAMPHETAMINE SULFATE ER	5MG	G		\$2		1	per	1	day	
DIABETIC AUTOMATIC LANCE		B	OTC	\$0		1	per	180	days	
DIABETIC SILTUSSIN DAS-NA	100MG/5ML	G	OTC	\$2		240	per	6	days	
DIABETIC STERILE LANCETS		B	OTC	\$0		7	per	1	day	
DIABETIC TUSSIN ALLERGY	2MG/5ML	G	OTC	\$2		60	per	1	day	
DIABETIC TUSSIN EX	100MG/5ML	G	OTC	\$2		240	per	6	days	
DIABETI-GEST	420MG	G	OTC	\$2						
DIASTAT ACUDIAL	10MG	B		\$3		1	per		dispense	
DIASTAT ACUDIAL	20MG	B		\$3		1	per		dispense	
DIASTAT PEDIATRIC	2.5MG	B		\$3		1	per		dispense	
DIAZEPAM	10MG	G		\$2		4	per	1	day	
DIAZEPAM	1MG/ML	B		\$2		500	per		dispense	
DIAZEPAM	2MG	G		\$2		4	per	1	day	
DIAZEPAM	5MG	G		\$2		4	per	1	day	
DIAZEPAM INTENSOL	5MG/ML	B		\$3						
DICLOFENAC POTASSIUM	50MG	G		\$2						
DICLOFENAC SODIUM	0.1%	G		\$2		2.5	per		dispense	
DICLOXACILLIN SODIUM	250MG	G		\$2						
DICLOXACILLIN SODIUM	500MG	G		\$2						
DICYCLOMINE HCL	10MG	G		\$2						
DICYCLOMINE HCL	10MG/5ML	G		\$2		40	per	1	day	
DICYCLOMINE HCL	20MG	G		\$2						
DIDANOSINE	125MG	G		\$2						
DIDANOSINE	200MG	G		\$2						
DIDANOSINE	250MG	G		\$2						
DIDANOSINE	400MG	G		\$2						
DIDRONEL	200MG	B		\$3						
DIDRONEL	400MG	B		\$3						
DIETARY FIBER LAXATIVE	28.3%	G	OTC	\$2						
DIFFERIN	0.1%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
DIFLORASONE DIACETATE	0.05%	G		\$2						
DIFLUNISAL	500MG	B		\$2						
DIGITEK	0.125MG	G		\$2						
DIGITEK	0.25MG	G		\$2						
DIGOXIN	0.05MG/ML	B		\$2						
DIGOXIN	0.125MG	G		\$2						
DIGOXIN	0.25MG	G		\$2						
DILANTIN	100MG	B		\$3						
DILANTIN	125MG/5ML	B		\$3						
DILANTIN	30MG	B		\$3						
DILANTIN INFATABS	50MG	B		\$3						
DILATRATE SR	40MG	B		\$3						
DILAUDID-5	1MG/ML	B		\$3						
DILT-CD	120MG	G		\$2		1	per	1	day	
DILT-CD	180MG	G		\$2		1	per	1	day	
DILT-CD	240MG	G		\$2		1	per	1	day	
DILT-CD	300MG	G		\$2		1	per	1	day	
DILTIA XT	120MG	G		\$2		1	per	1	day	
DILTIA XT	180MG	G		\$2		1	per	1	day	
DILTIA XT	240MG	G		\$2		1	per	1	day	
DILTIAZEM CD	120MG	G		\$1		1	per	1	day	
DILTIAZEM CD	180MG	G		\$1		1	per	1	day	
DILTIAZEM CD	240MG	G		\$1		1	per	1	day	
DILTIAZEM CD	300MG	G		\$1		1	per	1	day	
DILTIAZEM HCL	120MG	G		\$1		1	per	1	day	
DILTIAZEM HCL	180MG	G		\$1		1	per	1	day	
DILTIAZEM HCL	240MG	G		\$1		1	per	1	day	
DILTIAZEM HCL	300MG	G		\$1		1	per	1	day	
DILTIAZEM HCL	30MG	G		\$1		3	per	1	day	
DILTIAZEM HCL	360MG	G		\$1		1	per	1	day	
DILTIAZEM HCL	60MG	G		\$1		3	per	1	day	
DILTIAZEM HCL	90MG	G		\$1		3	per	1	day	
DILTIAZEM HCL ER	120MG	G		\$1		1	per	1	day	
DILTIAZEM HCL ER	180MG	G		\$1		1	per	1	day	
DILTIAZEM HCL ER	240MG	G		\$1		1	per	1	day	
DILTIAZEM HCL ER	300MG	G		\$1		1	per	1	day	
DILTIAZEM HCL ER	360MG	G		\$1		1	per	1	day	
DILTIAZEM HCL ER	420MG	G		\$1		1	per	1	day	
DILTIAZEM HCL ER	60MG	G		\$1		2	per	1	day	
DILTIAZEM HCL ER	90MG	G		\$1		2	per	1	day	
DILTIAZEM XR	240MG	G		\$1		1	per	1	day	
DILT-XR	120MG	G		\$2		1	per	1	day	
DILT-XR	180MG	G		\$2		1	per	1	day	
DILT-XR	240MG	G		\$2		1	per	1	day	
DIMENHYDRINATE	50MG	G	OTC	\$2						
DIMETAPP MAXIMUM STRENGTH	120MG	G	OTC	\$2		2	per	1	day	
DIMETAPP ND	10MG	G	OTC	\$2		1	per	1	day	
DIOCTO	150MG/15ML	G	OTC	\$2						
DIOCTO	60MG/15ML	G	OTC	\$2						
DIOCTYL S.S.	100MG	G	OTC	\$2						
DIOCTYN	100MG	G	OTC	\$2						
DIOTAME	262MG	G	OTC	\$2						
DIOTAME	524MG/30ML	G	OTC	\$2						
DIOVAN	160MG	B		\$3	Yes	1	per	1	day	Use of generic ACE inhibitors preferred
DIOVAN	320MG	B		\$3	Yes	1	per	1	day	Use of generic ACE inhibitors preferred
DIOVAN	40MG	B		\$3	Yes	1	per	1	day	Use of generic ACE inhibitors preferred
DIOVAN	80MG	B		\$3	Yes	1	per	1	day	Use of generic ACE inhibitors preferred
DIOVAN HCT	12.5MG; 160MG	B		\$3	Yes	1	per	1	day	Use of generic combination ACE inhibitors preferred
DIOVAN HCT	12.5MG; 320MG	B		\$3	Yes	1	per	1	day	Use of generic combination ACE inhibitors preferred
DIOVAN HCT	12.5MG; 80MG	B		\$3	Yes	1	per	1	day	Use of generic combination ACE inhibitors preferred
DIOVAN HCT	25MG; 160MG	B		\$3	Yes	1	per	1	day	Use of generic combination ACE inhibitors preferred
DIOVAN HCT	25MG; 320MG	B		\$3	Yes	1	per	1	day	Use of generic combination ACE inhibitors preferred
DIPENTUM	250MG	B		\$3						
DIPHENHIST	12.5MG/5ML	G	OTC	\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
DIPHENHIST	25MG	G	OTC	\$2						
DIPHENHYDRAMINE HCL	12.5MG/5ML	G	OTC	\$2						
DIPHENHYDRAMINE HCL	25MG	G	OTC	\$2						
DIPHENHYDRAMINE HCL	50MG	G	OTC	\$2						
DIPHENOXYLATE/ATROPINE	0.025MG/5ML; 2.5MG/5ML	G		\$2						
DIPHENOXYLATE/ATROPINE	0.025MG; 2.5MG	G		\$2						
DIPIVEFRIN HCL	0.1%	G		\$2						
DIPYRIDAMOLE	25MG	G		\$2						
DIPYRIDAMOLE	50MG	G		\$2						
DIPYRIDAMOLE	75MG	G		\$2						
DISOPYRAMIDE PHOSPHATE	100MG	G		\$2						
DISOPYRAMIDE PHOSPHATE	150MG	G		\$2						
DISOPYRAMIDE PHOSPHATE ER	150MG	G		\$2						
DISPAS	0.25MG	G		\$2						
DISPOSABLE ENEMA	19GM/118ML; 7GM/118ML	G	OTC	\$2						
DISPOSABLE MOUTHPIECE FULL RANGE		B		\$0						
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC		B		\$0						
DISPOSABLE MOUTHPIECE/LOW RANGE		B		\$0						
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE		B		\$0						
DISPOSABLE PAPER MOUTHPIECE		B	OTC	\$0						
DIVALPROEX SODIUM	125MG	G		\$2		2	per	1	day	
DIVALPROEX SODIUM	250MG	G		\$2		3	per	1	day	
DIVALPROEX SODIUM	500MG	G		\$2		10	per	1	day	
DIVIGEL	0.25MG/0.25GM	B		\$3						
DOC-Q-LACE	100MG	G	OTC	\$2						
DOC-Q-LACE	150MG/15ML	G	OTC	\$2						
DOC-Q-LACE	60MG/15ML	G	OTC	\$2						
DOCU	150MG/15ML	G	OTC	\$2						
DOCU SOFT	100MG	G	OTC	\$2						
DOCUSATE SODIUM	100MG	G	OTC	\$2						
DOCUSATE SODIUM	150MG/15ML	G	OTC	\$2						
DOCUSATE SODIUM	250MG	G	OTC	\$2		3	per	1	day	
DOCUSATE SODIUM	60MG/15ML	G	OTC	\$2						
DOCUSIL	100MG	G	OTC	\$2						
DOCUSOFT S	100MG	G	OTC	\$2						
DOK	100MG	G	OTC	\$2						
DOK	250MG	G	OTC	\$2		3	per	1	day	
DOLACET	500MG; 5MG	G		\$2						
DOLOREX FORTE	500MG; 5MG	G		\$2						
DORMIN	25MG	G	OTC	\$2						
DORYX	100MG	B		\$3	Yes					
DORYX	150MG	B		\$3	Yes					
DORYX	75MG	B		\$3	Yes					
DORZOLAMIDE HCL	2%	G		\$2		10	per		dispense	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2%; 0.5%	G		\$2		10	per		dispense	
DOSS-100	100MG	G	OTC	\$2						
DOVONEX	0.005%	B		\$3		60	per		dispense	
DOXAZOSIN MESYLATE	1MG	G		\$1						
DOXAZOSIN MESYLATE	2MG	G		\$1						
DOXAZOSIN MESYLATE	4MG	G		\$1						
DOXAZOSIN MESYLATE	8MG	G		\$1						
DOXEPIN HCL	100MG	G		\$2						
DOXEPIN HCL	10MG	G		\$2						
DOXEPIN HCL	10MG/ML	G		\$2						
DOXEPIN HCL	150MG	G		\$2						
DOXEPIN HCL	25MG	G		\$2						
DOXEPIN HCL	50MG	G		\$2						
DOXEPIN HCL	75MG	G		\$2						
DOXIDAN	5MG	G	OTC	\$2						
DOXYCYCLINE HYCLATE	100MG	B		\$2						
DOXYCYCLINE HYCLATE	20MG	G		\$2						
DOXYCYCLINE HYCLATE	50MG	G		\$2						
DOXYCYCLINE HYCLATE	75MG	B		\$2						
DOXYCYCLINE MONOHYDRATE	100MG	G		\$2						
DOXYCYCLINE MONOHYDRATE	150MG	G		\$2						
DOXYCYCLINE MONOHYDRATE	25MG/5ML	G		\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
DOXYCYCLINE MONOHYDRATE	50MG	G		\$2						
DOXYCYCLINE MONOHYDRATE	75MG	G		\$2						
DRIMINATE	50MG	G	OTC	\$2						
DRITHO-SCALP	0.5%	B		\$3						
DRONABINOL	10MG	G		\$2	Yes					
DRONABINOL	2.5MG	G		\$2	Yes					
DRONABINOL	5MG	G		\$2	Yes					
DROXIA	200MG	B		\$3						
DROXIA	300MG	B		\$3						
DROXIA	400MG	B		\$3						
DSS	100MG	G	OTC	\$2						
DSS	250MG	G	OTC	\$2		3	per	1	day	
DUAC	5%; 1%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
DUAC CS	5%; 1%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
DUCODYL	5MG	G	OTC	\$2						
DUETACT	2MG; 30MG	B		\$3	Yes					
DUETACT	4MG; 30MG	B		\$3	Yes					
DULCOLAX BOWEL PREP KIT		B	OTC	\$2						
DULCOLAX STOOL SOFTENER	100MG	G	OTC	\$2						
DUO-CARE CONTROL SOLUTION		B	OTC	\$0		1	per	90	days	
DUO-CARE TEST STRIPS		B	OTC	\$0		5	per	1	day	
DUREZOL	0.05%	B		\$3	Yes					
DYNACIRC CR	10MG	B		\$3	Yes					
DYNACIRC-CR	5MG	B		\$3	Yes					
DYSPHEL	200MG	G	OTC	\$2						
DYTUSS	12.5MG/5ML	G		\$2						
E.S.P.	200MG/5ML; 600MG/5ML	G		\$2						
EAR DROPS	6.5%	G	OTC	\$2						
EAR DROPS EARWAX REMOVAL AID	6.5%	G	OTC	\$2						
EAR WAX DROPS	6.5%	G	OTC	\$2						
EASIVENT		B		\$0		2	per	360	days	
EASIVENT /MASK-LARGE		B		\$0		2	per	360	days	
EASIVENT /MASK-MEDIUM		B		\$0		2	per	360	days	
EASIVENT /MASK-SMALL		B		\$0		2	per	360	days	
EASY CHECK GLUCOSE CONTROL SOLUTION HIGH		B	OTC	\$0		1	per	90	days	
EASY CHECK GLUCOSE CONTROL SOLUTION LOW		B	OTC	\$0		1	per	90	days	
EASY CHECK GLUCOSE CONTROL SOLUTION NORMAL		B	OTC	\$0		1	per	90	days	
EASY CHECK GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
EASY CLICK LANCING DEVICE		B	OTC	\$0		1	per	180	days	
EASY COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
EASY TOUCH LANCETS		B	OTC	\$0		7	per	1	day	
EASY TWIST & CAP LANCETS		B	OTC	\$0		7	per	1	day	
EASYGLUCO		B	OTC	\$0		5	per	1	day	
EASYPRO BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
EASYPRO PLUS		B	OTC	\$0		5	per	1	day	
EASYTEST II LANCETS		B	OTC	\$0		7	per	1	day	
EASYTEST LANCETS		B	OTC	\$0		7	per	1	day	
EC ASPIRIN	325MG	G	OTC	\$2						
ECLIPSE HIGH CONTROL		B	OTC	\$0		1	per	90	days	
ECLIPSE LOW CONTROL		B	OTC	\$0		1	per	90	days	
ECLIPSE NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
ECLIPSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
ECONAZOLE NITRATE	1%	G		\$2						
ECOTRIN LOW STRENGTH	81MG	G	OTC	\$2						
ECOTRIN MAXIMUM STRENGTH	500MG	B	OTC	\$2						
ECOTRIN REGULAR STRENGTH	325MG	B	OTC	\$2						
ECPIRIN	325MG	G	OTC	\$2						
ED K+10	10MEQ	G		\$2						
ED-APAP	160MG/5ML	G	OTC	\$2						
EDECIN	25MG	B		\$3						
EFFEXOR XR	150MG	B		\$3	Yes	2	per	1	day	
EFFEXOR XR	37.5MG	B		\$3	Yes	2	per	1	day	
EFFEXOR XR	75MG	B		\$3	Yes	2	per	1	day	
EFFIENT	10MG	B		\$3						
EFFIENT	5MG	B		\$3						
EFLOW SCF AEROSOL HEAD		B		\$0		2	per	360	days	
EFUDEX OCCLUSION PACK	5%	B		\$3						
ELAPRASE	6MG/3ML	B		\$3	Yes					Prior authorization for review as specialty drug
ELEMENT HIGH CONTROL		B	OTC	\$0		1	per	90	days	
ELEMENT LOW CONTROL		B	OTC	\$0		1	per	90	days	
ELEMENT NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
ELEMENT TEST STRIPS		B	OTC	\$0		5	per	1	day	
ELESTAT	0.05%	B		\$3	Yes					Prior authorization is not required for artificial tears, Alaway, NaphconA, OpconA, VisineA, VasoconA, and Zaditor OTC
ELESTRIN	0.06%	B		\$3						
ELIDEL	1%	B		\$3	Yes	30	per		dispense	
ELIGARD	45MG	B		\$3	Yes					Prior authorization for review as specialty drug
ELIPHOS	667MG	B		\$3	Yes					
ELITE DC AUTO ADAPTER		B		\$0		2	per	360	days	
ELIXOPHYLLIN	80MG/15ML	B		\$3						
ELIXSURE FEVER/PAIN	160MG/5ML	B	OTC	\$2						
ELIXSURE IB	100MG/5ML	G	OTC	\$2						
ELMIRON	100MG	B		\$3						
EMADINE	0.05%	B		\$3	Yes					Prior authorization is not required for artificial tears, Alaway, NaphconA, OpconA, VisineA, VasoconA, and Zaditor OTC
EMCIN CLEAR	2%	G		\$2						
EMCYT	140MG	B		\$3						
EMEND		B		\$3						
EMEND	125MG	B		\$3						
EMEND	40MG	B		\$3						
EMEND	80MG	B		\$3						
EMSAM	12MG/24HR	B		\$3	Yes					
EMSAM	6MG/24HR	B		\$3	Yes					
EMSAM	9MG/24HR	B		\$3	Yes					
EMTRIVA	10MG/ML	B		\$3						
EMTRIVA	200MG	B		\$3						
ENABLEX	15MG	B		\$3						
ENABLEX	7.5MG	B		\$3						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ENALAPRIL MALEATE	10MG	G		\$1		2	per	1	day	
ENALAPRIL MALEATE	2.5MG	G		\$1		2	per	1	day	
ENALAPRIL MALEATE	20MG	G		\$1		2	per	1	day	
ENALAPRIL MALEATE	5MG	G		\$1		2	per	1	day	
ENALAPRIL MALEATE/HYDROCHLOROTHIAZID E	10MG; 25MG	G		\$1		2	per	1	day	
ENALAPRIL MALEATE/HYDROCHLOROTHIAZID E	5MG; 12.5MG	G		\$1		2	per	1	day	
ENBREL	25MG	B		\$3	Yes					Prior authorization for review as specialty drug
ENBREL	50MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ENDOCET	325MG; 10MG	G		\$2		6	per	1	day	
ENDOCET	325MG; 7.5MG	G		\$2		6	per	1	day	
ENDOCET	500MG; 7.5MG	G		\$2		6	per	1	day	
ENDOCET	650MG; 10MG	G		\$2		6	per	1	day	
ENDODAN	325MG; 4.5MG; 0.38MG	G		\$2		6	per	1	day	
ENDUR-ACIN	250MG	G	OTC	\$2						
ENDUR-ACIN	500MG	G	OTC	\$2						
ENEMA DISPOSABLE	19GM/118ML; 7GM/118ML	G	OTC	\$2						
ENEMEEZ MINI	283MG	B	OTC	\$2						
ENJUVA	0.3MG	B		\$3						
ENJUVA	0.45MG	B		\$3						
ENJUVA	0.625MG	B		\$3						
ENJUVA	1.25MG	B		\$3						
ENPRESSE-28	0; 0	G		\$0		1	per	1	day	
ENTOCORT EC	3MG	B		\$3						
ENULOSE	10GM/15ML	G		\$2						
ENVISION AUTOCODE TEST STRIPS		B	OTC	\$0		5	per	1	day	
ENVISION CONTROL HIGH		B	OTC	\$0		1	per	90	days	
ENVISION CONTROL LOW		B	OTC	\$0		1	per	90	days	
ENVISION CONTROL NORMAL		B	OTC	\$0		1	per	90	days	
EPHEDRINE SULFATE	25MG	B	OTC	\$3	Yes					
EPIDUO	0.1%; 2.5%	B		\$3	Yes					Preferred drugs are single agent formulations
EPIPEN	1:1000	B		\$3		2	per	30	days	
EPIPEN 2-PAK	1:1000	B		\$3		2	per	30	days	
EPIPEN-JR	1:2000	B		\$3		2	per	30	days	
EPIPEN-JR 2-PAK	1:2000	B		\$3		2	per	30	days	
EPITOL	200MG	G		\$2						
EPIVIR	10MG/ML	B		\$3						
EPIVIR	150MG	B		\$3						
EPIVIR	300MG	B		\$3						
EPIVIR HBV	100MG	B		\$3						
EPIVIR HBV	5MG/ML	B		\$3						
EPLERENONE	25MG	G		\$1						
EPLERENONE	50MG	G		\$1						
EPOGEN	10000UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
EPOGEN	20000UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
EPOGEN	2000UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
EPOGEN	3000UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
EPOGEN	40000UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
EPOGEN	4000UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
EPOPROSTENOL SODIUM	0.5MG	G		\$2	Yes					Prior authorization for review as specialty drug
EPOPROSTENOL SODIUM	1.5MG	G		\$2	Yes					Prior authorization for review as specialty drug
EPZICOM	600MG; 300MG	B		\$3						
EQ STOOL SOFTENER	100MG	G	OTC	\$2						
EQUALIZER GAS RELIEF	40MG/0.6ML	G	OTC	\$2		30	per		dispense	
EQUETRO	100MG	B		\$3						
EQUETRO	200MG	B		\$3						
EQUETRO	300MG	B		\$3						
ERGOTAMINE TARTRATE/CAFFEINE	100MG; 1MG	G		\$2						
E-R-O EAR DROPS	6.5%	G	OTC	\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
E-R-O EAR WAX REMOVAL SYSTEM	6.5%	G	OTC	\$2						
ERRIN	0.35MG	G		\$0		1	per	1	day	
ERTACZO	2%	B		\$3	Yes					
ERY	2%	G		\$2						
ERYDERM	2%	G		\$2						
ERYTHROMYCIN	2%	G		\$2						
ERYTHROMYCIN	250MG	B		\$2						
ERYTHROMYCIN	5MG/GM	G		\$2		3.5	per		dispense	
ERYTHROMYCIN /SULFISOXAZOLE	200MG/5ML; 600MG/5ML	G		\$2						
ERYTHROMYCIN BASE	250MG	B		\$2						
ERYTHROMYCIN BASE	500MG	B		\$2						
ERYTHROMYCIN ETHYLSUCCINATE	200MG/5ML	G		\$2						
ERYTHROMYCIN ETHYLSUCCINATE	400MG	G		\$2						
ERYTHROMYCIN ETHYLSUCCINATE	400MG/5ML	G		\$2						
ERYTHROMYCIN/BENZOYL PEROXIDE	5%; 3%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
ESTAZOLAM	1MG	G		\$2						
ESTAZOLAM	2MG	G		\$2						
ESTRACE	0.1MG/GM	B		\$3		42.5	per	30	days	
ESTRADERM	0.05MG/24HR	B		\$3		0.29	per	1	day	
ESTRADERM	0.1MG/24HR	B		\$3		0.29	per	1	day	
ESTRADIOL	0.025MG/24HR	G		\$2		4	per	28	days	
ESTRADIOL	0.05MG/24HR	G		\$2		4	per	28	days	
ESTRADIOL	0.06MG/24HR	G		\$2		4	per	28	days	
ESTRADIOL	0.075MG/24HR	G		\$2		4	per	28	days	
ESTRADIOL	0.1MG/24HR	G		\$2		4	per	28	days	
ESTRADIOL	0.5MG	G		\$2						
ESTRADIOL	1MG	G		\$2						
ESTRADIOL	2MG	G		\$2						
ESTRADIOL	37.5MCG/24HR	G		\$2		4	per	28	days	
ESTRASORB	4.35MG/1.74GM	B		\$3						
ESTRING	2MG	B		\$3						
ESTROGEL	0.06%	B		\$3						
ESTROPIPATE	0.75MG	G		\$2		1	per	1	day	
ESTROPIPATE	1.5MG	G		\$2		1	per	1	day	
ESTROPIPATE	3MG	G		\$2		1	per	1	day	
ETHAMBUTOL HCL	100MG	G		\$2						
ETHAMBUTOL HCL	400MG	G		\$2						
ETHEDENT	0.25MG	G		\$2						
ETHEDENT	0.5MG	G		\$2						
ETHEDENT	1.1%	G		\$2		56	per		dispense	
ETHEDENT	1MG	G		\$2						
ETHEXDERM BPW-10	10%	G		\$2						
ETHEXDERM BPW-5	5%	G		\$2						
ETHOSUXIMIDE	250MG	G		\$2						
ETHOSUXIMIDE	250MG/5ML	G		\$2						
ETH-OXYDOSE	20MG/ML	G		\$2		6	per	1	day	
ETIDRONATE DISODIUM	200MG	G		\$2						
ETIDRONATE DISODIUM	400MG	G		\$2						
ETODOLAC	200MG	G		\$2						
ETODOLAC	300MG	G		\$2						
ETODOLAC	400MG	G		\$2						
ETODOLAC	500MG	G		\$2						
ETODOLAC ER	400MG	G		\$2						
ETODOLAC ER	500MG	G		\$2						
ETODOLAC ER	600MG	G		\$2						
ETOMIDATE	2MG/ML	G		\$2						
ETOPOSIDE	50MG	G		\$2						
EURAX	10%	B		\$3	Yes	60	per		dispense	
EVAC		B	OTC	\$2						
EVAMIST	1.53MG/SPRAY	B		\$3						
EVENCARE + BLOOD GLUCOSE TEST STRIP		B	OTC	\$0		5	per	1	day	
EVENCARE BLOOD GLUCOSE TEST STRIP		B	OTC	\$0		5	per	1	day	
EVENCARE CONTROL SOLUTION		B	OTC	\$0		1	per	90	days	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
EVISTA	60MG	B		\$3		1	per	1	day	
EVOCLIN	1%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
EVOLUTION AUTOCODE		B	OTC	\$0		5	per	1	day	
EVOLUTION CONTROL SOLUTION NORMAL		B	OTC	\$0		1	per	90	days	
EVOXAC	30MG	B		\$3						
EXACTECH R-S-G TEST STRIPS		B	OTC	\$0		5	per	1	day	
EXACTECH TEST STRIPS		B	OTC	\$0		5	per	1	day	
EXEL INSULIN SYRINGE/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
EXEL INSULIN SYRINGE/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
EXEL INSULIN SYRINGE/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
EXEL INSULIN SYRINGE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
EXEL INSULIN SYRINGE/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
EXEL INSULIN SYRINGE/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
EXEL INSULIN SYRINGE/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
EXEL INSULIN SYRINGE/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
EXELDERM	1%	B		\$3	Yes					
EXELON	1.5MG	B		\$3						
EXELON	2MG/ML	B		\$3						
EXELON	3MG	B		\$3						
EXELON	4.5MG	B		\$3						
EXELON	4.6MG/24HR	B		\$3						
EXELON	6MG	B		\$3						
EXELON	9.5MG/24HR	B		\$3						
EXFORGE	10MG; 160MG	B		\$3	Yes					
EXFORGE	10MG; 320MG	B		\$3	Yes					
EXFORGE	5MG; 160MG	B		\$3	Yes					
EXFORGE	5MG; 320MG	B		\$3	Yes					
EXJADE	125MG	B		\$3	Yes					Prior authorization for review as specialty drug
EXJADE	250MG	B		\$3	Yes					Prior authorization for review as specialty drug
EXJADE	500MG	B		\$3	Yes					Prior authorization for review as specialty drug
EXPIRATORY MOUTHPIECE		B	OTC	\$0						
EXTINA	2%	B		\$3	Yes					
EXTRA STRENGTH ACETAMINOPHEN	500MG	G	OTC	\$2						
EXTRA STRENGTH BAYER	500MG	G	OTC	\$2						
EXTRA STRENGTH BAYER ARTHRITIS PAIN REGIMEN	500MG	G	OTC	\$2						
EYE IRRIGATING SOLUTION	0.01%; 1.2%; 0.05%; 0.38%; 0.014%	G	OTC	\$2						
EYE WASH	0; 0.025%; 0; 0; 0.1%	G	OTC	\$2						
EYE WASH STERILE		G	OTC	\$2						
EZ SMART BLOOD GLUCOSE LANCETS		B	OTC	\$0		7	per	1	day	
EZ SMART BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
EZ SMART PLUS BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
E-Z SPACER		B		\$0		2	per	360	days	
E-Z SPACER MASK		B		\$0		2	per	360	days	
E-Z SPACER THE BODY GUARDS PACK		B		\$0		2	per	360	days	
E-Z SPACER/MASK		B		\$0		2	per	360	days	
EZ-LETS LANCETS		B	OTC	\$0		7	per	1	day	
EZ-LETS LANCETS 21G		B	OTC	\$0		7	per	1	day	
EZ-LETS LANCETS 23G		B	OTC	\$0		7	per	1	day	
EZ-LETS LANCETS 26G		B	OTC	\$0		7	per	1	day	
EZ-LETS LANCETS 28G		B	OTC	\$0		7	per	1	day	
FA-8	0.8MG	B	OTC	\$2						
FA-8	800MCG	G	OTC	\$2						
FABRAZYME	35MG	B		\$3	Yes					Prior authorization for review as specialty drug

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
FABRAZYME	5MG	B		\$3	Yes					Prior authorization for review as specialty drug
FACTIVE	320MG	B		\$3						
FAMCICLOVIR	125MG	G		\$2						
FAMCICLOVIR	250MG	G		\$2						
FAMCICLOVIR	500MG	G		\$2						
FAMOTIDINE	10MG	G	OTC	\$2						
FAMOTIDINE	20MG	G		\$2						
FAMOTIDINE	40MG	G		\$2						
FANSIDAR	25MG; 500MG	B		\$3						
FARESTON	60MG	B		\$3						
FAST DISSOLVE ANTACID	600MG	G	OTC	\$2						
FASTTAKE TEST STRIPS		B	OTC	\$0		5	per	1	day	
FAZACLO	100MG	B		\$3	Yes					Prior Authorization is required for the orally disintegrating tablet.
FAZACLO	12.5MG	B		\$3	Yes					Prior Authorization is required for the orally disintegrating tablet.
FAZACLO	25MG	B		\$3	Yes					Prior Authorization is required for the orally disintegrating tablet.
FE GLUCONATE	325MG	G	OTC	\$2						
FE-40	40MG	B	OTC	\$2						
FEBROL	325MG/5ML	B	OTC	\$2						
FE-CAPS CR	250MG	G	OTC	\$2						
FEENAMINT	5MG	G	OTC	\$2						
FEIBA VH IMMUNO		B		\$3	Yes					Prior authorization for review as specialty drug
FELODIPINE ER	10MG	G		\$1		1	per	1	day	
FELODIPINE ER	2.5MG	G		\$1		1	per	1	day	
FELODIPINE ER	5MG	G		\$1		1	per	1	day	
FEMARA	2.5MG	B		\$3						
FEMATROL	5MG	G	OTC	\$2						
FEMCON FE	35MCG; 0; 0.4MG	B		\$0						
FEMHRT 1/5	5MCG; 1MG	B		\$3						
FEMHRT LOW DOSE	2.5MCG; 0.5MG	B		\$3						
FEMILAX	5MG	G	OTC	\$2						
FEMRING	0.05MG/24HR	B		\$3						
FEMRING	0.1MG/24HR	B		\$3						
FEMTRACE	0.45MG	B		\$3	Yes					
FEMTRACE	0.9MG	B		\$3	Yes					
FENOFIBRATE	160MG	G		\$1		1	per	1	day	
FENOFIBRATE	54MG	G		\$1		3	per	1	day	
FENOFIBRATE MICRONIZED	134MG	G		\$1		1	per	1	day	
FENOFIBRATE MICRONIZED	200MG	G		\$1		1	per	1	day	
FENOFIBRATE MICRONIZED	67MG	G		\$1		2	per	1	day	
FENOGLIDE	120MG	B		\$3	Yes					Generic fenofibrate is preferred
FENOGLIDE	40MG	B		\$3	Yes					Generic fenofibrate is preferred
FENOPROFEN CALCIUM	600MG	G		\$2						
FENTANYL	100MCG/HR	G		\$2	Yes	0.33	per	1	day	
FENTANYL	12MCG/HR	G		\$2	Yes	0.33	per	1	day	
FENTANYL	25MCG/HR	G		\$2	Yes	0.33	per	1	day	
FENTANYL	50MCG/HR	G		\$2	Yes	0.33	per	1	day	
FENTANYL	75MCG/HR	G		\$2	Yes	0.33	per	1	day	
FENTANYL CITRATE ORAL TRANSMUCOSAL	1200MCG	B		\$2	Yes					
FENTANYL CITRATE ORAL TRANSMUCOSAL	1600MCG	B		\$2	Yes					
FENTANYL CITRATE ORAL TRANSMUCOSAL	200MCG	B		\$2	Yes					
FENTANYL CITRATE ORAL TRANSMUCOSAL	400MCG	B		\$2	Yes					
FENTANYL CITRATE ORAL TRANSMUCOSAL	600MCG	B		\$2	Yes					
FENTANYL CITRATE ORAL TRANSMUCOSAL	800MCG	B		\$2	Yes					
FENTORA	100MCG	B		\$3	Yes					
FENTORA	200MCG	B		\$3	Yes					
FENTORA	300MCG	B		\$3	Yes					
FENTORA	400MCG	B		\$3	Yes					
FENTORA	600MCG	B		\$3	Yes					
FENTORA	800MCG	B		\$3	Yes					
FEOSOL	200MG	B	OTC	\$2						
FERATAB	300MG	B	OTC	\$2						
FERATE	240MG	G	OTC	\$2		3	per	1	day	
FERRA TD	250MG	G	OTC	\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
FERRO-BOB	325MG	G	OTC	\$2						
FERRONATE	325MG	G	OTC	\$2						
FERROUS GLUCONATE	216MG	B	OTC	\$2						
FERROUS GLUCONATE	225MG	G	OTC	\$2		3	per	1	day	
FERROUS GLUCONATE	240MG	G	OTC	\$2		3	per	1	day	
FERROUS GLUCONATE	300MG	B	OTC	\$2		3	per	1	day	
FERROUS GLUCONATE	324MG	B	OTC	\$2						
FERROUS GLUCONATE	325MG	G	OTC	\$2						
FERROUS GLUCONATE IRON	28MG	G	OTC	\$2		3	per	1	day	
FERROUS SULFATE	15MG/0.6ML	G	OTC	\$2		50	per		dispense	
FERROUS SULFATE	220MG/5ML	G	OTC	\$2		16	per	1	day	
FERROUS SULFATE	324MG	G	OTC	\$2		3	per	1	day	
FERROUS SULFATE	325MG	G	OTC	\$2						
FERROUS SULFATE	83MG	B	OTC	\$2		3	per	1	day	
FERROUS SULFATE CR	160MG	G	OTC	\$2		3	per	1	day	
FERROUSUL	325MG	G	OTC	\$2						
FEVERALL	120MG	G	OTC	\$2		24	per		dispense	
FEVERALL	325MG	G	OTC	\$2		24	per		dispense	
FEVERALL	650MG	G	OTC	\$2		24	per		dispense	
FEVERALL INFANTS	80MG	B	OTC	\$2						
FEVERALL SPRINKLE CAPS CHILDRENS	80MG	B	OTC	\$2						
FEVERALL SPRINKLE CAPS JUNIOR STRENGTH	160MG	B	OTC	\$2						
FEXMID	7.5MG	B		\$3	Yes					
FEXOFENADINE HCL	180MG	G		\$2	Yes	1	per	1	day	
FEXOFENADINE HCL	30MG	G		\$2	Yes	2	per	1	day	
FEXOFENADINE HCL	60MG	G		\$2	Yes	2	per	1	day	
FIBER THERAPY	0.52GM	G	OTC	\$2						
FIBER THERAPY	58.6%	G	OTC	\$2						
FILTER AIR PP		B		\$0		2	per	360	days	
FINACEA	15%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
FINASTERIDE	5MG	G		\$2	Yes	1	per	1	day	
FINGERSTIX LANCETS		B	OTC	\$0		7	per	1	day	
FIRST-HYDROCORTISONE	10%	B		\$3						
FLAGYL ER	750MG	B		\$3	Yes					
FLAVOXATE HCL	100MG	G		\$2						
FLEBOGAMMA	5%	B		\$3	Yes					Prior authorization for review as specialty drug
FLEBOGAMMA DIF	5%	B		\$3	Yes					Prior authorization for review as specialty drug
FLECAINIDE ACETATE	100MG	G		\$2						
FLECAINIDE ACETATE	150MG	G		\$2						
FLECAINIDE ACETATE	50MG	G		\$2						
FLECTOR	1.3%	B		\$3	Yes					
FLEET BABYLAX	4ML	B	OTC	\$2						
FLEET BISACODYL	10MG/30ML	B	OTC	\$2						
FLEET LAXATIVE	10MG	G	OTC	\$2						
FLEET LAXATIVE	5MG	G	OTC	\$2						
FLEET LIQUID GLYCERIN SUPPOSITORIES	5.6GM/DOSE	B	OTC	\$2						
FLEET OIL		B	OTC	\$2						
FLOLAN	0.5MG	B		\$3	Yes					Prior authorization for review as specialty drug
FLOLAN	1.5MG	B		\$3	Yes					Prior authorization for review as specialty drug
FLOMAX	0.4MG	B		\$3	Yes					
FLOVENT DISKUS	100MCG/BLIST	B		\$3						
FLOVENT DISKUS	250MCG/BLIST	B		\$3						
FLOVENT DISKUS	50MCG/BLIST	B		\$3		60	per	25	days	
FLOVENT HFA	110MCG/ACT	B		\$3		12	per	25	days	
FLOVENT HFA	220MCG/ACT	B		\$3		12	per	25	days	
FLOVENT HFA	44MCG/ACT	B		\$3		10.6	per	25	days	
FLUARIX 2007-2008		B		\$3						
FLUARIX 2008-2009		B		\$3						
FLUCONAZOLE	100MG	G		\$2		1	per	1	day	
FLUCONAZOLE	10MG/ML	G		\$2		70	per		dispense	
FLUCONAZOLE	150MG	G		\$2		2	per		dispense	
FLUCONAZOLE	200MG	G		\$2		2	per	1	day	
FLUCONAZOLE	40MG/ML	G		\$2		70	per		dispense	
FLUCONAZOLE	50MG	G		\$2		7	per		dispense	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
FLUDROCORTISONE ACETATE	0.1MG	G		\$2						
FLULAVAL		B		\$3						
FLUMAZENIL	0.1MG/ML	G		\$2	Yes					
FLUMIST NASAL VACCINE 2005-2006		B		\$3	Yes					
FLUMIST NASAL VACCINE 2006-2007		B		\$3	Yes					
FLUMIST NASAL VACCINE 2007-2008		B		\$3	Yes					
FLUMIST NASAL VACCINE 2008-2009		B		\$3	Yes					
FLUNISOLIDE	0.025%	G		\$2		25	per		dispense	
FLUOCINOLONE ACETONIDE	0.01%	B		\$2		15	per		dispense	
FLUOCINOLONE ACETONIDE	0.025%	B		\$2		15	per		dispense	
FLUOCINONIDE	0.05%	G		\$2		15	per		dispense	
FLUOCINONIDE EMOLLIENT BASE	0.05%	G		\$2		15	per		dispense	
FLUOCINONIDE-E	0.05%	G		\$2		15	per		dispense	
FLUORABON	0.55MG/0.6ML	B		\$3						
FLUORABON	0.5MG	G		\$2						
FLUORABON	1MG	G		\$2						
FLUORIDE	0.25MG	G		\$2						
FLUORIDE	0.5MG	G		\$2						
FLUORIDE	1MG	G		\$2						
FLUORIDEX DAILY DEFENSE	1.1%	G		\$2						
FLUORIDEX DAILY DEFENSE ENHANCED WHITENING	1.1%	G		\$2						
FLUORIGARD	0.05%	G	OTC	\$2						
FLUORITAB	0.125MG/DROP	G		\$2						
FLUORITAB	0.25MG	G		\$2						
FLUORITAB	0.5MG	G		\$2						
FLUORITAB	1MG	G		\$2						
FLUOROMETHOLONE	0.1%	G		\$2		5	per		dispense	
FLUOROPLEX	1%	B		\$3						
FLUOROURACIL	2%	B		\$2		10	per		dispense	
FLUOROURACIL	5%	G		\$2		10	per		dispense	
FLUOXETINE HCL	10MG	G		\$2		4	per	1	day	
FLUOXETINE HCL	20MG	G		\$2		4	per	1	day	
FLUOXETINE HCL	20MG/5ML	G		\$2		4	per	1	day	
FLUOXETINE HCL	40MG	G		\$2	Yes					Prior authorization is required for fluoxetine tablets and fluoxetine 40mg capsule.
FLUPHENAZINE DECANOATE	25MG/ML	G		\$2						
FLUPHENAZINE HCL	10MG	G		\$2						
FLUPHENAZINE HCL	1MG	G		\$2						
FLUPHENAZINE HCL	2.5MG	G		\$2						
FLUPHENAZINE HCL	5MG	G		\$2						
FLURA-DROPS	0.125MG/DROP	G		\$2						
FLURA-DROPS	0.25MG/DROP	B		\$3						
FLURAZEPAM HCL	15MG	G		\$2		1	per	1	day	
FLURAZEPAM HCL	30MG	G		\$2		1	per	1	day	
FLURBIPROFEN	100MG	G		\$2						
FLURBIPROFEN	50MG	G		\$2						
FLURBIPROFEN SODIUM	0.03%	G		\$2		2.5	per		dispense	
FLUTAMIDE	125MG	G		\$2						
FLUTICASONE PROPIONATE	0.005%	G		\$2						
FLUTICASONE PROPIONATE	0.05%	G		\$2						
FLUTICASONE PROPIONATE	50MCG/ACT	G		\$2		16	per		dispense	
FLUVIRIN 2007-2008		B		\$3						
FLUVIRIN 2008-2009		B		\$3						
FLUVOXAMINE MALEATE	100MG	G		\$2		2	per	1	day	
FLUVOXAMINE MALEATE	25MG	G		\$2		2	per	1	day	
FLUVOXAMINE MALEATE	50MG	G		\$2		2	per	1	day	
FLUZONE PEDIATRIC PF 2007-2008		B		\$3						
FLUZONE PEDIATRIC PF 2008-2009		B		\$3						
FLUZONE PF 2007-2008		B		\$3						
FLUZONE PF 2008-2009		B		\$3						
FLUZONE SPLIT 2007-2008		B		\$3						
FLUZONE SPLIT 2008-2009		B		\$3						
FML-S LIQUIFILM	0.1%: 10%	B		\$3						
FOCALIN XR	10MG	B		\$3		1	per	1	day	
FOCALIN XR	15MG	B		\$3		1	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
FOCALIN XR	20MG	B		\$3		1	per	1	day	
FOCALIN XR	5MG	B		\$3		1	per	1	day	
FOLBECAL	200MG; 12MCG; 1MG; 75MG	G		\$2						
FOLIC ACID	1MG	G		\$2						
FOLIC ACID	200MCG	B	OTC	\$2						
FOLIC ACID	20MG	B	OTC	\$2						
FOLIC ACID	400MCG	G	OTC	\$2						
FOLIC ACID	5MG	B	OTC	\$2						
FOLIC ACID	800MCG	G	OTC	\$2						
FOLIC ACID/CYANOCOBALAMIN/PYRIDOX INE HYDROCHLORIDE	1MG; 2.5MG; 25MG	G		\$2						
FOLIC ACID/VITAMIN B-6/VITAMIN B-12	500MCG; 2.2MG; 25MG	G		\$2						
FORA D10 BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
FORA V10 BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
FORA V12 BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
FORA V22 BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
FORADIL AEROLIZER	12MCG	B		\$3	Yes	2	per	1	day	
FORTAMET	1000MG	B		\$3	Yes					
FORTAMET	500MG	B		\$3	Yes					
FORTEO	750MCG/3ML	B		\$3	Yes					Prior authorization for review as specialty drug
FORTICAL	200UNIT/ACT	G		\$2	Yes	3.7	per	30	days	
FOSAMAX PLUS D	70MG; 2800UNIT	B		\$3	Yes	4	per	28	days	Prior authorization for review of generic alendronate and calcium as separate drugs
FOSAMAX PLUS D	70MG; 5600UNIT	B		\$3	Yes	4	per	28	days	Prior authorization for review of generic alendronate and calcium as separate drugs
FOSINOPRIL SODIUM	10MG	G		\$1		1	per	1	day	
FOSINOPRIL SODIUM	20MG	G		\$1		1	per	1	day	
FOSINOPRIL SODIUM	40MG	G		\$1		1	per	1	day	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	10MG; 12.5MG	G		\$1		1	per	1	day	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	20MG; 12.5MG	G		\$1		1	per	1	day	
FOSRENOL	1000MG	B		\$3	Yes					
FOSRENOL	250MG	B		\$3	Yes					
FOSRENOL	500MG	B		\$3	Yes					
FOSRENOL	750MG	B		\$3	Yes					
FRAGMIN	10000UNIT/ML	B		\$3						Prior authorization is required for treatment past 21 days
FRAGMIN	25000UNIT/ML	B		\$3						Prior authorization is required for treatment past 21 days
FRAGMIN	2500UNIT/0.2ML	B		\$3						Prior authorization is required for treatment past 21 days
FREESTYLE CONTROL SOLUTION		B	OTC	\$0		1	per	90	days	
FREESTYLE CONTROL SOLUTION HIGH/LOW		B	OTC	\$0		1	per	90	days	
FREESTYLE LANCETS		B	OTC	\$0		7	per	1	day	
FREESTYLE LITE TEST STRIPS		B	OTC	\$0		5	per	1	day	
FREESTYLE TEST STRIPS		B	OTC	\$0		5	per	1	day	
FREESTYLE UNISTICK II LANCETS		B	OTC	\$0		7	per	1	day	
FROVA	2.5MG	B		\$3	Yes	9	per	30	days	
FULL KIT NEBULIZER SET		B		\$0		2	per	360	days	
FUNGI GUARD	1%	G	OTC	\$2						
FUNGI-GUARD	1%	G	OTC	\$2		30	per		dispense	
FURADANTIN	25MG/5ML	B		\$3						
FUROSEMIDE	10MG/ML	G		\$1						
FUROSEMIDE	20MG	G		\$1						
FUROSEMIDE	40MG	G		\$1						
FUROSEMIDE	80MG	G		\$1						
FUROSEMIDE	8MG/ML	B		\$1						
FUZEON	90MG	B		\$3	Yes					Prior authorization for review as specialty drug
GABAPENTIN	100MG	G		\$2		4	per	1	day	
GABAPENTIN	300MG	G		\$2		4	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
GABAPENTIN	400MG	G		\$2		4	per	1	day	
GABAPENTIN	600MG	G		\$2		4	per	1	day	
GABAPENTIN	800MG	G		\$2		4	per	1	day	
GABARONE	100MG	B		\$3		4	per	1	day	
GABARONE	300MG	B		\$3						
GABARONE	400MG	B		\$3		4	per	1	day	
GABITRIL	12MG	B		\$3						
GABITRIL	16MG	B		\$3						
GABITRIL	2MG	B		\$3						
GABITRIL	4MG	B		\$3						
GALANTAMINE HYDROBROMIDE	12MG	G		\$2						
GALANTAMINE HYDROBROMIDE	16MG	G		\$2						
GALANTAMINE HYDROBROMIDE	24MG	G		\$2						
GALANTAMINE HYDROBROMIDE	4MG	G		\$2						
GALANTAMINE HYDROBROMIDE	8MG	G		\$2						
GAMASTAN S/D		B		\$3	Yes					Prior authorization for review as specialty drug
GAMMAGARD LIQUID	10%	B		\$3	Yes					Prior authorization for review as specialty drug
GAMMAGARD S/D	0.5GM	B		\$3	Yes					Prior authorization for review as specialty drug
GAMUNEX	10%	B		\$3	Yes					Prior authorization for review as specialty drug
GANCICLOVIR	250MG	B		\$2						
GANCICLOVIR	500MG	B		\$2						
GAS FREE EXTRA STRENGTH	125MG	G	OTC	\$2						
GAS RELIEF	180MG	G	OTC	\$2						
GAS RELIEF	40MG/0.6ML	G	OTC	\$2		30	per		dispense	
GAS AID	125MG	G	OTC	\$2						
GASTROCROM	100MG/5ML	B		\$3						
GAS-X	80MG	B	OTC	\$2						
GAS-X EXTRA STRENGTH	125MG	B	OTC	\$2						
GAS-X EXTRA STRENGTH	62.5MG	B	OTC	\$2						
GAS-X INFANT DROPS	20MG/0.3ML	G	OTC	\$2		30	per		dispense	
GAS-X MAXIMUM STRENGTH	166MG	G	OTC	\$2						
GAVISCON ACID BREAKTHROUGH FORMULA	500MG	G	OTC	\$2						
GELNIQUE	10%	B		\$3	Yes					
GEMFIBROZIL	600MG	G		\$1		2	per	1	day	
GENACOTE	325MG	G	OTC	\$2						
GENAHIST	12.5MG/5ML	G	OTC	\$2						
GENAHIST	25MG	G	OTC	\$2						
GENAPAP	100MG/ML	G	OTC	\$2						
GENAPAP	325MG	G	OTC	\$2						
GENAPAP	500MG	G	OTC	\$2						
GENAPAP	80MG	G	OTC	\$2						
GENAPAP EXTRA STRENGTH	500MG	G	OTC	\$2						
GENAPHED	30MG	G	OTC	\$2						
GENAPHED PLUS	4MG; 60MG	G	OTC	\$2						
GENASOFT	100MG	G	OTC	\$2						
GENASYME	40MG/0.6ML	G	OTC	\$2		30	per		dispense	
GENASYME	80MG	G	OTC	\$2						
GENATUSS DM	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per		dispense	
GENEBS	325MG	G	OTC	\$2						
GENEBS	500MG	G	OTC	\$2						
GENERLAC	10GM/15ML	G		\$2						
GENFIBER	50%	G	OTC	\$2						
GENFIBER	520MG	G	OTC	\$2						
GENGRAF	100MG	G		\$2		4	per	1	day	
GENGRAF	100MG/ML	G		\$2		50	per		dispense	
GENGRAF	25MG	G		\$2		4	per	1	day	
GENOTROPIN	12MG	B		\$3	Yes					Prior authorization for review as specialty drug
GENOTROPIN	5MG	B		\$3	Yes					Prior authorization for review as specialty drug
GENOTROPIN MINIQUICK	0.2MG	B		\$3	Yes					Prior authorization for review as specialty drug
GENOTROPIN MINIQUICK	0.4MG	B		\$3	Yes					Prior authorization for review as specialty drug
GENOTROPIN MINIQUICK	0.6MG	B		\$3	Yes					Prior authorization for review as specialty drug
GENOTROPIN MINIQUICK	0.8MG	B		\$3	Yes					Prior authorization for review as specialty drug

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
GENOTROPIN MINIQUICK	1.2MG	B		\$3	Yes					Prior authorization for review as specialty drug
GENOTROPIN MINIQUICK	1.4MG	B		\$3	Yes					Prior authorization for review as specialty drug
GENOTROPIN MINIQUICK	1.6MG	B		\$3	Yes					Prior authorization for review as specialty drug
GENOTROPIN MINIQUICK	1.8MG	B		\$3	Yes					Prior authorization for review as specialty drug
GENOTROPIN MINIQUICK	1MG	B		\$3	Yes					Prior authorization for review as specialty drug
GENOTROPIN MINIQUICK	2MG	B		\$3	Yes					Prior authorization for review as specialty drug
GENPRIL	200MG	G	OTC	\$2						
GENTAK	0.3%	G		\$2		3.5	per		dispense	
GENTAMICIN SULFATE	0.1%	G		\$2		15	per		dispense	
GENTAMICIN SULFATE	0.3%	G		\$2		3.5	per		dispense	
GENTLE LAXATIVE	5MG	G	OTC	\$2						
GENTLE TOUCH INSULIN SYRINGE/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
GENTLE TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
GENTLE TOUCH INSULIN SYRINGE/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
GENTLE TOUCH INSULIN SYRINGE/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
GENTLE-LET GP LANCETS		B	OTC	\$0		7	per	1	day	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT		B	OTC	\$0		7	per	1	day	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT		B	OTC	\$0		7	per	1	day	
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT		B	OTC	\$0		7	per	1	day	
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT		B	OTC	\$0		7	per	1	day	
GEODON	20MG	B		\$3		2	per	1	day	
GEODON	40MG	B		\$3		2	per	1	day	
GEODON	60MG	B		\$3		3	per	1	day	
GEODON	80MG	B		\$3		3	per	1	day	
GEONE (G-1)	325MG; 50MG; 40MG	G		\$2		4	per	1	day	
GERI-HYDROLAC 12	12%	G	OTC	\$2		400	per		dispense	
GERI-LANTA	200MG/5ML; 200MG/5ML; 20MG/5ML	G	OTC	\$2		720	per	30	days	
GLEEVEC	100MG	B		\$3		2	per	1	day	
GLEEVEC	400MG	B		\$3		2	per	1	day	
GLIMEPIRIDE	1MG	G		\$1		1	per	1	day	
GLIMEPIRIDE	2MG	G		\$1		1	per	1	day	
GLIMEPIRIDE	4MG	G		\$1		1	per	1	day	
GLIPIZIDE	10MG	G		\$1						
GLIPIZIDE	5MG	G		\$1						
GLIPIZIDE ER	10MG	G		\$1						
GLIPIZIDE ER	2.5MG	G		\$1						
GLIPIZIDE ER	5MG	G		\$1						
GLIPIZIDE XL	10MG	G		\$1						
GLIPIZIDE XL	2.5MG	G		\$1						
GLIPIZIDE XL	5MG	G		\$1						
GLIPIZIDE/METFORMIN HCL	2.5MG; 250MG	G		\$1						
GLIPIZIDE/METFORMIN HCL	2.5MG; 500MG	G		\$1						
GLIPIZIDE/METFORMIN HCL	5MG; 500MG	G		\$1						
GLUCAGON EMERGENCY KIT	1MG	B		\$3		1	per		dispense	
GLUCOCARD 01 CONTROL SOLUTION/NORMAL		B	OTC	\$0		1	per	90	days	
GLUCOCARD 01 TEST STRIPS		B	OTC	\$0		5	per	1	day	
GLUCOCARD X-METER CONTROLSOLUTION/NORMAL		B	OTC	\$0		1	per	90	days	
GLUCOCARD X-SENSOR		B	OTC	\$0		5	per	1	day	
GLUCOCOM HIGH CONTROL		B	OTC	\$0		1	per	90	days	
GLUCOCOM LANCETS 28G		B	OTC	\$0		7	per	1	day	
GLUCOCOM LANCETS 30G		B	OTC	\$0		7	per	1	day	
GLUCOCOM LANCETS 33G		B	OTC	\$0		7	per	1	day	
GLUCOCOM NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
GLUCOCOM TEST STRIPS		B	OTC	\$0		5	per	1	day	
GLUCOFILM HIGH CONTROL		B	OTC	\$0		1	per	90	days	
GLUCOFILM LOW CONTROL		B	OTC	\$0		1	per	90	days	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
GLUCOFILM NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
GLUCOFILM TEST STRIPS		B	OTC	\$0		5	per	1	day	
GLUCOLAB HIGH CONTROL		B	OTC	\$0		1	per	90	days	
GLUCOLAB LOW CONTROL		B	OTC	\$0		1	per	90	days	
GLUCOLAB NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
GLUCOLAB TEST STRIPS		B	OTC	\$0		5	per	1	day	
GLUCOLET 2 AUTOMATIC LANCING DEVICE		B	OTC	\$0		1	per	180	days	
GLUCOMETER DEX HIGH CONTROL		B	OTC	\$0		1	per	90	days	
GLUCOMETER DEX TEST SENSORS		B	OTC	\$0		5	per	1	day	
GLUCOMETER ELITE		B	OTC	\$0		5	per	1	day	
GLUCOMETER ELITE HIGH CONTROL		B	OTC	\$0		1	per	90	days	
GLUCOMETER ENCORE HIGH CONTROL		B	OTC	\$0		1	per	90	days	
GLUCOMETER ENCORE LOW CONTROL		B	OTC	\$0		1	per	90	days	
GLUCOMETER ENCORE NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
GLUCOMETER ENCORE TEST STRIPS		B	OTC	\$0		5	per	1	day	
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
GLUCOSE	4GM	B	OTC	\$0		50	per	30	days	
GLUCOSE CONTROL SOLUTION		B	OTC	\$0		1	per	90	days	
GLUCOSTIX		B	OTC	\$0		5	per	1	day	
GLUCOVANCE	1.25MG; 250MG	B		\$3	Yes					Generics preferred
GLUCOVANCE	2.5MG; 500MG	B		\$3	Yes					Generics preferred
GLUCOVANCE	5MG; 500MG	B		\$3	Yes					Generics preferred
GLUMETZA	1000MG	B		\$3	Yes					
GLUMETZA	500MG	B		\$3	Yes					
GLYBURIDE	1.25MG	G		\$1						
GLYBURIDE	2.5MG	G		\$1						
GLYBURIDE	5MG	G		\$1						
GLYBURIDE MICRONIZED	1.5MG	G		\$1						
GLYBURIDE MICRONIZED	3MG	G		\$1						
GLYBURIDE MICRONIZED	6MG	G		\$1						
GLYBURIDE/METFORMIN HCL	1.25MG; 250MG	G		\$1						
GLYBURIDE/METFORMIN HCL	2.5MG; 500MG	G		\$1						
GLYBURIDE/METFORMIN HCL	5MG; 500MG	G		\$1						
GLYCERIN		G	OTC	\$2						
GLYCERIN ADULT	2GM	B	OTC	\$2		12	per		dispense	
GLYCERIN ADULT	3GM	G	OTC	\$2		24	per		dispense	
GLYCERIN CHILD	1.5GM	G	OTC	\$2		12	per	30	days	
GLYCERIN INFANT	1.5GM	G	OTC	\$2		12	per	30	days	
GLYCOLAX		G		\$2		17	per	1	day	
GLYCOPYRROLATE	1MG	G		\$2						
GLYCOPYRROLATE	2MG	G		\$2						
GLYCRON	1.5MG	G		\$2						
GLYCRON	3MG	G		\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
GLYCRON	4.5MG	B		\$3						
GLYCRON	6MG	G		\$2						
GLYSET	100MG	B		\$3	Yes					
GLYSET	25MG	B		\$3	Yes					
GLYSET	50MG	B		\$3	Yes					
GORDONS-VITE A	10000UNIT	B	OTC	\$2						
GRANISETRON HCL	1MG	G		\$2		10	per	30	days	
GRANISOL	2MG/10ML	B		\$3						
GRISEOFULVIN MICROSIZE	125MG/5ML	G		\$2						
GUAICON DM	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per		dispense	
GUAICON DMS	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per		dispense	
GUAIFENESIN	100MG/5ML	G	OTC	\$2		240	per	6	days	
GUAIFENESIN /DEXTROMETHORPHAN	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per		dispense	
GUAIFENESIN DM	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per		dispense	
GUANABENZ ACETATE	4MG	B		\$1						
GUANABENZ ACETATE	8MG	B		\$1						
GUANFACINE HCL	1MG	G		\$1						
GUANFACINE HCL	2MG	G		\$1						
GUIATUSS	100MG/5ML	G	OTC	\$2		240	per	6	days	
GUIATUSS CLEAR DM	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per		dispense	
GUIATUSS DM	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per		dispense	
GYNECORT 10	1%	G	OTC	\$2						
GYNE-LOTRIMIN 3 COMBO PACK		B	OTC	\$2						
GYNODIOL	0.5MG	G		\$2						
GYNODIOL	1.5MG	B		\$3						
GYNODIOL	1MG	G		\$2						
GYNODIOL	2MG	G		\$2						
H.E.A.R.	6.5%	G	OTC	\$2						
HAEMOLANCE PLUS		B	OTC	\$0		7	per	1	day	
HAEMOLANCE PLUS HIGH FLOW		B	OTC	\$0		7	per	1	day	
HAEMOLANCE PLUS LOW FLOW		B	OTC	\$0		7	per	1	day	
HAEMOLANCE PLUS MAX FLOW		B	OTC	\$0		7	per	1	day	
HAEMOLANCE PLUS PEDIATRIC FLOW		B	OTC	\$0		7	per	1	day	
HALFLYTELY BOWEL PREP	5MG; 210GM; 0.74GM; 2.86GM; 5.6GM	B		\$3	Yes					
HALFLYTELY BOWEL PREP/FLAVOR PACKS	5MG; 210GM; 0.74GM; 2.86GM; 5.6GM	B		\$3	Yes					
HALFPRIN	162MG	B	OTC	\$2						
HALOBETASOL PROPIONATE	0.05%	G		\$2		15	per		dispense	
HALOG	0.1%	B		\$3	Yes					
HALOPERIDOL	0.5MG	G		\$2		3	per	1	day	
HALOPERIDOL	10MG	G		\$2		3	per	1	day	
HALOPERIDOL	1MG	G		\$2		3	per	1	day	
HALOPERIDOL	20MG	G		\$2						
HALOPERIDOL	2MG	G		\$2						
HALOPERIDOL	2MG/ML	G		\$2						
HALOPERIDOL	5MG	G		\$2						
HALOPERIDOL DECANOATE	100MG/ML	G		\$2						
HALOPERIDOL DECANOATE	50MG/ML	G		\$2						
HALOTIN	1%	B		\$3	Yes					Generic OTC antifungals are preferred.
HEALTHY LIVING REPLACEMENT FILTERS		B	OTC	\$0		2	per	360	days	
HEALTHY LIVING REPLACEMENT KIT FOR NEBULIZER		B	OTC	\$0		2	per	360	days	
HEALTHY LIVING REPLACEMENT MASKS		B	OTC	\$0		2	per	360	days	
HEALTUSSIN DM	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per		dispense	
HEARTBURN 200	200MG	G	OTC	\$2						
HEARTBURN RELIEF	10MG	G	OTC	\$2						
HEARTBURN RELIEF MAXIMUM STRENGTH	20MG	G	OTC	\$2						
HECTOROL	0.5MCG	B		\$3						
HECTOROL	2.5MCG	B		\$3						
HELIDAC	0; 0; 0	B		\$3	Yes					
HELIXATE FS	1000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
HELIXATE FS	2000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
HELIXATE FS	250UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
HELIXATE FS	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
HEMOPIL M	1701-2000 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
HEMOPIL M	220-400 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
HEMOPIL M	401-800 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
HEMOPIL M	801-1700 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
HEMORRHOIDAL-HC	25MG	G		\$2		2	per	1	day	
HEMRIL-30	30MG	G		\$2						
HEPSERA	10MG	B		\$3	Yes					Prior authorization for review as specialty drug
HEXALEN	50MG	B		\$3						
HI-CAL	1250MG	G	OTC	\$2						
HM MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
HM MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
HM MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
HM MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
HM MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
HOMATROPAIRE	5%	G		\$2		5	per		dispense	
HUMALOG	100UNIT/ML	B		\$1		40	per	30	days	
HUMALOG MIX 50/50	50%; 50%	B		\$1		40	per	30	days	
HUMALOG MIX 50/50 PEN	50%; 50%	B		\$1		40	per	30	days	
HUMALOG MIX 75/25	25%; 75%	B		\$1		40	per	30	days	
HUMALOG MIX 75/25 KWIKPEN	25%; 75%	B		\$1		40	per	30	days	
HUMALOG MIX 75/25 PEN	25%; 75%	B		\$1		40	per	30	days	
HUMALOG PEN	100UNIT/ML	B		\$1		40	per	30	days	
HUMATE-P	1000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
HUMATE-P	1000UNIT; 2400UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
HUMATE-P	2000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
HUMATE-P	250UNIT; 600UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
HUMATE-P	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
HUMATE-P	500UNIT; 1200UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
HUMATROPE	12MG	B		\$3	Yes					Prior authorization for review as specialty drug
HUMATROPE	24MG	B		\$3	Yes					Prior authorization for review as specialty drug
HUMATROPE	6MG	B		\$3	Yes					Prior authorization for review as specialty drug
HUMATROPE COMBO PACK	5MG	B		\$3	Yes					Prior authorization for review as specialty drug
HUMIRA	20MG/0.4ML	B		\$3	Yes					Prior authorization for review as specialty drug
HUMIRA	40MG/0.8ML	B		\$3	Yes					Prior authorization for review as specialty drug
HUMIRA PEN	40MG/0.8ML	B		\$3	Yes					Prior authorization for review as specialty drug
HUMIRA PEN-CROHNS DISEASESTARTER	40MG/0.8ML	B		\$3	Yes					Prior authorization for review as specialty drug
HUMIRA PEN-PSORIASIS STARTER	40MG/0.8ML	B		\$3	Yes					Prior authorization for review as specialty drug
HUMULIN 50/50	50%; 50%	B	OTC	\$1		40	per	30	days	
HUMULIN 70/30	30%; 70%	B	OTC	\$1		40	per	30	days	
HUMULIN 70/30 PEN	30%; 70%	B	OTC	\$1		40	per	30	days	
HUMULIN N	100UNIT/ML	B	OTC	\$1		40	per	30	days	
HUMULIN N U-100 PEN	100UNIT/ML	B	OTC	\$1		40	per	30	days	
HUMULIN R	100UNIT/ML	B	OTC	\$1		40	per	30	days	
HUMULIN R U-500 (CONCENTRATED)	500UNIT/ML	B		\$1						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
HYCAMTIN	0.25MG	B		\$3						
HYCAMTIN	1MG	B		\$3						
HYCET	325MG/15ML; 7.5MG/15ML	B		\$3						
HYDRALAZINE HCL	100MG	G		\$1						
HYDRALAZINE HCL	10MG	G		\$1						
HYDRALAZINE HCL	25MG	G		\$1						
HYDRALAZINE HCL	50MG	G		\$1						
HYDRAMINE	12.5MG/5ML	G	OTC	\$2						
HYDRO CET	500MG; 5MG	G		\$2						
HYDROCHLOROTHIAZIDE	12.5MG	B		\$1						
HYDROCHLOROTHIAZIDE	25MG	G		\$1						
HYDROCHLOROTHIAZIDE	50MG	G		\$1						
HYDROCODONE /ACETAMINOPHEN	325MG; 10MG	G		\$2		6	per	1	day	
HYDROCODONE /ACETAMINOPHEN	325MG; 5MG	G		\$2		12	per	1	day	
HYDROCODONE /ACETAMINOPHEN	325MG; 7.5MG	G		\$2		8	per	1	day	
HYDROCODONE /ACETAMINOPHEN	500MG/15ML; 7.5MG/15ML	G		\$2		120	per	1	day	
HYDROCODONE /ACETAMINOPHEN	500MG; 10MG	G		\$2		6	per	1	day	
HYDROCODONE /ACETAMINOPHEN	500MG; 2.5MG	G		\$2						
HYDROCODONE /ACETAMINOPHEN	500MG; 5MG	G		\$2		8	per	1	day	
HYDROCODONE /ACETAMINOPHEN	500MG; 7.5MG	G		\$2		6	per	1	day	
HYDROCODONE /ACETAMINOPHEN	650MG; 10MG	G		\$2		6	per	1	day	
HYDROCODONE /ACETAMINOPHEN	650MG; 7.5MG	G		\$2		6	per	1	day	
HYDROCODONE /ACETAMINOPHEN	660MG; 10MG	G		\$2		6	per	1	day	
HYDROCODONE /ACETAMINOPHEN	750MG; 7.5MG	G		\$2		6	per	1	day	
HYDROCODONE /ACETAMINOPHEN-HS	500MG; 2.5MG	G		\$2						
HYDROCODONE /HOMATROPINE	1.5MG/5ML; 5MG/5ML	G		\$2		240	per	6	days	
HYDROCODONE /IBUPROFEN	7.5MG; 200MG	G		\$2						
HYDROCODONE BITARTRATE/ACETAMINOPHEN	750MG; 10MG	G		\$2						
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	1.5MG/5ML; 5MG/5ML	G		\$2		240	per	6	days	
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	1.5MG; 5MG	G		\$2						
HYDROCODONE/IBUPROFEN	7.5MG; 200MG	G		\$2						
HYDROCORTISONE	0.5%	G	OTC	\$2		30	per		dispense	
HYDROCORTISONE	1%	G	OTC	\$2		30	per		dispense	
HYDROCORTISONE	100MG/60ML	G		\$2		420	per		dispense	
HYDROCORTISONE	10MG	G		\$2						
HYDROCORTISONE	2.5%	G		\$2		60	per		dispense	
HYDROCORTISONE	20MG	G		\$2						
HYDROCORTISONE	5MG	G		\$2						
HYDROCORTISONE /ALOE	0; 0.5%	B	OTC	\$2						
HYDROCORTISONE /ALOE	0; 1%	G	OTC	\$2						
HYDROCORTISONE ACETATE	1%	G	OTC	\$2						
HYDROCORTISONE ACETATE	25MG	G		\$2		2	per	1	day	
HYDROCORTISONE ACETATE	30MG	G		\$2						
HYDROCORTISONE ACETATE/ALOE	0; 0.5%	G	OTC	\$2						
HYDROCORTISONE ACETATE/ALOE	0; 2%	G		\$2						
HYDROCORTISONE BUTYRATE	0.1%	G		\$2	Yes					
HYDROCORTISONE IN ABSORBASE	1%	G		\$2						
HYDROCORTISONE MAXIMUM STRENGTH	1%	G	OTC	\$2		30	per		dispense	
HYDROCORTISONE MAXIMUM STRENGTH PLUS 12 MOISTURIZERS	1%	G	OTC	\$2		30	per		dispense	
HYDROCORTISONE PLUS 12	1%	G	OTC	\$2		30	per		dispense	
HYDROCORTISONE SCALP	1%	G	OTC	\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
HYDROCORTISONE VALERATE	0.2%	G		\$2		45	per		dispense	
HYDROCORTISONE/ALOE	0; 1%	B	OTC	\$2						
HYDROGESIC	500MG; 5MG	G		\$2						
HYDROMET	1.5MG/5ML; 5MG/5ML	G		\$2		240	per	6	days	
HYDROMORPHONE HCL	2MG	G		\$2		8	per	1	day	
HYDROMORPHONE HCL	3MG	B		\$2		12	per		dispense	
HYDROMORPHONE HCL	4MG	G		\$2		8	per	1	day	
HYDROMORPHONE HCL	8MG	G		\$2		8	per	1	day	
HYDROXYCHLOROQUINE SULFATE	200MG	G		\$2						
HYDROXYUREA	500MG	G		\$2						
HYDROXYZINE HCL	10MG	G		\$2						
HYDROXYZINE HCL	10MG/5ML	G		\$2						
HYDROXYZINE HCL	25MG	G		\$2						
HYDROXYZINE HCL	50MG	G		\$2						
HYDROXYZINE PAMOATE	100MG	G		\$2						
HYDROXYZINE PAMOATE	25MG	G		\$2						
HYDROXYZINE PAMOATE	50MG	G		\$2						
HYOMAX -DT	0.375MG	G		\$2						
HYOMAX-FT	0.125MG	G		\$2						
HYOMAX-SL	0.125MG	G		\$2						
HYOMAX-SR	0.375MG	G		\$2						
HYOSCYAMINE	0.15MG	G		\$2						
HYOSCYAMINE SULFATE	0.125MG	G		\$2						
HYOSCYAMINE SULFATE	0.125MG/5ML	G		\$2						
HYOSCYAMINE SULFATE	0.125MG/ML	G		\$2						
HYOSCYAMINE SULFATE	0.375MG	G		\$2						
HYOSCYAMINE SULFATE CR	0.375MG	G		\$2						
HYOSCYAMINE SULFATE ER	0.375MG	G		\$2						
HYOSCYAMINE SULFATE IR/HYOSCYAMINE SULFATE SR	0.375MG	G		\$2						
HYOSCYAMINE SULFATE SR	0.375MG	G		\$2						
HYOSCYAMINE SULFATE TR	0.375MG	G		\$2						
HYOSYNE	0.125MG/5ML	G		\$2						
HYOSYNE	0.125MG/ML	G		\$2						
HY-VEE GLUCOSE	4GM	B	OTC	\$0		50	per	30	days	
HY-VEE INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
HY-VEE INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
HY-VEE INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
HY-VEE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
HY-VEE INSULIN SYRINGE/U- 100/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
HY-VEE INSULIN SYRINGE/U- 100/1ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
HY-VEE LANCETS		B	OTC	\$0		7	per	1	day	
HY-VEE THIN LANCETS		B	OTC	\$0		7	per	1	day	
HYZAAR	12.5MG; 100MG	B		\$3	Yes	1	per	1	day	Use of generic combination ACE inhibitors preferred
HYZAAR	12.5MG; 50MG	B		\$3	Yes	1	per	1	day	Use of generic combination ACE inhibitors preferred
HYZAAR	25MG; 100MG	B		\$3	Yes	1	per	1	day	Use of generic combination ACE inhibitors preferred
IBU	400MG	G		\$2						
IBU	600MG	G		\$2						
IBU	800MG	G		\$2						
IBU-200	200MG	G	OTC	\$2						
IBUPROFEN	100MG/5ML	G		\$2						
IBUPROFEN	200MG	G	OTC	\$2						
IBUPROFEN	400MG	G		\$2						
IBUPROFEN	600MG	G		\$2						
IBUPROFEN	800MG	G		\$2						
IBUTAB	200MG	G	OTC	\$2						
IMIPRAMINE HCL	10MG	G		\$2						
IMIPRAMINE HCL	25MG	G		\$2						
IMIPRAMINE HCL	50MG	G		\$2						
IMIPRAMINE PAMOATE	100MG	B		\$2		3	per	1	day	
IMIPRAMINE PAMOATE	125MG	B		\$2		2	per	1	day	
IMIPRAMINE PAMOATE	150MG	B		\$2		2	per	1	day	
IMIPRAMINE PAMOATE	75MG	B		\$2		1	per	1	day	
IMITREX STATDOSE REFILL	6MG/0.5ML	B		\$3	Yes	2	per	30	days	Generics preferred

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
IMITREX STATDOSE SYSTEM	6MG/0.5ML	B		\$3	Yes	2	per	30	days	Generics preferred
IMPLANON	68MG	B		\$3	Yes					Prior authorization for review as specialty drug
INCRELEX	40MG/4ML	B		\$3	Yes					Prior authorization for review as specialty drug
INDAPAMIDE	1.25MG	G		\$1						
INDAPAMIDE	2.5MG	G		\$1						
INDOMETHACIN	25MG	G		\$2						
INDOMETHACIN	50MG	B		\$2						
INDOMETHACIN ER	75MG	G		\$2						
INFANTAIRE	100MG/ML	G	OTC	\$2						
INFANTS APAP	100MG/ML	G	OTC	\$2						
INFANTS GAS RELIEF	40MG/0.6ML	G	OTC	\$2		30	per		dispense	
INFANTS IBUPROFEN	50MG/1.25ML	G	OTC	\$2						
INFANTS MAPAP	80MG/0.8ML	G	OTC	\$2						
INFANTS PAIN RELIEF	80MG/0.8ML	G	OTC	\$2						
INFANTS SILAPAP	100MG/ML	G	OTC	\$2						
INFERGEN	15MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
INFINITY CONTROL SOLUTION HIGH		B	OTC	\$0		1	per	90	days	
INFINITY CONTROL SOLUTION LOW		B	OTC	\$0		1	per	90	days	
INFINITY CONTROL SOLUTION NORMAL		B	OTC	\$0		1	per	90	days	
INHALER COMPANIONS		B	OTC	\$0		2	per	360	days	
INNOHEP	20000UNIT/ML	B		\$3						Prior authorization is required for treatment past 21 days
INNOPRAN XL	120MG	B		\$3	Yes					
INNOPRAN XL	80MG	B		\$3	Yes					
INOVA	4%; 5%	B		\$3						
INOVA	8%; 5%	B		\$3						
INSPIREASE BAGS		B		\$0		3	per	180	days	
INSPIREASE DRUG DELIVERY SYSTEM		B		\$0		2	per	360	days	
INSPIREASE MOUTHPIECE		B		\$0		2	per	360	days	
INSPIREASE REPLACEMENT MOUTHPIECE		B		\$0		2	per	360	days	
INSPIREASE RESERVOIR BAGS		B		\$0		3	per	180	days	
INSTACORT 10	1%	B	OTC	\$2						
INSTACORT 5	0.5%	G	OTC	\$2		30	per		dispense	
INSTACORT SCALP	1%	G	OTC	\$2						
INSULIN SYRINGE ULTRA THIN I/SHORT/U-100/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE ULTRA THIN I/SHORT/U-100/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/0.3ML/29G X 1"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/0.3ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/0.5ML/27G X 1/2"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/0.5ML/29G X 1"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/0.5ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/0.5ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/1ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/U-100/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/U-100/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/U-100/1ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/U-100/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
INSULIN SYRINGE/U-100/1ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
INTEGRILIN	0.75MG/ML	B		\$3						
INTEGRILIN	2MG/ML	B		\$3						
INTELENCE	100MG	B		\$3	Yes	4	per	1	day	Prior authorization for review as specialty drug
INTROL	75%	B		\$3						
INTRON-A	10MU/0.2ML	B		\$3	Yes					Prior authorization for review as specialty drug
INTRON-A	10MU/ML	B		\$3	Yes					Prior authorization for review as specialty drug
INTRON-A	3MU/0.2ML	B		\$3	Yes					Prior authorization for review as specialty drug
INTRON-A	5MU/0.2ML	B		\$3	Yes					Prior authorization for review as specialty drug
INTRON-A	6000000UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
INTRON-A W/DILUENT	10MU	B		\$3	Yes					Prior authorization for review as specialty drug
INTRON-A W/DILUENT	18MU	B		\$3	Yes					Prior authorization for review as specialty drug
INTRON-A W/DILUENT	50MU	B		\$3	Yes					Prior authorization for review as specialty drug
INVEGA	3MG	B		\$3		1	per	1	day	
INVEGA	6MG	B		\$3		1	per	1	day	
INVEGA	9MG	B		\$3		1	per	1	day	
INVERSINE	2.5MG	B		\$3						
INVIRASE	200MG	B		\$3						
INVIRASE	500MG	B		\$3						
IOPIDINE	0.5%	B		\$3						
IOPIDINE	1%	B		\$3						
IPILEX	36MG/0.6ML	B		\$3	Yes					Prior authorization for review as specialty drug
IPRATROPIUM BROMIDE	0.02%	G		\$2		375	per	25	days	
IPRATROPIUM BROMIDE	0.03%	G		\$2		30	per	25	days	
IPRATROPIUM BROMIDE	0.06%	G		\$2		15	per	30	days	
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	2.5MG/3ML; 0.5MG/3ML	G		\$2						
I-PRIN	200MG	G	OTC	\$2						
IQUIX	1.5%	B		\$3	Yes					
IRESSA	250MG	B		\$3						
IRIGATE	0; 0; 0; 0; 0	G	OTC	\$2						
IRIGATE EYE WASH	0; 0; 0; 0; 0	G	OTC	\$2						
IRON	28MG	B	OTC	\$2						
IRON	90MG	B	OTC	\$2						
ISENTRESS	400MG	B		\$3	Yes	2	per	1	day	Prior authorization for review as specialty drug
ISOCHRON	40MG	G		\$2						
ISONIAZID	100MG	G		\$2						
ISONIAZID	300MG	G		\$2						
ISONIAZID	50MG/5ML	B		\$2						
ISOPTO CARBACHOL	1.5%	B		\$3						
ISOPTO HOMATROPINE	2%	B		\$3		5	per		dispense	
ISOPTO HYOSCINE	0.25%	B		\$3						
ISOSORBIDE DINITRATE	10MG	G		\$2						
ISOSORBIDE DINITRATE	2.5MG	G		\$2						
ISOSORBIDE DINITRATE	20MG	G		\$2						
ISOSORBIDE DINITRATE	30MG	G		\$2						
ISOSORBIDE DINITRATE	5MG	G		\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ISOSORBIDE DINITRATE ER	40MG	G		\$2						
ISOSORBIDE MONONITRATE	10MG	G		\$2		2	per	1	day	
ISOSORBIDE MONONITRATE	20MG	G		\$2		2	per	1	day	
ISOSORBIDE MONONITRATE ER	120MG	G		\$2		1	per	1	day	
ISOSORBIDE MONONITRATE ER	30MG	G		\$2		1	per	1	day	
ISOSORBIDE MONONITRATE ER	60MG	G		\$2		1	per	1	day	
ISOVATE	0.05%	G		\$2		15	per		dispense	
ISRADIPINE	2.5MG	G		\$1						
ISRADIPINE	5MG	G		\$1						
ISTALOL	0.5%	B		\$3						
ITCHS GONE	4%	B	OTC	\$2						
ITRACONAZOLE	100MG	G		\$2		28	per		dispense	
JANTOVEN	10MG	G		\$2						
JANTOVEN	1MG	G		\$2						
JANTOVEN	2.5MG	G		\$2						
JANTOVEN	2MG	G		\$2						
JANTOVEN	3MG	G		\$2						
JANTOVEN	4MG	G		\$2						
JANTOVEN	5MG	G		\$2						
JANTOVEN	6MG	G		\$2						
JANTOVEN	7.5MG	G		\$2						
JANUMET	1000MG; 50MG	B		\$3	Yes					
JANUMET	500MG; 50MG	B		\$3	Yes					
JANUVIA	100MG	B		\$3	Yes					
JANUVIA	25MG	B		\$3	Yes					
JANUVIA	50MG	B		\$3	Yes					
JOLESSA	0.03MG; 0.15MG	G		\$0		1	per	1	day	
JOLIVETTE	0.35MG	G		\$0		1	per	1	day	
JR STRENGTH NON-ASPIRIN	160MG	G	OTC	\$2						
JUNEL 1.5/30	30MCG; 1.5MG	G		\$0		1	per	1	day	
JUNEL 1/20	20MCG; 1MG	G		\$0		1	per	1	day	
JUNEL FE 1.5/30	30MCG; 75MG; 1.5MG	G		\$0		1	per	1	day	
JUNEL FE 1/20	20MCG; 75MG; 1MG	G		\$0		1	per	1	day	
JUNIOR MAPAP RAPID TABS	160MG	G	OTC	\$2						
KADIAN	100MG	B		\$3	Yes					
KADIAN	10MG	B		\$3	Yes					
KADIAN	200MG	B		\$3	Yes					
KADIAN	20MG	B		\$3	Yes					
KADIAN	30MG	B		\$3	Yes					
KADIAN	50MG	B		\$3	Yes					
KADIAN	60MG	B		\$3	Yes					
KADIAN	80MG	B		\$3	Yes					
KALETRA	133.3MG; 33.3MG	B		\$3		6	per	1	day	
KALETRA	200MG; 50MG	B		\$3		4	per	1	day	
KALETRA	400MG/5ML; 100MG/5ML	B		\$3		320	per	32	days	
KAON-CL-10	10MEQ	G		\$2						
KAOPECTATE	262MG/15ML	G	OTC	\$2						
KAOPECTATE EXTRA STRENGTH	525MG/15ML	G	OTC	\$2						
KAO-TIN	262MG/15ML	G	OTC	\$2						
KAPECTOLIN	262MG/15ML	G	OTC	\$2						
KAPIDEX	30MG	B		\$3	Yes	1	per	1	day	Prilosec OTC or omeprazole 20mg, up to 2 daily preferred
KAPIDEX	60MG	B		\$3	Yes	1	per	1	day	Prilosec OTC or omeprazole 20mg, up to 2 daily preferred
KARIDIUM	0.125MG/DROP	G		\$2						
KARIGEL	1.1%	G		\$2						
KARIGEL-N	1.1%	G		\$2						
KARIVA	0; 0	G		\$0		1	per	1	day	
KAY CIEL	20MEQ	G		\$2						
KELNOR 1/35	35MCG; 1MG	G		\$0		1	per	1	day	
KEPPRA XR	500MG	B		\$3	Yes					
KEPPRA XR	750MG	B		\$3	Yes					
KERICORT 10	1%	G	OTC	\$2		30	per		dispense	
KETEK	300MG	B		\$3	Yes					
KETEK	400MG	B		\$3	Yes					
KETEK PAK	400MG	B		\$3	Yes					
KETOCONAZOLE	2%	G		\$2		15	per		dispense	
KETOCONAZOLE	200MG	G		\$2		2	per	1	day	
KETOPROFEN	50MG	G		\$2						
KETOPROFEN	75MG	G		\$2						
KETOPROFEN ER	200MG	B		\$2						
KETOROLAC TROMETHAMINE	30MG/ML	G		\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
KETOSTIX		B	OTC	\$0						
KIDKARE DECONGESTANT	7.5MG/0.8ML	G	OTC	\$2		30	per	6	days	
KINERET	100MG/0.67ML	B		\$3	Yes					Prior authorization for review as specialty drug
KIN-RAY INSULIN SYRINGE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
KIONEX		G		\$2		454	per		dispense	
KIONEX	15GM/60ML	G		\$2						
KLONOPIN WAFERS	0.125MG	B		\$3	Yes					Preferred drug is oral generic clonazepam
KLONOPIN WAFERS	0.25MG	B		\$3	Yes					Preferred drug is oral generic clonazepam
KLONOPIN WAFERS	0.5MG	B		\$3	Yes					Preferred drug is oral generic clonazepam
KLONOPIN WAFERS	1MG	B		\$3	Yes					Preferred drug is oral generic clonazepam
KLONOPIN WAFERS	2MG	B		\$3	Yes					Preferred drug is oral generic clonazepam
KLOR-CON/EF	25MEQ	G		\$2	Yes					
KLOTRIX	10MEQ	G		\$2						
KOATE-DVI	1000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
KOATE-DVI	250UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
KOATE-DVI	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
KODET-SE	30MG	G	OTC	\$2						
KOGENATE FS	1000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
KOGENATE FS	2000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
KOGENATE FS	250UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
KOGENATE FS	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
KOGENATE FS BIO-SET	1000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
KOGENATE FS BIO-SET	2000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
KOGENATE FS BIO-SET	250UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
KOGENATE FS BIO-SET	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
KOKO PEAK PRO REPLACEMENT PLASTIC MOUTHPIECE		B	OTC	\$0						
KOLA-PECTIN	300MG/30ML	B	OTC	\$2						
KONDREMUL	50%	B	OTC	\$2						
KONSYL	28.3%	G	OTC	\$2						
KONSYL	30.9%	G	OTC	\$2						
KONSYL	520MG	G	OTC	\$2						
KONSYL	95%	G	OTC	\$2						
KOSHER CARE	160MG/5ML	G	OTC	\$2						
K-PHOS	500MG	B		\$3						
K-PHOS MF	155MG; 350MG	B		\$3						
K-PHOS NO 2	305MG; 700MG	B		\$3						
KRISTALOSE	10GM	B		\$3						
KRISTALOSE	20GM	B		\$3						
KROGER TEST STRIPS		B	OTC	\$0		5	per	1	day	
KS ACID CONTROLLER	10MG	G	OTC	\$2						
KS ACID CONTROLLER MAXIMUM STRENGTH	20MG	G	OTC	\$2						
KS ALLERCLEAR	10MG	G	OTC	\$2		1	per	1	day	
KS ALLERCLEAR D-24HR	10MG; 240MG	G	OTC	\$2		1	per	1	day	
KURIC	2%	G		\$2		15	per		dispense	
KUVAN	100MG	B		\$3	Yes					Prior authorization for review as specialty drug
KU-ZYME	15000UNIT; 1200UNIT; 15000UNIT	B		\$3						
KU-ZYME HP	30000UNIT; 8000UNIT; 30000UNIT	B		\$3						
K-VESCENT	20MEQ	G		\$2						
LABETALOL HCL	100MG	G		\$1		3	per	1	day	
LABETALOL HCL	200MG	G		\$1		3	per	1	day	
LABETALOL HCL	300MG	G		\$1		3	per	1	day	
LAC-HYDRIN FIVE	5%	G	OTC	\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
LACRISERT	5MG	B		\$3	Yes					
LACTICARE-HC	1%	G		\$2		120	per		dispense	
LACTICARE-HC	2.5%	G		\$2		60	per		dispense	
LACTULOSE	10GM/15ML	G		\$2						
LADY LITE LANCETS		B	OTC	\$0		7	per	1	day	
LAHEY MIXTURE #3	0.0194MG/5ML; 0.1037MG/5ML; 16.2MG/5ML; 0.0065MG/5ML	G		\$2						
LAMICTAL ODT		B		\$3	Yes					
LAMICTAL ODT	100MG	B		\$3	Yes					
LAMICTAL ODT	200MG	B		\$3	Yes					
LAMICTAL ODT	25MG	B		\$3	Yes					
LAMICTAL ODT	50MG	B		\$3	Yes					
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE		B		\$3	Yes					Generics preferred
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE		B		\$3	Yes					Generics preferred
LAMICTAL STARTER/TAKING VALPROATE	25MG	B		\$3	Yes					Generics preferred
LAMISIL AF DEFENSE	1%	G	OTC	\$2						
LAMOTRIGINE	100MG	G		\$2						
LAMOTRIGINE	150MG	G		\$2						
LAMOTRIGINE	200MG	G		\$2						
LAMOTRIGINE	25MG	G		\$2						
LAMOTRIGINE	5MG	G		\$2						
LANABIOTIC	500UNIT/GM; 5MG/GM; 10000UNIT/GM	G	OTC	\$2		15	per		dispense	
LANACORT 10	1%	G	OTC	\$2						
LANCET DEVICE		B	OTC	\$0		1	per	180	days	
LANCETS		B	OTC	\$0		7	per	1	day	
LANCETS 26G TWIST TOP		B	OTC	\$0		7	per	1	day	
LANCETS 28G		B	OTC	\$0		7	per	1	day	
LANCETS 30G		B	OTC	\$0		7	per	1	day	
LANCETS 30G TWIST TOP		B	OTC	\$0		7	per	1	day	
LANCETS 31G TWIST TOP		B	OTC	\$0		7	per	1	day	
LANCETS BULLSEYE SAFETY		B	OTC	\$0		7	per	1	day	
LANCETS SAFETY SEAL 21G		B	OTC	\$0		7	per	1	day	
LANCETS SAFETY SEAL 26G		B	OTC	\$0		7	per	1	day	
LANCETS SAFETY SEAL 28G		B	OTC	\$0		7	per	1	day	
LANCETS SAFETY SEAL 30G		B	OTC	\$0		7	per	1	day	
LANCETS TWIST TOP		B	OTC	\$0		7	per	1	day	
LANCING DEVICE		B	OTC	\$0		1	per	180	days	
LANOXICAPS	0.1MG	B		\$3						
LANOXICAPS	0.2MG	B		\$3						
LANOXIN	0.125MG	B		\$3						Generics preferred
LANOXIN	0.25MG	B		\$3						Generics preferred
LANTUS	100UNIT/ML	B		\$1		30	per	30	days	
LANTUS FOR OPTICLIK	100UNIT/ML	B		\$1		30	per	30	days	
LAVOCLEN-4 ACNE WASH KIT	4%	G		\$2						
LAVOCLEN-4 CREAMY WASH	4%	G		\$2						
LAVOCLEN-8 ACNE WASH KIT	8%	G		\$2						
LAVOCLEN-8 CREAMY WASH	8%	G		\$2						
LAXA BASIC	100MG	G	OTC	\$2						
LAXA BASIC 250	250MG	G	OTC	\$2		3	per	1	day	
LAXATIVE	5MG	G	OTC	\$2						
LAXMAR	33%	G	OTC	\$2						
LAXMAR	50%	G	OTC	\$2						
LAZERFORMALYDE SOLUTION	10%; 0	G		\$2						
L-CARNITINE	200MG	B	OTC	\$2						
L-CARNITINE	250MG	B	OTC	\$2						
L-CARNITINE	500MG	G	OTC	\$2						
LEFLUNOMIDE	10MG	G		\$2						
LEFLUNOMIDE	20MG	G		\$2						
LESCOL	20MG	B		\$3	Yes	1	per	1	day	Use of generic statins preferred
LESCOL	40MG	B		\$3	Yes	1	per	1	day	Use of generic statins preferred
LESCOL XL	80MG	B		\$3	Yes	1	per	1	day	Use of generic statins preferred
LESSINA-28	20MCG; 0.1MG	G		\$0		1	per	1	day	
LETAIRIS	10MG	B		\$3	Yes					Prior authorization for review as specialty drug
LETAIRIS	5MG	B		\$3	Yes					Prior authorization for review as specialty drug
LEUCOVORIN CALCIUM	10MG	B		\$2						
LEUCOVORIN CALCIUM	15MG	B		\$2						
LEUCOVORIN CALCIUM	25MG	G		\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
LEUCOVORIN CALCIUM	5MG	G		\$2						
LEUKERAN	2MG	B		\$3						
LEUKINE	250MCG	B		\$3	Yes					Prior authorization for review as specialty drug
LEUKINE	500MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
LEUPROLIDE ACETATE	1MG/0.2ML	B		\$3	Yes					Prior authorization for review as specialty drug
LEVAQUIN	250MG	B		\$3		14	per		dispense	
LEVAQUIN	25MG/ML	B		\$3						
LEVAQUIN	500MG	B		\$3		14	per		dispense	
LEVAQUIN	750MG	B		\$3		14	per		dispense	
LEVAQUIN LEVA-PAK	750MG	B		\$3		14	per		dispense	
LEVATOL	20MG	B		\$3	Yes					
LEVEMIR	100UNIT/ML	B		\$1						
LEVEMIR FLEXPEN	100UNIT/ML	B		\$1						
LEVETIRACETAM	1000MG	G		\$2						
LEVETIRACETAM	100MG/ML	G		\$2		30	per	1	day	
LEVETIRACETAM	250MG	G		\$2		4	per	1	day	
LEVETIRACETAM	500MG	G		\$2		4	per	1	day	
LEVETIRACETAM	750MG	G		\$2		4	per	1	day	
LEVOBUNOLOL HCL	0.25%	G		\$2						
LEVOBUNOLOL HCL	0.5%	G		\$2		5	per		dispense	
LEVOCARNITINE	1GM/10ML	G		\$2						
LEVOCARNITINE	330MG	G		\$2						
LEVORA 0.15/30-28	30MCG; 0.15MG	G		\$0		1	per	1	day	
LEVORPHANOL TARTRATE	2MG	B		\$2						
LEVOTHROID	100MCG	G		\$2						
LEVOTHROID	112MCG	G		\$2						
LEVOTHROID	125MCG	G		\$2						
LEVOTHROID	137MCG	G		\$2						
LEVOTHROID	150MCG	G		\$2						
LEVOTHROID	175MCG	G		\$2						
LEVOTHROID	200MCG	G		\$2						
LEVOTHROID	25MCG	G		\$2						
LEVOTHROID	300MCG	G		\$2						
LEVOTHROID	50MCG	G		\$2						
LEVOTHROID	75MCG	G		\$2						
LEVOTHROID	88MCG	G		\$2						
LEVOTHYROXINE SODIUM	100MCG	G		\$2						
LEVOTHYROXINE SODIUM	112MCG	G		\$2						
LEVOTHYROXINE SODIUM	125MCG	G		\$2						
LEVOTHYROXINE SODIUM	137MCG	G		\$2						
LEVOTHYROXINE SODIUM	150MCG	G		\$2						
LEVOTHYROXINE SODIUM	175MCG	G		\$2						
LEVOTHYROXINE SODIUM	200MCG	G		\$2						
LEVOTHYROXINE SODIUM	25MCG	G		\$2						
LEVOTHYROXINE SODIUM	300MCG	G		\$2						
LEVOTHYROXINE SODIUM	50MCG	G		\$2						
LEVOTHYROXINE SODIUM	75MCG	G		\$2						
LEVOTHYROXINE SODIUM	88MCG	G		\$2						
LEVOXYL	100MCG	G		\$2						
LEVOXYL	112MCG	G		\$2						
LEVOXYL	125MCG	G		\$2						
LEVOXYL	137MCG	G		\$2						
LEVOXYL	150MCG	G		\$2						
LEVOXYL	175MCG	G		\$2						
LEVOXYL	200MCG	G		\$2						
LEVOXYL	25MCG	G		\$2						
LEVOXYL	50MCG	G		\$2						
LEVOXYL	75MCG	G		\$2						
LEVOXYL	88MCG	G		\$2						
LEVSIN	0.125MG	B		\$3						
LEVSIN	0.125MG/5ML	B		\$3						
LEVSIN	0.125MG/ML	B		\$3						
LEVSIN /SL	0.125MG	B		\$3						
LEVULAN KERASTICK	20%	B		\$3	Yes					
LEXAPRO	10MG	B		\$3	Yes	1	per	1	day	Prior authorization for use of citalopram
LEXAPRO	20MG	B		\$3	Yes	1	per	1	day	Prior authorization for use of citalopram
LEXAPRO	5MG	B		\$3	Yes	1	per	1	day	Prior authorization for use of citalopram

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
LEXAPRO	5MG/5ML	B		\$3	Yes					Prior authorization for use of citalopram
LEXIVA	700MG	B		\$3		4	per	1	day	
LEXXEL	5MG; 5MG	B		\$3	Yes					
LIALDA	1.2GM	B		\$3	Yes					
LIBERTY GLUCOSE CONTROL MID		B	OTC	\$0		1	per	90	days	
LIBERTY GLUCOSE CONTROL NORMAL		B	OTC	\$0		1	per	90	days	
LIBERTY MINI LANCING DEVICE		B	OTC	\$0		1	per	180	days	
LIBERTY TEST STRIPS		B	OTC	\$0		5	per	1	day	
LIDOCAINE	3%	G		\$2						
LIDOCAINE	5%	G		\$2		50	per		dispense	
LIDOCAINE HCL	2%	G		\$2		30	per		dispense	
LIDOCAINE HCL	4%	G		\$2						
LIDOCAINE HCL JELLY	2%	G		\$2		30	per		dispense	
LIDOCAINE VISCOUS	2%	G		\$2		100	per		dispense	
LIDOCAINE/PRILOCAINE	2.5%; 2.5%	G		\$2		30	per		dispense	
LIDODERM	5%	B		\$3	Yes					Prior authorization required for diagnosis
LIDOSITE TOPICAL SYSTEM	0.1%; 10%	B		\$3						Prior authorization required for diagnosis
LIFESCAN UNISTIK 2 DEEP PENETRATION		B	OTC	\$0		7	per	1	day	
LIFESCAN UNISTIK II LANCETS		B	OTC	\$0		7	per	1	day	
LINDANE	1%	G		\$2	Yes					
LIOTHYRONINE SODIUM	25MCG	G		\$2						
LIOTHYRONINE SODIUM	50MCG	G		\$2						
LIOTHYRONINE SODIUM	5MCG	G		\$2						
LIPITOR	10MG	B		\$3	Yes	1	per	1	day	Use of generic statins preferred
LIPITOR	20MG	B		\$3	Yes	1	per	1	day	Use of generic statins preferred
LIPITOR	40MG	B		\$3	Yes	1	per	1	day	Use of generic statins preferred
LIPITOR	80MG	B		\$3	Yes	1	per	1	day	Use of generic statins preferred
LIPOFEN	150MG	B		\$3	Yes					Generic fenofibrate is preferred
LIPOFEN	50MG	B		\$3	Yes					Generic fenofibrate is preferred
LIQUADD	5MG/5ML	G		\$2						
LIQUICET	500MG/15ML; 10MG/15ML	B		\$3						
LIQUID ANTACID	225MG/5ML; 200MG/5ML	G	OTC	\$2		720	per	30	days	
LIQUID PAIN RELIEF	160MG/5ML	G	OTC	\$2						
LIQUI-DOSS	90%	B	OTC	\$2						
LIQUITEARS	1.4%	G	OTC	\$2						
LISINAPRIL	10MG	G		\$1		1	per	1	day	
LISINAPRIL	2.5MG	G		\$1		1	per	1	day	
LISINAPRIL	20MG	G		\$1		1	per	1	day	
LISINAPRIL	30MG	G		\$1		2	per	1	day	
LISINAPRIL	40MG	G		\$1		2	per	1	day	
LISINAPRIL	5MG	G		\$1		1	per	1	day	
LISINAPRIL /HYDROCHLOROTHIAZIDE	12.5MG; 10MG	G		\$1		1	per	1	day	
LISINAPRIL /HYDROCHLOROTHIAZIDE	12.5MG; 20MG	G		\$1		1	per	1	day	
LISINAPRIL /HYDROCHLOROTHIAZIDE	25MG; 20MG	G		\$1		1	per	1	day	
LISTERINE TOOTH DEFENSE	0.022%	B	OTC	\$2						
LISTERMINT	0.02%	B	OTC	\$2						
LITE TOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
LITE TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
LITE TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
LITE TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
LITE TOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
LITE TOUCH INSULIN SYRINGE/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
LITE TOUCH INSULIN SYRINGE/1ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
LITE TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
LITE TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
LITE TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
LITE TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
LITE TOUCH LANCETS		B	OTC	\$0		7	per	1	day	
LITE TOUCH LANCING DEVICE		B	OTC	\$0		1	per	180	days	
LITEAIRE		B		\$0		2	per	360	days	
LITHIUM CARBONATE	150MG	G		\$2						
LITHIUM CARBONATE	300MG	B		\$2						
LITHIUM CARBONATE	600MG	B		\$2						
LITHIUM CARBONATE ER	300MG	G		\$2						
LITHIUM CARBONATE ER	450MG	G		\$2						
LITHIUM CITRATE	8MEQ/5ML	G		\$2						
LITHOBID	300MG	B		\$3						Generics preferred
LITHOSTAT	250MG	B		\$3						
LITTLE FEVERS FEVER/PAIN RELIEVER	80MG/ML	B	OTC	\$2						
LITTLE TUMMYS GAS RELIEF	20MG/0.3ML	G	OTC	\$2		30	per		dispense	
LMX 4	4%	B	OTC	\$2						
LMX 4 PLUS	4%	B	OTC	\$2						
LMX 5	5%	B	OTC	\$2						
LOCOID LIPOCREAM	0.1%	B		\$3	Yes					
LOESTRIN 24 FE	20MCG; 75MG; 1MG	B		\$0						
LOFENE	0.025MG; 2.5MG	G		\$2						
LOHIST-12	6MG	G		\$2						
LOHIST-D	2MG/5ML; 30MG/5ML	G		\$2		240	per		dispense	
LOKARA	0.05%	G		\$2	Yes	59	per		dispense	
LONOX	0.025MG; 2.5MG	G		\$2						
LOPERAMIDE A-D	2MG	G	OTC	\$2						
LOPERAMIDE HCL	1MG/5ML	G	OTC	\$2						
LOPERAMIDE HCL	2MG	G		\$2						
LOPROX SHAMPOO	1%	B		\$3	Yes					
LORADAMED	10MG	G	OTC	\$2		1	per	1	day	
LORATADINE	10MG	G	OTC	\$2		1	per	1	day	
LORATADINE HIVES RELIEF	5MG/5ML	G	OTC	\$2		10	per	1	day	
LORATADINE-D 24HR	10MG; 240MG	G	OTC	\$2		1	per	1	day	
LORAZEPAM	0.5MG	G		\$2		3	per	1	day	
LORAZEPAM	1MG	G		\$2		3	per	1	day	
LORAZEPAM	2MG	G		\$2		3	per	1	day	
LORAZEPAM INTENSOL	2MG/ML	B		\$3						
LOROXIDE	5.5%	B	OTC	\$2						
LOSEASONIQUE	0; 0	B		\$3	Yes					
LOTEMAX	0.5%	B		\$3						
LOTREL	10MG; 40MG	B		\$3	Yes					
LOTREL	5MG; 40MG	B		\$3	Yes					
LOTRONEX	0.5MG	B		\$3	Yes					
LOTRONEX	1MG	B		\$3	Yes					
LOVASTATIN	10MG	G		\$1		1	per	1	day	
LOVASTATIN	20MG	G		\$1		1	per	1	day	
LOVASTATIN	40MG	G		\$1		1	per	1	day	
LOVAZA	375MG; 465MG; 1GM	B		\$3	Yes					
LOVENOX	150MG/ML	B		\$3		2	per	1	day	Prior authorization is required for treatment past 21 days
LOVENOX	40MG/0.4ML	B		\$3		2	per	1	day	Prior authorization is required for treatment past 21 days
LOW-DOSE ASPIRIN	81MG	G	OTC	\$2						
LOXAPINE SUCCINATE	10MG	G		\$2		4	per	1	day	
LOXAPINE SUCCINATE	25MG	G		\$2		4	per	1	day	
LOXAPINE SUCCINATE	50MG	G		\$2		4	per	1	day	
LOXAPINE SUCCINATE	5MG	G		\$2		4	per	1	day	
LOZI-FLUR	1MG	B		\$2						
LUCENTIS	0.5MG/0.05ML	B		\$3	Yes					Prior authorization for review as specialty drug
LUMIGAN	0.03%	B		\$3	Yes					
LUNESTA	1MG	B		\$3	Yes	1	per	1	day	
LUNESTA	2MG	B		\$3	Yes	1	per	1	day	
LUNESTA	3MG	B		\$3	Yes	1	per	1	day	
LUPRON 2 WEEK SUPPLY	5MG/ML	B		\$2	Yes					Prior authorization for review as specialty drug
LUPRON 6-PACK	5MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
LUPRON DEPOT	11.25MG	B		\$3	Yes					Prior authorization for review as specialty drug

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
LUPRON DEPOT	22.5MG	B		\$3	Yes					Prior authorization for review as specialty drug
LUPRON DEPOT	3.75MG	B		\$2	Yes					Prior authorization for review as specialty drug
LUPRON DEPOT	30MG	B		\$3	Yes					Prior authorization for review as specialty drug
LUPRON DEPOT	7.5MG	B		\$2	Yes					Prior authorization for review as specialty drug
LUPRON DEPOT-PED	11.25MG	B		\$2	Yes					Prior authorization for review as specialty drug
LUPRON DEPOT-PED	15MG	B		\$2	Yes					Prior authorization for review as specialty drug
LUPRON DEPOT-PED	7.5MG	B		\$2	Yes					Prior authorization for review as specialty drug
LUTERA	20MCG; 0.1MG	G		\$0		1	per	1	day	
LUVOX CR	100MG	B		\$3	Yes	1	per	1	day	
LUVOX CR	150MG	B		\$3	Yes	1	per	1	day	
LUXIQ	0.12%	B		\$3	Yes					
LYBREL	20MCG; 90MCG	B		\$0						
LYRICA	100MG	B		\$3	Yes					
LYRICA	150MG	B		\$3	Yes					
LYRICA	200MG	B		\$3	Yes					
LYRICA	225MG	B		\$3	Yes					
LYRICA	25MG	B		\$3	Yes					
LYRICA	300MG	B		\$3	Yes					
LYRICA	50MG	B		\$3	Yes					
LYRICA	75MG	B		\$3	Yes					
LYSIPLEX	200MG; 50MCG; 500MCG; 200MG; 20MG; 4MG; 6MG; 20MG; 40UNIT; 30MG	B	OTC	\$2						
LYSODREN	500MG	B		\$3						
MAALOX	600MG	B	OTC	\$2						
MAALOX CHILDRENS	400MG	G	OTC	\$2						
MAALOX QUICK DISSOLVE REGULAR STRENGTH	600MG	B	OTC	\$2						
MAALOX TC	600MG/5ML; 300MG/5ML	B	OTC	\$2						
MAALOX TOTAL STOMACH RELIEF MAXIMUM STRENGTH	525MG/15ML	G	OTC	\$2						
MACUGEN	0.3MG	B		\$3	Yes					Prior authorization for review as specialty drug
MAG-G	500MG	G	OTC	\$2						
MAGIC BULLETS	10MG	G	OTC	\$2						
MAGNACET	400MG; 10MG	B		\$3	Yes					
MAGNACET	400MG; 2.5MG	B		\$3	Yes					
MAGNACET	400MG; 5MG	B		\$3	Yes					
MAGNACET	400MG; 7.5MG	B		\$3	Yes					
MAGNESIUM	30MG	B	OTC	\$2						
MAGNESIUM CITRATE		G	OTC	\$2						
MAGNESIUM GLUCONATE	200MG	B	OTC	\$2						
MAGNESIUM GLUCONATE	250MG	B	OTC	\$2						
MAGNESIUM GLUCONATE	500MG	G	OTC	\$2						
MAGNESIUM GLUCONATE	550MG	B	OTC	\$2						
MAGONATE	1000MG/5ML	B	OTC	\$2						
MAGONATE	500MG	G	OTC	\$2						
MAGTRATE	500MG	G	OTC	\$2						
MAJOR COMFORT LANCETS		B	OTC	\$0		7	per	1	day	
MALARONE	250MG; 100MG	B		\$3						
MALARONE	62.5MG; 25MG	B		\$3						
MALDEMAR	0.4MG	G		\$2						
MANDELAMINE	0.5GM	B		\$3						
MANDELAMINE	1GM	B		\$3						
MAPAP	120MG	G	OTC	\$2		24	per		dispense	
MAPAP	160MG/5ML	G	OTC	\$2						
MAPAP	325MG	G	OTC	\$2						
MAPAP	500MG	G	OTC	\$2						
MAPAP	650MG	G	OTC	\$2		24	per		dispense	
MAPAP	80MG	G	OTC	\$2						
MAPAP ARTHRITIS PAIN	650MG	G	OTC	\$2						
MAPAP CHILDRENS	160MG/5ML	G	OTC	\$2						
MAPAP CHILDRENS	80MG	G	OTC	\$2						
MAPROTILINE HCL	25MG	B		\$2						
MAPROTILINE HCL	50MG	B		\$2						
MAPROTILINE HCL	75MG	B		\$2						
MARGESIC	325MG; 50MG; 40MG	G		\$2		4	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
MARGESIC-H	500MG; 5MG	G		\$2						
MARINOL	10MG	B		\$3	Yes					
MARINOL	2.5MG	B		\$3	Yes					
MARINOL	5MG	B		\$3	Yes					
MASOPHEN	500MG	G	OTC	\$2						
MATULANE	50MG	B		\$3						
MAXAIR AUTOHALER	200MCG/INH	B		\$3	Yes	14	per	30	days	
MAXALT	10MG	B		\$3	Yes	6	per	30	days	
MAXALT	5MG	B		\$3	Yes	6	per	30	days	
MAXALT-MLT	10MG	B		\$3	Yes	6	per	30	days	
MAXALT-MLT	5MG	B		\$3	Yes	6	per	30	days	
MAXAPAP MAXIMUM STRENGTH	500MG	G	OTC	\$2						
MAXAPAP REGULAR STRENGTH	325MG	G	OTC	\$2						
MAXIDEX	0.1%	B		\$3						
MAXIMA BLOOD GLUCOSE TESTSTRIPS		B	OTC	\$0		5	per	1	day	
MAXIMA CONTROL SOLUTION/NORMAL		B	OTC	\$0		1	per	90	days	
MEBENDAZOLE	100MG	B		\$2						
MECLIZINE HCL	12.5MG	G		\$2						
MECLIZINE HCL	25MG	G	OTC	\$2						
MECLOFENAMATE SODIUM	100MG	B		\$2						
MECLOFENAMATE SODIUM	50MG	B		\$2						
MED-DERM HYDROCORTISONE	0.5%	G	OTC	\$2		30	per		dispense	
MED-DERM HYDROCORTISONE	1%	G	OTC	\$2		30	per		dispense	
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
MEDI-FIRST ANTI-FUNGAL	1%	G	OTC	\$2		30	per		dispense	
MEDI-FIRST HYDROCORTISONE	1%	G	OTC	\$2						
MEDI-FIRST TRIPLE ANTIBIOTIC	400UNIT; 5MG; 5000UNIT	G	OTC	\$2		15	per		dispense	
MEDIGESIC	325MG; 50MG; 40MG	G		\$2		4	per	1	day	
MEDI-LANCE LANCETS		B	OTC	\$0		7	per	1	day	
MEDIPROXEN	220MG	G	OTC	\$2		2	per	1	day	
MEDISENSE GLUCOSE KETONE CONTROL SOLUTION 1-LOW,1- MED,1 HIGH		B	OTC	\$0		1	per	90	days	
MEDISENSE GLUCOSE KETONE CONTROL SOLUTION 1-NORMAL		B	OTC	\$0		1	per	90	days	
MEDISENSE HIGH/LOW CONTROL SOLUTION		B	OTC	\$0		1	per	90	days	
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION		B	OTC	\$0		1	per	90	days	
MEDISENSE MID CONTROL SOLUTION		B	OTC	\$0		1	per	90	days	
MEDISENSE THIN LANCETS		B	OTC	\$0		7	per	1	day	
MEDIWASH EYE IRRIGANT		G	OTC	\$2						
MEDLANCE /EXTRA		B	OTC	\$0		7	per	1	day	
MEDLANCE /LITE		B	OTC	\$0		7	per	1	day	
MEDLANCE /UNIVERSAL		B	OTC	\$0		7	per	1	day	
MEDROXYPROGESTERONE ACETATE	10MG	G		\$2						
MEDROXYPROGESTERONE ACETATE	150MG/ML	G		\$0		1	per		dispense	
MEDROXYPROGESTERONE ACETATE	2.5MG	G		\$2						
MEDROXYPROGESTERONE ACETATE	5MG	G		\$2						
MEFLOQUINE HCL	250MG	G		\$2						
MEGACE ES	625MG/5ML	B		\$3	Yes					
MEGESTROL ACETATE	20MG	G		\$2						
MEGESTROL ACETATE	40MG	G		\$2						
MEGESTROL ACETATE	40MG/ML	G		\$2						
MELOXICAM	15MG	G		\$2						
MELOXICAM	7.5MG	G		\$2						
MELOXICAM	7.5MG/5ML	B		\$2						
MENEST	0.3MG	B		\$3						
MENEST	0.625MG	B		\$3						
MENEST	1.25MG	B		\$3						
MENEST	2.5MG	B		\$3						
MENOSTAR	14MCG/24HR	B		\$3	Yes					
MENTAX	1%	B		\$3	Yes					

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
MEPERIDINE HCL	100MG	G		\$2	Yes	4	per	1	day	
MEPERIDINE HCL	50MG	G		\$2	Yes	4	per	1	day	
MEPERIDINE HCL	50MG/5ML	B		\$2	Yes	500	per		dispense	
MEPERITAB	100MG	G		\$2	Yes	4	per	1	day	
MEPERITAB	50MG	G		\$2	Yes	4	per	1	day	
MEPHYTON	5MG	B		\$3						
MEPROBAMATE	200MG	G		\$2						
MEPROBAMATE	400MG	G		\$2						
MEPRON	750MG/5ML	B		\$3						
MERCAPTOPYRINE	50MG	G		\$2						
MESALAMINE	4GM	G		\$2						
MESNEX	400MG	B		\$3						
METADATE CD	10MG	B		\$3		1	per	1	day	
METADATE CD	20MG	B		\$3		1	per	1	day	
METADATE CD	30MG	B		\$3		1	per	1	day	
METADATE CD	40MG	B		\$3		1	per	1	day	
METADATE CD	50MG	B		\$3		1	per	1	day	
METADATE CD	60MG	B		\$3		1	per	1	day	
METADATE ER	20MG	G		\$2		1	per	1	day	
METAFIBER	30.9%	G	OTC	\$2						
METAFIBER	48.57%	G	OTC	\$2						
METAFIBER	58.6%	G	OTC	\$2						
METAGLIP	2.5MG; 250MG	B		\$3	Yes					Generics preferred
METAGLIP	2.5MG; 500MG	B		\$3	Yes					Generics preferred
METAGLIP	5MG; 500MG	B		\$3	Yes					Generics preferred
METAMUCIL SMOOTH TEXTURE	28.3%	G	OTC	\$2						
METAMUCIL SMOOTH TEXTURE	58.6%	G	OTC	\$2						
METAMUCIL SMOOTH TEXTURE SUGAR FREE	58.6%	G	OTC	\$2						
METAPROTERENOL SULFATE	0.4%	G		\$2		8	per	1	day	
METAPROTERENOL SULFATE	0.6%	G		\$2		8	per	1	day	
METAPROTERENOL SULFATE	10MG	B		\$2						
METAPROTERENOL SULFATE	10MG/5ML	G		\$2		30	per	1	day	
METAPROTERENOL SULFATE	20MG	B		\$2						
METFORMIN HCL	1000MG	G		\$1		2	per	1	day	
METFORMIN HCL	500MG	G		\$1		5	per	1	day	
METFORMIN HCL	850MG	G		\$1		3	per	1	day	
METFORMIN HCL ER	500MG	G		\$1		4	per	1	day	
METFORMIN HCL ER	750MG	G		\$1		2	per	1	day	
METHADONE HCL	10MG	G		\$2		6	per	1	day	
METHADONE HCL	10MG/5ML	B		\$2						
METHADONE HCL	10MG/ML	G		\$2						
METHADONE HCL	40MG	G		\$2						
METHADONE HCL	5MG	G		\$2		4	per	1	day	
METHADONE HCL	5MG/5ML	B		\$2						
METHADONE HCL DISKETS	40MG	G		\$2						
METHADOSE	10MG	G		\$2		6	per	1	day	
METHADOSE	10MG/ML	G		\$2						
METHADOSE	40MG	G		\$2						
METHADOSE	5MG	G		\$2		4	per	1	day	
METHADOSE SUGAR-FREE	10MG/ML	G		\$2						
METHAZOLAMIDE	25MG	G		\$2						
METHAZOLAMIDE	50MG	G		\$2						
METHENAMINE HIPPURATE	1GM	G		\$2						
METHENAMINE MANDELATE	0.5GM	G		\$2						
METHENAMINE MANDELATE	1GM	G		\$2						
METHERGINE	0.2MG	B		\$3						
METHIMAZOLE	10MG	G		\$2						
METHIMAZOLE	5MG	G		\$2						
METHITEST	10MG	B		\$3						
METHOCARBAMOL	500MG	G		\$2						
METHOCARBAMOL	750MG	G		\$2						
METHOTREXATE	2.5MG	G		\$2						
METHOTREXATE SODIUM	25MG/ML	G		\$2						
METHYLCLOTHIAZIDE	5MG	B		\$1						
METHYLDOPA	250MG	G		\$1						
METHYLDOPA	500MG	G		\$1						
METHYLIN	10MG	B		\$3		3	per	1	day	
METHYLIN	10MG/5ML	B		\$3						
METHYLIN	2.5MG	B		\$3						
METHYLIN	20MG	G		\$2		3	per	1	day	
METHYLIN	5MG	B		\$3		3	per	1	day	
METHYLIN	5MG/5ML	B		\$3						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
METHYLIN ER	10MG	G		\$2		2	per	1	day	
METHYLIN ER	20MG	G		\$2		1	per	1	day	
METHYLPHENIDATE HCL	10MG	G		\$2		3	per	1	day	
METHYLPHENIDATE HCL	20MG	G		\$2		1	per	1	day	
METHYLPHENIDATE HCL	5MG	G		\$2		3	per	1	day	
METHYLPHENIDATE HCL ER	20MG	G		\$2		1	per	1	day	
METHYLPHENIDATE HCL SR	20MG	G		\$2		1	per	1	day	
METHYLPREDNISOLONE	16MG	G		\$2						
METHYLPREDNISOLONE	32MG	G		\$2						
METHYLPREDNISOLONE	4MG	G		\$2						
METHYLPREDNISOLONE	8MG	G		\$2						
METIPRANOLOL	0.3%	G		\$2						
METOCLOPRAMIDE HCL	10MG	G		\$2						
METOCLOPRAMIDE HCL	5MG	G		\$2						
METOCLOPRAMIDE HCL	5MG/5ML	G		\$2						
METOLAZONE	10MG	G		\$1						
METOLAZONE	2.5MG	G		\$1						
METOLAZONE	5MG	G		\$1						
METOPROLOL /HYDROCHLOROTHIAZIDE	25MG; 100MG	G		\$1		2	per	1	day	
METOPROLOL /HYDROCHLOROTHIAZIDE	25MG; 50MG	G		\$1		2	per	1	day	
METOPROLOL /HYDROCHLOROTHIAZIDE	50MG; 100MG	B		\$1		2	per	1	day	
METOPROLOL SUCCINATE ER	100MG	G		\$1		1	per	1	day	
METOPROLOL SUCCINATE ER	200MG	G		\$1		1	per	1	day	
METOPROLOL SUCCINATE ER	25MG	G		\$1		1	per	1	day	
METOPROLOL SUCCINATE ER	50MG	G		\$1		1	per	1	day	
METOPROLOL TARTRATE	100MG	G		\$1		2	per	1	day	
METOPROLOL TARTRATE	25MG	G		\$1		2	per	1	day	
METOPROLOL TARTRATE	50MG	G		\$1		2	per	1	day	
METROGEL	1%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
METROGEL 1% KIT	1%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
METRONIDAZOLE	0.75%	G		\$2		45	per		dispense	
METRONIDAZOLE	250MG	G		\$2						
METRONIDAZOLE	375MG	G		\$2	Yes					Prior authorization is required for metronidazole 375 mg.
METRONIDAZOLE	500MG	G		\$2						
METRONIDAZOLE VAGINAL	0.75%	G		\$2		70	per		dispense	
MEXAR WASH	10%	G		\$2	Yes	170	per		dispense	
MEXILETINE HCL	150MG	G		\$2						
MEXILETINE HCL	200MG	G		\$2						
MEXILETINE HCL	250MG	B		\$2						
MIACALCIN	200UNIT/ACT	B		\$2	Yes	3.7	per	30	days	
MI-ACID	200MG/5ML; 200MG/5ML; 20MG/5ML	G	OTC	\$2		720	per	30	days	
MI-ACID GAS RELIEF	80MG	G	OTC	\$2						
MICARDIS	20MG	B		\$3	Yes					Use of generic ACE inhibitors preferred
MICARDIS	40MG	B		\$3	Yes					Use of generic ACE inhibitors preferred
MICARDIS	80MG	B		\$3	Yes					Use of generic ACE inhibitors preferred
MICARDIS HCT	12.5MG; 40MG	B		\$3	Yes					Use of generic combination ACE inhibitors preferred
MICARDIS HCT	12.5MG; 80MG	B		\$3	Yes					Use of generic combination ACE inhibitors preferred
MICARDIS HCT	25MG; 80MG	B		\$3	Yes					Use of generic combination ACE inhibitors preferred
MICON-80	80MG	G	OTC	\$2						
MICONAZOLE 7	2%	G	OTC	\$2		45	per		dispense	
MICONAZOLE NITRATE	2%	G	OTC	\$2		45	per		dispense	
MICRO GUARD	2%	G	OTC	\$2						
MICROCHAMBER		B		\$0		2	per	360	days	
MICROELITE COMPRESSOR NEBULIZER SYSTEM		B	OTC	\$0		2	per	360	days	
MICROELITE COMPRESSOR NEBULIZER SYSTEM WITH BATTERY		B	OTC	\$0		2	per	360	days	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
MICROELITE RECHARGEABLE BATTERY		B	OTC	\$0		2	per	360	days	
MICROGESTIN 1.5/30	30MCG; 1.5MG	G		\$0		1	per	1	day	
MICROGESTIN 1/20	20MCG; 1MG	G		\$0		1	per	1	day	
MICROGESTIN FE	20MCG; 75MG; 1MG	G		\$0		1	per	1	day	
MICROGESTIN FE 1.5/30	30MCG; 75MG; 1.5MG	G		\$0		1	per	1	day	
MICROLET AUTOMATIC LANCING DEVICE		B	OTC	\$0		1	per	180	days	
MICROLET LANCETS		B	OTC	\$0		7	per	1	day	
MICROLET VACULANCE LANCING DEVICE		B	OTC	\$0		1	per	180	days	
MICROLIFE DIGITAL PEAK FLOW METER		B	OTC	\$0		1	per	360	days	
MICRONIZED COLESTIPOL HCL	1GM	G		\$2						
MICROSPACER		B		\$0		2	per	360	days	
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE		B	OTC	\$0		7	per	1	day	
MIDAZOLAM HCL	2MG/ML	G		\$2						
MIDODRINE HCL	10MG	G		\$2						
MIDODRINE HCL	2.5MG	G		\$2						
MIDODRINE HCL	5MG	G		\$2						
MIDOL CRAMP FORMULA MAXIMUM STRENGTH	200MG	G	OTC	\$2						
MIFEPREX	200MG	B		\$3						
MIGRANAL	4MG/ML	B		\$3						
MILANTEX	200MG/5ML; 200MG/5ML; 20MG/5ML	G	OTC	\$2		720	per	30	days	
MINERAL OIL		B	OTC	\$2						
MINERAL OIL HEAVY		B	OTC	\$2						
MINERAL OIL LIGHT		B	OTC	\$2						
MINI WRIGHT AFS PEAK FLOWMETER		B	OTC	\$0		1	per	360	days	
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE		B	OTC	\$0		1	per	360	days	
MINI WRIGHT PEAK FLOW METER		B	OTC	\$0		1	per	360	days	
MINIELITE COMPRESSOR NEBULIZER SYSTEM		B		\$0		2	per	360	days	
MINIELITE COMPRESSOR NEBULIZER SYSTEM WITH BATTERY		B		\$0		2	per	360	days	
MINIELITE FILTER REPLACEMENTS		B	OTC	\$0		2	per	360	days	
MINIELITE RECHARGEABLE BATTERY		B		\$0		2	per	360	days	
MINITRAN	0.1MG/HR	G		\$2						
MINITRAN	0.2MG/HR	G		\$2						
MINITRAN	0.4MG/HR	G		\$2						
MINITRAN	0.6MG/HR	G		\$2						
MINOCYCLINE HCL	100MG	G		\$2						
MINOCYCLINE HCL	50MG	G		\$2						
MINOCYCLINE HCL	75MG	G		\$2						
MINOCYCLINE HCL ER	135MG	G		\$2						
MINOCYCLINE HCL ER	45MG	G		\$2						
MINOCYCLINE HCL ER	90MG	G		\$2						
MINOXIDIL	10MG	G		\$1						
MINOXIDIL	2.5MG	G		\$1						
MINTEX	2MG/5ML; 30MG/5ML	G		\$2		240	per		dispense	
MINTOX	200MG/5ML; 200MG/5ML; 20MG/5ML	G	OTC	\$2		720	per	30	days	
MINTOX PLUS	200MG; 200MG; 25MG	G	OTC	\$2						
MIRALAX		B	OTC	\$2		17	per	1	day	
MIRAPEX	0.125MG	B		\$3	Yes					Preferred drug is generic ropinirole
MIRAPEX	0.25MG	B		\$3	Yes					Preferred drug is generic ropinirole
MIRAPEX	0.5MG	B		\$3	Yes					Preferred drug is generic ropinirole
MIRAPEX	0.75MG	B		\$3	Yes					Preferred drug is generic ropinirole
MIRAPEX	1.5MG	B		\$3	Yes					Preferred drug is generic ropinirole
MIRAPEX	1MG	B		\$3	Yes					Preferred drug is generic ropinirole
MIRENA	20MCG/24HR	B		\$3	Yes					Prior authorization for review as specialty drug

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
MIRTAZAPINE	15MG	G		\$2		1	per	1	day	
MIRTAZAPINE	30MG	G		\$2		1	per	1	day	
MIRTAZAPINE	45MG	G		\$2		1	per	1	day	
MIRTAZAPINE	7.5MG	G		\$2		1	per	1	day	
MIRTAZAPINE ODT	30MG	G		\$2	Yes	1	per	1	day	Prior Authorization is required for the orally disintegrating tablet.
MIRTAZAPINE ODT	45MG	G		\$2	Yes	1	per	1	day	Prior Authorization is required for the orally disintegrating tablet.
MISOPROSTOL	100MCG	G		\$2						
MISOPROSTOL	200MCG	G		\$2						
MOBAN	10MG	B		\$3		4	per	1	day	
MOBAN	25MG	B		\$3		4	per	1	day	
MOBAN	50MG	B		\$3		4	per	1	day	
MOBAN	5MG	B		\$3		4	per	1	day	
MOBIC	7.5MG/5ML	B		\$3						Generics preferred
MODANE	48.57%	G	OTC	\$2						
MODANE	5MG	G	OTC	\$2						
MOEXIPRIL /HYDROCHLOROTHIAZIDE	12.5MG; 15MG	G		\$1						
MOEXIPRIL /HYDROCHLOROTHIAZIDE	12.5MG; 7.5MG	G		\$1						
MOEXIPRIL /HYDROCHLOROTHIAZIDE	25MG; 15MG	G		\$1						
MOEXIPRIL HCL	15MG	G		\$1						
MOEXIPRIL HCL	7.5MG	G		\$1						
MOIST SKIN	12%	G	OTC	\$2		400	per		dispense	
MOLLIFENE	6.5%	G	OTC	\$2						
MOMETASONE FUROATE	0.1%	G		\$2		15	per		dispense	
MONARC-M	1701-2000 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
MONARC-M	220-400 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
MONARC-M	250-1100 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
MONARC-M	401-800 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
MONARC-M	801-1700 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
MONOCLATE-P	1000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
MONOCLATE-P	1500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
MONOCLATE-P	250UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
MONOCLATE-P	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
MONOJECT INSULIN SYRINGE/0.3ML/29G X 1/2"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/PERM NEEDLE/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/PERMANENT NEEDLE/1ML/27G X 1/2"		B	OTC	\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1/2ML/29G X 1/2"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/3/10ML/29G X 1/2"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/25G X 5/8"		B	OTC	\$0		5	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"		B	OTC	\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"		B		\$0		5	per	1	day	
MONOJECT INSULIN SYRINGE/ULTRA COMFORT/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"		B		\$0		5	per	1	day	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"		B		\$0		5	per	1	day	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"		B		\$0		5	per	1	day	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"		B		\$0		5	per	1	day	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"		B		\$0		5	per	1	day	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"		B		\$0		5	per	1	day	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"		B		\$0		5	per	1	day	
MONOJECTOR LANCET DEVICE		B	OTC	\$0		1	per	180	days	
MONOLET LANCETS		B	OTC	\$0		7	per	1	day	
MONOLET NEOLET LANCETS		B	OTC	\$0		7	per	1	day	
MONOLET OPD LANCETS		B	OTC	\$0		7	per	1	day	
MONOLET THIN LANCETS		B	OTC	\$0		7	per	1	day	
MONOLETTOR SAFETY LANCETS		B	OTC	\$0		7	per	1	day	
MONONESSA	35MCG; 0.25MG	G		\$0		1	per	1	day	
MONONINE	1000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
MONONINE	250UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
MONONINE	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
MONUROL	5.631GM	B		\$3						
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
MORPHINE SULFATE	10MG	B		\$2		24	per		dispense	
MORPHINE SULFATE	10MG/5ML	B		\$2		500	per	30	days	
MORPHINE SULFATE	15MG	G		\$2		6	per	1	day	
MORPHINE SULFATE	20MG	B		\$2		24	per		dispense	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
MORPHINE SULFATE	20MG/5ML	B		\$2		500	per	30	days	
MORPHINE SULFATE	20MG/ML	G		\$2		4	per	1	day	
MORPHINE SULFATE	30MG	G		\$2		6	per	1	day	
MORPHINE SULFATE	5MG	B		\$2		24	per		dispense	
MORPHINE SULFATE CR	100MG	G		\$2		3	per	1	day	
MORPHINE SULFATE CR	15MG	G		\$2		3	per	1	day	
MORPHINE SULFATE CR	200MG	G		\$2		3	per	1	day	
MORPHINE SULFATE CR	30MG	G		\$2		3	per	1	day	
MORPHINE SULFATE CR	60MG	G		\$2		3	per	1	day	
MORPHINE SULFATE ER	100MG	G		\$2		3	per	1	day	
MORPHINE SULFATE ER	15MG	G		\$2		3	per	1	day	
MORPHINE SULFATE ER	200MG	G		\$2		3	per	1	day	
MORPHINE SULFATE ER	30MG	G		\$2		3	per	1	day	
MORPHINE SULFATE ER	60MG	G		\$2		3	per	1	day	
MOTION SICKNESS	50MG	G	OTC	\$2						
MOTOFEN	0.025MG; 1MG	B		\$3						
MOTRIN IB	200MG	G	OTC	\$2						
MOTRIN INFANTS	40MG/ML	B	OTC	\$2						
MOVIPREP	4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	B		\$3	Yes					
MOXATAG	775MG	B		\$3	Yes					Prior authorization for use of generic amoxicillin
MOZOBIL	24MG/1.2ML	B		\$3	Yes					Prior authorization for review as specialty drug
MUCINEX CHILDRENS	100MG/5ML	G	OTC	\$2		240	per	6	days	
MUCINEX FOR KIDS	100MG/5ML	G	OTC	\$2		240	per	6	days	
MULTAQ	400MG	B		\$3						
MULTI PRENATAL	100MG; 200MG; 4MCG; 400UNIT; 27MG; 800MCG; 18MG; 2.6MG; 1.7MG; 1.5MG; 11UNIT; 4000UNIT; 25MG	G	OTC	\$2						
MULTI-DAY	60MG; 5000UNIT; 6MCG; 400UNIT; 0.4MG; 20MG; 10MG; 2MG; 1.7MG; 1.5MG; 30UNIT	G	OTC	\$2						
MULTI-LANCET DEVICE		B	OTC	\$0		1	per	180	days	
MULTIPLE VITAMIN/FOLIC ACID	60MG; 400UNIT; 6MCG; 400MCG; 20MG; 2MG; 1.7MG; 1.5MG; 10UNIT; 5000UNIT	G	OTC	\$2						
MULTI-VITAMIN	60MG; 6MCG; 0.4MG; 20MG; 10MG; 2MG; 1.7MG; 1.5MG; 5000UNIT; 400UNIT; 30UNIT	G	OTC	\$2						
MULTIVITAMINS	37.5MG; 20MG; 1MG; 0.1MG; 2MG; 1.5MG; 5000UNIT; 400UNIT	G	OTC	\$2						
MUPIROCIN	2%	G		\$2		22	per		dispense	
MURINE EAR	6.5%	G	OTC	\$2						
MURINE FOR EAR WAX REMOVAL SYSTEM	6.5%	G	OTC	\$2						
M-VIT	500MG; 150MCG; 25MG; 0.1MG; 3MG; 50MCG; 27MG; 1MG; 50MG; 50MG; 5MG; 100MG; 25MG; 20MG; 50MCG; 20MG; 30UNIT; 5000UNIT; 22.5MG	G		\$2						
MYCOBUTIN	150MG	B		\$3						
MYCOPHENOLATE MOFETIL	250MG	G		\$2		2	per	1	day	
MYCOPHENOLATE MOFETIL	500MG	G		\$2		4	per	1	day	
MYFORTIC	180MG	B		\$3		3	per	1	day	
MYFORTIC	360MG	B		\$3		4	per	1	day	
MYLANTA GAS	125MG	B	OTC	\$2						
MYLANTA GAS RELIEF MAXIMUM STRENGTH	125MG	B	OTC	\$2						
MYLANTA ULTIMATE STRENGTH	500MG/5ML; 500MG/5ML	B	OTC	\$2						
MYLERAN	2MG	B		\$3						
MYOBLOC	5000UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
MYOZYME	50MG	B		\$3	Yes					Prior authorization for review as specialty drug
MYTAB GAS	80MG	G	OTC	\$2						
MYTAB GAS MAX STR	125MG	G	OTC	\$2						
NABUMETONE	500MG	G		\$2						
NABUMETONE	750MG	G		\$2						
NAC 600	600MG	G	OTC	\$2						
NADOLOL	160MG	B		\$1		2	per	1	day	
NADOLOL	20MG	G		\$1		2	per	1	day	
NADOLOL	40MG	G		\$1		2	per	1	day	
NADOLOL	80MG	G		\$1		2	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
NADOLOL /BENDROFLUMETHIAZIDE	5MG; 40MG	G		\$1						
NADOLOL /BENDROFLUMETHIAZIDE	5MG; 80MG	G		\$1						
NAFRINSE DAILY/NEUTRAL	0.05%	B		\$3						
NAFRINSE WEEKLY	0.2%	B		\$3						
NAFTIN	1%	B		\$3	Yes					
NAFTIN-MP	1%	B		\$3	Yes					
NAGLAZYME	1MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
NALOXONE HCL	0.4MG/ML	G		\$2						
NALOXONE HCL	1MG/ML	G		\$2						
NALTREXONE HCL	50MG	G		\$2						
NAMENDA	10MG	B		\$3						
NAMENDA	10MG/5ML	B		\$3						
NAMENDA	5MG	B		\$3						
NAMENDA TITRATION PAK		B		\$3						
NAPHAZOLINE HCL	0.1%	G		\$2		15	per		dispense	
NAPHCON-A	0.025%; 0.3%	B	OTC	\$2						
NAPROXEN	125MG/5ML	G		\$2						
NAPROXEN	250MG	G		\$2						
NAPROXEN	375MG	G		\$2						
NAPROXEN	500MG	G		\$2						
NAPROXEN DR	375MG	G		\$2	Yes	2	per	1	day	Preferred drugs are generic naproxen formulations
NAPROXEN DR	500MG	G		\$2	Yes	2	per	1	day	Preferred drugs are generic naproxen formulations
NAPROXEN SODIUM	220MG	G	OTC	\$2		2	per	1	day	
NAPROXEN SODIUM	275MG	G		\$2						
NAPROXEN SODIUM	500MG	G		\$2						
NAPROXEN SODIUM	550MG	G		\$2						
NARDIL	15MG	B		\$3						
NASACORT AQ	55MCG/ACT	B		\$3	Yes	16.5	per		dispense	Generic fluticasone nasal spray is preferred
NASALCROM	5.2MG/ACT	B	OTC	\$2		26	per		dispense	
NASCOBAL	500MCG/0.1ML	B		\$3	Yes					
NASONEX	50MCG/ACT	B		\$3	Yes	17	per		dispense	Generic fluticasone nasal spray is preferred
NATACYN	5%	B		\$3						
NATURAL FIBER THERAPY	30.9%	G	OTC	\$2						
NATURAL FIBER THERAPY	48.57%	G	OTC	\$2						
NATURAL PSYLLIUM FIBER	58.6%	G	OTC	\$2						
NATURAL VEGETABLE FIBER	48.57%	G	OTC	\$2						
NATURAL VEGETABLE LAXATIVE	28%	G	OTC	\$2						
NATURAL VEGETABLE LAXATIVE	48.57%	G	OTC	\$2						
NATURALYTE	35MEQ/L; 30MEQ/L; 25GM/L; 20MEQ/L; 45MEQ/L	G	OTC	\$2						
NEBULIZER AIR TUBE/PLUGS		B		\$0		2	per	360	days	
NEBULIZER PEDIATRIC MASK		B		\$0		2	per	360	days	
NECON 1/35-28	35MCG; 1MG	G		\$0		1	per	1	day	
NECON 1/50-28	50MCG; 1MG	G		\$0		1	per	1	day	
NECON 10/11-28	35MCG; 0	B		\$0		1	per	1	day	
NECON 7/7/7	0; 0	G		\$0		1	per	1	day	
NEFAZODONE HCL	100MG	G		\$2						
NEFAZODONE HCL	150MG	G		\$2						
NEFAZODONE HCL	200MG	G		\$2						
NEFAZODONE HCL	250MG	G		\$2						
NEFAZODONE HCL	50MG	G		\$2						
NEOMYCIN /BACITRACIN /POLYMYXIN	400UNIT/GM; 5MG/GM; 10000UNIT/GM	G		\$2		3.5	per		dispense	
NEOMYCIN SULFATE	500MG	G		\$2						
NEOMYCIN/BACITRACIN ZN/POLYMYX	400UNIT/GM; 5MG/GM; 10000UNIT/GM	G		\$2		3.5	per		dispense	
NEOPORACIN	400UNIT/GM; 5MG/GM; 5000UNIT/GM	G	OTC	\$2		15	per		dispense	
NEORAL	100MG	B		\$3		4	per	1	day	
NEORAL	100MG/ML	B		\$3		50	per		dispense	
NEORAL	25MG	B		\$3		4	per	1	day	
NEOSPORIN AF JOCK ITCH	2%	G	OTC	\$2						
NEO-SYNEPHRINE	10MG/ML	B		\$3	Yes					
NEPHRO-CALCI	1500MG	G	OTC	\$2						
NERVINE	25MG	G	OTC	\$2						
NEULASTA	6MG/0.6ML	B		\$3	Yes					Prior authorization for review as specialty drug

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
NEUMEGA	5MG	B		\$3	Yes					Prior authorization for review as specialty drug
NEUPOGEN	300MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
NEUPOGEN	480MCG/0.8ML	B		\$3	Yes					Prior authorization for review as specialty drug
NEUTRAGARD ADVANCED	1.1%	G		\$2						
NEUTRAL SODIUM FLUORIDE	0.2%	G		\$2						
NEUTROGENA ACNE MASK	5%	B	OTC	\$2						
NEUTROGENA ON-THE-SPOT ACNE TREATMENT	2.5%	G	OTC	\$2						
NEUTROGENA T/SCALP	1%	G	OTC	\$2						
NEVANAC	0.1%	B		\$3	Yes					
NEXAVAR	200MG	B		\$3						
NEXGEN NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
NEXGEN TEST STRIPS		B	OTC	\$0		5	per	1	day	
NEXIUM	10MG	B		\$3	Yes					Prilosec OTC and omeprazole capsules preferred.
NEXIUM	20MG	B		\$3	Yes	1	per	1	day	Prilosec OTC and omeprazole capsules preferred.
NEXIUM	40MG	B		\$3	Yes	1	per	1	day	Prilosec OTC or omeprazole 20mg, up to 2 daily preferred
NIACIN		B		\$2						
NIACIN	100MG	G	OTC	\$2						
NIACIN	250MG	G	OTC	\$2						
NIACIN	500MG	G	OTC	\$2						
NIACIN	50MG	G	OTC	\$2						
NIACIN CR	250MG	G	OTC	\$2						
NIACIN ER	125MG	G	OTC	\$2						
NIACIN ER	250MG	G	OTC	\$2						
NIACIN ER	400MG	G	OTC	\$2						
NIACIN ER	500MG	G	OTC	\$2						
NIACIN SR	125MG	G	OTC	\$2						
NIACIN SR	250MG	G	OTC	\$2						
NIACIN SR	400MG	G	OTC	\$2						
NIACIN SR	500MG	G	OTC	\$2						
NIACIN TD	125MG	G	OTC	\$2						
NIACIN TD	250MG	G	OTC	\$2						
NIACIN TD	500MG	G	OTC	\$2						
NIACIN TR	1000MG	B	OTC	\$2						
NIACIN TR	250MG	G	OTC	\$2						
NIACIN TR	500MG	G	OTC	\$2						
NIACIN TR	750MG	G	OTC	\$2						
NIACIN-50	50MG	G	OTC	\$2						
NIACINAMIDE	100MG	G	OTC	\$2						
NIACOR	500MG	G		\$2						
NIASPAN	1000MG	B		\$3		6	per	1	day	
NIASPAN	500MG	B		\$3		12	per	1	day	
NIASPAN	750MG	B		\$3		8	per	1	day	
NICARDIPINE HCL	20MG	G		\$1						
NICARDIPINE HCL	30MG	G		\$1						
NICOTINE	14MG/24HR	G	OTC	\$2		1	per	1	day	Total 90 day benefit, > 90 days treatment requires prior authorization
NICOTINE	21MG/24HR	G	OTC	\$2		1	per	1	day	Total 90 day benefit, > 90 days treatment requires prior authorization
NICOTINE	7MG/24HR	G	OTC	\$2		1	per	1	day	Total 90 day benefit, > 90 days treatment requires prior authorization
NICOTINE POLACRILEX	2MG	G	OTC	\$2		1	per		dispense	Total 90 day benefit, > 90 days treatment requires prior authorization
NICOTINE POLACRILEX	4MG	G	OTC	\$2		1	per		dispense	Total 90 day benefit, > 90 days treatment requires prior authorization
NICOTINE POLACRILEX REFILL	2MG	G	OTC	\$2		1	per		dispense	Total 90 day benefit, > 90 days treatment requires prior authorization
NICOTINE POLACRILEX REFILL	4MG	G	OTC	\$2		1	per		dispense	Total 90 day benefit, > 90 days treatment requires prior authorization
NICOTINE POLACRILEX STARTER KIT	2MG	G	OTC	\$2		1	per		dispense	Total 90 day benefit, > 90 days treatment requires prior authorization

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
NICOTINE POLACRILEX STARTER KIT	4MG	G	OTC	\$2		1	per		dispense	Total 90 day benefit, > 90 days treatment requires prior authorization
NICOTINE TRANSDERMAL SYSTEM		B	OTC	\$2						Total 90 day benefit, > 90 days treatment requires prior authorization
NICOTINE TRANSDERMAL SYSTEM	14MG/24HR	G	OTC	\$2		1	per	1	day	Total 90 day benefit, > 90 days treatment requires prior authorization
NICOTINE TRANSDERMAL SYSTEM	21MG/24HR	G	OTC	\$2		1	per	1	day	Total 90 day benefit, > 90 days treatment requires prior authorization
NICOTINE TRANSDERMAL SYSTEM	7MG/24HR	G	OTC	\$2		1	per	1	day	Total 90 day benefit, > 90 days treatment requires prior authorization
NICOTROL INHALER	10MG	B		\$3	Yes					
NICOTROL NS	10MG/ML	B		\$3	Yes					
NIFEDIAC CC	30MG	G		\$2		1	per	1	day	
NIFEDIAC CC	60MG	G		\$2		1	per	1	day	
NIFEDIAC CC	90MG	G		\$2		1	per	1	day	
NIFEDICAL XL	30MG	G		\$2		1	per	1	day	
NIFEDICAL XL	60MG	G		\$2		1	per	1	day	
NIFEDIPINE	10MG	G		\$1		4	per	1	day	
NIFEDIPINE	20MG	B		\$1		4	per	1	day	
NIFEDIPINE ER	30MG	G		\$1		1	per	1	day	
NIFEDIPINE ER	60MG	G		\$1		1	per	1	day	
NIFEDIPINE ER	90MG	G		\$1		1	per	1	day	
NILANDRON	150MG	B		\$3						
NIMODIPINE	30MG	G		\$1						
NISOLDIPINE	20MG	B		\$1						
NISOLDIPINE	30MG	B		\$1						
NISOLDIPINE	40MG	B		\$1						
NITETIME SLEEP-AID	25MG	G	OTC	\$2	Yes					
NITREK	0.2MG/HR	G		\$2						
NITREK	0.4MG/HR	G		\$2						
NITREK	0.6MG/HR	G		\$2						
NITROFURANTOIN MACROCRYSTALLINE	100MG	G		\$2						
NITROFURANTOIN MACROCRYSTALLINE	50MG	G		\$2						
NITROFURANTOIN MONOHYDRATE	100MG	G		\$2						
NITROGARD	3MG	B		\$3						
NITROGLYCERIN	0.2MG/HR	G		\$2						
NITROGLYCERIN	0.3MG	G		\$2						
NITROGLYCERIN	0.4MG	G		\$2						
NITROGLYCERIN	0.4MG/HR	G		\$2						
NITROGLYCERIN	0.6MG	G		\$2						
NITROGLYCERIN	0.6MG/HR	G		\$2						
NITROGLYCERIN CR	2.5MG	G		\$2						
NITROGLYCERIN CR	6.5MG	G		\$2						
NITROGLYCERIN CR	9MG	G		\$2						
NITROGLYCERIN ER	2.5MG	G		\$2						
NITROGLYCERIN ER	6.5MG	G		\$2						
NITROGLYCERIN ER	9MG	G		\$2						
NITROGLYCERIN SR	2.5MG	G		\$2						
NITROGLYCERIN TD	2.5MG	G		\$2						
NITROGLYCERIN TD	6.5MG	G		\$2						
NITROGLYCERIN TD	9MG	G		\$2						
NITROGLYCERIN TRANSDERMAL	0.1MG/HR	G		\$2						
NITROGLYCERIN TRANSDERMAL	0.2MG/HR	G		\$2						
NITROGLYCERIN TRANSDERMAL	0.4MG/HR	G		\$2						
NITROGLYCERIN TRANSDERMAL	0.6MG/HR	G		\$2						
NITROLINGUAL PUMPSPRAY	0.4MG/SPRAY	B		\$3						
NITROLINGUAL PUMPSPRAY DUO PACK	0.4MG/SPRAY	B		\$3						
NITROQUICK	0.3MG	G		\$2						
NITROQUICK	0.4MG	G		\$2						
NITROQUICK	0.6MG	G		\$2						
NITRO-TIME	2.5MG	G		\$2						
NITRO-TIME	9MG	G		\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
NIZATIDINE	150MG	G		\$2	Yes					
NIZATIDINE	300MG	G		\$2	Yes					
NON-ASPIRIN	325MG	G	OTC	\$2						
NON-ASPIRIN EXTRA STRENGTH	500MG	B	OTC	\$2						
NON-ASPIRIN PAIN RELIEF	325MG	G	OTC	\$2						
NON-ASPIRIN PAIN RELIEVER	160MG/5ML	G	OTC	\$2						
NON-ASPIRIN REGULAR STRENGTH	325MG	B	OTC	\$2						
NORDITROPIN CARTRIDGE	15MG/1.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
NORDITROPIN CARTRIDGE	5MG/1.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
NORDITROPIN NORDIFLEX PEN	10MG/1.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
NORDITROPIN NORDIFLEX PEN	15MG/1.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
NORDITROPIN NORDIFLEX PEN	5MG/1.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
NORETHINDRONE ACETATE	5MG	G		\$2						
NORITATE	1%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
NOROXIN	400MG	B		\$3						
NORPACE	100MG	B		\$3						Generics preferred
NORPACE	150MG	B		\$3						Generics preferred
NORTEMP	160MG/5ML	G	OTC	\$2						
NORTHYX	10MG	G		\$2						
NORTHYX	15MG	B		\$3						
NORTHYX	20MG	B		\$3						
NORTHYX	5MG	G		\$2						
NORTREL 0.5/35 (28)	35MCG; 0.5MG	G		\$0		1	per	1	day	
NORTREL 1/35 (21)	35MCG; 1MG	G		\$0		1	per	1	day	
NORTREL 1/35 (28)	35MCG; 1MG	G		\$0		1	per	1	day	
NORTREL 7/7/7	0; 0	G		\$0		1	per	1	day	
NORTRIPTYLINE HCL	10MG	G		\$2						
NORTRIPTYLINE HCL	10MG/5ML	G		\$2		20	per	1	day	
NORTRIPTYLINE HCL	25MG	G		\$2						
NORTRIPTYLINE HCL	50MG	G		\$2						
NORTRIPTYLINE HCL	75MG	G		\$2						
NORVIR	100MG	B		\$3						
NORVIR	80MG/ML	B		\$3						
NORWICH ASPIRIN	325MG	G	OTC	\$2						
NORWICH ASPIRIN	500MG	G	OTC	\$2						
NOSE CLIP		B	OTC	\$0		2	per	360	days	
NOVOLIN 70/30	30%; 70%	B	OTC	\$1		40	per	30	days	
NOVOLIN 70/30 INNOLET	30%; 70%	B	OTC	\$1		40	per	30	days	
NOVOLIN 70/30 PENFILL	30%; 70%	B	OTC	\$1		40	per	30	days	
NOVOLIN N	100UNIT/ML	B	OTC	\$1		40	per	30	days	
NOVOLIN N INNOLET	100UNIT/ML	B	OTC	\$1		40	per	30	days	
NOVOLIN N U-100 PENFILL	100UNIT/ML	B	OTC	\$1		40	per	30	days	
NOVOLIN R	100UNIT/ML	B	OTC	\$1		40	per	30	days	
NOVOLIN R INNOLET	100UNIT/ML	B	OTC	\$1		40	per	30	days	
NOVOLIN R U-100 PENFILL	100UNIT/ML	B	OTC	\$1		40	per	30	days	
NOVOLOG	100UNIT/ML	B		\$1		40	per	30	days	
NOVOLOG FLEXPEN	100UNIT/ML	B		\$1		40	per	30	days	
NOVOLOG MIX 70/30	30%; 70%	B		\$1		40	per	30	days	
NOVOLOG MIX 70/30 PENFILL	30%; 70%	B		\$1		40	per	30	days	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	30%; 70%	B		\$1		40	per	30	days	
NOVOLOG PENFILL	100UNIT/ML	B		\$1		40	per	30	days	
NOVOSEVEN	1200MCG	B		\$3	Yes					Prior authorization for review as specialty drug
NOVOSEVEN	2400MCG	B		\$3	Yes					Prior authorization for review as specialty drug
NOVOSEVEN	4800MCG	B		\$3	Yes					Prior authorization for review as specialty drug
NOVOSEVEN RT	1MG	B		\$3	Yes					Prior authorization for review as specialty drug
NOVOSEVEN RT	2MG	B		\$3	Yes					Prior authorization for review as specialty drug
NOVOSEVEN RT	5MG	B		\$3	Yes					Prior authorization for review as specialty drug
NOXAFIL	40MG/ML	B		\$3	Yes					

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
NPLATE	250MCG	B		\$3	Yes					Prior authorization for review as specialty drug
NPLATE	500MCG	B		\$3	Yes					Prior authorization for review as specialty drug
NULYTELY	420GM; 1.48GM; 5.72GM; 11.2GM	B		\$3		4000	per		dispense	
NULYTELY/FLAVOR PACKS	420GM; 1.48GM; 5.72GM; 11.2GM	B		\$3		4000	per		dispense	
NUTROPIN	10MG	B		\$3	Yes					Prior authorization for review as specialty drug
NUTROPIN	5MG	B		\$3	Yes					Prior authorization for review as specialty drug
NUTROPIN AQ	10MG/2ML	B		\$3	Yes					Prior authorization for review as specialty drug
NUTROPIN AQ PEN	10MG/2ML	B		\$3	Yes					Prior authorization for review as specialty drug
NUTROPIN AQ PEN	20MG/2ML	B		\$3	Yes					Prior authorization for review as specialty drug
NUVARING	0.015MG/24HR; 0.12MG/24HR	B		\$0		1	per		dispense	
NYAMYC	100000UNIT/GM	G		\$2		15	per		dispense	
NYSTATIN		B		\$2						
NYSTATIN	100000UNIT	B		\$2						
NYSTATIN	100000UNIT/GM	G		\$2		15	per		dispense	
NYSTATIN	100000UNIT/ML	G		\$2		120	per		dispense	
NYSTATIN	500000UNIT	G		\$2		6	per	1	day	
NYSTATIN /TRIAMCINOLONE	100000UNIT/GM; 0.1%	G		\$2		15	per		dispense	
NYSTATIN VAGINAL	100000UNIT	B		\$2						
NYSTATIN/TRIAMCINOLONE	100000UNIT/GM; 0.1%	G		\$2		15	per		dispense	
NYSTOP	100000UNIT/GM	G		\$2		15	per		dispense	
OCELLA	3MG; 0.03MG	B		\$0		1	per	1	day	
OCTAGAM	2.5GM/50ML	B		\$3	Yes					Prior authorization for review as specialty drug
OCTREOTIDE ACETATE	1000MCG/ML	G		\$2	Yes					Prior authorization for review as specialty drug
OCTREOTIDE ACETATE	100MCG/ML	G		\$2	Yes					Prior authorization for review as specialty drug
OCTREOTIDE ACETATE	200MCG/ML	G		\$2	Yes					Prior authorization for review as specialty drug
OCTREOTIDE ACETATE	500MCG/ML	G		\$2	Yes					Prior authorization for review as specialty drug
OCTREOTIDE ACETATE	50MCG/ML	G		\$2	Yes					Prior authorization for review as specialty drug
OCUSOFT IRRIGATING I	0; 0	G	OTC	\$2						
OCUSOFT IRRIGATING II	0; 0; 0	G	OTC	\$2						
OCU-WASH		G	OTC	\$2						
ODOR EATERS ANTIFUNGAL	1%	G	OTC	\$2						
ODOR EATERS FOOT & SNEAKER SPRAY	1%	G	OTC	\$2						
OFLOXACIN	0.3%	G		\$2		5	per		dispense	
OLUX OLUX-E COMPLETE PACK	0.05%	B		\$3	Yes					
OLUX-E	0.05%	B		\$3	Yes					
OMACOR	375MG; 465MG; 1GM	B		\$3	Yes					
OMEPRAZOLE	10MG	G		\$2						Priosec OTC and omeprazole capsules preferred.
OMEPRAZOLE	20MG	G		\$2		2	per	1	day	
OMEPRAZOLE	40MG	G		\$2	Yes					Priosec OTC or omeprazole 20mg, up to 2 daily preferred
OMNARIS	50MCG/ACT	B		\$3	Yes	12.5	per		dispense	Generic fluticasone nasal spray is preferred
OMNITROPE	10MG/1.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
OMNITROPE	5.8MG	B		\$3	Yes					Prior authorization for review as specialty drug
OMNITROPE	5MG/1.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
ONCE DAILY	50MG; 1MCG; 400UNIT; 20MG; 1MG; 1MG; 2.5MG; 2MG; 5000UNIT	G	OTC	\$2						
ONDANSETRON HCL	24MG	G		\$2		1	per	14	days	
ONDANSETRON HCL	4MG	G		\$2		10	per	30	days	
ONDANSETRON HCL	4MG/5ML	G		\$2		50	per		dispense	
ONDANSETRON HCL	8MG	G		\$2		10	per	30	days	
ONDANSETRON ODT	4MG	G		\$2		10	per	30	days	
ONDANSETRON ODT	8MG	G		\$2		10	per	30	days	
ONE DAILY	60MG; 6MCG; 0.4MG; 20MG; 2MG; 1.7MG; 1.5MG; 5000UNIT; 400UNIT; 15UNIT	G	OTC	\$2						
ONE FLOW TESTER TUBE MOUTHPIECE		B	OTC	\$0						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ONE-A-DAY ESSENTIAL	60MG; 6MCG; 0.4MG; 20MG; 10MG; 2MG; 1.7MG; 1.5MG; 5000UNIT; 400UNIT; 30UNIT	B	OTC	\$2						
ONE-A-DAY MENS	200MG; 9MCG; 0.4MG; 20MG; 10MG; 3MG; 2.55MG; 2.25MG; 5000UNIT; 400UNIT; 45UNIT	B	OTC	\$2						
ONE-DAILY MULTI VITAMINS	50MG; 75MG; 400UNIT; 1MCG; 20MG; 1MG; 1MG; 2.5MG; 2MG; 5000UNIT	G	OTC	\$2		1	per	1	day	
ONE-TABLET-DAILY NF	60MG; 5000UNIT; 6MCG; 400UNIT; 0.4MG; 20MG; 10MG; 2MG; 1.7MG; 1.5MG; 30UNIT	G	OTC	\$2						
ONETOUGH BASIC/PROFILE TEST STRIPS		B	OTC	\$0		5	per	1	day	
ONETOUGH BASIC/PROFILE/ONE TOUCH II TEST STRIPS		B	OTC	\$0		5	per	1	day	
ONETOUGH CLUB LANCETS FINE POINT		B	OTC	\$0		7	per	1	day	
ONETOUGH COMBO PACK		B	OTC	\$0		7	per	1	day	
ONETOUGH FINEPOINT LANCETS		B	OTC	\$0		7	per	1	day	
ONETOUGH LANCETS		B	OTC	\$0		7	per	1	day	
ONETOUGH NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
ONETOUGH SURESOFT LANCING DEVICE/DUAL SITE		B	OTC	\$0		1	per	180	days	
ONETOUGH SURESOFT LANCING DEVICE/GENTLE		B	OTC	\$0		1	per	180	days	
ONETOUGH SURESOFT LANCING DEVICE/REGULAR		B	OTC	\$0		1	per	180	days	
ONETOUGH ULTRA CONTROL		B	OTC	\$0		1	per	90	days	
ONETOUGH ULTRA TEST STRIPS		B	OTC	\$0		5	per	1	day	
ONETOUGH ULTRASOFT LANCETS		B	OTC	\$0		7	per	1	day	
ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE		B	OTC	\$0						
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE		B	OTC	\$0						
OPANA	10MG	B		\$3	Yes					
OPANA	5MG	B		\$3	Yes					
OPANA ER	10MG	B		\$3	Yes					
OPANA ER	15MG	B		\$3	Yes					
OPANA ER	20MG	B		\$3	Yes					
OPANA ER	30MG	B		\$3	Yes					
OPANA ER	40MG	B		\$3	Yes					
OPANA ER	5MG	B		\$3	Yes					
OPANA ER	7.5MG	B		\$3	Yes					
OPCON-A	0.027%; 0.315%	B	OTC	\$2						
OPTICAINE	0.5%	G		\$2						
OPTICHAMBER ADVANTAGE		B		\$0		2	per	360	days	
OPTICHAMBER ADVANTAGE/LARGE MASK		B		\$0		2	per	360	days	
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK		B		\$0		2	per	360	days	
OPTICHAMBER ADVANTAGE/SMALL FACE MASK		B		\$0		2	per	360	days	
OPTICHAMBER FACE MASK/LARGE		B	OTC	\$0		2	per	360	days	
OPTICHAMBER FACE MASK/MEDIUM		B	OTC	\$0		2	per	360	days	
OPTICHAMBER FACE MASK/SMALL		B	OTC	\$0		2	per	360	days	
OPTICS EYE WASH	0.9%	G	OTC	\$2						
OPTIGENE EYE WASH	0; 0; 0; 0	G	OTC	\$2						
OPTIHALER		B		\$0		2	per	360	days	
OPTIHALER MDI DRUG DELIVERY SYSTEM		B		\$0		2	per	360	days	
OPTIUM TEST STRIPS		B	OTC	\$0		5	per	1	day	
OPTIVAR	0.05%	B		\$3	Yes	6	per		dispense	Prior authorization is not required for artificial tears, Alaway, NaphconA, OpconA, VisineA, VasoconA, and Zaditor OTC
ORACEA	40MG	B		\$3	Yes					

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ORALONE	0.1%	G		\$2		5	per		dispense	
ORALYTE	35MEQ/L; 30MEQ/L; 25GM/L; 20MEQ/L; 45MEQ/L	G	OTC	\$2						
ORALYTE FREEZER POPS	35MEQ/L; 30MEQ/L; 25GM/L; 20MEQ/L; 45MEQ/L	G	OTC	\$2						
ORAMORPH SR	100MG	B		\$3		3	per	1	day	
ORAMORPH SR	15MG	B		\$3		3	per	1	day	
ORAMORPH SR	30MG	B		\$3		3	per	1	day	
ORAMORPH SR	60MG	B		\$3		3	per	1	day	
ORAP	1MG	B		\$3						
ORAP	2MG	B		\$3						
ORAPRED	15MG/5ML	B		\$3		240	per		dispense	
ORAPRED ODT	10MG	B		\$3	Yes					
ORAPRED ODT	15MG	B		\$3	Yes					
ORAPRED ODT	30MG	B		\$3	Yes					
ORENCIA	250MG	B		\$3	Yes					Prior authorization for review as specialty drug
ORPHENADRINE CITRATE ER	100MG	G		\$2						
ORSINI INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
ORSINI INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
ORSINI INSULIN SYRINGE/U- 100/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
ORTHO EVRA	20MCG/24HR; 150MCG/24HR	B		\$0		3	per		dispense	
ORTHO TRI-CYCLEN LO	0; 0	B		\$0						
ORTHOCLONE OKT3	1MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ORTHOVISC	15MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
OS-CAL 500	1250MG	B	OTC	\$2						
OS-CAL 500 + D	500MG; 200UNIT	G	OTC	\$2						
OS-CAL 500 + D	500MG; 400UNIT	B	OTC	\$2						
OS-CAL 500+D	500MG; 500UNIT	B	OTC	\$2						
OSCION	3%	G		\$2						
OSCION	6%	G		\$2						
OSCION	9%	G		\$2						
OSCION CLEANSER	3%	G		\$2						
OSCION CLEANSER	6%	G		\$2						
OSCION CLEANSER	9%	G		\$2						
OSMOPREP	0.398GM; 1.102GM	B		\$3	Yes					
OTIX	6.5%	G	OTC	\$2						
OVACE	10%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
OVACE PLUS	10%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
OVCON-50 28	50MCG; 1MG	B		\$0						
OVIDE	0.5%	B		\$3	Yes					
OXANDRIN	10MG	B		\$3	Yes					
OXANDRIN	2.5MG	B		\$3	Yes					
OXANDROLONE	10MG	G		\$2	Yes					
OXANDROLONE	2.5MG	G		\$2	Yes					
OXAPROZIN	600MG	G		\$2						
OXAZEPAM	10MG	G		\$2		4	per	1	day	
OXAZEPAM	15MG	G		\$2		4	per	1	day	
OXAZEPAM	30MG	G		\$2		4	per	1	day	
OXCARBAZEPINE	150MG	G		\$2						
OXCARBAZEPINE	300MG	G		\$2						
OXCARBAZEPINE	600MG	G		\$2						
OXISTAT	1%	B		\$3	Yes					
OXSORALEN	1%	B		\$3						
OXSORALEN ULTRA	10MG	B		\$3						
OXY 10 BALANCE EMERGENCY SPOT TREATMENT	10%	G	OTC	\$2						
OXY 10 BALANCE MAXIMUM MEDICATED FACE WASH	10%	G	OTC	\$2						
OXY BALANCE EMERGENCY SPOT TREATMENT	5%	G	OTC	\$2						
OXYBUTYNIN CHLORIDE	5MG	G		\$2		3	per	1	day	
OXYBUTYNIN CHLORIDE	5MG/5ML	G		\$2		480	per	30	days	
OXYBUTYNIN CHLORIDE ER	10MG	G		\$2		2	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
OXYBUTYNIN CHLORIDE ER	15MG	G		\$2		2	per	1	day	
OXYBUTYNIN CHLORIDE ER	5MG	G		\$2		2	per	1	day	
OXYCODONE /ACETAMINOPHEN	325MG; 10MG	G		\$2		6	per	1	day	
OXYCODONE /ACETAMINOPHEN	325MG; 2.5MG	G		\$2						
OXYCODONE /ACETAMINOPHEN	325MG; 5MG	G		\$2		6	per	1	day	
OXYCODONE /ACETAMINOPHEN	325MG; 7.5MG	G		\$2		6	per	1	day	
OXYCODONE /ACETAMINOPHEN	500MG; 5MG	G		\$2		6	per	1	day	
OXYCODONE /ACETAMINOPHEN	500MG; 7.5MG	G		\$2		6	per	1	day	
OXYCODONE /ACETAMINOPHEN	650MG; 10MG	G		\$2		6	per	1	day	
OXYCODONE /APAP	325MG; 10MG	G		\$2		6	per	1	day	
OXYCODONE /APAP	500MG; 7.5MG	G		\$2		6	per	1	day	
OXYCODONE /ASPIRIN	325MG; 4.5MG; 0.38MG	G		\$2		6	per	1	day	
OXYCODONE /IBUPROFEN	400MG; 5MG	G		\$2	Yes					
OXYCODONE HCL	10MG	B		\$2						
OXYCODONE HCL	15MG	G		\$2		6	per	1	day	
OXYCODONE HCL	20MG	B		\$2						
OXYCODONE HCL	20MG/ML	G		\$2		6	per	1	day	
OXYCODONE HCL	30MG	G		\$2		6	per	1	day	
OXYCODONE HCL	5MG	G		\$2		6	per	1	day	
OXYCODONE HCL	5MG/5ML	G		\$2						
OXYCODONE HCL CR	10MG	G		\$2	Yes	2	per	1	day	
OXYCODONE HCL CR	20MG	G		\$2	Yes	2	per	1	day	
OXYCODONE HCL CR	40MG	G		\$2	Yes	2	per	1	day	
OXYCODONE HCL CR	80MG	G		\$2	Yes	2	per	1	day	
OXYCODONE HCL ER	10MG	G		\$2	Yes	2	per	1	day	
OXYCODONE HCL ER	20MG	G		\$2	Yes	2	per	1	day	
OXYCODONE HCL ER	40MG	G		\$2	Yes	2	per	1	day	
OXYCODONE HCL ER	80MG	G		\$2	Yes	2	per	1	day	
OXYCODONE-APAP	325MG; 10MG	G		\$2		6	per	1	day	
OXYCODONE-APAP	325MG; 7.5MG	G		\$2		6	per	1	day	
OXYCONTIN	10MG	B		\$3	Yes	2	per	1	day	
OXYCONTIN	15MG	B		\$3	Yes	2	per	1	day	
OXYCONTIN	20MG	B		\$3	Yes	2	per	1	day	
OXYCONTIN	30MG	B		\$3	Yes	2	per	1	day	
OXYCONTIN	40MG	B		\$3	Yes	2	per	1	day	
OXYCONTIN	60MG	B		\$3	Yes	2	per	1	day	
OXYCONTIN	80MG	B		\$3	Yes	2	per	1	day	
OXYFAST	20MG/ML	G		\$2		6	per	1	day	
OXYTROL	3.9MG/24HR	B		\$3	Yes					
OYSCO 500	1250MG	G	OTC	\$2						
OYSTER CALCIUM	500MG	G	OTC	\$2						
OYSTER SHELL	1250MG	G	OTC	\$2						
OYSTER SHELL CALCIUM	500MG	G	OTC	\$2						
OYSTER SHELL CALCIUM 500 + D	500MG; 125UNIT	G	OTC	\$2						
OYSTERCAL	1250MG	G	OTC	\$2						
PAIN EXTRA STRENGTH	500MG	G	OTC	\$2						
PAIN RELIEF	325MG	G	OTC	\$2						
PAIN RELIEF	500MG	G	OTC	\$2						
PAIN RELIEF 8 HOUR	650MG	G	OTC	\$2						
PAIN RELIEF EXTRA STRENGTH	500MG	G	OTC	\$2						
PANCREASE MT 10	30000UNIT; 10000UNIT; 30000UNIT	B		\$3						
PANCREASE MT 16	48000UNIT; 16000UNIT; 48000UNIT	B		\$3						
PANCREASE MT 20	56000UNIT; 20000UNIT; 44000UNIT	B		\$3						
PANCREASE MT 4	12000UNIT; 4000UNIT; 12000UNIT	B		\$3						
PANLOR SS	712.8MG; 60MG; 32MG	B		\$2	Yes					
PANOXYL	10%	B	OTC	\$2						
PANOXYL	5%	B	OTC	\$2						
PANOXYL AQUA GEL	10%	G	OTC	\$2						
PANOXYL WASH	10%	G	OTC	\$2						
PANRETIN	0.1%	B		\$3	Yes					
PANTOPRAZOLE SODIUM	20MG	G		\$2	Yes	1	per	1	day	Prilosec OTC and omeprazole capsules preferred.

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
PANTOPRAZOLE SODIUM	40MG	G		\$2	Yes	1	per	1	day	Prilosec OTC or omeprazole 20mg, up to 2 daily preferred
PAREMYD	1%; 0.25%	B		\$3						
PARI BABY CONVERSION KIT SIZE 1		B		\$0		2	per	360	days	
PARI BABY CONVERSION KIT SIZE 2		B		\$0		2	per	360	days	
PARI BABY CONVERSION KIT SIZE 3		B		\$0		2	per	360	days	
PARI EXPIRATORY FILTER VALVE SET		B		\$0		2	per	360	days	
PARI MASK SET		B		\$0		2	per	360	days	
PARI SOFT PLASTIC ADULT MASK		B		\$0		2	per	360	days	
PARI SOFT PLASTIC PEDIATRIC MASK		B		\$0		2	per	360	days	
PAROMOMYCIN SULFATE	250MG	G		\$2						
PAROXETINE HCL	10MG	G		\$2		2	per	1	day	
PAROXETINE HCL	10MG/5ML	G		\$2		40	per	1	day	
PAROXETINE HCL	20MG	G		\$2		2	per	1	day	
PAROXETINE HCL	30MG	G		\$2		2	per	1	day	
PAROXETINE HCL	40MG	G		\$2		2	per	1	day	
PAROXETINE HCL ER	12.5MG	G		\$2	Yes					Preferred drug is generic paroxetine
PAROXETINE HCL ER	25MG	G		\$2	Yes					Preferred drug is generic paroxetine
PAROXETINE HCL ER	37.5MG	B		\$2	Yes					Preferred drug is generic paroxetine
PATADAY	0.2%	B		\$3	Yes					Prior authorization is not required for artificial tears, Alaway, NaphconA, OpconA, VisineA, VasoconA, and Zaditor OTC
PATANASE	0.6%	B		\$3	Yes	30.5	per		dispense	
PATANOL	0.1%	B		\$3	Yes					Prior authorization is not required for artificial tears, Alaway, NaphconA, OpconA, VisineA, VasoconA, and Zaditor OTC
PAXIL CR	12.5MG	B		\$3	Yes					Preferred drug is generic paroxetine
PAXIL CR	25MG	B		\$3	Yes					Preferred drug is generic paroxetine
PAXIL CR	37.5MG	B		\$3	Yes					Preferred drug is generic paroxetine
PCE	333MG	B		\$3						
PCE	500MG	B		\$3						
PEAK AIR PEAK FLOW METER ADULT/PEDIATRIC		B	OTC	\$0		1	per	360	days	
PEAK FLOW METER		B	OTC	\$0		1	per	360	days	
PEDIACARE CHILDRENS NIGHTTIME COUGH	12.5MG/5ML	G	OTC	\$2						
PEDIAPRED	6.7MG/5ML	B		\$3						
PEDIATRIC AEROSOL MASK		B		\$0		2	per	360	days	
PEDIATRIC DISPOSABLE MOUTHPIECE		B	OTC	\$0						
PEDIATRIC ELECTROLYTE	35MEQ/L; 30MEQ/L; 25GM/L; 20MEQ/L; 45MEQ/L	G	OTC	\$2						
PEDIATRIC MOUTHPIECE/DISPOSABLE		B	OTC	\$0		2	per	360	days	
PEDI-DRI	10000UNIT/GM	G		\$2		15	per		dispense	
PEG 3350/ELECTROLYTES	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	G		\$2		4000	per		dispense	
PEGASYS	180MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
PEGASYS	180MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
PEG-INTRON	120MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
PEG-INTRON	150MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
PEG-INTRON	50MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
PEG-INTRON	80MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
PEG-INTRON REDIPEN	120MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
PEG-INTRON REDIPEN	150MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
PEG-INTRON REDIPEN	50MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
PEG-INTRON REDIPEN	80MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
PEG-INTRON REDIPEN PAK 4	120MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
PEG-INTRON REDIPEN PAK 4	150MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
PEG-INTRON REDIPEN PAK 4	50MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
PEG-INTRON REDIPEN PAK 4	80MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
PENICILLIN V POTASSIUM	125MG/5ML	G		\$2						
PENICILLIN V POTASSIUM	250MG	G		\$2						
PENICILLIN V POTASSIUM	250MG/5ML	G		\$2						
PENICILLIN V POTASSIUM	500MG	G		\$2						
PENTASA	250MG	B		\$3						
PENTASA	500MG	B		\$3						
PENTAZOCINE /ACETAMINOPHEN	650MG; 25MG	G		\$2						
PENTAZOCINE/NALOXONE HCL	0.5MG; 50MG	G		\$2	Yes					
PENTOPAK	400MG	G		\$2						
PENTOXIFYLLINE CR	400MG	G		\$2						
PENTOXIFYLLINE ER	400MG	G		\$2						
PENTOXIL	400MG	G		\$2						
PEPTIC RELIEF	300MG	G	OTC	\$2						
PEPTIC RELIEF	527MG/30ML	G	OTC	\$2						
PERFECT CHOICE BRUSH-ON	1.1%	G		\$2						
PERFORMIST	20MCG/2ML	B		\$3	Yes					
PERMETHRIN	1%	G	OTC	\$2		60	per			dispense
PERMETHRIN	5%	G		\$2		60	per			dispense
PERPHENAZINE	16MG	G		\$2		4	per	1		day
PERPHENAZINE	2MG	G		\$2		4	per	1		day
PERPHENAZINE	4MG	G		\$2		4	per	1		day
PERPHENAZINE	8MG	G		\$2		4	per	1		day
PERPHENAZINE /AMITRIPTYLINE	10MG; 2MG	B		\$2		4	per	1		day
PERPHENAZINE /AMITRIPTYLINE	10MG; 4MG	B		\$2		4	per	1		day
PERPHENAZINE /AMITRIPTYLINE	25MG; 2MG	B		\$2		4	per	1		day
PERPHENAZINE /AMITRIPTYLINE	25MG; 4MG	B		\$2		4	per	1		day
PERPHENAZINE /AMITRIPTYLINE	50MG; 4MG	B		\$2		4	per	1		day
PERSONAL BEST FULL RANGE		B	OTC	\$0		1	per	360		days
PERSONAL BEST LOW RANGE		B	OTC	\$0		1	per	360		days
PEXEVA	10MG	B		\$3	Yes					Preferred drug is generic paroxetine
PEXEVA	20MG	B		\$3	Yes					Preferred drug is generic paroxetine
PEXEVA	30MG	B		\$3	Yes					Preferred drug is generic paroxetine
PEXEVA	40MG	B		\$3	Yes					Preferred drug is generic paroxetine
PFLEX		B		\$0		2	per	360		days
PHANASIN	100MG/5ML	G	OTC	\$2		240	per	6		days
PHANATUSS DM	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per			dispense
PHARBECHLOR	4MG	G	OTC	\$2		6	per	1		day
PHARBEDRYL	25MG	G	OTC	\$2						
PHARBEDRYL	50MG	G	OTC	\$2						
PHARBETOL	325MG	G	OTC	\$2						
PHARBETOL EXTRA STRENGTH	500MG	G	OTC	\$2						
PHARMACIST CHOICE ALCOHOLPREP PADS		B	OTC	\$0		400	per			dispense
PHARMACIST CHOICE ULTRA THIN LANCETS		B	OTC	\$0		7	per	1		day
PHARMAFLUR	0.5MG	G		\$2						
PHARMAFLUR	1MG	G		\$2						
PHARMASIN	100MG/5ML	G	OTC	\$2		240	per	6		days
PHARMATUSS DM	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per			dispense
PHAZYME	125MG	G	OTC	\$2						
PHAZYME	180MG	B	OTC	\$2						
PHENADOZ	12.5MG	G		\$2		12	per			dispense
PHENADOZ	25MG	G		\$2		12	per			dispense

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
PHENAZOPYRIDINE HCL	100MG	G		\$2						
PHENAZOPYRIDINE HCL	200MG	G		\$2						
PHENAZOPYRIDINE HCL	95MG	G	OTC	\$2						
PHENOBARBITAL	100MG	G		\$2						
PHENOBARBITAL	15MG	G		\$2						
PHENOBARBITAL	16.2MG	G		\$2						
PHENOBARBITAL	20MG/5ML	G		\$2						
PHENOBARBITAL	30MG	G		\$2						
PHENOBARBITAL	32.4MG	G		\$2						
PHENOBARBITAL	60MG	G		\$2						
PHENOBARBITAL	64.8MG	B		\$2						
PHENOBARBITAL	97.2MG	B		\$2						
PHENYLEPHRINE HCL	0.12%	G	OTC	\$2						
PHENYLEPHRINE HCL	10%	G		\$2						
PHENYLEPHRINE HCL	2.5%	G		\$2		15	per		dispense	
PHENYTEK	200MG	B		\$3						
PHENYTEK	300MG	B		\$3						
PHENYTOIN	125MG/5ML	G		\$2						
PHENYTOIN SODIUM EXTENDED	100MG	G		\$2						
PHENYTOIN SODIUM PROMPT	100MG	B		\$2						
PHILLIPS LIQUI-GELS	100MG	G	OTC	\$2						
PHOS FLUR	0.044%	B	OTC	\$2						
PHOS-FLUR	1.1%	G		\$2						
PHOSLO	667MG	B		\$3						
PHOSPHATE ENEMA	7GM/118ML; 19GM/118ML	G	OTC	\$2						
PHOSPHOLINE IODIDE	0.125%	B		\$3						
PHRENILIN W/CAFFEINE/CODEINE	325MG; 50MG; 40MG; 30MG	G		\$2		4	per	1	day	
PIKO 1 ELECTRONIC		B	OTC	\$0		1	per	360	days	
PILLOW MASK/ADULT		B		\$0		2	per	360	days	
PILLOW MASK/CHILD		B		\$0		2	per	360	days	
PILLOW MASK/PEDIATRIC		B		\$0		2	per	360	days	
PILOCARPINE HCL	0.5%	G		\$2						
PILOCARPINE HCL	1%	G		\$2						
PILOCARPINE HCL	2%	G		\$2						
PILOCARPINE HCL	3%	G		\$2						
PILOCARPINE HCL	4%	G		\$2						
PILOCARPINE HCL	6%	G		\$2						
PILOCARPINE HCL	7.5MG	G		\$2						
PILOCARPINE HYDROCHLORIDE	5MG	G		\$2						
PIMA	325MG/5ML	B		\$3						
PINDOLOL	10MG	B		\$1						
PINDOLOL	5MG	B		\$1						
PINK BISMUTH	262MG	G	OTC	\$2						
PINK BISMUTH	262MG/15ML	G	OTC	\$2						
PINK BISMUTH MAXIMUM STRENGTH	525MG/15ML	G	OTC	\$2						
PINK BISMUTH REGULAR STRENGTH	262MG/15ML	G	OTC	\$2						
PIROXICAM	10MG	G		\$2						
PIROXICAM	20MG	G		\$2						
PLAN B	0.75MG	B		\$0		2	per	365	days	
PLAVIX	300MG	B		\$3						
PLAVIX	75MG	B		\$3		1	per	1	day	
POCKET CHAMBER		B		\$0		2	per	360	days	
POCKET PEAK FLOW METER		B	OTC	\$0		1	per	360	days	
POCKET SPACER		B		\$0		2	per	360	days	
POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
POCKETCHEM EZ CONTROL LEVEL 1		B	OTC	\$0		1	per	90	days	
POCKETPEAK PEAK FLOW METER LOW RANGE		B	OTC	\$0		1	per	360	days	
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE		B	OTC	\$0		1	per	360	days	
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM		B	OTC	\$0		1	per	360	days	
PODACTIN	2%	G	OTC	\$2						
PODACTIN POWDER	1%	G	OTC	\$2						
PODOFILOX	0.5%	G		\$2		3.5	per		dispense	
POLYETHYLENE GLYCOL 3350		G		\$2		17	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
POLYETHYLENE GLYCOL 3350-GRX		G	OTC	\$2		17	per	1	day	
POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	10000UNIT/ML; 0.1%	G		\$2		10	per		dispense	
POLYVINYL ALCOHOL	1.4%	G	OTC	\$2						
PONSTEL	250MG	B		\$3	Yes					
PORTIA-28	0.03MG; 0.15MG	G		\$0		1	per	1	day	
POTASSIUM CHLORIDE	10%	G		\$2						
POTASSIUM CHLORIDE	13.4MEQ/GM	B		\$2						
POTASSIUM CHLORIDE	20%	G		\$2						
POTASSIUM CHLORIDE	20MEQ	G		\$2						
POTASSIUM CHLORIDE CR	10MEQ	G		\$2						
POTASSIUM CHLORIDE CR	20MEQ	G		\$2						
POTASSIUM CHLORIDE CR	8MEQ	G		\$2						
POTASSIUM CHLORIDE ER	10MEQ	G		\$2						
POTASSIUM CHLORIDE ER	20MEQ	G		\$2						
POTASSIUM CHLORIDE ER	8MEQ	B		\$2						
POTASSIUM CHLORIDE SA	8MEQ	G		\$2						
POTASSIUM CHLORIDE SR	8MEQ	G		\$2						
POTASSIUM CITRATE	1080MG	G		\$2						
POTASSIUM CITRATE	540MG	G		\$2						
POTASSIUM CITRATE EXTENDED-RELEASE	1080MG	G		\$2						
POTASSIUM CITRATE EXTENDED-RELEASE	540MG	G		\$2						
PRANDIMET	500MG; 1MG	B		\$3	Yes					
PRANDIMET	500MG; 2MG	B		\$3	Yes					
PRANDIN	0.5MG	B		\$3	Yes					
PRANDIN	1MG	B		\$3	Yes					
PRANDIN	2MG	B		\$3	Yes					
PRASCION	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
PRASCION AV CLEANSER	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
PRASCION FC	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
PRASCION TS	10%; 5%	G		\$2	Yes	30	per		dispense	Prior authorization is required for combination acne and rosacea products and convenience dosing
PRAVASTATIN SODIUM	10MG	G		\$1		1	per	1	day	
PRAVASTATIN SODIUM	20MG	G		\$1		1	per	1	day	
PRAVASTATIN SODIUM	40MG	G		\$1		1	per	1	day	
PRAVASTATIN SODIUM	80MG	G		\$1		1	per	1	day	
PRAZOSIN HCL	1MG	G		\$1						
PRAZOSIN HCL	2MG	G		\$1						
PRAZOSIN HCL	5MG	G		\$1						
PRECARE	50MG; 250MG; 6MCG; 2MG; 40MG; 1MG; 50MG; 2MG; 3.5UNIT; 15MG	B		\$3						
PRECARE CONCEIVE	60MG; 200MG; 0; 2MG; 12MCG; 30MG; 1MG; 100MG; 20MG; 50MG; 3.4MG; 3MG; 30UNIT; 15MG	B		\$3						
PRECARE PREMIER	50MG; 0; 250MG; 0; 6MCG; 2MG; 12MCG; 50MG; 30MG; 1MG; 25MG; 20MG; 50MG; 3.4MG; 35MG; 3MG; 3.5UNIT; 15MG	B		\$3						
PRECISION GLUCOSE CONTROL		B	OTC	\$0		1	per	90	days	
PRECISION GLUCOSE CONTROLSOLUTION (TRI-LEVEL/HI/LO/NORMAL)		B	OTC	\$0		1	per	90	days	
PRECISION GLUCOSE KETONE CONTROL SOLUTION 1-LOW, 1-HIGH		B	OTC	\$0		1	per	90	days	
PRECISION GLUCOSE/KETONE CONTROL SOLUTIONS 1-HI 1-LO		B	OTC	\$0		1	per	90	days	
PRECISION PCX		B	OTC	\$0		5	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
PRECISION PCX PLUS TEST STRIPS		B	OTC	\$0		5	per	1	day	
PRECISION POINT OF CARE TEST STRIPS		B	OTC	\$0		5	per	1	day	
PRECISION QID TEST STRIPS		B	OTC	\$0		5	per	1	day	
PRECISION SOF-TACT TEST STRIPS		B	OTC	\$0		5	per	1	day	
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8"		B	OTC	\$0		5	per	1	day	
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
PRECISION SURE-DOSE PLUS INSULIN SYRINGE/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
PRECISION SURE-DOSE PLUS INSULIN SYRINGE/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
PRECISION THIN LANCETS		B	OTC	\$0		7	per	1	day	
PRECISION THINS GP LANCET		B	OTC	\$0		7	per	1	day	
PRECISION ULTRA LANCET		B	OTC	\$0		7	per	1	day	
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
PREDNICARBATE	0.1%	G		\$2	Yes					
PREDNISOLONE	15MG/5ML	G		\$2						
PREDNISOLONE	5MG	B		\$2						
PREDNISOLONE	5MG/5ML	G		\$2						
PREDNISOLONE ACETATE	1%	G		\$2		5	per		dispense	
PREDNISOLONE SODIUM PHOSPHATE	1%	B		\$2		5	per		dispense	
PREDNISONONE	10MG	G		\$2						
PREDNISONONE	1MG	G		\$2						
PREDNISONONE	2.5MG	G		\$2						
PREDNISONONE	20MG	G		\$2						
PREDNISONONE	50MG	B		\$2						
PREDNISONONE	5MG	G		\$2						
PREDNISONONE	5MG/5ML	B		\$2						
PREDNISONONE INTENSOL	5MG/ML	B		\$3						
PREFEST	0; 0	B		\$3						
PRELONE	15MG/5ML	B		\$3						
PREMARIN	0.3MG	B		\$3		1	per	1	day	
PREMARIN	0.45MG	B		\$3		1	per	1	day	
PREMARIN	0.625MG	B		\$3		1	per	1	day	
PREMARIN	0.9MG	B		\$3		1	per	1	day	
PREMARIN	1.25MG	B		\$3		1	per	1	day	
PREMARIN W/APPLICATOR	0.625MG/GM	B		\$3		43	per	30	days	
PREMPHASE	0.625MG; 5MG	B		\$3						
PREMPRO	0.3MG; 1.5MG	B		\$3		1	per	1	day	
PREMPRO	0.45MG; 1.5MG	B		\$3		1	per	1	day	
PREMPRO	0.625MG; 2.5MG	B		\$3		1	per	1	day	
PREMPRO	0.625MG; 5MG	B		\$3		1	per	1	day	
PRENAPLUS	120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	G		\$2						
PRENATAL	100MG; 0; 200MG; 4MCG; 400UNIT; 27MG; 0.8MG; 18MG; 2.6MG; 1.7MG; 1.84MG; 11UNIT; 4000UNIT; 25MG	G	OTC	\$2						
PRENATAL	100MG; 200MG; 400UNIT; 4MCG; 0.8MG; 27MG; 18MG; 2.6MG; 1.7MG; 1.84MG; 11UNIT; 4000UNIT; 25MG	G	OTC	\$2						
PRENATAL	120MG; 4000UNIT; 200MG; 400UNIT; 8MCG; 28MG; 0.8MG; 20MG; 2.6MG; 1.7MG; 1.8MG; 30UNIT; 25MG	G	OTC	\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
PRE-NATAL	100MG; 200MG; 4MCG; 400UNIT; 800MCG; 25MG; 18MG; 2.6MG; 1.7MG; 1.5MG; 4000UNIT; 11UNIT; 25MG	G	OTC	\$2						
PRENATAL 19	100MG; 1000UNIT; 200MG; 7MG; 12MCG; 25MG; 29MG; 1MG; 6MG; 20MG; 3MG; 3MG; 400UNIT; 30UNIT; 20MG	G		\$2						
PRENATAL AND IRON	100MG; 400UNIT; 1MG; 45MG; 800MCG; 100MG; 20MG; 150MCG; 4MG; 2MG; 60MG; 1.7MG; 30UNIT; 8000UNIT; 7.5MG	G	OTC	\$2						
PRENATAL FORMULA	120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 25MG; 20MG; 25MG; 4MG; 1.8MG; 22MG; 3000UNIT; 25MG	G		\$2						
PRE-NATAL FORMULA	100MG; 200MG; 4MCG; 400UNIT; 0.8MG; 60MG; 18MG; 2.6MG; 1.7MG; 1.5MG; 4000UNIT; 11MG; 25MG	G	OTC	\$2						
PRENATAL FORTE	100MG; 200MG; 2MG; 8MCG; 0.8MG; 150MCG; 27MG; 100MG; 20MG; 10MG; 4MG; 2MG; 3MG; 30UNIT; 8000UNIT; 400UNIT; 15MG	G	OTC	\$2						
PRENATAL LOW IRON	100MG; 0; 200MG; 400UNIT; 4MCG; 27MG; 0.8MG; 18MG; 2.6MG; 1.7MG; 1.5MG; 4000UNIT; 11MG; 25MG	G	OTC	\$2						
PRENATAL MULTIVIT W IRON	100MG; 200MG; 400UNIT; 4MCG; 27MG; 0.8MG; 18MG; 2.6MG; 1.7MG; 1.5MG; 4000UNIT; 11UNIT; 25MG	B	OTC	\$2						
PRENATAL PLUS	120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	G		\$2						
PRENATAL PLUS/IRON	120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	G		\$2						
PRENATAL S	100MG; 0; 200MG; 4MCG; 400UNIT; 27MG; 800MCG; 18MG; 2.6MG; 1.7MG; 1.84MG; 11UNIT; 4000UNIT; 25MG	G	OTC	\$2						
PRENATAL VITAMINS	100MG; 200MG; 4MCG; 400UNIT; 60MG; 0.8MG; 18MG; 2.6MG; 1.7MG; 1.5MG; 11MG; 4000UNIT; 25MG	G	OTC	\$2						
PRENATE DHA	85MG; 150MG; 200UNIT; 12MCG; 300MG; 50MG; 27MG; 400MCG; 600MCG; 50MG; 25MG; 10UNIT	B		\$3						
PRENATE ELITE	80MG; 0; 300MCG; 120MG; 6MG; 400UNIT; 2MG; 12MCG; 27MG; 400MCG; 600MCG; 30MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 10UNIT; 2500UNIT; 15MG	B		\$3						
PRENAVITE MULTIPLE VITAMIN	120MG; 0; 200MG; 400UNIT; 8MCG; 28MG; 800MCG; 20MG; 2.6MG; 1.7MG; 1.8MG; 30UNIT; 4000UNIT; 25MG	G	OTC	\$2						
PRENAVITE PROTEIN COATED	60MG; 200MG; 400UNIT; 8MCG; 28MG; 800MCG; 150MCG; 100MG; 20MG; 4MG; 2MG; 1.7MG; 30UNIT; 8000UNIT	G	OTC	\$2						
PREPARATION H HYDROCORTISONE	1%	G	OTC	\$2		30	per		dispense	
PREPIDIL	0.5MG/3GM	B		\$3						
PREVACID	15MG	B		\$3						
PREVACID	30MG	B		\$3						
PREVACID NAPRAPAC	15MG; 500MG	B		\$3	Yes					
PREVACID SOLUTAB	15MG	B		\$3		1	per	1	day	
PREVACID SOLUTAB	30MG	B		\$3		1	per	1	day	
PREVIFEM	35MCG; 0.25MG	G		\$0		1	per	1	day	
PREVPAC	0; 0; 0	B		\$3	Yes					
PREZISTA	300MG	B		\$3		4	per	1	day	
PREZISTA	400MG	B		\$3		2	per	1	day	
PREZISTA	600MG	B		\$3		2	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
PREZISTA	75MG	B		\$3						
PRIALT	100MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
PRIALT	500MCG/20ML	B		\$3	Yes					Prior authorization for review as specialty drug
PRIFTIN	150MG	B		\$3						
PRILOSEC	10MG	B		\$3	Yes					Prilosec OTC and omeprazole capsules preferred.
PRILOSEC	2.5MG	B		\$3	Yes					
PRILOSEC	20MG	B		\$3	Yes	2	per	1	day	Prilosec OTC and omeprazole capsules preferred.
PRILOSEC	40MG	B		\$3	Yes					Prilosec OTC and omeprazole capsules preferred.
PRILOSEC OTC	20MG	B	OTC	\$2		4	per	1	day	
PRIMAQUINE PHOSPHATE	26.3MG	B		\$2						
PRIMATENE MIST	0.22MG/ACT	B	OTC	\$2						
PRIMIDONE	250MG	G		\$2						
PRIMIDONE	50MG	G		\$2						
PRIMSOL	50MG/5ML	B		\$3						
PRISTIQ	100MG	B		\$3	Yes	1	per	1	day	Preferred drug is generic venlafaxine ER
PRISTIQ	50MG	B		\$3	Yes	1	per	1	day	Preferred drug is generic venlafaxine ER
PRIVIGEN	5GM/50ML	B		\$3	Yes					Prior authorization for review as specialty drug
PROAIR HFA	108MCG/ACT	B		\$3		17	per	30	days	
PROBENECID	500MG	G		\$2						
PROCAINAMIDE HCL	250MG	G		\$2						
PROCAINAMIDE HCL	500MG	B		\$2						
PROCAINAMIDE HCL ER	1000MG	B		\$2						
PROCAINAMIDE HCL ER	750MG	B		\$2						
PROCAINAMIDE HCL SR	500MG	G		\$2						
PROCHLORPERAZINE	25MG	G		\$2						
PROCHLORPERAZINE MALEATE	10MG	G		\$2						
PROCHLORPERAZINE MALEATE	5MG	G		\$2						
PROCRIT	10000UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
PROCRIT	20000UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
PROCRIT	2000UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
PROCRIT	3000UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
PROCRIT	40000UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
PROCRIT	4000UNIT/ML	B		\$3	Yes					Prior authorization for review as specialty drug
PROCTOCREAM-HC	2.5%	G		\$2						
PROCTO-KIT	1%	G		\$2		30	per		dispense	
PROCTO-KIT	2.5%	G		\$2						
PROCTO-PAK	1%	G		\$2		30	per		dispense	
PROCTOSERT HC	30MG	G		\$2						
PROCTOZONE-HC	2.5%	G		\$2						
PRODIGY AUTOCODE BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
PRODIGY BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
PRODIGY CONTROL SOLUTION HIGH		B	OTC	\$0		1	per	90	days	
PRODIGY CONTROL SOLUTION LOW		B	OTC	\$0		1	per	90	days	
PRODIGY EJECT BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
PRODIGY POCKET BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
PRODIGY TWIST TOP LANCETS		B	OTC	\$0		7	per	1	day	
PRODIGY VOICE BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
PROFILNINE SD	1000-1500 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
PROFILNINE SD	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
PROGLYCEM	50MG/ML	B		\$3						
PROGRAF	0.5MG	B		\$3		3	per	1	day	
PROGRAF	1MG	B		\$3		3	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
PROGRAF	5MG	B		\$3		3	per	1	day	
PROLASTIN	1000MG	B		\$3	Yes					Prior authorization for review as specialty drug
PROLASTIN	500MG	B		\$3	Yes					Prior authorization for review as specialty drug
PROLEUKIN	22000000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
PROMACTA	25MG	B		\$3	Yes					Prior authorization for review as specialty drug
PROMACTA	50MG	B		\$3	Yes					Prior authorization for review as specialty drug
PROMETHAZINE HCL	12.5MG	G		\$2		12	per		dispense	
PROMETHAZINE HCL	25MG	G		\$2		12	per		dispense	
PROMETHAZINE HCL	50MG	G		\$2		12	per		dispense	
PROMETHAZINE HCL	6.25MG/5ML	G		\$2		240	per		dispense	
PROMETHAZINE HCL PLAIN	6.25MG/5ML	G		\$2		240	per		dispense	
PROMETHEGAN	12.5MG	G		\$2		12	per		dispense	
PROMETHEGAN	25MG	G		\$2		12	per		dispense	
PROMETHEGAN	50MG	G		\$2		12	per		dispense	
PROMETRIUM	100MG	B		\$3						
PROMETRIUM	200MG	B		\$3						
PROPAFENONE HCL	150MG	G		\$2						
PROPAFENONE HCL	225MG	G		\$2						
PROPAFENONE HCL	300MG	G		\$2						
PROPANTHELINE BROMIDE	15MG	B		\$2						
PROPARACAINE HCL	0.5%	G		\$2						
PROPOXYPHENE /ACETAMINOPHEN	650MG; 65MG	G		\$2						
PROPOXYPHENE HCL	65MG	G		\$2		4	per	1	day	
PROPOXYPHENE-N /ACETAMINOPHEN	325MG; 50MG	G		\$2		4	per	1	day	
PROPOXYPHENE-N /ACETAMINOPHEN	500MG; 100MG	G		\$2						
PROPOXYPHENE-N /ACETAMINOPHEN	650MG; 100MG	G		\$2		4	per	1	day	
PROPRANOLOL /HYDROCHLOROTHIAZIDE	25MG; 40MG	G		\$1						
PROPRANOLOL /HYDROCHLOROTHIAZIDE	25MG; 80MG	G		\$1						
PROPRANOLOL HCL	10MG	G		\$1						
PROPRANOLOL HCL	20MG	G		\$1						
PROPRANOLOL HCL	20MG/5ML	B		\$1						
PROPRANOLOL HCL	40MG	G		\$1						
PROPRANOLOL HCL	40MG/5ML	B		\$1						
PROPRANOLOL HCL	60MG	G		\$1						
PROPRANOLOL HCL	80MG	G		\$1						
PROPRANOLOL HCL ER	120MG	G		\$1		2	per	1	day	
PROPRANOLOL HCL ER	160MG	G		\$1		2	per	1	day	
PROPRANOLOL HCL ER	60MG	G		\$1		2	per	1	day	
PROPRANOLOL HCL ER	80MG	G		\$1		2	per	1	day	
PROPYLTHIURACIL	50MG	G		\$2						
PROQUIN XR	500MG	B		\$3	Yes					Generics preferred
PROSTIGMIN	15MG	B		\$3						
PROTONIX	20MG	B		\$3	Yes	1	per	1	day	PriLOSEC OTC and omeprazole capsules preferred.
PROTONIX	40MG	B		\$3	Yes	1	per	1	day	PriLOSEC OTC or omeprazole 20mg, up to 2 daily preferred
PROTOPIC	0.03%	B		\$3	Yes					
PROTOPIC	0.1%	B		\$3	Yes					
PROTRIPTYLINE HCL	10MG	G		\$2						
PROTRIPTYLINE HCL	5MG	G		\$2						
PROVENTIL HFA	108MCG/ACT	B		\$3	Yes	17	per	30	days	
PROVIGIL	100MG	B		\$3	Yes	2	per	1	day	
PROVIGIL	200MG	B		\$3	Yes	2	per	1	day	
PROVIL	200MG	G	OTC	\$2						
PROZAC WEEKLY	90MG	B		\$3	Yes					
PSE /CPM	8MG; 120MG	G		\$2		2	per	1	day	
PSEUDO	30MG	G	OTC	\$2						
PSEUDO	60MG	G	OTC	\$2						
PSEUDOEPHEDRINE HCL	120MG	G	OTC	\$2		2	per	1	day	
PSEUDOEPHEDRINE HCL	30MG	G	OTC	\$2						
PSEUDOEPHEDRINE HCL	30MG/5ML	G	OTC	\$2		240	per	6	days	
PSEUDOEPHEDRINE HCL	60MG	G	OTC	\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
PSEUDOEPHEDRINE HCL/CHLORPHENIRAMINE MALEATE	12MG; 100MG	G		\$2						
PSS SELECT GP LANCETS		B	OTC	\$0		7	per	1	day	
PSS SELECT SAFETY LANCETS		B	OTC	\$0		7	per	1	day	
PSUDATABS	30MG	G	OTC	\$2						
PTS PANELS GLUCOSE TEST		B	OTC	\$0		5	per	1	day	
PULMICORT	0.25MG/2ML	B		\$3		120	per	30	days	
PULMICORT	0.5MG/2ML	B		\$3		120	per	30	days	
PULMICORT	1MG/2ML	B		\$3		120	per	30	days	
PULMICORT FLEXHALER	180MCG/ACT	B		\$3		1	per	25	days	
PULMICORT FLEXHALER	90MCG/ACT	B		\$3		1	per	25	days	
PULMOZYME	1MG/ML	B		\$3						
PX LANCETS		B	OTC	\$0		7	per	1	day	
PYLERA	140MG; 125MG; 125MG	B		\$3	Yes					
PYRAZINAMIDE	500MG	G		\$2						
PYRIDOSTIGMINE BROMIDE	60MG	G		\$2						
Q-DRYL	12.5MG/5ML	G	OTC	\$2						
Q-DRYL	25MG	G	OTC	\$2						
Q-NAFTATE	1%	G	OTC	\$2		30	per		dispense	
Q-PAP	160MG/5ML	G	OTC	\$2						
Q-PAP	325MG	G	OTC	\$2						
Q-PAP CHILDRENS	160MG/5ML	G	OTC	\$2						
Q-PAP EXTRA STRENGTH	500MG	G	OTC	\$2						
Q-PAP INFANTS	80MG/0.8ML	G	OTC	\$2						
Q-TUSSIN	100MG/5ML	G	OTC	\$2		240	per	6	days	
Q-TUSSIN DM	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per		dispense	
QUALAQUIN	324MG	B		\$3	Yes					
QUASENSE	0.03MG; 0.15MG	G		\$0		1	per	1	day	
QUENALIN	12.5MG/5ML	G	OTC	\$2						
QUICKTEK CONTROL SOLUTION		B	OTC	\$0		1	per	90	days	
QUICKTEK TEST STRIPS		B	OTC	\$0		5	per	1	day	
QUINAPRIL /HYDROCHLOROTHIAZIDE	12.5MG; 10MG	G		\$1						
QUINAPRIL /HYDROCHLOROTHIAZIDE	12.5MG; 20MG	G		\$1						
QUINAPRIL /HYDROCHLOROTHIAZIDE	25MG; 20MG	G		\$1						
QUINAPRIL HCL	10MG	G		\$1		1	per	1	day	
QUINAPRIL HCL	20MG	G		\$1		1	per	1	day	
QUINAPRIL HCL	40MG	G		\$1		1	per	1	day	
QUINAPRIL HCL	5MG	G		\$1		1	per	1	day	
QUINARETIC	12.5MG; 10MG	G		\$2						
QUINARETIC	12.5MG; 20MG	G		\$2						
QUINARETIC	25MG; 20MG	G		\$2						
QUINIDINE GLUCONATE CR	324MG	G		\$2						
QUINIDINE GLUCONATE ER	324MG	G		\$2						
QUINIDINE GLUCONATE SA	324MG	G		\$2						
QUINIDINE SULFATE	200MG	G		\$2						
QUINIDINE SULFATE	300MG	G		\$2						
QUINIDINE SULFATE ER	300MG	B		\$2						
QUIXIN	0.5%	B		\$3	Yes					
QVAR	40MCG/ACT	B		\$3		14.6	per	30	days	
QVAR	80MCG/ACT	B		\$3		14.6	per	30	days	
RAMIPRIL	1.25MG	G		\$1		2	per	1	day	
RAMIPRIL	10MG	G		\$1		1	per	1	day	
RAMIPRIL	2.5MG	G		\$1		2	per	1	day	
RAMIPRIL	5MG	G		\$1		2	per	1	day	
RANEXA	1000MG	B		\$3	Yes					
RANEXA	500MG	B		\$3	Yes					
RANITIDINE 75	75MG	G	OTC	\$2						
RANITIDINE ACID REDUCER	75MG	G	OTC	\$2						
RANITIDINE HCL	150MG	G		\$2		2	per	1	day	The generic OTC and, if any, generic prescription versions of the drug are preferred drugs.
RANITIDINE HCL	15MG/ML	G		\$2		20	per	1	day	
RANITIDINE HCL	300MG	G		\$2						
RANITIDINE HCL	75MG	G	OTC	\$2						
RAPAFLO	4MG	B		\$3	Yes					
RAPAFLO	8MG	B		\$3	Yes					
RAPAMUNE	1MG	B		\$3		6	per	1	day	
RAPAMUNE	1MG/ML	B		\$3						
RAPAMUNE	2MG	B		\$3		2	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
RE 10 WASH	10%	G		\$2	Yes	170	per		dispense	
RE 40	40%	G		\$2		325	per		dispense	
RE-AZO	97MG	G	OTC	\$2						
REBETOL	200MG	B		\$3	Yes					Prior authorization for review as specialty drug
REBETOL	40MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
REBIF	22MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
REBIF	44MCG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
REBIF TITRATION PACK		B		\$3	Yes					Prior authorization for review as specialty drug
RECLAST	5MG/100ML	B		\$3	Yes					Prior authorization for review as specialty drug
RECLIPSEN	0.15MG; 30MCG	G		\$0		1	per	1	day	
RECOMBINATE	220-400 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
RECOMBINATE	401-800 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
RECOMBINATE	801-1240 UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
RECORT PLUS	1%	G	OTC	\$2		30	per		dispense	
REDERM	1%	G	OTC	\$2		120	per		dispense	
REFACTO	1000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
REFACTO	2000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
REFACTO	250UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
REFACTO	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
REFLUDAN	50MG	B		\$3	Yes					Prior authorization for review as specialty drug
REFRESH	1.4%; 0.6%	B	OTC	\$2						
REGRANEX	0.01%	B		\$3	Yes					
REGULOID	0.52GM	G	OTC	\$2						
REGULOID	50%	G	OTC	\$2						
REHYDRALYTE	65MEQ/L; 30MEQ/L; 25GM/L; 20MEQ/L; 75MEQ/L	G	OTC	\$2						
RELENZA DISKHALER	5MG/BLISTER	B		\$3		1	per	180	days	
RELIABLE GENTLE LAXATIVE	5MG	G	OTC	\$2						
RELION 70/30 INNOLET	30%; 70%	B	OTC	\$1		40	per	30	days	
RELION BLOOD GLUCOSE TESTSTRIPS		B	OTC	\$0		5	per	1	day	
RELION MICRO BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
RELION ULTIMA BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
RELISTOR	12MG/0.6ML	B		\$3	Yes					Prior authorization for review as specialty drug
RELPAK	20MG	B		\$3	Yes	12	per	30	days	
RELPAK	40MG	B		\$3	Yes	6	per	30	days	
REMEDY ANTIFUNGAL	2%	G	OTC	\$2						
REMICADE	100MG	B		\$3	Yes					Prior authorization for review as specialty drug
REMODULIN	10MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
REMODULIN	1MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
REMODULIN	2.5MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
REMODULIN	5MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
RENAGEL	400MG	B		\$3						
RENAGEL	800MG	B		\$3						
RENAL MULTIVITAMIN FORMULA/ZINC	60MG; 300MCG; 6MCG; 800MCG; 20MG; 10MG; 10MG; 1.7MG; 1.5MG; 50MG	G	OTC	\$2						
REVELA	800MG	B		\$3						
REOPRO	2MG/ML	B		\$3						
REPAN	325MG; 50MG; 40MG	G		\$2		4	per	1	day	
REPLACEMENT AIR FILTER		B		\$0		2	per	360	days	
REPLACEMENT FILTERS		B	OTC	\$0		2	per	360	days	
REPREXAIN	10MG; 200MG	G		\$2	Yes					
REPREXAIN	2.5MG; 200MG	B		\$3	Yes					
REPREXAIN	5MG; 200MG	B		\$3	Yes					

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
REPREXAIN	7.5MG; 200MG	G		\$2	Yes					
REQUIP XL	12MG	B		\$3	Yes					
REQUIP XL	2MG	B		\$3	Yes					
REQUIP XL	4MG	B		\$3	Yes					
REQUIP XL	8MG	B		\$3	Yes					
RESCRIPTOR	100MG	B		\$3						
RESCRIPTOR	200MG	B		\$3						
RESERPINE	0.1MG	B		\$1						
RESERPINE	0.25MG	B		\$1						
RESTASIS	0.05%	B		\$3	Yes					
RESTORIL	22.5MG	B		\$3	Yes					Generics preferred
RESTORIL	7.5MG	B		\$3	Yes					Generics preferred
REVATIO	20MG	B		\$3	Yes					Prior authorization for review as specialty drug
RESEX	100MCG/ML	B		\$3						
RESEX	1MG/ML	B		\$3						
REVITAL FREEZER POPS	35MEQ/L; 30MEQ/L; 25GM/L; 20MEQ/L; 45MEQ/L	G	OTC	\$2						
REVITAL JELL CUPS	35MEQ/L; 30MEQ/L; 25GM/L; 20MEQ/L; 45MEQ/L	G	OTC	\$2						
REVITAL LIQUID SQUEEZERS	35MEQ/L; 30MEQ/L; 25GM/L; 20MEQ/L; 45MEQ/L	G	OTC	\$2						
REVLIMID	10MG	B		\$3	Yes					Prior authorization for review as specialty drug
REVLIMID	15MG	B		\$3	Yes					Prior authorization for review as specialty drug
REVLIMID	25MG	B		\$3	Yes					Prior authorization for review as specialty drug
REVLIMID	5MG	B		\$3	Yes					Prior authorization for review as specialty drug
REYATAZ	100MG	B		\$3		2	per	1	day	
REYATAZ	150MG	B		\$3		2	per	1	day	
REYATAZ	200MG	B		\$3		2	per	1	day	
REYATAZ	300MG	B		\$3		2	per	1	day	
RHINOCORT AQUA	32MCG/ACT	B		\$3	Yes	8.6	per		dispense	Generic fluticasone nasal spray is preferred
RHOPHYLAC	1500UNIT/2ML	B		\$3						
RIBAPAK		B		\$3	Yes					Prior authorization for review as specialty drug
RIBAPAK	400MG	G		\$2	Yes					Prior authorization for review as specialty drug
RIBAPAK	600MG	G		\$2	Yes					Prior authorization for review as specialty drug
RIBASPHERE	200MG	G		\$2	Yes					Prior authorization for review as specialty drug
RIBASPHERE	400MG	G		\$2	Yes					Prior authorization for review as specialty drug
RIBASPHERE	600MG	G		\$2	Yes					Prior authorization for review as specialty drug
RIBATAB		G		\$3	Yes					Prior authorization for review as specialty drug
RIBATAB	400MG	G		\$2	Yes					Prior authorization for review as specialty drug
RIBATAB	600MG	G		\$2	Yes					Prior authorization for review as specialty drug
RIBAVIRIN	200MG	G		\$2	Yes					Prior authorization for review as specialty drug
RIBAVIRIN	400MG	G		\$2	Yes					Prior authorization for review as specialty drug
RIBAVIRIN	600MG	G		\$2	Yes					Prior authorization for review as specialty drug
RID-A-PAIN	0.025%	G	OTC	\$2		60	per		dispense	
RIDAURA	3MG	B		\$3						
RIFAMPIN	150MG	G		\$2						
RIFAMPIN	300MG	G		\$2						
RIFATER	50MG; 300MG; 120MG	B		\$3						
RIGHTEST GC300 HIGH CONTROL		B	OTC	\$0		1	per	90	days	
RIGHTEST GC300 NORMAL CONTROL		B	OTC	\$0		1	per	90	days	
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
RILUTEK	50MG	B		\$3						
RIMANTADINE HCL	100MG	G		\$2		20	per	180	days	
RIOMET	500MG/5ML	B		\$3	Yes					
RISPERDAL CONSTA	12.5MG	B		\$3						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
RISPERDAL CONSTA	25MG	B		\$3						
RISPERDAL CONSTA	37.5MG	B		\$3						
RISPERDAL CONSTA	50MG	B		\$3						
RISPERDAL M-TAB	1MG	B		\$3	Yes	2	per	1	day	Prior Authorization is required for the orally disintegrating tablet.
RISPERDAL M-TAB	2MG	B		\$3	Yes	2	per	1	day	
RISPERDAL M-TAB	3MG	B		\$3	Yes	2	per	1	day	Prior Authorization is required for the orally disintegrating tablet.
RISPERDAL M-TAB	4MG	B		\$3	Yes	2	per	1	day	Prior Authorization is required for the orally disintegrating tablet.
RISPERIDONE	0.25MG	G		\$2		2	per	1	day	
RISPERIDONE	0.5MG	G		\$2		2	per	1	day	
RISPERIDONE	1MG	G		\$2		2	per	1	day	
RISPERIDONE	1MG/ML	G		\$2		4	per	1	day	
RISPERIDONE	2MG	G		\$2		2	per	1	day	
RISPERIDONE	3MG	G		\$2		2	per	1	day	
RISPERIDONE	4MG	G		\$2		2	per	1	day	
RISPERIDONE M-TAB	0.5MG	G		\$2	Yes	2	per	1	day	Prior Authorization is required for the orally disintegrating tablet.
RISPERIDONE M-TAB	1MG	G		\$3	Yes	2	per	1	day	Prior Authorization is required for the orally disintegrating tablet.
RISPERIDONE M-TAB	2MG	G		\$2	Yes	2	per	1	day	Prior Authorization is required for the orally disintegrating tablet.
RISPERIDONE M-TAB	3MG	G		\$3	Yes	2	per	1	day	Prior Authorization is required for the orally disintegrating tablet.
RISPERIDONE M-TAB	4MG	G		\$3	Yes	2	per	1	day	Prior Authorization is required for the orally disintegrating tablet.
RISPERIDONE ODT	0.5MG	G		\$2	Yes	2	per	1	day	Prior Authorization is required for the orally disintegrating tablet.
RISPERIDONE ODT	2MG	G		\$2	Yes	2	per	1	day	Prior Authorization is required for the orally disintegrating tablet.
RITALIN LA	10MG	B		\$3		1	per	1	day	
RITALIN LA	20MG	B		\$3		1	per	1	day	
RITALIN LA	30MG	B		\$3		1	per	1	day	
RITALIN LA	40MG	B		\$3		1	per	1	day	
RITEFLO		B		\$0		2	per	360	days	
RITUXAN	10MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
ROBAFEN	100MG/5ML	G	OTC	\$2		240	per	6	days	
ROBAFEN DM	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per		dispense	
ROBAFEN DM CLEAR	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per		dispense	
ROBITUSSIN CHEST CONGESTION	100MG/5ML	B	OTC	\$2		240	per	6	days	
ROBITUSSIN DM	10MG/5ML; 100MG/5ML	B	OTC	\$2		240	per		dispense	
ROBITUSSIN DM SUGAR FREE	10MG/5ML; 100MG/5ML	B	OTC	\$2		240	per		dispense	
ROCALTROL	1MCG/ML	B		\$3	Yes					
ROFERON-A	3MU/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
ROFERON-A	6MU/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
ROFERON-A	9MU/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
ROLAIDS EXTRA STRENGTH	1177MG	B	OTC	\$2						
ROMAZICON	0.1MG/ML	B		\$2	Yes					
ROMYCIN	5MG/GM	G		\$2		3.5	per		dispense	
ROPINIROLE HCL	0.25MG	G		\$2						
ROPINIROLE HCL	0.5MG	G		\$2						
ROPINIROLE HCL	1MG	G		\$2						
ROPINIROLE HCL	2MG	G		\$2						
ROPINIROLE HCL	3MG	G		\$2						
ROPINIROLE HCL	4MG	G		\$2						
ROPINIROLE HCL	5MG	G		\$2						
ROSADERM	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
ROSANIL CLEANSER	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
ROXICET	325MG/5ML; 5MG/5ML	B		\$3		30	per	1	day	
ROXICET	325MG; 5MG	G		\$2		6	per	1	day	
ROXICET	500MG; 5MG	B		\$3		6	per	1	day	
ROZEREM	8MG	B		\$3	Yes	1	per	1	day	
ROZEX	0.75%	B		\$3						
RULOX	225MG/5ML; 200MG/5ML	G	OTC	\$2		720	per	30	days	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
RYTHMOL	150MG	B		\$3						Generics preferred
RYTHMOL	225MG	B		\$3						Generics preferred
RYTHMOL	300MG	B		\$3						Generics preferred
RYTHMOL SR	225MG	B		\$3						Generics preferred
RYTHMOL SR	325MG	B		\$3						
RYTHMOL SR	425MG	B		\$3						
RYZOLT	100MG	B		\$3	Yes					
RYZOLT	200MG	B		\$3	Yes					
RYZOLT	300MG	B		\$3	Yes					
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
SAFE-T-LANCE LOW FLOW 25G		B	OTC	\$0		7	per	1	day	
SAFE-T-LANCE NORMAL FLOW 21G		B	OTC	\$0		7	per	1	day	
SAFE-T-LANCE PLUS SAFETY LANCET HIGH FLOW		B	OTC	\$0		7	per	1	day	
SAFE-T-LANCE PLUS SAFETY LANCET LOW FLOW		B	OTC	\$0		7	per	1	day	
SAFE-T-LANCE PLUS SAFETY LANCET NORMAL FLOW		B	OTC	\$0		7	per	1	day	
SAFETY LANCET 2MM		B	OTC	\$0		7	per	1	day	
SAFETY LANCETS		B	OTC	\$0		7	per	1	day	
SAFETY LET LANCETS		B	OTC	\$0		7	per	1	day	
SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
SAIZEN	5MG	B		\$3	Yes					Prior authorization for review as specialty drug
SAIZEN	8.8MG	B		\$3	Yes					Prior authorization for review as specialty drug
SAIZEN CLICK.EASY	8.8MG	B		\$3	Yes					Prior authorization for review as specialty drug
SALSALATE	500MG	G		\$2						
SALSALATE	750MG	G		\$2						
SAL-TROPINE	0.4MG	B		\$3						
SANCTURA	20MG	B		\$3						
SANCTURA XR	60MG	B		\$3						
SANCUSO	3.1MG/24HR	B		\$3	Yes					
SANDIMMUNE	100MG	B		\$3		28	per	1	day	Generics preferred
SANDIMMUNE	100MG/ML	B		\$3		50	per		dispense	Generics preferred
SANDIMMUNE	25MG	B		\$3		28	per	1	day	Generics preferred
SANDOSTATIN	1000MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
SANDOSTATIN	100MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
SANDOSTATIN	200MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
SANDOSTATIN	500MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
SANDOSTATIN	50MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
SANDOSTATIN LAR DEPOT	10MG	B		\$3	Yes					Prior authorization for review as specialty drug
SANDOSTATIN LAR DEPOT	20MG	B		\$3	Yes					Prior authorization for review as specialty drug
SANDOSTATIN LAR DEPOT	30MG	B		\$3	Yes					Prior authorization for review as specialty drug
SANI-SUPP GLYCERIN ADULT	3GM	G	OTC	\$2		24	per		dispense	
SANI-SUPP INFANT	1.5GM	G	OTC	\$2		12	per	30	days	
SARNOL-HC	1%	G	OTC	\$2		120	per		dispense	
SCALPICIN	3%	G	OTC	\$2						
SCALPICIN MAXIMUM STRENGTH	1%	G	OTC	\$2						
SCHNUCKS INSULIN SYRINGE ULTI-FINE/U-100/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
SCHNUCKS INSULIN SYRINGE ULTI-FINE/U-100/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
SCHOLLS FUNGAL NAIL MANAGEMENT KIT	1%	B	OTC	\$2						
SCHOLLS ODOR DESTROYERS SPORT	1%	G	OTC	\$2						
SCOPACE	0.4MG	B		\$3						
SCOT-TUSSIN ALLERGY RELIEF FORMULA	12.5MG/5ML	G	OTC	\$2						
SCOT-TUSSIN EXPECTORANT	100MG/5ML	G	OTC	\$2		240	per	6	days	
SEASONIQUE	0; 0	B		\$0		1	per	1	day	
SEB-PREV	10%	B		\$3	Yes					
SEB-PREV WASH	10%	G		\$2	Yes	170	per		dispense	
SELEGILINE HCL	5MG	G		\$2						
SELENIUM SULFIDE	0; 2.25%; 0	G		\$2						
SELENIUM SULFIDE	1%	G	OTC	\$2		240	per		dispense	
SELENIUM SULFIDE	2.5%	G		\$2		120	per		dispense	
SELZENTRY	150MG	B		\$3	Yes	14	per		dispense	Prior authorization for review as specialty drug
SELZENTRY	300MG	B		\$3	Yes	28	per		dispense	Prior authorization for review as specialty drug
SEMPREX-D	8MG; 60MG	B		\$3	Yes					
SENNAGEN	8.6MG	G	OTC	\$2						
SENNA-GEN	8.6MG	G	OTC	\$2						
SENSIPAR	30MG	B		\$3						
SENSIPAR	60MG	B		\$3						
SENSIPAR	90MG	B		\$3						
SEREVENT DISKUS	50MCG/DOSE	B		\$3	Yes	28	per	28	days	
SEROMYCIN	250MG	B		\$3						
SEROQUEL	100MG	B		\$3		2	per	1	day	
SEROQUEL	200MG	B		\$3		2	per	1	day	
SEROQUEL	25MG	B		\$3		2	per	1	day	
SEROQUEL	300MG	B		\$3		2	per	1	day	
SEROQUEL	400MG	B		\$3		2	per	1	day	
SEROQUEL	50MG	B		\$3		2	per	1	day	
SEROQUEL XR	150MG	B		\$3		1	per	1	day	
SEROQUEL XR	200MG	B		\$3		1	per	1	day	
SEROQUEL XR	300MG	B		\$3		2	per	1	day	
SEROQUEL XR	400MG	B		\$3		2	per	1	day	
SEROQUEL XR	50MG	B		\$3		2	per	1	day	
SEROSTIM	4MG	B		\$3	Yes					Prior authorization for review as specialty drug
SEROSTIM	5MG	B		\$3	Yes					Prior authorization for review as specialty drug
SEROSTIM	6MG	B		\$3	Yes					Prior authorization for review as specialty drug
SEROSTIM	8.8MG	B		\$3	Yes					Prior authorization for review as specialty drug
SERTRALINE HCL	100MG	G		\$2		2	per	1	day	
SERTRALINE HCL	20MG/ML	G		\$2		2	per	1	day	
SERTRALINE HCL	25MG	G		\$2		1.5	per	1	day	
SERTRALINE HCL	50MG	G		\$2		1.5	per	1	day	
SERTRALINE HYDROCHLORIDE	20MG/ML	G		\$2		2	per	1	day	
SERUTAN	39%	B	OTC	\$2						
SERVIRA	0.0582MG; 0.3111MG; 48.6MG; 0.0195MG	G		\$2						
SF	1.1%	G		\$2						
SF 5000 PLUS	1.1%	G		\$2		56	per		dispense	
SIDESTREAM ADULT FACE MASK		B		\$0		2	per	360	days	
SIDESTREAM PEDIATRIC FACEMASK		B		\$0		2	per	360	days	
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL		B	OTC	\$0		2	per	360	days	
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE		B	OTC	\$0		2	per	360	days	
SIDESTREAM PLUS ADULT FACE MASK		B	OTC	\$0		2	per	360	days	
SIGTAB	333MG; 18MCG; 0.4MG; 100MG; 20MG; 6MG; 10MG; 10.3MG; 15UNIT; 5000UNIT; 400UNIT	G	OTC	\$2						
SILACE	150MG/15ML	G	OTC	\$2						
SILACE	60MG/15ML	G	OTC	\$2						
SILADRYL ALLERGY	12.5MG/5ML	G	OTC	\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT		B		\$0		2	per	360	days	
SILICONE MASK FOR BREATHRITE CHAMBER/INFANT		B		\$0		2	per	360	days	
SILICONE MASK FOR BREATHRITE CHAMBER/PEDIATRIC		B		\$0		2	per	360	days	
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT		B		\$0		2	per	360	days	
SILPHEN COUGH	12.5MG/5ML	G	OTC	\$2						
SILTUSSIN DAS	100MG/5ML	G	OTC	\$2		240	per	6	days	
SILTUSSIN SA	100MG/5ML	G	OTC	\$2		240	per	6	days	
SILTUSSIN-DM	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per		dispense	
SILVER SULFADIAZINE	1%	G		\$2		400	per		dispense	
SIMCOR	1000MG; 20MG	B		\$3	Yes	1	per	1	day	Single agent generics are preferred
SIMCOR	500MG; 20MG	B		\$3	Yes	1	per	1	day	Single agent generics are preferred
SIMCOR	750MG; 20MG	B		\$3	Yes	1	per	1	day	Single agent generics are preferred
SIMEPED	40MG/0.6ML	G	OTC	\$2		30	per		dispense	
SIMETHICONE	125MG	G	OTC	\$2						
SIMETHICONE	40MG/0.6ML	G	OTC	\$2		30	per		dispense	
SIMETHICONE	80MG	G	OTC	\$2						
SIMPLE DIAGNOSTICS LANCING DEVICE		B	OTC	\$0		1	per	180	days	
SIMPLY ALLERGY	25MG	G	OTC	\$2						
SIMPLY STUFFY	30MG	G	OTC	\$2						
SIMULECT	10MG	B		\$3	Yes					Prior authorization for review as specialty drug
SIMULECT	20MG	B		\$3	Yes					Prior authorization for review as specialty drug
SIMVASTATIN	10MG	G		\$1		1	per	1	day	
SIMVASTATIN	20MG	G		\$1		1	per	1	day	
SIMVASTATIN	40MG	G		\$1		1	per	1	day	
SIMVASTATIN	5MG	G		\$1		1	per	1	day	
SIMVASTATIN	80MG	G		\$1		1	per	1	day	
SINGLE-LET		B	OTC	\$0		7	per	1	day	
SINGLE-SHOT EPIDURAL TRAYLIDOCAINE/SODIUM CHLORIDE	1%; 0.9%	B		\$3						
SINGULAIR	10MG	B		\$3		1	per	1	day	Step therapy applies for use of ICS or alternative allergic rhinitis therapy
SINGULAIR	4MG	B		\$3		1	per	1	day	Step therapy applies for use of ICS or alternative allergic rhinitis therapy
SINGULAIR	5MG	B		\$3		1	per	1	day	Step therapy applies for use of ICS or alternative allergic rhinitis therapy
SKELAXIN	800MG	B		\$3	Yes					Prior authorization is required for Flexeril 5 mg tablets, Skelaxin, carisoprodol products and Zanaflex capsules. All other generic muscle relaxants and spasticity agents do not require prior authorization.
SKELID	240MG	B		\$3	Yes					
SMARTEST BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
SMARTEST CONTROL SOLUTIONMEDIUM		B	OTC	\$0		1	per	90	days	
SMARTEST LANCETS 28G		B	OTC	\$0		7	per	1	day	
SODIUM BICARBONATE		B	OTC	\$2						
SODIUM BICARBONATE	325MG	G	OTC	\$2		3	per	1	day	
SODIUM BICARBONATE	650MG	G	OTC	\$2						
SODIUM CHLORIDE	0.9%	G		\$2						
SODIUM CHLORIDE	5%	G	OTC	\$2						
SODIUM FLUORIDE	0.125MG/DROP	G		\$2						
SODIUM FLUORIDE	0.25MG	G		\$2						
SODIUM FLUORIDE	0.5MG	G		\$2						
SODIUM FLUORIDE	0.5MG/ML	G		\$2						
SODIUM FLUORIDE	1MG	G		\$2						
SODIUM FLUORIDE PLAIN	1%	B		\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
SODIUM POLYSTYRENE SULFONATE		G		\$2		454	per		dispense	
SODIUM POLYSTYRENE SULFONATE	15GM/60ML	G		\$2						
SODIUM POLYSTYRENE SULFONATE	30GM/120ML	G		\$2						
SODIUM SULFACETAMIDE	10%	G		\$2		15	per		dispense	
SODIUM SULFACETAMIDE/SULFUR	10%; 5%	G		\$2	Yes	25	per		dispense	Prior authorization is required for combination acne and rosacea products and convenience dosing
SODIUM SULFACETAMIDE/SULFUR CLEANSING CLOTHS	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
SODIUM SULFACETAMIDE/SULFUR WASH	10%; 1%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
SODIUM SULFACETAMIDE/SULFUR WASH	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
SOF-LAX	100MG	G	OTC	\$2						
SOLARAZE	3%	B		\$3						
SOLARTEK GLUCOSE CONTROL SOLUTIONS		B	OTC	\$0		1	per	90	days	
SOLIRIS	10MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
SOLODYN	135MG	B		\$3	Yes					
SOLODYN	45MG	B		\$3	Yes					
SOLODYN	90MG	B		\$3	Yes					
SOLTAMOX	10MG/5ML	B		\$3	Yes					
SOLUCLENZ RX	5%	G		\$2						
SOMA	250MG	B		\$3	Yes					Preferred drug is generic cyclobenzaprine
SOMATULINE DEPOT	120MG/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
SOMATULINE DEPOT	60MG/0.2ML	B		\$3	Yes					Prior authorization for review as specialty drug
SOMATULINE DEPOT	90MG/0.3ML	B		\$3	Yes					Prior authorization for review as specialty drug
SOMAVERT	10MG	B		\$3	Yes					Prior authorization for review as specialty drug
SOMAVERT	15MG	B		\$3	Yes					Prior authorization for review as specialty drug
SOMAVERT	20MG	B		\$3	Yes					Prior authorization for review as specialty drug
SOMNOTE	500MG	B		\$3						
SOOTHE & COOL INZO ANTIFUNGAL CREAM	2%	G	OTC	\$2						
SORBULAX	100%	G	OTC	\$2						
SORIATANE	10MG	B		\$3						
SORIATANE	25MG	B		\$3						
SORIATANE CK	10MG; 0; 0	B		\$3						
SORIATANE CK	25MG; 0; 0	B		\$3						
SORINE	120MG	G		\$2		2	per	1	day	
SORINE	160MG	G		\$2		2	per	1	day	
SORINE	240MG	G		\$2						
SORINE	80MG	G		\$2		2	per	1	day	
SOTALOL HCL	120MG	G		\$1		2	per	1	day	
SOTALOL HCL	160MG	G		\$1		2	per	1	day	
SOTALOL HCL	240MG	G		\$1						
SOTALOL HCL	80MG	G		\$1		2	per	1	day	
SOTALOL HCL (AF)	120MG	G		\$2		2	per	1	day	
SOTALOL HCL (AF)	160MG	G		\$2		2	per	1	day	
SOTALOL HCL (AF)	80MG	G		\$2		2	per	1	day	
SOTRET	10MG	G		\$2	Yes	2	per	1	day	Prior authorization is required for oral retinoid therapy with generics preferred if approved
SOTRET	20MG	G		\$2	Yes	2	per	1	day	Prior authorization is required for oral retinoid therapy with generics preferred if approved
SOTRET	30MG	G		\$2	Yes					Prior authorization is required for oral retinoid therapy with generics preferred if approved

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
SOTRET	40MG	G		\$2	Yes	2	per	1	day	Prior authorization is required for oral retinoid therapy with generics preferred if approved
SPACOL T/S	0.375MG	G		\$2						
SPASDEL	0.125MG	G		\$2						
SPASDEL	0.125MG/5ML	G		\$2						
SPASDEL	0.125MG/ML	G		\$2						
SPECTRACEF	200MG	B		\$3						
SPECTRACEF	400MG	B		\$3						
SPIRIVA HANDIHALER	18MCG	B		\$3		1	per	1	day	
SPIRONOLACTONE	100MG	G		\$1						
SPIRONOLACTONE	25MG	G		\$1						
SPIRONOLACTONE	50MG	G		\$1						
SPIRONOLACTONE /HYDROCHLOROTHIAZIDE	25MG; 25MG	G		\$1						
SPRYCEL	100MG	B		\$3						
SPRYCEL	20MG	B		\$3						
SPRYCEL	50MG	B		\$3						
SPRYCEL	70MG	B		\$3						
SPS	15GM/60ML	B		\$3						
SSD	1%	G		\$2		400	per		dispense	
SSD AF	1%	G		\$2		400	per		dispense	
SSKI	1GM/ML	B		\$3						
ST JOSEPH ADULT	75MG	B	OTC	\$2						
ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE	75MG	B	OTC	\$2						
ST JOSEPH ASPIRIN	81MG	G	OTC	\$2						
STALEVO 100	25MG; 200MG; 100MG	B		\$3	Yes					
STALEVO 150	37.5MG; 200MG; 150MG	B		\$3	Yes					
STALEVO 200	50MG; 200MG; 200MG	B		\$3	Yes					
STALEVO 50	12.5MG; 200MG; 50MG	B		\$3	Yes					
STANBACK ASPIRIN FREE	950MG	B	OTC	\$2						
STANBACK HEADACHE POWDER	650MG	B	OTC	\$2						
STANBACK HEADACHE POWDERS	650MG; 32MG; 200MG	B	OTC	\$2						
STANNOUS FLUORIDE	0.4%	G	OTC	\$2						
STANNOUS FLUORIDE ORAL RINSE	0.63%	G		\$2						
STARLIX	120MG	B		\$3	Yes					
STARLIX	60MG	B		\$3	Yes					
STAVUDINE	15MG	G		\$2						
STAVUDINE	1MG/ML	G		\$2						
STAVUDINE	20MG	G		\$2						
STAVUDINE	30MG	G		\$2						
STAVUDINE	40MG	G		\$2						
STAVZOR	125MG	B		\$3	Yes					
STAVZOR	250MG	B		\$3	Yes					
STAVZOR	500MG	B		\$3	Yes					
STIMATE	1.5MG/ML	B		\$3						
STIMULANT LAXATIVE	5MG	G	OTC	\$2						
STOMACH RELIEF	262MG	G	OTC	\$2						
STOMACH RELIEF	527MG/30ML	G	OTC	\$2						
STOMACH RELIEF PLUS	525MG/15ML	G	OTC	\$2						
STOOL SOFTENER	100MG	G	OTC	\$2						
STRATTERA	100MG	B		\$3	Yes	1	per	1	day	
STRATTERA	10MG	B		\$3	Yes	1	per	1	day	
STRATTERA	18MG	B		\$3	Yes	1	per	1	day	
STRATTERA	25MG	B		\$3	Yes	1	per	1	day	
STRATTERA	40MG	B		\$3	Yes	1	per	1	day	
STRATTERA	60MG	B		\$3	Yes	1	per	1	day	
STRATTERA	80MG	B		\$3	Yes	1	per	1	day	
STRESS FORMULA	500MG; 45MCG; 12MCG; 400MCG; 100MG; 20MG; 3MG; 10MG; 10MG; 30UNIT	G	OTC	\$2						
STRESS FORMULA 500/BIOTIN	500MG; 45MCG; 20MG; 12MCG; 400MCG; 100MG; 5MG; 10MG; 15MG; 30UNIT	G	OTC	\$2						
STRESS FORMULA 600	500MG; 45MCG; 12MCG; 400MCG; 100MG; 20MG; 5MG; 10MG; 10MG; 30UNIT	G	OTC	\$2						
STROMECTOL	3MG	B		\$3						
STROMECTOL	6MG	B		\$3						
SUBOXONE	2MG; 0.5MG	B		\$3	Yes					

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
SUBOXONE	8MG; 2MG	B		\$3	Yes					
SUBUTEX	2MG	B		\$3	Yes					
SUBUTEX	8MG	B		\$3	Yes					
SUCLOR	8MG; 120MG	G		\$2		2	per	1	day	
SUCRALFATE	1GM	G		\$2		4	per	1	day	
SUDANYL	30MG	G	OTC	\$2						
SUDOGEST	30MG	G	OTC	\$2						
SUDOGEST	60MG	G	OTC	\$2						
SUDOGEST 12 HOUR	120MG	G	OTC	\$2		2	per	1	day	
SUDOGEST CHILDRENS	15MG/5ML	G	OTC	\$2		240	per	6	days	
SUDOGEST COLD & ALLERGY	4MG; 60MG	G	OTC	\$2						
SUDOPHED	30MG	G	OTC	\$2						
SULAR	10MG	B		\$3	Yes					
SULAR	17MG	B		\$3	Yes					
SULAR	25.5MG	B		\$3	Yes					
SULAR	34MG	B		\$3	Yes					
SULAR	8.5MG	B		\$3	Yes					
SULF-10	10%	G		\$2		15	per		dispense	
SULFACETAMIDE SODIUM	10%	B		\$2		3.5	per		dispense	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	0.23%; 10%	G		\$2		5	per		dispense	
SULFACETAMIDE SODIUM/SULFUR CLEANSER	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
SULFADIAZINE	500MG	B		\$2						
SULFAMETHOXAZOLE /TRIMETHOPRIM	200MG/5ML; 40MG/5ML	G		\$2						
SULFAMETHOXAZOLE /TRIMETHOPRIM	400MG/5ML; 80MG/5ML	B		\$2						
SULFAMETHOXAZOLE /TRIMETHOPRIM	400MG; 80MG	G		\$2						
SULFAMETHOXAZOLE/TRIMETHO PRIM DS	800MG; 160MG	G		\$2						
SULFAMYLON	50GM	B		\$3						
SULFAMYLON	85MG/GM	B		\$3						
SULFASALAZINE	500MG	G		\$2						
SULFATOL-M	10%; 5%	G		\$2	Yes	25	per		dispense	Prior authorization is required for combination acne and rosacea products and convenience dosing
SULFATOL-M TINT FREE	10%; 5%	G		\$2	Yes	25	per		dispense	Prior authorization is required for combination acne and rosacea products and convenience dosing
SULFAZINE	500MG	G		\$2						
SULFAZINE EC	500MG	G		\$2						
SULINDAC	150MG	G		\$2						
SULINDAC	200MG	G		\$2						
SUMATRIPTAN	20MG/ACT	B		\$2		6	per	30	days	
SUMATRIPTAN	5MG/ACT	B		\$2		6	per	30	days	
SUMATRIPTAN SUCCINATE	100MG	G		\$2	Yes	9	per	30	days	
SUMATRIPTAN SUCCINATE	25MG	G		\$2		9	per	30	days	
SUMATRIPTAN SUCCINATE	4MG/0.5ML	B		\$2		2	per	30	days	
SUMATRIPTAN SUCCINATE	50MG	G		\$2		9	per	30	days	
SUMATRIPTAN SUCCINATE	6MG/0.5ML	B		\$2		2	per	30	days	
SUMATRIPTAN SUCCINATE REFILL	4MG/0.5ML	B		\$2		2	per	30	days	
SUMATRIPTAN SUCCINATE REFILL	6MG/0.5ML	B		\$2		2	per	30	days	
SUMAXIN	10%; 4%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
SUPER CALCIUM	1500MG	G	OTC	\$2						
SUPHEDRINE	30MG	G	OTC	\$2						
SUPHEDRINE COLD/ALLERGY	4MG; 60MG	G	OTC	\$2						
SUPHERA	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
SUPPRELIN LA	50MG	B		\$3	Yes					Prior authorization for review as specialty drug
SUPRAX	100MG/5ML	B		\$3						
SUPRAX	200MG/5ML	B		\$3						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
SUPRAX	400MG	B		\$3						
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16		B	OTC	\$0		5	per	1	day	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16		B	OTC	\$0		5	per	1	day	
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
SURECHEK BLOOD GLUCOSE TEST STRIPS		B	OTC	\$0		5	per	1	day	
SURECHEK GLUCOSE CONTROL SOLUTION		B	OTC	\$0		1	per	90	days	
SURELITE LANCETS		B	OTC	\$0		7	per	1	day	
SUREPRIN 81	81MG	G	OTC	\$2						
SURESTEP GLUCOSE CONTROL		B	OTC	\$0		1	per	90	days	
SURESTEP GLUCOSE CONTROL SOLUTION		B	OTC	\$0		1	per	90	days	
SURESTEP PRO HIGH GLUCOSECONTROL		B	OTC	\$0		1	per	90	days	
SURESTEP PRO LOW GLUCOSE CONTROL		B	OTC	\$0		1	per	90	days	
SURESTEP PRO NORMAL GLUCOSE CONTROL		B	OTC	\$0		1	per	90	days	
SURESTEP PRO TEST STRIPS		B	OTC	\$0		5	per	1	day	
SURESTEP TEST STRIPS		B	OTC	\$0		5	per	1	day	
SUSTIVA	100MG	B		\$3						
SUSTIVA	200MG	B		\$3						
SUSTIVA	50MG	B		\$3						
SUSTIVA	600MG	B		\$3						
SUTENT	12.5MG	B		\$3						
SUTENT	25MG	B		\$3						
SUTENT	50MG	B		\$3						
SYMAX DUOTAB	0.375MG	B		\$3						
SYMAX FASTABS	0.125MG	G		\$2						
SYMAX-SL	0.125MG	G		\$2						
SYMAX-SR	0.375MG	G		\$2						
SYMBICORT	160MCG/ACT; 4.5MCG/ACT	B		\$3						
SYMBICORT	80MCG/ACT; 4.5MCG/ACT	B		\$3						
SYMBYAX	25MG; 12MG	B		\$3	Yes					
SYMBYAX	25MG; 3MG	B		\$3	Yes					
SYMBYAX	25MG; 6MG	B		\$3	Yes					
SYMBYAX	50MG; 12MG	B		\$3	Yes					
SYMBYAX	50MG; 6MG	B		\$3	Yes					
SYMLIN	600MCG/ML	B		\$3	Yes					
SYNAGIS	100MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
SYNALGOS-DC	356.4MG; 30MG; 16MG	B		\$3						
SYNAREL	2MG/ML	B		\$3	Yes					
SYNERA	70MG; 70MG	B		\$3	Yes					
SYNTHROID	100MCG	B		\$3						Generics preferred
SYNTHROID	112MCG	B		\$3						Generics preferred
SYNTHROID	125MCG	B		\$3						Generics preferred
SYNTHROID	137MCG	B		\$3						Generics preferred
SYNTHROID	150MCG	B		\$3						Generics preferred
SYNTHROID	175MCG	B		\$3						Generics preferred
SYNTHROID	200MCG	B		\$3						Generics preferred
SYNTHROID	25MCG	B		\$3						Generics preferred
SYNTHROID	300MCG	B		\$3						Generics preferred
SYNTHROID	50MCG	B		\$3						Generics preferred
SYNTHROID	75MCG	B		\$3						Generics preferred
SYNTHROID	88MCG	B		\$3						Generics preferred
SYNVISC	8MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
SYNVISC ONE	8MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
SYPRINE	250MG	B		\$3						
TAB-A-VITE	60MG; 5000UNIT; 6MCG; 400UNIT; 0.4MG; 20MG; 10MG; 2MG; 1.7MG; 1.5MG; 30UNIT	G	OTC	\$2						
TABLOID	40MG	B		\$3						
TACLONEX	0.064%; 0.005%	B		\$3	Yes					
TACLONEX SCALP	0.064%; 0.005%	B		\$3	Yes					
TACROLIMUS	0.5MG	G		\$2		3	per	1	day	
TACROLIMUS	1MG	G		\$2		3	per	1	day	
TACROLIMUS	5MG	G		\$2		3	per	1	day	
TACTINAL	325MG	G	OTC	\$2						
TACTINAL EXTRA STRENGTH	500MG	G	OTC	\$2						
TAI DOC CONTROL		B	OTC	\$0		1	per	90	days	
TAMBOCOR	100MG	B		\$3						Generics preferred
TAMBOCOR	150MG	B		\$3						Generics preferred
TAMBOCOR	50MG	B		\$3						Generics preferred
TAMIFLU	12MG/ML	B		\$3		75	per	180	days	
TAMIFLU	30MG	B		\$3						
TAMIFLU	45MG	B		\$3		10	per	180	days	
TAMIFLU	75MG	B		\$3		10	per	180	days	
TAMOXIFEN CITRATE	10MG	G		\$2						
TAMOXIFEN CITRATE	20MG	G		\$2						
TANDEM DHA	215.12MG; 53.46MG; 15MG; 1MG; 310.1MG; 15MG; 25MG; 20MG	B		\$3						
TAPAZOLE	10MG	B		\$3						Generics preferred
TAPAZOLE	5MG	B		\$3						Generics preferred
TARCEVA	100MG	B		\$3						
TARCEVA	150MG	B		\$3						
TARCEVA	25MG	B		\$3						
TARGRETIN	1%	B		\$3						
TARGRETIN	75MG	B		\$3						
TARKA	1MG; 240MG	B		\$3	Yes					
TARKA	2MG; 180MG	B		\$3	Yes					
TARKA	2MG; 240MG	B		\$3	Yes					
TARKA	4MG; 240MG	B		\$3	Yes					
TASIGNA	200MG	B		\$3						
TASMAR	100MG	B		\$3						
TASMAR	200MG	B		\$3						
TAVIST ALLERGY	1.34MG	B	OTC	\$2						
TAVIST ND	10MG	G	OTC	\$2		1	per	1	day	
TAVIST-1	1.34MG	B	OTC	\$2						
TAZORAC	0.05%	B		\$3	Yes	30	per		dispense	Prior authorization is required for combination acne and rosacea products and convenience dosing
TAZORAC	0.1%	B		\$3	Yes	30	per		dispense	Prior authorization is required for combination acne and rosacea products and convenience dosing
TAZTIA XT	120MG	G		\$2		1	per	1	day	
TAZTIA XT	180MG	G		\$2		1	per	1	day	
TAZTIA XT	240MG	G		\$2		1	per	1	day	
TAZTIA XT	300MG	G		\$2		1	per	1	day	
TAZTIA XT	360MG	G		\$2		1	per	1	day	
TEARGEN	1.4%	G	OTC	\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
TECHLITE AST LANCETS		B	OTC	\$0		7	per	1	day	
TEGRETOL	100MG	B		\$3						Generics preferred
TEGRETOL	100MG/5ML	B		\$3						Generics preferred
TEGRETOL	200MG	B		\$3						Generics preferred
TEGRETOL-XR	100MG	B		\$3						
TEGRETOL-XR	200MG	B		\$3						
TEGRETOL-XR	400MG	B		\$3						
TEKURNA	150MG	B		\$3	Yes					
TEKURNA	300MG	B		\$3	Yes					
TEKURNA HCT	150MG; 12.5MG	B		\$3	Yes					
TEKURNA HCT	150MG; 25MG	B		\$3	Yes					
TEKURNA HCT	300MG; 12.5MG	B		\$3	Yes					
TEKURNA HCT	300MG; 25MG	B		\$3	Yes					
TEMAZEPAM	15MG	G		\$2		1	per	1	day	
TEMAZEPAM	22.5MG	G		\$2						
TEMAZEPAM	30MG	G		\$2		1	per	1	day	
TEMAZEPAM	7.5MG	G		\$2						
TEMODAR	100MG	B		\$3		2	per	1	day	
TEMODAR	140MG	B		\$3		2	per	1	day	
TEMODAR	180MG	B		\$3		2	per	1	day	
TEMODAR	20MG	B		\$3		2	per	1	day	
TEMODAR	250MG	B		\$3		2	per	1	day	
TEMODAR	5MG	B		\$3		3	per	1	day	
TENCET	325MG; 50MG; 40MG	G		\$2		4	per	1	day	
TERAZOSIN HCL	10MG	G		\$1						
TERAZOSIN HCL	1MG	G		\$1						
TERAZOSIN HCL	2MG	G		\$1						
TERAZOSIN HCL	5MG	G		\$1						
TERBINAFINE HCL	250MG	G		\$2						
TERBUTALINE SULFATE	2.5MG	G		\$2						
TERBUTALINE SULFATE	5MG	G		\$2						
TERCONAZOLE	0.4%	G		\$2		45	per		dispense	
TERCONAZOLE	0.8%	G		\$2		20	per		dispense	
TERCONAZOLE	80MG	G		\$2		3	per		dispense	
TERSI FOAM	2.25%	B		\$3						
TERUMO INSULIN SYRINGE/0.3ML/30G X 3/8"		B	OTC	\$0		5	per	1	day	
TERUMO INSULIN SYRINGE/0.5ML/30G X 3/8"		B	OTC	\$0		5	per	1	day	
TERUMO INSULIN SYRINGE/1ML/30G X 3/8"		B	OTC	\$0		5	per	1	day	
TERUMO INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
TERUMO SURGUARD INSULIN SYRINGE/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
TERUMO SURGUARD INSULIN SYRINGE/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
TERUMO SURGUARD INSULIN SYRINGE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
TERUMO SURGUARD INSULIN SYRINGE/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
TERUMO SURGUARD INSULIN SYRINGE/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
TESTIM	1%	B		\$3						
TESTRED	10MG	B		\$3						
TETRACAINE HCL	0.5%	G		\$2						
TETRACYCLINE HCL	250MG	G		\$2						
TETRACYCLINE HCL	500MG	G		\$2						
TETRAVISC	0.5%	G		\$2						
TEVETEN	400MG	B		\$3	Yes					Use of generic ACE inhibitors preferred
TEVETEN	600MG	B		\$3	Yes					Use of generic ACE inhibitors preferred
TEVETEN HCT	600MG; 12.5MG	B		\$3	Yes					Use of generic combination ACE inhibitors preferred
TEVETEN HCT	600MG; 25MG	B		\$3	Yes					Use of generic combination ACE inhibitors preferred
TEV-TROPIN	5MG	B		\$3	Yes					Prior authorization for review as specialty drug
TEXACORT	1%	G		\$2						
TEXACORT	2.5%	B		\$3						
THALITONE	15MG	B		\$3						
THALOMID	100MG	B		\$3	Yes					Prior authorization for review as specialty drug

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
THALOMID	150MG	B		\$3	Yes					Prior authorization for review as specialty drug
THALOMID	200MG	B		\$3	Yes					Prior authorization for review as specialty drug
THALOMID	50MG	B		\$3	Yes					Prior authorization for review as specialty drug
THEO-24	100MG	B		\$3						
THEO-24	200MG	B		\$3						
THEO-24	300MG	B		\$3						
THEO-24	400MG	B		\$3						
THEOCAP	125MG	B		\$3						
THEOCAP	200MG	B		\$3						
THEOCAP	300MG	G		\$2						
THEOCHRON	100MG	G		\$2						
THEOCHRON	200MG	G		\$2						
THEOCHRON	300MG	G		\$2						
THEOCHRON	450MG	G		\$2						
THEOPHYLLINE CR	100MG	G		\$2						
THEOPHYLLINE CR	200MG	G		\$2						
THEOPHYLLINE CR	300MG	G		\$2						
THEOPHYLLINE ER	100MG	G		\$2						
THEOPHYLLINE ER	125MG	G		\$2						
THEOPHYLLINE ER	200MG	G		\$2						
THEOPHYLLINE ER	300MG	G		\$2						
THEOPHYLLINE ER	400MG	G		\$2						
THEOPHYLLINE ER	450MG	G		\$2						
THEOPHYLLINE ER	600MG	G		\$2						
THEOPHYLLINE TD	100MG	G		\$2						
THEOPHYLLINE TD	200MG	G		\$2						
THEOPHYLLINE TD	300MG	G		\$2						
THERA	90MG; 30MCG; 9MCG; 400MCG; 20MG; 10MG; 3MG; 3.4MG; 3MG; 5000UNIT; 400UNIT; 30UNIT	G	OTC	\$2						
THERA VITAMIN	200MG; 5MCG; 100MG; 18MG; 4MG; 10MG; 10MG; 10000UNIT; 400UNIT; 15UNIT	G	OTC	\$2						
THERACORT	1%	G	OTC	\$2		120	per		dispense	
THERACURE T	1%	G	OTC	\$2		30	per		dispense	
THERA-EAR	6.5%	G	OTC	\$2						
THERAFLU MULTI SYMPTOM	25MG	B	OTC	\$2						
THERAPEUTIC	90MG; 0; 30MCG; 9MCG; 400UNIT; 400MCG; 20MG; 10MG; 3MG; 3.4MG; 3MG; 30UNIT; 5000UNIT	G	OTC	\$2						
THERAPY BAYER	325MG	B	OTC	\$2						
THERA-TABS	90MG; 30MCG; 9MCG; 400MCG; 20MG; 10MG; 3MG; 3.4MG; 3MG; 5000UNIT; 400UNIT; 30UNIT	G	OTC	\$2						
THEREMS	120MG; 15MG; 9MCG; 30MG; 10MG; 3MG; 3.4MG; 3MG; 5500UNIT; 400UNIT; 30UNIT	G	OTC	\$2						
THERMAZENE	1%	G		\$2		400	per		dispense	
THINLETS GP LANCETS		B	OTC	\$0		7	per	1	day	
THINLETS LANCET		B	OTC	\$0		7	per	1	day	
THINPRO INSULIN SYRINGE/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
THINPRO INSULIN SYRINGE/0.3ML/30G X 3/8"		B	OTC	\$0		5	per	1	day	
THINPRO INSULIN SYRINGE/0.3ML/31G X 3/8"		B	OTC	\$0		5	per	1	day	
THINPRO INSULIN SYRINGE/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
THINPRO INSULIN SYRINGE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
THINPRO INSULIN SYRINGE/0.5ML/30G X 3/8"		B	OTC	\$0		5	per	1	day	
THINPRO INSULIN SYRINGE/0.5ML/31G X 3/8"		B	OTC	\$0		5	per	1	day	
THINPRO INSULIN SYRINGE/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
THINPRO INSULIN SYRINGE/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
THINPRO INSULIN SYRINGE/1ML/30G X 3/8"		B	OTC	\$0		5	per	1	day	
THINPRO INSULIN SYRINGE/1ML/31G X 3/8"		B	OTC	\$0		5	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
THIORIDAZINE HCL	100MG	G		\$2		3	per	1	day	
THIORIDAZINE HCL	10MG	G		\$2		3	per	1	day	
THIORIDAZINE HCL	25MG	G		\$2		3	per	1	day	
THIORIDAZINE HCL	50MG	G		\$2		3	per	1	day	
THIOTHIXENE	10MG	G		\$2		3	per	1	day	
THIOTHIXENE	1MG	G		\$2		3	per	1	day	
THIOTHIXENE	2MG	G		\$2		3	per	1	day	
THIOTHIXENE	5MG	G		\$2		3	per	1	day	
THRESHOLD IMT		B		\$0		2	per	360	days	
THROMBATE III W/10 ML STERILE WATER	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
THROMBATE III W/20 ML STERILE WATER	1000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
THYMOGLOBULIN	25MG	B		\$3	Yes					Prior authorization for review as specialty drug
THYROGEN	1.1MG	B		\$3	Yes					Prior authorization for review as specialty drug
THYROID	120MG	G		\$2						
THYROID	130MG	G		\$2						
THYROID	15MG	G		\$2						
THYROID	180MG	G		\$2						
THYROID	195MG	G		\$2						
THYROID	30MG	G		\$2						
THYROID	32.4MG	G		\$2						
THYROID	32.5MG	G		\$2						
THYROID	60MG	G		\$2						
THYROID	65MG	G		\$2						
THYROID	90MG	G		\$2						
THYROLAR-1	60MG	B		\$3						
THYROLAR-1/2	30MG	B		\$3						
THYROLAR-1/4	15MG	B		\$3						
THYROLAR-2	120MG	B		\$3						
THYROLAR-3	180MG	B		\$3						
TICLOPIDINE HCL	250MG	G		\$2						
TIKOSYN	125MCG	B		\$3						
TIKOSYN	250MCG	B		\$3						
TIKOSYN	500MCG	B		\$3						
TILADE	1.75MG/ACT	B		\$3		32.4	per	30	days	
TILIA FE	0; 75MG; 1MG	G		\$0						
TIMOLIDE 10/25	25MG; 10MG	B		\$3						
TIMOLOL MALEATE	0.25%	G		\$2		5	per		dispense	
TIMOLOL MALEATE	0.5%	G		\$2		15	per		dispense	
TIMOLOL MALEATE	10MG	B		\$1						
TIMOLOL MALEATE	20MG	B		\$1						
TIMOLOL MALEATE	5MG	B		\$1						
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	0.25%	G		\$2						
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	0.5%	G		\$2		5	per		dispense	
TINAMAR	1%	G	OTC	\$2		30	per		dispense	
TINASPORE	1%	G	OTC	\$2						
TINDAMAX	250MG	B		\$3	Yes					
TINDAMAX	500MG	B		\$3	Yes					
TING	1%	G	OTC	\$2		30	per		dispense	
TITRALAC	420MG	G	OTC	\$2						
TITRALAC EXTRA STRENGTH	750MG	G	OTC	\$2						
TIZANIDINE HCL	2MG	G		\$2						
TIZANIDINE HCL	4MG	G		\$2						
T-NAF	1.1%	G		\$2						
TOBI	300MG/5ML	B		\$3	Yes					Prior authorization for review as specialty drug
TOBRADEX	0.1%; 0.3%	B		\$3		3.5	per		dispense	
TOBRAMYCIN SULFATE	0.3%	G		\$2		5	per		dispense	
TOBREX	0.3%	B		\$3	Yes	3.5	per		dispense	Generics preferred
TOLAZAMIDE	100MG	B		\$1						
TOLAZAMIDE	250MG	G		\$1						
TOLAZAMIDE	500MG	B		\$1						
TOLBUTAMIDE	500MG	B		\$1						
TOLMETIN SODIUM	200MG	B		\$2						
TOLMETIN SODIUM	400MG	G		\$2						
TOLMETIN SODIUM	600MG	B		\$2						
TOLNAFTATE	1%	G	OTC	\$2		30	per		dispense	
TOLNAFTATE 1% ANTIFUNGAL	1%	G	OTC	\$2		30	per		dispense	
TOLNAFTIN	1%	G	OTC	\$2		30	per		dispense	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
TOPAMAX	100MG	B		\$3		3	per	1	day	
TOPAMAX	200MG	B		\$3		3	per	1	day	
TOPAMAX	25MG	B		\$3		3	per	1	day	
TOPAMAX	50MG	B		\$3		3	per	1	day	
TOPAMAX SPRINKLE	15MG	B		\$3		3	per	1	day	
TOPAMAX SPRINKLE	25MG	B		\$3		3	per	1	day	
TOPCO INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
TOPCO INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
TOPCO INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
TOPCO INSULIN SYRINGE/U-100/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
TOPCO SYRINGE/U-100/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
TOPIRAMATE	100MG	G		\$2		3	per	1	day	
TOPIRAMATE	200MG	G		\$2		3	per	1	day	
TOPIRAMATE	25MG	G		\$2		3	per	1	day	
TOPIRAMATE	50MG	G		\$2		3	per	1	day	
TOPISULF	10%; 5%	G		\$2	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
TORSEMIDE	100MG	G		\$1		1	per	1	day	
TORSEMIDE	10MG	G		\$1		1	per	1	day	
TORSEMIDE	20MG	G		\$1		1	per	1	day	
TORSEMIDE	5MG	G		\$1		1	per	1	day	
TOTAL ALLERGY	25MG	G	OTC	\$2						
TOTAL ALLERGY MEDICINE	12.5MG/5ML	G	OTC	\$2						
TOVIAZ	4MG	B		\$3	Yes					
TOVIAZ	8MG	B		\$3	Yes					
TRACLEER	125MG	B		\$3	Yes					Prior authorization for review as specialty drug
TRACLEER	62.5MG	B		\$3	Yes					Prior authorization for review as specialty drug
TRAMADOL HCL	50MG	G		\$2		8	per	1	day	
TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	325MG; 37.5MG	G		\$2	Yes	4	per	1	day	
TRANDOLAPRIL	1MG	G		\$1		4	per	1	day	
TRANDOLAPRIL	2MG	G		\$1		4	per	1	day	
TRANDOLAPRIL	4MG	G		\$1		4	per	1	day	
TRANSERM-SCOP	1.5MG	B		\$3						
TRANXENE-SD	11.25MG	B		\$3	Yes					
TRANXENE-SD	22.5MG	B		\$3	Yes					
TRANLYCYPROMINE SULFATE	10MG	G		\$2						
TRAVATAN	0.004%	B		\$3	Yes					
TRAVATAN Z	0.004%	B		\$3	Yes					
TRAVEL SICKNESS	25MG	G	OTC	\$2						
TRAVEL-EZE	50MG	G	OTC	\$2						
TRAV-TABS	50MG	G	OTC	\$2						
TRAZODONE HCL	100MG	G		\$2						
TRAZODONE HCL	150MG	G		\$2						
TRAZODONE HCL	300MG	G		\$2		2	per	1	day	
TRAZODONE HCL	50MG	G		\$2						
TRECTOR	250MG	B		\$3						
TRECTOR-SC	250MG	B		\$3						
TRELSTAR DEPOT	3.75MG	B		\$3	Yes					Prior authorization for review as specialty drug
TRELSTAR DEPOT MIXJECT	3.75MG	B		\$3	Yes					Prior authorization for review as specialty drug
TRELSTAR LA	11.25MG	B		\$3	Yes					Prior authorization for review as specialty drug
TRELSTAR LA MIXJECT	11.25MG	B		\$3	Yes					Prior authorization for review as specialty drug
TRETINOIN	0.01%	G		\$2	Yes	15	per	30	days	Prior authorization is required for topical retinoids with generics preferred if approved
TRETINOIN	0.025%	G		\$2	Yes	20	per	30	days	Prior authorization is required for topical retinoids with generics preferred if approved
TRETINOIN	0.05%	G		\$2	Yes	20	per	30	days	Prior authorization is required for topical retinoids with generics preferred if approved

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
TRETINOIN	0.1%	G		\$2	Yes	20	per	30	days	Prior authorization is required for topical retinoids with generics preferred if approved
TRETINOIN	10MG	G		\$2						
TRETINOIN EMOLLIENT	0.05%	B		\$2	Yes					Prior authorization is required for topical retinoids
TREXALL	10MG	B		\$3						
TREXALL	15MG	B		\$3						
TREXALL	5MG	B		\$3						
TREXALL	7.5MG	B		\$3						
TREXIMET	500MG; 85MG	B		\$3	Yes					
TRIAL AG	200MG; 200MG; 25MG	G	OTC	\$2						
TRIAL ANTACID	420MG	G	OTC	\$2						
TRIAMCINOLONE ACETONIDE	0.025%	G		\$2		30	per		dispense	
TRIAMCINOLONE ACETONIDE	0.1%	G		\$2		15	per		dispense	
TRIAMCINOLONE ACETONIDE	0.5%	B		\$2		15	per		dispense	
TRIAMCINOLONE ACETONIDE IN ABSORBASE	0.05%	B		\$2						
TRIAMCINOLONE IN ORABASE	0.1%	G		\$2		5	per		dispense	
TRIAMINIC ALLERCHEWS	10MG	G	OTC	\$2		1	per	1	day	
TRIAMINIC COUGH & RUNNY NOSE	12.5MG	B	OTC	\$2						
TRIAMTERENE /HYDROCHLOROTHIAZIDE	25MG; 37.5MG	G		\$1		1	per	1	day	
TRIAMTERENE /HYDROCHLOROTHIAZIDE	25MG; 50MG	G		\$1		1	per	1	day	
TRIAMTERENE /HYDROCHLOROTHIAZIDE	50MG; 75MG	G		\$1		1	per	1	day	
TRIAZ FOAMING CLOTHS	6%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
TRIAZOLAM	0.125MG	G		\$2						
TRIAZOLAM	0.25MG	G		\$2						
TRICARE	100MG; 200MG; 2MG; 12MCG; 27MG; 1MG; 20MG; 3.1MG; 1.6MG; 1.6MG; 10MCG; 30UNIT; 10MG	G		\$2						
TRI-CHLOR	80%	B		\$3						
TRICOR	145MG	B		\$3	Yes					Generic fenofibrate is preferred
TRICOR	48MG	B		\$3	Yes					Generic fenofibrate is preferred
TRICOSAL	1000MG	G		\$2						
TRICOSAL	500MG	G		\$2						
TRICOSAL	750MG	G		\$2						
TRIDERM	0.1%	G		\$2		15	per		dispense	
TRIFLUOPERAZINE HCL	10MG	G		\$2		3	per	1	day	
TRIFLUOPERAZINE HCL	1MG	G		\$2		3	per	1	day	
TRIFLUOPERAZINE HCL	2MG	G		\$2		3	per	1	day	
TRIFLUOPERAZINE HCL	5MG	G		\$2		3	per	1	day	
TRIFLURIDINE	1%	G		\$2		7.5	per		dispense	
TRIGLIDE	160MG	B		\$3	Yes	1	per	1	day	Generic fenofibrate is preferred
TRIGLIDE	50MG	B		\$3	Yes					Generic fenofibrate is preferred
TRIHEXYPHENIDYL HCL	0.4MG/ML	G		\$2						
TRIHEXYPHENIDYL HCL	2MG	G		\$2						
TRIHEXYPHENIDYL HCL	5MG	G		\$2						
TRI-LEGEST FE	0; 75MG; 1MG	G		\$0						
TRILIPIX	135MG	B		\$3	Yes					Generic fenofibrate is preferred
TRILIPIX	45MG	B		\$3	Yes					Generic fenofibrate is preferred
TRILYTE	420GM; 1.48GM; 5.72GM; 11.2GM	G		\$2		4000	per		dispense	
TRIMETHOBENZAMIDE HCL	300MG	G		\$2						
TRIMETHOPRIM	100MG	G		\$2						
TRIMETHOPRIM SULFATE/POLYMYXIN B SULFATE	10000UNIT/ML; 0.1%	G		\$2		10	per		dispense	
TRIMETHOPRIM/SULFAMETHOXAZOLE DS	800MG; 160MG	G		\$2						
TRIMIPRAMINE MALEATE	25MG	G		\$2						
TRIMIPRAMINE MALEATE	50MG	G		\$2						
TRIMOX	500MG	G		\$2						
TRINESSA	0; 0	G		\$0		1	per	1	day	
TRIPLE ANTIBIOTIC	400UNIT/GM; 5MG/GM; 10000UNIT/GM	G		\$2		3.5	per		dispense	
TRIPLE ANTIBIOTIC	400UNIT/GM; 5MG/GM; 5000UNIT/GM	G	OTC	\$2		15	per		dispense	
TRIPLE ANTIBIOTIC PLUS	500UNIT/GM; 3.5MG/GM; 10000UNIT/GM; 10MG/GM	G	OTC	\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
TRIPLE ANTIBIOTIC PLUS MAXIMUM STRENGTH	500UNIT/GM; 5MG/GM; 1000UNIT/GM; 10MG/GM	G	OTC	\$2						
TRIPOHIST	1.25MG/5ML	G		\$2	Yes					
TRIPOHIST D	45MG/5ML; 1.25MG/5ML	B		\$3	Yes					
TRI-PREVIEWEM	0; 0	G		\$0		1	per	1	day	
TRIPTONE	50MG	G	OTC	\$2						
TRI-SPRINTEC	0; 0	G		\$0		1	per	1	day	
TRIVORA-28	0; 0	G		\$0		1	per	1	day	Generics preferred
TRIXAICIN	0.025%	G	OTC	\$2						
TRIXAICIN HP	0.075%	G	OTC	\$2		56.6	per		dispense	
TRIZIVIR	300MG; 150MG; 300MG	B		\$3		2	per	1	day	
TRUETRACK GLUCOSE CONTROLHIGH		B	OTC	\$0		1	per	90	days	
TRUETRACK GLUCOSE CONTROLLEVEL 0		B	OTC	\$0		1	per	90	days	
TRUETRACK GLUCOSE CONTROLLOW		B	OTC	\$0		1	per	90	days	
TRUETRACK TEST		B	OTC	\$0		5	per	1	day	
TRUVADA	200MG; 300MG	B		\$3		1	per	1	day	
TRUZONE PEAK FLOW METER		B		\$0		1	per	360	days	
TUBING/WING TIP		B	OTC	\$0		2	per	360	days	
TUSSIGON	1.5MG; 5MG	B		\$3						
TUSSIN	100MG/5ML	G	OTC	\$2		240	per	6	days	
TUSSIN DM	10MG/5ML; 100MG/5ML	G	OTC	\$2		240	per		dispense	
TWINJECT	0.15MG/DOSE	B		\$3						
TWINJECT	0.3MG/DOSE	B		\$3						
TYCOLENE	325MG	G	OTC	\$2						
TYCOLENE	500MG	G	OTC	\$2						
TYKERB	250MG	B		\$3						
TYLOPHEN	325MG	G	OTC	\$2						
TYLOPHEN	500MG	G	OTC	\$2						
TYSABRI	300MG/15ML	B		\$3						
TYZEKA	600MG	B		\$3						
ULESFIA	5%	B		\$3						
ULORIC	40MG	B		\$3	Yes					
ULORIC	80MG	B		\$3	Yes					
ULTICARE INSULIN SYRINGE ULTRAFINE U-100/0.3ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTICARE INSULIN SYRINGE ULTRAFINE U-100/0.5ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTICARE INSULIN SYRINGE ULTRAFINE U-100/1ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTICARE THIN LANCETS 30G		B	OTC	\$0		7	per	1	day	
ULTICARE THIN LANCETS ULTISMOOTH 28G		B	OTC	\$0		7	per	1	day	
ULTIGUARD INSULIN SYRINGE/0.3ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTIGUARD INSULIN SYRINGE/0.5ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTIGUARD INSULIN SYRINGE/1ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ULTIGUARD INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTIGUARD INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTIGUARD INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTIGUARD INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTIGUARD INSULIN SYRINGE/U-100/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTIGUARD INSULIN SYRINGE/U-100/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTIGUARD INSULIN SYRINGEULTI-FINE U-100/0.3ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTIGUARD INSULIN SYRINGEULTI-FINE U-100/0.5ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTIGUARD INSULIN SYRINGEULTI-FINE U-100/1ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTI-LANCE AUTO-ADJUST DEVICE		B	OTC	\$0		1	per	180	days	
ULTI-LANCE AUTOMATIC/ CLEAR TIP		B	OTC	\$0		1	per	180	days	
ULTI-LANCE MINI ADJUSTABLE DEVICE		B	OTC	\$0		1	per	180	days	
ULTILET ALCOHOL SWAB		B	OTC	\$0		400	per		dispense	
ULTILET ALCOHOL SWABS		B	OTC	\$0		400	per		dispense	
ULTILET CLASSIC LANCETS		B	OTC	\$0		7	per	1	day	
ULTILET GLUCOSE	4GM	B	OTC	\$0		50	per	30	days	
ULTILET INSULIN SYRINGE/0.3ML/29G X 7/16"		B	OTC	\$0		5	per	1	day	
ULTILET INSULIN SYRINGE/0.3ML/30G X 7/16"		B	OTC	\$0		5	per	1	day	
ULTILET INSULIN SYRINGE/0.5ML/29G X 7/16"		B	OTC	\$0		5	per	1	day	
ULTILET INSULIN SYRINGE/0.5ML/30G X 7/16"		B	OTC	\$0		5	per	1	day	
ULTILET INSULIN SYRINGE/1ML/29G X 7/16"		B	OTC	\$0		5	per	1	day	
ULTILET INSULIN SYRINGE/1ML/30G X 7/16"		B	OTC	\$0		5	per	1	day	
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTILET LANCETS		B	OTC	\$0		7	per	1	day	
ULTILET OPERATING DEVICE		B	OTC	\$0		1	per	180	days	
ULTILET ULTI-LANCE ADJ DEVICE		B	OTC	\$0		1	per	180	days	
ULTIMA TEST STRIPS		B	OTC	\$0		5	per	1	day	
ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"		B	OTC	\$0		5	per	1	day	
ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"		B	OTC	\$0		5	per	1	day	
ULTRAM ER	100MG	B		\$3	Yes					
ULTRAM ER	200MG	B		\$3	Yes					
ULTRAM ER	300MG	B		\$3	Yes					
ULTRASE	20000UNIT; 4500UNIT; 25000UNIT	B		\$3						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ULTRASE MT 12	39000UNIT; 12000UNIT; 39000UNIT	B		\$3						
ULTRASE MT 18	58500UNIT; 18000UNIT; 58500UNIT	B		\$3						
ULTRASE MT 20	65000UNIT; 20000UNIT; 65000UNIT	B		\$3						
ULTRATRAK PRO CONTROL SOLUTION 2 LEVELS		B	OTC	\$0		1	per	90	days	
ULTRATRAK PRO TEST STRIPS		B	OTC	\$0		5	per	1	day	
UN-ASPIRIN	500MG	G	OTC	\$2						
UNI-EASE	100MG	G	OTC	\$2						
UNIFED	30MG/5ML	G	OTC	\$2		240	per	6	days	
UNI-LAN	200MG/5ML; 200MG/5ML; 20MG/5ML	G	OTC	\$2		720	per	30	days	
UNIPHYL	400MG	B		\$3						Generics preferred
UNIPHYL	600MG	B		\$3						Generics preferred
UNI-SED	30MG	G	OTC	\$2						
UNITHROID	100MCG	G		\$2						
UNITHROID	112MCG	G		\$2						
UNITHROID	125MCG	G		\$2						
UNITHROID	137MCG	G		\$2						
UNITHROID	150MCG	G		\$2						
UNITHROID	175MCG	G		\$2						
UNITHROID	200MCG	G		\$2						
UNITHROID	25MCG	G		\$2						
UNITHROID	300MCG	G		\$2						
UNITHROID	50MCG	G		\$2						
UNITHROID	75MCG	G		\$2						
UNITHROID	88MCG	G		\$2						
UNITHROID DIRECT	100MCG	G		\$2						Generics preferred
UNITHROID DIRECT	112MCG	G		\$2						
UNITHROID DIRECT	125MCG	G		\$2						
UNITHROID DIRECT	150MCG	G		\$2						
UNITHROID DIRECT	175MCG	G		\$2						
UNITHROID DIRECT	200MCG	G		\$2						
UNITHROID DIRECT	25MCG	G		\$2						
UNITHROID DIRECT	300MCG	G		\$2						
UNITHROID DIRECT	50MCG	G		\$2						
UNITHROID DIRECT	75MCG	G		\$2						
UNITHROID DIRECT	88MCG	G		\$2						
UNI-TREN	325MG	G	OTC	\$2						
UREA	0; 0; 50%	G		\$2						
UREA	20%	G	OTC	\$2						
UREA	35%	G		\$2						
UREA	40%	G		\$2		133	per		dispense	
UREA	50%	G		\$2						
UREA 42% CLOTHS	42%	G		\$2						
UREA NAIL	50%	G		\$2						
UREA NAILSTIK	50%	G		\$2						
UREA TOPICAL	40%	G		\$2						
UREA-C40	40%	G		\$2		133	per		dispense	
UREACIN-10	10%	G	OTC	\$2						
UREACIN-20	20%	G	OTC	\$2						
UREALAC	0; 0; 50%	G		\$2						
UREALAC	35%	G		\$2						
UREALAC	50%	G		\$2						
UREALAC NAIL GEL	50%	G		\$2						
UREALAC NAIL STICK	50%	G		\$2						
UROLENE BLUE	65MG	B		\$3						
UROXATRAL	10MG	B		\$3	Yes					
URSO 250	250MG	B		\$3						
URSO FORTE	500MG	B		\$3						
URSODIOL	300MG	G		\$2						
VAGIFEM	25MCG	B		\$3						
VAGINAL 3-DAY COMBO PACK		G	OTC	\$2						
VALCYTE	450MG	B		\$3		2	per	1	day	
VALPROIC ACID	250MG	G		\$2						
VALPROIC ACID	250MG/5ML	G		\$2						
VALTREX	1GM	B		\$3		21	per	21	days	
VALTREX	500MG	B		\$3		42	per	21	days	
VANAMIDE	40%	G		\$2		133	per		dispense	
VANDAZOLE	0.75%	G		\$2		70	per		dispense	
VANOS	0.1%	B		\$3	Yes					

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
VANTAS	50MG	B		\$3	Yes					Prior authorization for review as specialty drug
VECTICAL	3MCG/GM	B		\$3	Yes					
VEGETABLE LAXATIVE	63%	G	OTC	\$2						
VEGETABLE LAXATIVE	68%	G	OTC	\$2						
VELIVET	0; 0	G		\$0		1	per	1	day	
VENLAFAXINE HCL	100MG	G		\$2						
VENLAFAXINE HCL	25MG	G		\$2						
VENLAFAXINE HCL	37.5MG	G		\$2						
VENLAFAXINE HCL	50MG	G		\$2						
VENLAFAXINE HCL	75MG	G		\$2						
VENLAFAXINE HCL ER	150MG	B		\$2		1	per	1	day	
VENLAFAXINE HCL ER	225MG	B		\$2		1	per	1	day	
VENLAFAXINE HCL ER	37.5MG	B		\$2		1	per	1	day	
VENLAFAXINE HCL ER	75MG	B		\$2		1	per	1	day	
VENTAVIS	10MCG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
VENTOLIN HFA	108MCG/ACT	B		\$3	Yes	17	per	30	days	
VERAMYST	27.5MCG/SPRAY	B		\$3	Yes	10	per		dispense	Generic fluticasone nasal spray is preferred
VERAPAMIL HCL	120MG	G		\$1		3	per	1	day	
VERAPAMIL HCL	40MG	G		\$1		3	per	1	day	
VERAPAMIL HCL	80MG	G		\$1		3	per	1	day	
VERAPAMIL HCL ER	100MG	G		\$1						
VERAPAMIL HCL ER	120MG	G		\$1		2	per	1	day	
VERAPAMIL HCL ER	180MG	G		\$1		2	per	1	day	
VERAPAMIL HCL ER	200MG	G		\$1						
VERAPAMIL HCL ER	240MG	G		\$1		2	per	1	day	
VERAPAMIL HCL ER	300MG	G		\$1						
VERAPAMIL HCL SR	120MG	G		\$1		2	per	1	day	
VERAPAMIL HCL SR	180MG	G		\$1		2	per	1	day	
VERAPAMIL HCL SR	240MG	G		\$1		2	per	1	day	
VERAPAMIL HCL SR	360MG	G		\$1		1	per	1	day	
VERDESO	0.05%	B		\$3	Yes					
VEREGEN	15%	B		\$3	Yes					
VERIPRED 20	20MG/5ML	B		\$3						
VESICARE	10MG	B		\$3						
VESICARE	5MG	B		\$3						
VESSELVITE	500MCG; 800MCG; 25MG; 100UNIT	G	OTC	\$2						
VEXOL	1%	B		\$3		10	per		dispense	
VFEND	200MG	B		\$3	Yes					Prior authorization is required for the oral formulations.
VFEND	50MG	B		\$3	Yes					Prior authorization is required for the oral formulations.
VIDEX PEDIATRIC	2GM	B		\$3						
VIDEX PEDIATRIC	4GM	B		\$3						
VIGAMOX	0.5%	B		\$3	Yes					
VIGOMAR	90MG; 30MCG; 9MCG; 400MCG; 20MG; 10MG; 3MG; 3.4MG; 3MG; 5000UNIT; 400UNIT; 30UNIT	G	OTC	\$2						
VIMAR HP	120MG; 15MCG; 9MCG; 400UNIT; 0.4MG; 30MG; 10MG; 3MG; 3.4MG; 3MG; 5500UNIT; 30UNIT	G	OTC	\$2						
VIMPAT	100MG	B		\$3	Yes					
VIMPAT	150MG	B		\$3	Yes					
VIMPAT	200MG	B		\$3	Yes					
VIMPAT	200MG/20ML	B		\$3	Yes					
VIMPAT	50MG	B		\$3	Yes					
VIRACEPT	250MG	B		\$3						
VIRACEPT	50MG/GM	B		\$3						
VIRACEPT	625MG	B		\$3						
VIRAMUNE	200MG	B		\$3						
VIRAMUNE	50MG/5ML	B		\$3						
VIREAD	300MG	B		\$3						
VISICOL	0.398GM; 1.102GM	B		\$3	Yes					
VISINE-A	0.025%; 0.3%	G	OTC	\$2		15	per	30	days	
VISUAL-EYES	0; 0; 0; 0; 0	G	OTC	\$2						
VISUDYNE	15MG	B		\$3	Yes					Prior authorization for review as specialty drug
VITALET PRO LANCETS		B	OTC	\$0		7	per	1	day	
VITALET PRO PLUS LANCETS		B	OTC	\$0		7	per	1	day	
VITAMIN A	10000UNIT	B	OTC	\$2						

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
VITAMIN A	1000UNIT; 10000UNIT	B	OTC	\$2						
VITAMIN A	8000UNIT	G	OTC	\$2						
VITAMIN A 7500 UNIT FISH	7500UNIT	B	OTC	\$2						
VITAMIN A PALMITATE WATER DISPERSIBLE	10000UNIT	G	OTC	\$2						
VITAMIN A/BETA CAROTENE	25000UNIT	G	OTC	\$2						
VITAMIN E/VITAMIN C/BETA CAROTENE	250MG; 5000UNIT; 200UNIT	G	OTC	\$2						
VITAMIN K	100MCG	B	OTC	\$2						
VITAPHIL AIDE	150MG; 2000UNIT; 30MCG; 6MG; 400UNIT; 90MG; 2MG; 12MCG; 28MG; 1MG; 40MG; 18MG; 50MG; 3MG; 3MG; 25UNIT; 15MG	G		\$2						
VITELLE NESTABS	120MG; 200MG; 8MCG; 36MG; 800MCG; 150MCG; 20MG; 3MG; 3MG; 3MG; 5000UNIT; 400UNIT; 30UNIT; 15MG	G	OTC	\$2						
VITRASERT	4.5MG	B		\$3						
VIVA DROPS	5000UNIT/0.1ML	B	OTC	\$2						
VIVAGLOBIN	160MG/ML	B		\$3	Yes					Prior authorization for review as specialty drug
VIVELLE-DOT	0.025MG/24HR	B		\$3		0.29	per	1	day	
VIVELLE-DOT	0.0375MG/24HR	B		\$3		0.29	per	1	day	
VIVELLE-DOT	0.05MG/24HR	B		\$3		0.29	per	1	day	
VIVELLE-DOT	0.075MG/24HR	B		\$3		0.29	per	1	day	
VIVELLE-DOT	0.1MG/24HR	B		\$3		0.29	per	1	day	
VIVITROL	380MG	B		\$3	Yes					
V-LAX	50%	G	OTC	\$2						
VOLTAREN	1%	B		\$3	Yes					
VOPAC	650MG; 30MG	B		\$3						
VORTEX VALVED HOLDING CHAMBER		B		\$0		2	per	360	days	
V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"		B	OTC	\$0		5	per	1	day	
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"		B	OTC	\$0		5	per	1	day	
VUSION	0.25%; 81.35%; 15%	B		\$3	Yes					
VYTORIN	10MG; 10MG	B		\$3	Yes	1	per	1	day	
VYTORIN	10MG; 20MG	B		\$3	Yes	1	per	1	day	
VYTORIN	10MG; 40MG	B		\$3	Yes	1	per	1	day	
VYTORIN	10MG; 80MG	B		\$3	Yes	1	per	1	day	
VYVANSE	20MG	B		\$3	Yes	1	per	1	day	
VYVANSE	30MG	B		\$3	Yes	1	per	1	day	
VYVANSE	40MG	B		\$3	Yes	1	per	1	day	
VYVANSE	50MG	B		\$3	Yes	1	per	1	day	
VYVANSE	60MG	B		\$3	Yes	1	per	1	day	
VYVANSE	70MG	B		\$3	Yes	1	per	1	day	
W&F LANCETS 26G		B	OTC	\$0		7	per	1	day	
W&F LANCETS COLORED 21G		B	OTC	\$0		7	per	1	day	
WARFARIN SODIUM	10MG	G		\$2						
WARFARIN SODIUM	1MG	G		\$2						
WARFARIN SODIUM	2.5MG	G		\$2						
WARFARIN SODIUM	2MG	G		\$2						
WARFARIN SODIUM	3MG	G		\$2						
WARFARIN SODIUM	4MG	G		\$2						
WARFARIN SODIUM	5MG	G		\$2						
WARFARIN SODIUM	6MG	G		\$2						
WARFARIN SODIUM	7.5MG	G		\$2						
WATCHHALER		B		\$0		2	per	360	days	
WAVESENSE JAZZ TEST STRIPS		B	OTC	\$0		5	per	1	day	
WAVESENSE KEYNOTE CONTROLSOLUTION NORMAL		B	OTC	\$0		1	per	90	days	
WAVESENSE KEYNOTE TEST STRIPS		B	OTC	\$0		5	per	1	day	
WAVESENSE PRESTO TEST STRIPS		B	OTC	\$0		5	per	1	day	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
WAVESENSE ULTRA-THIN LANCETS 33G		B	OTC	\$0		7	per	1	day	
WEBCOL ALCOHOL PREP LARGE 1 PLY	70%	B	OTC	\$0		400	per		dispense	
WEBCOL ALCOHOL PREP LARGE 2 PLY	70%	B	OTC	\$0		400	per		dispense	
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	70%	B	OTC	\$0		400	per		dispense	
WELCHOL	625MG	B		\$3						
WINDMILL TRAINER		B		\$0		2	per	360	days	
WINRHO SDF	15000UNIT/13ML	B		\$3	Yes					Prior authorization for review as specialty drug
WINRHO SDF	1500UNIT/1.3ML	B		\$3	Yes					Prior authorization for review as specialty drug
WINRHO SDF	2500UNIT/2.2ML	B		\$3	Yes					Prior authorization for review as specialty drug
WINRHO SDF	5000UNIT/4.4ML	B		\$3	Yes					Prior authorization for review as specialty drug
WINRHO SDF	600UNIT/0.5ML	B		\$3	Yes					Prior authorization for review as specialty drug
WOMENS LAXATIVE	5MG	G	OTC	\$2						
XALATAN	0.005%	B		\$3		2.5	per		dispense	
XELODA	150MG	B		\$3		6	per	1	day	
XELODA	500MG	B		\$3		10	per	1	day	
XENAZINE	12.5MG	B		\$3	Yes					
XENAZINE	25MG	B		\$3	Yes					
XERAC AC	6.25%	B		\$3	Yes					
XIBROM	0.09%	B		\$3	Yes					
XIFAXAN	200MG	B		\$3	Yes					
XODOL	300MG; 10MG	B		\$3						
XODOL	300MG; 5MG	B		\$3						
XODOL	300MG; 7.5MG	B		\$3						
XOLAIR	150MG	B		\$3	Yes					Prior authorization for review as specialty drug
XOLEGEL	2%	B		\$3	Yes					
XOLEGEL COREPAK	1%; 2%	B		\$3	Yes					
XOLEGEL DUO/HEAD & SHOULDERS	2%; 1%	B		\$3	Yes					
XOLEGEL DUO/XOLEX	2%; 1%	B		\$3	Yes					
XOPENEX	0.31MG/3ML	B		\$3	Yes	288	per	30	days	
XOPENEX	0.63MG/3ML	B		\$3	Yes	288	per	30	days	
XOPENEX	1.25MG/3ML	B		\$3	Yes	288	per	30	days	
XOPENEX CONCENTRATE	1.25MG/0.5ML	B		\$3	Yes					
XOPENEX HFA	45MCG/ACT	B		\$3	Yes					
X-STR CHEW ANTACID	750MG	G	OTC	\$2						
XYNTHA	1000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
XYNTHA	2000UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
XYNTHA	250UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
XYNTHA	500UNIT	B		\$3	Yes					Prior authorization for review as specialty drug
XYREM	500MG/ML	B		\$3	Yes					
XYZAL	2.5MG/5ML	B		\$3	Yes					
XYZAL	5MG	B		\$3	Yes					
YAZ	3MG; 0.02MG	B		\$0						
YL FOLIC ACID	400MCG	G	OTC	\$2						
YODEFAN	600MG/15ML	B		\$3						
ZACLIR CLEANSING	4%	G		\$2						
ZACLIR CLEANSING	8%	G		\$2						
ZADITOR	0.025%	B	OTC	\$2		10	per		dispense	
ZALEPLON	10MG	G		\$2		1	per	1	day	
ZALEPLON	5MG	G		\$2		1	per	1	day	
ZAMICET	325MG/15ML; 10MG/15ML	B		\$3						Generics preferred
ZANAFLEX	2MG	B		\$3	Yes					Prior authorization is required for Flexeril 5 mg tablets, Skelaxin, carisoprodol products and Zanaflex capsules. All other generic muscle relaxants and spasticity agents do not require prior authorization.

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ZANAFLEX	4MG	B		\$3	Yes					Prior authorization is required for Flexeril 5 mg tablets, Skelaxin, carisoprodol products and Zanaflex capsules. All other generic muscle relaxants and spasticity agents do not require prior authorization.
ZANAFLEX	6MG	B		\$3	Yes					Prior authorization is required for Flexeril 5 mg tablets, Skelaxin, carisoprodol products and Zanaflex capsules. All other generic muscle relaxants and spasticity agents do not require prior authorization.
ZARONTIN	250MG	B		\$3						Generics preferred
ZARONTIN	250MG/5ML	B		\$3						Generics preferred
ZAZOLE	0.4%	G		\$2		45	per		dispense	
ZAZOLE	0.8%	G		\$2		20	per		dispense	
ZAZOLE	80MG	G		\$2		3	per		dispense	
ZEBUTAL	500MG; 50MG; 40MG	G		\$2						
ZEGERID	20MG; 1100MG	B		\$3	Yes	1	per	1	day	
ZEGERID	20MG; 1680MG	B		\$3	Yes	1	per	1	day	
ZEGERID	40MG; 1100MG	B		\$3	Yes	1	per	1	day	
ZEGERID	40MG; 1680MG	B		\$3	Yes	1	per	1	day	
ZELAPAR	1.25MG	B		\$3	Yes					
ZEMAIRA	1000MG	B		\$3	Yes					Prior authorization for review as specialty drug
ZEMPLAR	1MCG	B		\$3						
ZEMPLAR	2MCG	B		\$3						
ZEMPLAR	4MCG	B		\$3						
ZENAPAX	25MG/5ML	B		\$3	Yes					Prior authorization for review as specialty drug
ZENCHENT	35MCG; 0.4MG	G		\$0		1	per	1	day	
ZERLOR	712.8MG; 60MG; 32MG	G		\$2	Yes					
ZETIA	10MG	B		\$3	Yes	1	per	1	day	
ZIAGEN	20MG/ML	B		\$3						
ZIAGEN	300MG	B		\$3						
ZIANA	1.2%; 0.025%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
ZIDOVDINE	100MG	G		\$2						
ZIDOVDINE	300MG	G		\$2						
ZIDOVDINE	50MG/5ML	G		\$2						
ZINC OXIDE	20%	B	OTC	\$2						
ZINGO	0.5MG	B		\$3	Yes					
ZMAX	2GM	B		\$3						
ZODERM	4.5%; 10%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
ZODERM	6.5%; 10%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
ZODERM	8.5%; 10%	B		\$3	Yes					Prior authorization is required for combination acne and rosacea products and convenience dosing
ZOEY ASTHMAMENTOR		B	OTC	\$0		1	per	360	days	
ZOEY OPTICHAMBER ADVANTAGE		B		\$0		2	per	360	days	
ZOEY PERSONAL BEST FULL RANGE PEAK FLOW METER		B	OTC	\$0		1	per	360	days	
ZOEY PERSONAL BEST LOW RANGE PEAK FLOW METER		B	OTC	\$0		1	per	360	days	
ZOLADEX	10.8MG	B		\$3	Yes					Prior authorization for review as specialty drug
ZOLADEX	3.6MG	B		\$3	Yes					Prior authorization for review as specialty drug
ZOLINZA	100MG	B		\$3						
ZOLPIDEM TARTRATE	10MG	G		\$2		1	per	1	day	
ZOLPIDEM TARTRATE	5MG	G		\$2		1	per	1	day	
ZOMIG	2.5MG	B		\$3		6	per	30	days	
ZOMIG	5MG	B		\$3		6	per	30	days	
ZOMIG ZMT	2.5MG	B		\$3		6	per	30	days	
ZOMIG ZMT	5MG	B		\$3		6	per	30	days	

Trade Name	Dosage	Brand/ Generic	OTC	Co-Pay	Prior Auth.	Quant. Max	Quant. Max Unit	Quant. Days	Quant. Period	Message
ZONISAMIDE	100MG	G		\$2						
ZONISAMIDE	25MG	G		\$2						
ZONISAMIDE	50MG	G		\$2						
ZORPRIN	800MG	B		\$3						
ZOVIA 1/35E	35MCG; 1MG	G		\$0		1	per	1	day	
ZOVIA 1/50E	50MCG; 1MG	B		\$0		1	per	1	day	
ZOVIRAX	5%	B		\$3		2	per		dispense	
ZYDONE	400MG; 10MG	B		\$3	Yes					
ZYDONE	400MG; 5MG	B		\$3	Yes					
ZYDONE	400MG; 7.5MG	B		\$3	Yes					
ZYFLO	600MG	B		\$3						
ZYFLO CR	600MG	B		\$3	Yes					
ZYLET	0.5%; 0.3%	B		\$3						
ZYMAR	0.3%	B		\$3	Yes					
ZYPREXA	10MG	B		\$3		1	per	1	day	
ZYPREXA	15MG	B		\$3		2	per	1	day	
ZYPREXA	2.5MG	B		\$3		1	per	1	day	
ZYPREXA	20MG	B		\$3		3	per	1	day	
ZYPREXA	5MG	B		\$3		1	per	1	day	
ZYPREXA	7.5MG	B		\$3		1	per	1	day	
ZYPREXA ZYDIS	10MG	B		\$3	Yes					Prior Authorization is required for the orally disintegrating tablet.
ZYPREXA ZYDIS	15MG	B		\$3	Yes					Prior Authorization is required for the orally disintegrating tablet.
ZYPREXA ZYDIS	20MG	B		\$3	Yes					Prior Authorization is required for the orally disintegrating tablet.
ZYPREXA ZYDIS	5MG	B		\$3	Yes					Prior Authorization is required for the orally disintegrating tablet.
ZYRTEC-D	5MG; 120MG	B		\$3	Yes	2	per	1	day	
ZYVOX	100MG/5ML	B		\$3	Yes					
ZYVOX	600MG	B		\$3	Yes					

Page	Trade Name
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10	1/2HALFPRIN
10	8-MOP
10	A/B OTIC
10	A-25
10	A-25000 FISH OIL
10	ABILIFY
10	ABILIFY DISCMELT
10	ABSORBINE JR
10	ACANYA
10	ACARBOSE
10	ACCOLATE
10	ACCU-CHEK ACTIVE GLUCOSE CONTROL SOLUTION
10	ACCU-CHEK ACTIVE STRIPS
10	ACCU-CHEK AVIVA
10	ACCU-CHEK COMFORT CURVE CONTROL SOLUTION (2 LEVELS)
10	ACCU-CHEK COMFORT CURVE LINEARITY SOLUTION
10	ACCU-CHEK COMFORT CURVE TEST STRIPS
10	ACCU-CHEK COMPACT GLUCOSE CONTROL SOLUTION
10	ACCU-CHEK COMPACT STRIPS
10	ACCU-CHEK COMPACT TEST DRUM
10	ACCU-CHEK INSTANT GLUCOSE
10	ACCU-CHEK INSTANT GLUCOSE CONTROL SOLUTION (2 LEVELS)
10	ACCU-CHEK INSTANT PLUS
10	ACCU-CHEK MULTICLIX LANCETS
10	ACCU-CHEK SAFE-T-PRO LANCETS
10	ACCU-CHEK SAFE-T-PRO PLUSLANCETS
10	ACCU-CHEK SOFT TOUCH LANCET DEVICE
10	ACCU-CHEK SOFT TOUCH LANCETS
10	ACCU-CHEK SOFTCLIX LANCETDEVICE
10	ACCU-CHEK SOFTCLIX LANCETS

Page	Trade Name
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10	ACCUSURE INSULIN SYRINGE/0.5ML/29G X 1/2"
10	ACCUSURE INSULIN SYRINGE/0.5ML/30G X 5/16"
10	ACCUSURE INSULIN SYRINGE/0.5ML/31G X 5/16"
10	ACCUSURE INSULIN SYRINGE/1ML/29G X 1/2"
10	ACCUSURE INSULIN SYRINGE/1ML/30G X 5/16"
10	ACCUSURE INSULIN SYRINGE/1ML/31G X 5/16"
11	ACE AEROSOL CLOUD ENHANCER
11	ACEBUTOLOL HCL
11	ACEON
11	ACEPHEN
11	ACETAMIN
11	ACETAMINOPHEN
11	ACETAMINOPHEN /CODEINE
11	ACETAMINOPHEN CHILDRENS
11	ACETAMINOPHEN CONCENTRATED
11	ACETAMINOPHEN EXTRA STRENGTH
11	ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTRATE
11	ACETAMINOPHEN/CODEINE
11	ACETAMINOPHEN/CODEINE #2
11	ACETAMINOPHEN/CODEINE #3
11	ACETAMINOPHEN/CODEINE #4
11	ACETAMINOPHEN/CODEINE PHOSPHATE
11	ACETAMINOPHEN-CODEINE #4
11	ACETAZOLAMIDE
11	ACETIC ACID
11	ACETIC ACID/HYDROCORTISONE
11	ACETYLCYSTEINE
11	ACID REDUCER
11	ACID REDUCER 200
11	ACIPHEX
11	ACNE-CLEAR
11	ACT ANTICAVITY FLUORIDE RINSE
11	ACT ANTICAVITY FLUORIDE RINSE KIDS
11	ACT FLUORIDE

Page	Trade Name
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11	ACT FLUORIDE DENTAL RINSE
11	ACT FOR KIDS
11	ACT RESTORING FLUORIDE RINSE
11	ACTHAR HP
11	ACTIMMUNE
11	ACTIQ
11	ACTIVELLA
11	ACTIVITY PACK W/POCKET CHAMBER AND POUCH
11	ACTIVITY POUCH
11	ACTONEL
12	ACTONEL
12	ACTONEL WITH CALCIUM
12	ACTOPLUS MET
12	ACTOS
12	ACULAR
12	ACULAR LS
12	ACULAR PF
12	ACYCLOVIR
12	ACZONE
12	ADAPTER PED DISPOSABLE MOUTHPIECE
12	ADCIRCA
12	ADDAPRIN
12	ADJUSTABLE LANCING DEVICE
12	ADOXA
12	ADRENALIN
12	ADULT AEROSOL MASK
12	ADULT ASPIRIN LOW STRENGTH
12	ADULT DISPOSABLE MOUTHPIECE
12	ADULT MASK
12	ADULT MASK LARGE
12	ADVAIR DISKUS
12	ADVAIR HFA
12	ADVANCE INTUITION CONTROL SOLUTION
12	ADVANCE INTUITION TEST STRIPS
12	ADVANCE MICRO-DRAW CONTROL LEVEL 1-2
12	ADVANCE MICRO-DRAW NORMAL CONTROL
12	ADVANCE MICRO-DRAW TEST STRIPS

Page	Trade Name
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12	ADVATE
12	ADVICOR
12	ADVOCATE CONTROL SOLUTIONHIGH
12	ADVOCATE CONTROL SOLUTIONLOW
12	ADVOCATE LANCETS
12	ADVOCATE LANCING DEVICE
12	ADVOCATE REDI-CODE
13	ADVOCATE SAFETY LANCETS
13	ADVOCATE TEST STRIPS
13	AEROBID
13	AEROBID-M
13	AEROCHAMBER MAX VALVED HOLDING CHAMBER W/COMFORTSEAL MASK
13	AEROCHAMBER MAX VALVED HOLDING CHAMBER W/FLOW-VU
13	AEROCHAMBER MV
13	AEROCHAMBER PLUS
13	AEROCHAMBER PLUS/LARGE MASK
13	AEROCHAMBER PLUS/MASK
13	AEROCHAMBER PLUS/SMALL MASK
13	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU
13	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL
13	AEROCHAMBER Z-STAT PLUS/LARGE MASK
13	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK
13	AEROCHAMBER Z-STAT PLUS/SMALL MASK
13	AEROCHAMBER/FLOWSIGNAL
13	AEROGear ASTHMA ACTION
13	AEROTRACH PLUS
13	AF CAPSICUM OLEORESIN
13	AFEDITAB CR
13	AFINITOR
13	AFLURIA 2007-2008
13	AFLURIA 2008-2009
13	AFLURIA PF 2007-2008
13	AFLURIA PF 2008-2009

Page	Trade Name
13	AGGRASTAT
13	AGGRENEX
13	AIMSCO INSULIN SYRINGE MAXI-COMFORT/0.5ML/28G X 1/2"
13	AIMSCO INSULIN SYRINGE MAXI-COMFORT/1ML/28G X 1/2"
13	AIMSCO INSULIN SYRINGE ULTRA THIN/0.5ML/29G X 1/2"
13	AIMSCO INSULIN SYRINGE ULTRA THIN/1ML/29G X 1/2"
13	AIMSCO INSULIN SYRINGE ULTRA THIN/U-100/0.3ML/31G X 5/16"
13	AIMSCO INSULIN SYRINGE ULTRA THIN/U-100/0.5ML/31G X 5/16"
13	AIMSCO INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"
13	AIMSCO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"
13	AIMSCO ULTRA THIN AUTO LANCET
13	AIMSCO ULTRA THIN LANCETS
13	AIRS PEDIATRIC AEROSOL MASK
13	AIRZONE PEAK FLOW METER
13	AKNE-MYCIN
13	AKORN BALANCED SALT SOLUTION
13	AKTEN
13	AKWA TEARS
14	AL12
14	ALA CORT
14	ALA-CORT
14	ALAMAG
14	ALAMAG PLUS
14	ALAMAG-PLUS
14	ALAMAST
14	ALAVERT
14	ALAVERT ALLERGY/SINUS
14	ALAWAY
14	ALBA-3
14	ALBENZA
14	ALBUTEROL
14	ALBUTEROL SULFATE
14	ALBUTEROL SULFATE ER

Page	Trade Name
14	ALCALAK
14	ALCLOMETASONE DIPROPIONATE
14	ALCOHOL PREP
14	ALCOHOL PREP PADS
14	ALCOHOL PREPS
14	ALDARA
14	ALDROXICON I
14	ALDROXICON II
14	ALDURAZYME
14	ALENDRONATE SODIUM
14	ALER-CAP
14	ALER-DRYL
14	ALERTAB
14	ALER-TAB
14	ALINIA
14	ALKA MINTS
14	ALKA-MINTS
14	ALKA-SELTZER ANTACID
14	ALKA-SELTZER ANTI-GAS
14	ALKERAN
14	ALL DAY ALLERGY
14	ALL DAY ALLERGY CHILDRENS
14	ALL DAY RELIEF
14	ALL FLOW 1000 PULMONARY FUNCTION FILTER
14	ALL FLOW RUBBER MOUTHPIECE
14	ALLEGRA
14	ALLEGRA-D 12 HOUR
14	ALLEGRA-D 24 HOUR
14	ALLER-CHLOR
14	ALLERGY
14	ALLERGY MED
14	ALLERGY MEDICATION
15	ALLERGY RELIEF
15	ALLERGY RELIEF CHILDRENS
15	ALLERGY RELIEF FOR KIDS
15	ALLERGY RELIEF/NASAL DECONGESTANT
15	ALLERGY TABLETS
15	ALLERMAX
15	ALLOPURINOL
15	ALMACONE
15	ALMACONE MLT

Page	Trade Name
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15	ALOCRIIL
15	ALOMIDE
15	ALORA
15	ALPHAGAN P
15	ALPHANATE
15	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN
15	ALPRAZOLAM
15	ALPRAZOLAM ER
15	ALPRAZOLAM INTENSOL
15	ALPRAZOLAM ODT
15	ALPRAZOLAM XR
15	ALREX
15	ALTABAX
15	ALTACAINE
15	ALTACE
15	ALTARUSSIN
15	ALTARUSSIN DM
15	ALTARYL
15	ALTERNATE SITE LANCING DEVICE
15	ALTOPREV
16	ALUMINUM HYDROXIDE
16	ALVESCO
16	AMANTADINE HCL
16	AMBIEN CR
16	AMCINONIDE
16	AMERGE
16	AMEVIVE
16	AMIGESIC
16	AMILORIDE /HYDROCHLOROTHIAZIDE
16	AMILORIDE HCL
16	AMINOCAPROIC ACID
16	AMINOFEN
16	AMINOPHYLLINE
16	AMIODARONE HCL
16	AMITIZA
16	AMITRIPTYLINE /CHLORDIAZEPOXIDE
16	AMITRIPTYLINE HCL
16	AMLACTIN
16	AMLODIPINE BESYLATE
16	AMLODIPINE BESYLATE/BENZAEPRIIL HYDROCHLORIDE

Page	Trade Name
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16	AMMONIUM LACTATE
16	AMNESTEEM
16	AMOCLAN
16	AMOXAPINE
16	AMOXICILLIN
17	AMOXICILLIN
17	AMOXICILLIN/CLAVULANATE POTASSIUM
17	AMOXICILLIN/POTASSIUM CLAVULANATE
17	AMOXIL
17	AMPHETAMINE /DEXTROAMPHETAMINE
17	AMPHETAMINE SALT COMBO
17	AMPICILLIN
17	AMRIX
17	ANACIN AF
17	ANAGRELIDE HYDROCHLORIDE
18	ANAGRELIDE HYDROCHLORIDE
18	ANCOBON
18	ANDRODERM
18	ANDROGEL
18	ANDROGEL PUMP
18	ANDROID
18	ANDROXY
18	ANGELIQ
18	ANOLOR 300
18	ANTABUSE
18	ANTACID
18	ANTACID ANTI-GAS
18	ANTACID ANTI-GAS REGULAR STRENGTH
18	ANTACID I
18	ANTACID M
18	ANTACID ULTRA STRENGTH
18	ANTARA
18	ANTI GAS
18	ANTI-DIARRHEAL
18	ANTIFUNGAL
18	ANTI-FUNGAL CREAM
18	ANTI-HIST
18	ANTI-HIST ALLERGY
18	ANTI-ITCH
18	ANTI-OXIDANT

Page	Trade Name
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18	ANTIPYRINE /BENZOCAINE
18	ANTISPASMODIC
18	ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"
18	ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"
18	ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2"
18	ANUCORT-HC
18	ANUMED-HC
18	ANZEMET
18	APAP
18	APAP 500
18	APAP DROPS
18	APAP EXTRA STRENGTH
18	APARA
18	APHTHASOL
18	APIDRA
18	APIDRA SOLOSTAR
18	ALENZIN
18	APOKYN
18	APRA
19	APRI
19	APRISO
19	APTIVUS
19	AQUANIL HC
19	ARALAST
19	ARALAST NP
19	ARANELLE
19	ARANESP
19	ARANESP ALBUMIN FREE
19	ARANESP ALBUMIN FREE SURECLICK
19	ARCALYST
19	ARICEPT
19	ARICEPT ODT
19	ARIMIDEX
19	ARIXTRA
19	ARMOUR THYROID
19	AROMASIN
19	ARTHRITIS PAIN RELIEF
19	ARTHROTEC 50
19	ARTHROTEC 75
19	ARTIFICIAL TEARS

Page	Trade Name
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19	ASACOL
19	ASCENSIA AUTODISC LOW ANDHIGH CONTROLS
20	ASCENSIA AUTODISC NORMAL CONTROL
20	ASCENSIA EASYFILL NORMAL CONTROL
20	ASCENSIA ELITE LOW AND HIGH CONTROLS
20	ASCENSIA ELITE NORMAL CONTROL
20	ASCENSIA ELITE TEST STRIPS
20	ASCOMP/CODEINE
20	ASMANEX 120 METERED DOSES
20	ASMANEX 14 METERED DOSES
20	ASMANEX 30 METERED DOSES
20	ASMANEX 60 METERED DOSES
20	ASPERGUM
20	ASPIR-81
20	ASPIRIN
20	ASPIRIN BUFFERED
20	ASPIRIN CHILDRENS
20	ASPIRIN EC
20	ASPIRIN EC EXTRA STRENGTH
20	ASPIRIN EC LOW DOSE
20	ASPIRIN EC LOW STRENGTH
20	ASPIRIN FREE ANALGESIC
20	ASPIRIN LOW DOSE
20	ASPIRIN REGIMEN BAYER WITH CALCIUM
20	ASPIRIN/ANTACID
20	ASPIRIN/CODEINE
20	ASPIR-LOW
20	ASPIRTAB
20	ASPIRTAB MAXIMUM STRENGTH
20	ASPIR-TRIN
20	ASSESS FULL RANGE PEAK FLOW METER
20	ASSESS LOW RANGE PEAK FLOW METER
20	ASSESS PEAK FLOW METER FULL RANGE
20	ASSESS PEAK FLOW METER LOW RANGE

Page	Trade Name
20	ASSURE 3 CONTROL LEVEL 1/2
20	ASSURE 3 TEST STRIPS
20	ASSURE 4 CONTROL LEVEL 1/2
20	ASSURE 4 TEST STRIPS
20	ASSURE II
20	ASSURE II CHECK STRIP
20	ASSURE II CONTROL LEVEL 1
20	ASSURE II CONTROL LEVEL 1/2
20	ASSURE II TEST STRIPS
20	ASSURE LANCE LANCETS
20	ASSURE PRO CONTROL LEVEL 1/2
20	ASSURE PRO TEST STRIPS
21	ASTELIN
21	ASTEPRO
21	ASTHMA CHECK METER-ZONE SYSTEM
21	ASTHMAMENTOR
21	ASTHMAPACK I
21	ASTHMAPACK II
21	ASTHMAPACK III
21	AT LAST CONTROL SOLUTION
21	AT LAST LANCETS
21	AT LAST TEST STRIPS
21	ATACAND
21	ATACAND HCT
21	ATAMET
21	ATENOLOL
21	ATENOLOL /CHLORTHALIDONE
21	ATENOLOL/CHLORTHALIDONE
21	ATGAM
21	ATHLETES FOOT SPRAY
21	ATRIPLA
21	ATROPINE SULFATE
21	ATROPINE-CARE
21	ATROVENT HFA
21	AUGMENTED BETAMETHASONE DIPROPIONATE
21	AUGMENTIN XR
21	AURAPHENE-B
21	AURO EARDROPS
21	AURO-DRI

Page	Trade Name
21	AURORA HEALTHCARE LANCETS
21	AUTO-LANCET
21	AUTO-LANCET MINI
21	AUTO-LANCETS
21	AVALIDE
21	AVANDAMET
21	AVANDARYL
21	AVANDIA
21	AVAPRO
22	AVAPRO
22	AVAR
22	AVAR CLEANSER
22	AVAR-E EMOLLIENT
22	AVAR-E GREEN
22	AVELOX
22	AVELOX ABC PACK
22	AVIANE
22	AVINZA
22	AVITA
22	AVODART
22	AVONEX
22	AXERT
22	AXID
22	AZACTAM
22	AZASITE
22	AZATHIOPRINE
22	AZELEX
22	AZILECT
22	AZITHROMYCIN
22	AZMACORT
22	AZO STANDARD MAXIMUM STRENGTH
22	AZO-GESIC
22	AZOPT
22	AZOR
23	AZOR
23	AZO-SEPTIC
23	AZURETTE
23	BAC /POLY /NEOMY /HC
23	BACITRACIN
23	BACITRACIN /NEOMYCIN /POLYMYXIN
23	BACITRACIN ZINC
23	BACLOFEN

Page	Trade Name
23	BACTROBAN
23	BACTROBAN NASAL
23	BALACET 325
23	BALANCED SALT SOLUTION
23	BALSALAZIDE DISODIUM
23	BALZIVA
23	BANOPHEN
23	BANZEL
23	BARACLUDE
23	BARIDIUM
23	BAYER ASPIRIN
23	BAYER BREEZE 2 HIGH CONTROL
23	BAYER BREEZE 2 LOW CONTROL
23	BAYER BREEZE 2 NORMAL CONTROL
23	BAYER CHILDRENS ASPIRIN
23	BAYER CONTOUR BLOOD GLUCOSE TEST STRIPS
23	BAYER CONTOUR HIGH CONTROL
23	BAYER CONTOUR LOW CONTROL
23	BAYER CONTOUR NORMAL CONTROL
23	BAYER LOW STRENGTH
23	BAYER MICROLET 2 LANCING DEVICE
23	BAYER MICROLET LANCETS
23	BAZA ANTIFUNGAL
23	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"
23	BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2"
23	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"
23	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"
23	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"
23	BD INSULIN SYRINGE MICROFINE PLASTIPAK/U-100/1ML/27G X 5/8"

Page	Trade Name
24	BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2"
24	BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2"
24	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"
24	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"
24	BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2"
24	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"
24	BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16"
24	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"
24	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"
24	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"
24	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"
24	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"
24	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"
24	BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"
24	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"
24	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"
24	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"
24	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2"
24	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"

Page	Trade Name
24	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"
24	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"
24	BD INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"
24	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"
24	BD INSULIN SYRINGE/U-100/1ML/28G X 1/2"
24	BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"
24	BD INSULIN SYRINGE/U-100/2ML/29G X 1/2"
24	BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2"
24	BD LANCET DEVICE
24	BD MICROTAINER LANCETS
24	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"
24	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"
24	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"
24	BD SINGLE USE SWABS BUTTERFLY
24	BD SINGLE USE SWABS REG
25	BD ULTRA FINE LANCETS
25	BD ULTRA-FINE 33 LANCETS
25	BEBULIN VH
25	BECONASE AQ
25	BELLADONNA ALKA/PB
25	BELLADONNA ALKALOIDS/PHENOBARBITAL
25	BENAZEPRIL HCL
25	BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE
25	BENEFIX
25	BENICAR
25	BENICAR HCT
25	BENPROX
25	BENZAACLIN
25	BENZAACLIN WITH PUMP
25	BENZAMYCINPAK
25	BENZASHAVE 10

Page	Trade Name
25	BENZASHAVE 5
25	BENZOYL PEROXIDE
25	BENZOYL PEROXIDE 10
25	BENZOYL PEROXIDE 5
25	BENZOYL PEROXIDE CLEANSER
26	BENZOYL PEROXIDE CLEANSER
26	BENZOYL PEROXIDE CLEANSING
26	BENZOYL PEROXIDE CREAMY WASH
26	BENZOYL PEROXIDE CREAMY WASH ACNE KIT
26	BENZOYL PEROXIDE WASH
26	BENZTROPINE MESYLATE
26	BETA HC
26	BETAMETHASONE DIPROPIONATE
26	BETAMETHASONE VALERATE
26	BETASERON
26	BETAXOLOL HCL
26	BETHANECHOL CHLORIDE
26	BETIMOL
26	BETOPTIC-S
26	BIDIL
26	BILTRICIDE
26	BIOSCANNER GLUCOSE TEST STRIPS
26	BIO-STATIN
26	BIO-THROID
26	BISAC-EVAC
26	BISACODYL
26	BISACODYL EC
26	BISCOLAX
26	BISMATROL
26	BISMUTH
26	BISMUTH SUBSALICYLATE
26	BISOPROLOL FUMARATE
26	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE
27	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE
27	BLEPHAMIDE
27	BLEPHAMIDE S.O.P.

Page	Trade Name
27	BLIS-TO-SOL
27	BONIVA
27	BOTOX
27	BREATHERITE
27	BREATHERITE COLLAPSIBLE ADULT SPACER W/MASK
27	BREATHERITE COLLAPSIBLE CHILD SPACER W/MASK
27	BREATHERITE COLLAPSIBLE INFANT SPACER W/MASK
27	BREATHERITE COLLAPSIBLE SMALL CHILD SPACER W/MASK
27	BREATHERITE COLLAPSIBLE SPACER W/ NEONATE MASK
27	BREATHERITE RIGID SPACER W/MASK
27	BREATHERITE W/LARGE MASK
27	BREATHERITE W/MEDIUM MASK
27	BREATHERITE W/SMALL MASK
27	BREVOXYL-4 CREAMY WASH
27	BREVOXYL-4 CREAMY WASH COMPLETE PACK
27	BREVOXYL-8 CREAMY WASH
27	BREVOXYL-8 CREAMY WASH COMPLETE PACK
27	BREZE KIT
27	BRIGHT BEGINNINGS SOY
27	BRIMONIDINE TARTRATE
27	BROMOCRIPTINE MESYLATE
27	BROMPHENIRAMINE MALEATE
27	BROMPHENIRAMINE TANNATE
27	BROVANA
27	BUBBLES THE FISH II PEDIATRIC MASK/PVC
27	BUDEPRION SR
27	BUDEPRION XL
27	BUFFERED ASPIRIN
27	BUFFERIN LOW DOSE
27	BULLSEYE SAFETY LANCETS
27	BUMETANIDE
28	BUPROBAN
28	BUSPIRONE HCL
28	BUTAL /ASA /CAFF /COD
28	BUTAL/ASA/CAFF
28	BUTAL/ASA/CAFF/COD

Page	Trade Name
28	BUTALBITAL /ACETAMINOPHEN /CAFFEINE
28	BUTALBITAL /APAP /CAFFEINE
28	BUTALBITAL /APAP /CAFFEINE /CODEINE
28	BUTALBITAL /ASPIRIN /CAFFEINE
28	BUTALBITAL COMPOUND
28	BUTALBITAL/APAP/CAFFEINE
28	BUTALBITAL/ASA/CAFFEINE
28	BUTORPHANOL TARTRATE
28	BYETTA
28	BYSTOLIC
28	CABERGOLINE
28	CADUET
28	CALAGESIC
28	CALAMINE
28	CALAMINE PHENOLATED
28	CALCARB 600
28	CAL-CARB FORTE
28	CALCI-CHEW
28	CALCI-MIX
28	CALCIO DEL MAR
28	CALCIPOTRIENE
28	CALCITONIN-SALMON
28	CALCITRATE
28	CALCITRATE/VITAMIN D
28	CALCITRIOL
28	CALCIUM
28	CALCIUM 500/VITAMIN D
28	CALCIUM 600
28	CALCIUM ACETATE
28	CALCIUM ANTACID
28	CALCIUM ANTACID EXTRA STRENGTH
28	CALCIUM CARBONATE
28	CALCIUM CARBONATE ORIGINAL
28	CALCIUM CARBONATE/VITAMIN D
29	CALCIUM CITRATE
29	CALCIUM CITRATE + D
29	CALCIUM CITRATE/VITAMIN D
29	CALCIUM GLUCONATE
29	CALCIUM OYSTER SHELL
29	CALCIUM/VITAMIN D

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29	CALCIUM-CARB 600
29	CAL-CO3S
29	CALDECORT
29	CAL-GEST ANTACID
29	CAL-GLU
29	CALOMIST
29	CALTRATE 600
29	CAMILA
29	CAMPRAL
29	CANASA
29	CAPEX
29	CAPITAL/CODEINE
29	CAPREX
29	CAPREX +
29	CAPSAGEL
29	CAPSAGEL EXTRA STRENGTH
29	CAPSAGEL MAXIMUM STRENGTH
29	CAPSAICIN
29	CAPSICUM OLEORESIN
29	CAPTOPRIL
29	CAPTOPRIL /HYDROCHLOROTHIAZIDE
29	CAPZASIN
29	CAPZASIN-HP
29	CAPZASIN-P
29	CARAC
29	CARBAMAZEPINE
29	CARBATROL
29	CARBIDOPA /LEVODOPA
29	CARBIDOPA/LEVODOPA
29	CARBIDOPA/LEVODOPA CR
29	CARBIDOPA/LEVODOPA ER
29	CARBIDOPA/LEVODOPA ODT
29	CARBIDOPA/LEVODOPA SR
29	CARBINOXAMINE MALEATE
29	CARDENZ
29	CARDIOCOM LANCING DEVICE
29	CARDURA XL
30	CAREONE GLUCOSE
30	CAREONE LANCET
30	CAREONE LANCET ULTRA THIN
30	CAREONE ULTIGUARD INSULIN SYRINGE/0.3ML/29G X 1/2"

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30	CAREONE ULTIGUARD INSULIN SYRINGE/0.3ML/30G X 5/16"
30	CAREONE ULTIGUARD INSULIN SYRINGE/0.5ML/29G X 1/2"
30	CAREONE ULTIGUARD INSULIN SYRINGE/0.5ML/30G X 5/16"
30	CAREONE ULTIGUARD INSULIN SYRINGE/1ML/29G X 1/2"
30	CAREONE ULTIGUARD INSULIN SYRINGE/1ML/30G X 5/16"
30	CARISOPRODOL
30	CARISOPRODOL /ASPIRIN
30	CARISOPRODOL /ASPIRIN /CODEINE
30	CARISOPRODOL/ASPIRIN
30	CARMOL 40
30	CARMOL SCALP TREATMENT
30	CARNITINE
30	CARTEOLOL HCL
30	CARTERS LITTLE PILLS
30	CARTIA XT
30	CARVEDILOL
30	CASODEX
30	CATAPRES-TTS-1
30	CATAPRES-TTS-2
30	CATAPRES-TTS-3
30	CAVAREST
30	CAVIRINSE
30	CEDAX
30	CEENU
30	CEFACTOR
30	CEFACTOR ER
30	CEFADROXIL
30	CEFDINIR
30	CEFPODOXIME PROXETIL
30	CEFPROZIL
30	CEFUROXIME AXETIL
30	CELEBREX
31	CELEBREX
31	CELLCEPT
31	CELLCEPT INTRAVENOUS
31	CENESTIN

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31	CENTANY
31	CEPHALEXIN
31	CEREDASE
31	CEREZYME
31	CERVIDIL
31	CESAMET
31	CETACORT
31	CETIRIZINE HCL
31	CETIRIZINE HCL CHILDRENS
31	CETIRIZINE HCL CHILDRENS ALLERGY
31	CHANTIX
31	CHEK-STIX COMBO PAK URINALYSIS CONTROL STRIPS
31	CHEK-STIX CONTROL
31	CHEMET
31	CHEMSTRIP-K
31	CHEWABLE ANTACID
31	CHEWABLE CALCIUM
31	CHILD APAP
31	CHILDRENS ACETAMINOPHEN
31	CHILDRENS ADVIL
31	CHILDRENS ASPIRIN
31	CHILDRENS ASPIRIN LOW STRENGTH
31	CHILDRENS IBUPROFEN
31	CHILDRENS LORATADINE
31	CHILDRENS MAPAP RAPID TABS
31	CHILDRENS MOTRIN
31	CHILDRENS MYLANTA UPSET STOMACH RELIEF
31	CHILDRENS NASAL DECONGESTANT
31	CHILDRENS NON-ASPIRIN
31	CHILDRENS NON-ASPIRIN PAIN RELIEF
31	CHILDRENS NON-ASPIRIN PAIN RELIEVER
31	CHILDRENS PAIN RELIEF
31	CHILDRENS PAIN RELIEVER
31	CHILDRENS PAIN/FEVER
31	CHILDRENS PEPTO
31	CHILDRENS SILAPAP
31	CHILDRENS TACTINAL
31	CHLORAL HYDRATE

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32	CHLORAMPHENICOL SODIUM SUCCINATE
32	CHLORASEPTIC SORE THROAT
32	CHLORDIAZEPOXIDE /AMITRIPTYLINE
32	CHLORDIAZEPOXIDE HCL
32	CHLORHIST
32	CHLOROQUINE PHOSPHATE
32	CHLOROTHIAZIDE
32	CHLORPHEN
32	CHLORPHENIRAMINE /PSEUDOEPHEDRINE
32	CHLORPHENIRAMINE MALEATE
32	CHLORPHENIRAMINE MALEATE ER
32	CHLORPHENIRAMINE/PSEUDOEPHEDRINE CR
32	CHLORPHENIRAMINE/PSEUDOEPHEDRINE LA
32	CHLORPROMAZINE HCL
32	CHLORPROPAMIDE
32	CHLOR-TABLETS
32	CHLORTHALIDONE
32	CHLOR-TRIMETON
32	CHLOR-TRIMETON ALLERGY
32	CHLOR-TRIPOLON
32	CHOLESTYRAMINE
32	CHOLESTYRAMINE LIGHT
32	CHOLINE MAGNESIUM TRISALICYLATE
32	CHOOZ
32	CICLOPIROX
32	CICLOPIROX NAIL LACQUER
32	CICLOPIROX OLAMINE
32	CICLOPIROX TOPICAL SOLUTION KIT
32	CILOSTAZOL
32	CILOXAN
32	CIMETIDINE
32	CIMETIDINE ACID REDUCER
32	CIMETIDINE HCL
32	CIMZIA
32	CINRYZE
32	CIPRO HC
32	CIPRODEX

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32	CIPROFLOXACIN
33	CIPROFLOXACIN ER
33	CIPROFLOXACIN EXTENDED-RELEASE
33	CIPROFLOXACIN HCL
33	CITALOPRAM HYDROBROMIDE
33	CITRATE OF MAGNESIA
33	CITROMA
33	CITRUS CALCIUM +D MAXIMUM
33	CITRUS CALCIUM WITH VITAMIN D
33	CLARAVIS
33	CLARIFOAM EF
33	CLARINEX
33	CLARINEX REDITABS
33	CLARINEX-D 12 HOUR
33	CLARINEX-D 24 HOUR
33	CLARITHROMYCIN
33	CLARITHROMYCIN ER
33	CLARITIN-D 12 HOUR
33	CLEAN & CLEAR PERSA-GEL EXTRA STRENGTH
33	CLEAN & CLEAR PERSA-GEL MAXIMUM STRENGTH
33	CLEANLET LANCETS 28G
33	CLEAR-ATADINE CHILDRENS
33	CLEAR-ATADINE D
33	CLEARPLEX V
33	CLEARPLEX X
33	CLEARSKIN
33	CLEMASTINE FUMARATE
33	CLENIA
33	CLENIA FOAMING WASH
33	CLEOCIN
33	CLEVER CHEK AUTO-CODE TEST STRIPS
33	CLEVER CHEK AUTO-CODE VOICE TEST STRIPS
33	CLEVER CHEK LANCETS ULTRATHIN
34	CLEVER CHEK TEST STRIPS
34	CLIMARA PRO
34	CLINAC BPO
34	CLINDAGEL
34	CLINDAMAX
34	CLINDAMYCIN HCL

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34	CLINDAMYCIN PHOSPHATE
34	CLINDESSE
34	CLOBETASOL PROPIONATE
34	CLOBETASOL PROPIONATE E
34	CLOBETASOL PROPIONATE EMOLLIENT
34	CLOBEX
34	CLODERM
34	CLODERM PUMP
34	CLOMIPRAMINE HCL
34	CLONAZEPAM
34	CLONAZEPAM ORALLY DISINTEGRATING
34	CLONIDINE HCL
34	CLORAZEPATE DIPOTASSIUM
34	CLORPRES
34	CLOTRIMAZOLE
34	CLOTRIMAZOLE 3 DAY
34	CLOTRIMAZOLE ANTI-FUNGAL
34	CLOTRIMAZOLE VAGINAL 3
34	CLOZAPINE
34	CLOZARIL
34	CO MONITOR REPLACEMENT T PIECES
34	COAGUCHEK LANCETS
34	COCAINE HCL
34	CODEINE PHOSPHATE
34	CODEINE SULFATE
34	CO-GESIC
34	COGNEX
35	COGNEX
35	COLACE ADULT
35	COLACE PEDIATRIC
35	COLCHICINE
35	COLESTIPOL HCL
35	COLESTIPOL HCL FOR ORAL SUSPENSION
35	COLFED-A
35	COLICON
35	COLIDROPS PEDIATRIC
35	COLLYRIUM EYE WASH
35	COLLYRIUM FOR FRESH EYES EYE WASH
35	COLOCORT
35	COLYTROL PEDIATRIC
35	COMBIGAN

Page	Trade Name
35	COMBIPATCH
35	COMBIVENT
35	COMBIVIR
35	COMMIT
35	COMPLETE ALLERGY MEDICATION
35	COMPLETE ALLERGY MEDICINE
35	COMPLETE ALLERGY RELIEF
35	COMPUTER EYE DROPS
35	COMTAN
35	CONCERTA
35	CONDYLOX
35	CONGEST AID
35	CONSTULOSE
35	CONTINUOUS EPIDURAL TRAY
35	CONTINUOUS EPIDURAL TRAY EPINEPH/NAACL/LIDO-EPI TEST DOSE
35	CONTROL AST
35	CONTROL TEST STRIPS
35	CONTROLRX
35	COPAXONE
35	COPEGUS
35	CORDRAN
35	CORDRAN SP
35	CORDRAN TAPE
35	COREG CR
35	CORMAX
35	CORN HUSKERS
35	CORRECT
35	CORRECTIVE LAXATIVE
35	CORRECTOL
35	CORRECTOL EXTRA GENTLE
35	CORTICAINE
35	CORTIFOAM
35	CORTISONE ACETATE
35	CORTIZONE-10
35	COUMADIN
36	COUMADIN
36	COZAAR
36	CPM
36	CREON 5
36	CREON 10
36	CREON 20

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36	CRESTOR
36	CRIXIVAN
36	CROMOLYN SODIUM
36	CRYSELLE-28
36	CUPRIMINE
36	CURITY ALCOHOL PREPS
36	CURITY ALCOHOL PREPS/MEDIUM/2 PLY
36	CURITY ALCOHOL SWABS
36	CYANIDE ANTIDOTE PKG
36	CYCLOBENZAPRINE COMFORT PAC
36	CYCLOBENZAPRINE HCL
36	CYCLOMYDRIL
36	CYCLOPENTOLATE HCL
36	CYCLOPHOSPHAMIDE
36	CYCLOSPORINE
36	CYCLOSPORINE MODIFIED
36	CYMBALTA
36	CYPROHEPTADINE HCL
36	CYSTADANE
36	CYSTAGON
36	CYTOMEL
36	CYTRA-2
36	D.O.S.
37	DAILY MULTIPLE VITAMINS
37	DAILY VITAMIN FORMULA
37	DAILY VITE
37	DANAZOL
37	DANDREX
37	DANTROLENE SODIUM
37	DAPSONE
37	DARAPRIM
37	DARVON-N
37	DAYHIST ALLERGY 12 HOUR RELIEF
37	DAYTRANA
37	DECONGESTANT
37	DECONGESTANT +
37	DECONGESTANT 60
37	DECONGESTANT PLUS
37	DEL-AQUA
37	DEMAREST DRICORT
37	DEMECLOCYCLINE HCL
37	DENAVIR

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37	DENTA 5000 PLUS
37	DENTAGEL
37	DENTS EAR WAX DROPS
37	DEPADE
37	DEPAKENE
37	DEPAKOTE
37	DEPAKOTE ER
37	DEPAKOTE SPRINKLES
37	DEPODUR
37	DEPO-SUBQ PROVERA 104
37	DERMTEX HC
37	DESIPRAMINE HCL
37	DESMOPRESSIN ACETATE
37	DESONATE
37	DESONIDE
37	DESOXIMETASONE
37	DESQUAM-E
38	DESQUAM-X
38	DETROL
38	DETROL LA
38	DEXAMETHASONE
38	DEXAMETHASONE INTENSOL
38	DEXAMETHASONE SODIUM PHOSPHATE
38	DEXASOL
38	DEXCHLORPHENIRAMINE MALEATE
38	DEXCHLORPHENIRAMINE MALEATE CR
38	DEXPAK 10 DAY
38	DEXPAK 13 DAY
38	DEXPAK 6 DAY
38	DEXTROAMPHETAMINE SULFATE
38	DEXTROAMPHETAMINE SULFATE CR
38	DEXTROAMPHETAMINE SULFATE ER
38	DIABETIC AUTOMATIC LANCE
38	DIABETIC SILTUSSIN DAS-NA
38	DIABETIC STERILE LANCETS
38	DIABETIC TUSSIN ALLERGY
38	DIABETIC TUSSIN EX
38	DIABETI-GEST
38	DIASTAT ACUDIAL
38	DIASTAT PEDIATRIC

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38	DIAZEPAM
38	DIAZEPAM INTENSOL
38	DICLOFENAC POTASSIUM
38	DICLOFENAC SODIUM
38	DICLOXACILLIN SODIUM
38	DICYCLOMINE HCL
38	DIDANOSINE
38	DIDRONEL
38	DIETARY FIBER LAXATIVE
38	DIFFERIN
39	DIFLORASONE DIACETATE
39	DIFLUNISAL
39	DIGITEK
39	DIGOXIN
39	DILANTIN
39	DILANTIN INFATABS
39	DILATRATE SR
39	DILAUDID-5
39	DILT-CD
39	DILTIA XT
39	DILTIAZEM CD
39	DILTIAZEM HCL
39	DILTIAZEM HCL ER
39	DILTIAZEM XR
39	DILT-XR
39	DIMENHYDRINATE
39	DIMETAPP MAXIMUM STRENGTH
39	DIMETAPP ND
39	DIOCTO
39	DIOCTYL S.S.
39	DIOCTYN
39	DIOTAME
39	DIOVAN
39	DIOVAN HCT
39	DIPENTUM
39	DIPHENHIST
40	DIPHENHIST
40	DIPHENHYDRAMINE HCL
40	DIPHENOXYLATE/ATROPINE
40	DIPIVEFRIN HCL
40	DIPYRIDAMOLE
40	DISOPYRAMIDE PHOSPHATE
40	DISOPYRAMIDE PHOSPHATE ER

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40	DISPAS
40	DISPOSABLE ENEMA
40	DISPOSABLE MOUTHPIECE FULL RANGE
40	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC
40	DISPOSABLE MOUTHPIECE/LOW RANGE
40	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE
40	DISPOSABLE PAPER MOUTHPIECE
40	DIVALPROEX SODIUM
40	DIVIGEL
40	DOC-Q-LACE
40	DOCU
40	DOCU SOFT
40	DOCUSATE SODIUM
40	DOCUSIL
40	DOCUSOFT S
40	DOK
40	DOLACET
40	DOLOREX FORTE
40	DORMIN
40	DORYX
40	DORZOLAMIDE HCL
40	DORZOLAMIDE HCL/TIMOLOL MALEATE
40	DOSS-100
40	DOVONEX
40	DOXAZOSIN MESYLATE
40	DOXEPIN HCL
40	DOXIDAN
40	DOXYCYCLINE HYCLATE
40	DOXYCYCLINE MONOHYDRATE
41	DOXYCYCLINE MONOHYDRATE
41	DRIMINATE
41	DRITHO-SCALP
41	DRONABINOL
41	DROXIA
41	DSS
41	DUAC
41	DUAC CS
41	DUCODYL
41	DUETACT

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41	DULCOLAX BOWEL PREP KIT
41	DULCOLAX STOOL SOFTENER
41	DUO-CARE CONTROL SOLUTION
41	DUO-CARE TEST STRIPS
41	DUREZOL
41	DYNACIRC CR
41	DYNACIRC-CR
41	DYSPEL
41	DYTUSS
41	E.S.P.
41	EAR DROPS
41	EAR DROPS EARWAX REMOVAL AID
41	EAR WAX DROPS
41	EASIVENT
41	EASIVENT /MASK-LARGE
41	EASIVENT /MASK-MEDIUM
41	EASIVENT /MASK-SMALL
41	EASY CHECK GLUCOSE CONTROL SOLUTION HIGH
41	EASY CHECK GLUCOSE CONTROL SOLUTION LOW
41	EASY CHECK GLUCOSE CONTROL SOLUTION NORMAL
41	EASY CHECK GLUCOSE TEST STRIPS
41	EASY CLICK LANCING DEVICE
41	EASY COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"
41	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"
41	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"
41	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"
41	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"
41	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"
41	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"
41	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"
41	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"

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41	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"
41	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"
42	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"
42	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"
42	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"
42	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"
42	EASY TOUCH LANCETS
42	EASY TWIST & CAP LANCETS
42	EASYGLUCO
42	EASYPRO BLOOD GLUCOSE TEST STRIPS
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42	ECLIPSE HIGH CONTROL
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42	ECONAZOLE NITRATE
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42	ECPIRIN
42	ED K+10
42	ED-APAP
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43	ENVISION AUTOCODE TEST STRIPS
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43	EPHEDRINE SULFATE
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44	EVENCARE BLOOD GLUCOSE TEST STRIP
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45	EVOCLIN
45	EVOLUTION AUTOCODE
45	EVOLUTION CONTROL SOLUTION NORMAL
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45	EXACTECH TEST STRIPS
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45	EXEL INSULIN SYRINGE/0.5ML/28G X 1/2"
45	EXEL INSULIN SYRINGE/0.5ML/29G X 1/2"
45	EXEL INSULIN SYRINGE/0.5ML/30G X 5/16"
45	EXEL INSULIN SYRINGE/1ML/28G X 1/2"
45	EXEL INSULIN SYRINGE/1ML/29G X 1/2"
45	EXEL INSULIN SYRINGE/1ML/30G X 5/16"
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45	EXELON
45	EXFORGE
45	EXJADE
45	EXPIRATORY MOUTHPIECE
45	EXTINA
45	EXTRA STRENGTH ACETAMINOPHEN
45	EXTRA STRENGTH BAYER
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49	FORA V10 BLOOD GLUCOSE TEST STRIPS
49	FORA V12 BLOOD GLUCOSE TEST STRIPS
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49	FORADIL AEROLIZER
49	FORTAMET
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49	FORTICAL
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50	GAS-X
50	GAS-X EXTRA STRENGTH
50	GAS-X INFANT DROPS
50	GAS-X MAXIMUM STRENGTH
50	GAVisCON ACID BREAKTHROUGH FORMULA
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50	GENAPAP EXTRA STRENGTH
50	GENAPHED
50	GENAPHED PLUS
50	GENASOFT
50	GENASYME
50	GENATUSS DM
50	GENEBS
50	GENERLAC
50	GENFIBER
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50	GENOTROPIN
50	GENOTROPIN MINIQUICK
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51	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT
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51	GEONE (G-1)
51	GERI-HYDROLAC 12
51	GERI-LANTA
51	GLEEVEC
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51	GLIPIZIDE
51	GLIPIZIDE ER
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51	GLIPIZIDE/METFORMIN HCL
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52	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"
52	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"
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53	GLYCRON
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53	GRANISETRON HCL
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53	GUIATUSS
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53	HEARTBURN RELIEF MAXIMUM STRENGTH
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53	HELIDAC
53	HELIXATE FS
54	HELIXATE FS
54	HEMOFIL M
54	HEMORRHOIDAL-HC
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54	HEPSERA
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54	HM MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"
54	HM MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"
54	HM MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"
54	HM MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"
54	HOMATROPAIRE
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56	HYOSCYAMINE
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56	HY-VEE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"
56	HY-VEE INSULIN SYRINGE/U-100/1ML/29G X 1/2"
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57	IMPLANON
57	INCRELEX
57	INDAPAMIDE
57	INDOMETHACIN
57	INDOMETHACIN ER
57	INFANTAIRE
57	INFANTS APAP
57	INFANTS GAS RELIEF
57	INFANTS IBUPROFEN
57	INFANTS MAPAP
57	INFANTS PAIN RELIEF
57	INFANTS SILAPAP
57	INFERGEN
57	INFINITY CONTROL SOLUTION HIGH
57	INFINITY CONTROL SOLUTION LOW
57	INFINITY CONTROL SOLUTION NORMAL
57	INHALER COMPANIONS
57	INNOHEP
57	INNOPRAN XL
57	INOVA
57	INSPIREASE BAGS
57	INSPIREASE DRUG DELIVERY SYSTEM
57	INSPIREASE MOUTHPIECE
57	INSPIREASE REPLACEMENT MOUTHPIECE
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57	INSTACORT 10
57	INSTACORT 5
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57	INSULIN SYRINGE/0.3ML/30G X 5/16"
57	INSULIN SYRINGE/0.3ML/31G X 5/16"
57	INSULIN SYRINGE/0.5ML/27G X 1/2"
57	INSULIN SYRINGE/0.5ML/28G X 1/2"
57	INSULIN SYRINGE/0.5ML/29G X 1"
57	INSULIN SYRINGE/0.5ML/29G X 1/2"
57	INSULIN SYRINGE/0.5ML/30G X 1/2"
57	INSULIN SYRINGE/0.5ML/30G X 5/16"
57	INSULIN SYRINGE/0.5ML/31G X 5/16"
57	INSULIN SYRINGE/1ML/28G X 1/2"
57	INSULIN SYRINGE/1ML/29G X 1/2"
57	INSULIN SYRINGE/1ML/30G X 5/16"
57	INSULIN SYRINGE/1ML/31G X 5/16"
58	INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"
58	INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"
58	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"
58	INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"
58	INSULIN SYRINGE/U-100/1ML/28G X 1/2"
58	INSULIN SYRINGE/U-100/1ML/29G X 1/2"
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58	INTEGRILIN
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58	INVERSINE
58	INVIRASE
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58	IPILEX
58	IPRATROPIUM BROMIDE
58	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE
58	I-PRIN
58	IQUIX
58	IRESSA
58	IRIGATE
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58	IRON
58	ISENTRESS
58	ISOCHRON
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58	ISOPTO CARBACHOL
58	ISOPTO HOMATROPINE
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58	ISOSORBIDE DINITRATE
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59	ITCHS GONE
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77	ONDANSETRON ODT
77	ONE DAILY
77	ONE FLOW TESTER TUBE MOUTHPIECE
78	ONE-A-DAY ESSENTIAL
78	ONE-A-DAY MENS
78	ONE-DAILY MULTI VITAMINS
78	ONE-TABLET-DAILY NF
78	ONETOUCH BASIC/PROFILE TEST STRIPS
78	ONETOUCH BASIC/PROFILE/ONE TOUCH II TEST STRIPS
78	ONETOUCH CLUB LANCETS FINE POINT
78	ONETOUCH COMBO PACK
78	ONETOUCH FINEPOINT LANCETS
78	ONETOUCH LANCETS
78	ONETOUCH NORMAL CONTROL
78	ONETOUCH SURESOFT LANCING DEVICE/DUAL SITE
78	ONETOUCH SURESOFT LANCING DEVICE/GENTLE
78	ONETOUCH SURESOFT LANCING DEVICE/REGULAR
78	ONETOUCH ULTRA CONTROL
78	ONETOUCH ULTRA TEST STRIPS
78	ONETOUCH ULTRASOFT LANCETS
78	ONE-WAY VALVED EXPIRATORY MOUTHPIECE/DISPOSABLE
78	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE
78	OPANA
78	OPANA ER
78	OPCON-A
78	OPTICAINE
78	OPTICHAMBER ADVANTAGE

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78	OPTICHAMBER ADVANTAGE/LARGE MASK
78	OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK
78	OPTICHAMBER ADVANTAGE/SMALL FACE MASK
78	OPTICHAMBER FACE MASK/LARGE
78	OPTICHAMBER FACE MASK/MEDIUM
78	OPTICHAMBER FACE MASK/SMALL
78	OPTICS EYE WASH
78	OPTIGENE EYE WASH
78	OPTIHALER
78	OPTIHALER MDI DRUG DELIVERY SYSTEM
78	OPTIUM TEST STRIPS
78	OPTIVAR
78	ORACEA
79	ORALONE
79	ORALYTE
79	ORALYTE FREEZER POPS
79	ORAMORPH SR
79	ORAP
79	ORAPRED
79	ORAPRED ODT
79	ORENCIA
79	ORPHENADRINE CITRATE ER
79	ORSINI INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"
79	ORSINI INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"
79	ORSINI INSULIN SYRINGE/U-100/1ML/30G X 5/16"
79	ORTHO EVRA
79	ORTHO TRI-CYCLEN LO
79	ORTHOCLONE OKT3
79	ORTHOVISC
79	OS-CAL 500
79	OS-CAL 500 + D
79	OS-CAL 500+D
79	OSCION
79	OSCION CLEANSER
79	OSMOPREP
79	OTIX

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79	OVACE
79	OVACE PLUS
79	OVCON-50 28
79	OVIDE
79	OXANDRIN
79	OXANDROLONE
79	OXAPROZIN
79	OXAZEPAM
79	OXCARBAZEPINE
79	OXISTAT
79	OXSORALEN
79	OXSORALEN ULTRA
79	OXY 10 BALANCE EMERGENCY SPOT TREATMENT
79	OXY 10 BALANCE MAXIMUM MEDICATED FACE WASH
79	OXY BALANCE EMERGENCY SPOT TREATMENT
79	OXYBUTYNIN CHLORIDE
79	OXYBUTYNIN CHLORIDE ER
80	OXYBUTYNIN CHLORIDE ER
80	OXYCODONE /ACETAMINOPHEN
80	OXYCODONE /APAP
80	OXYCODONE /ASPIRIN
80	OXYCODONE /IBUPROFEN
80	OXYCODONE HCL
80	OXYCODONE HCL CR
80	OXYCODONE HCL ER
80	OXYCODONE-APAP
80	OXYCONTIN
80	OXYFAST
80	OXYTROL
80	OYSCO 500
80	OYSTER CALCIUM
80	OYSTER SHELL
80	OYSTER SHELL CALCIUM
80	OYSTER SHELL CALCIUM 500 + D
80	OYSTERCAL
80	PAIN EXTRA STRENGTH
80	PAIN RELIEF
80	PAIN RELIEF 8 HOUR
80	PAIN RELIEF EXTRA STRENGTH
80	PANCREASE MT 10

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80	PANCREASE MT 16
80	PANCREASE MT 20
80	PANCREASE MT 4
80	PANLOR SS
80	PANOXYL
80	PANOXYL AQUA GEL
80	PANOXYL WASH
80	PANRETIN
80	PANTOPRAZOLE SODIUM
81	PANTOPRAZOLE SODIUM
81	PAREMYD
81	PARI BABY CONVERSION KIT SIZE 1
81	PARI BABY CONVERSION KIT SIZE 2
81	PARI BABY CONVERSION KIT SIZE 3
81	PARI EXPIRATORY FILTER VALVE SET
81	PARI MASK SET
81	PARI SOFT PLASTIC ADULT MASK
81	PARI SOFT PLASTIC PEDIATRIC MASK
81	PAROMOMYCIN SULFATE
81	PAROXETINE HCL
81	PAROXETINE HCL ER
81	PATADAY
81	PATANASE
81	PATANOL
81	PAXIL CR
81	PCE
81	PEAK AIR PEAK FLOW METER ADULT/PEDIATRIC
81	PEAK FLOW METER
81	PEDIACARE CHILDRENS NIGHTTIME COUGH
81	PEDIAPRED
81	PEDIATRIC AEROSOL MASK
81	PEDIATRIC DISPOSABLE MOUTPIECE
81	PEDIATRIC ELECTROLYTE
81	PEDIATRIC MOUTHPIECE/DISPOSABLE
81	PEDI-DRI
81	PEG 3350/ELECTROLYTES
81	PEGASYS

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81	PEG-INTRON
81	PEG-INTRON REDIPEN
82	PEG-INTRON REDIPEN
82	PEG-INTRON REDIPEN PAK 4
82	PENICILLIN V POTASSIUM
82	PENTASA
82	PENTAZOCINE /ACETAMINOPHEN
82	PENTAZOCINE/NALOXONE HCL
82	PENTOPAK
82	PENTOXIFYLLINE CR
82	PENTOXIFYLLINE ER
82	PENTOXIL
82	PEPTIC RELIEF
82	PERFECT CHOICE BRUSH-ON
82	PERFOROMIST
82	PERMETHRIN
82	PERPHENAZINE
82	PERPHENAZINE /AMITRIPTYLINE
82	PERSONAL BEST FULL RANGE
82	PERSONAL BEST LOW RANGE
82	PEXEVA
82	PFLEX
82	PHANASIN
82	PHANATUSS DM
82	PHARBECHLOR
82	PHARBEDRYL
82	PHARBETOL
82	PHARBETOL EXTRA STRENGTH
82	PHARMACIST CHOICE ALCOHOLPREP PADS
82	PHARMACIST CHOICE ULTRA THIN LANCETS
82	PHARMAFLUR
82	PHARMASIN
82	PHARMATUSS DM
82	PHAZYME
82	PHENADOZ
83	PHENAZOPYRIDINE HCL
83	PHENOBARBITAL
83	PHENYLEPHRINE HCL
83	PHENYTEK
83	PHENYTOIN

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83	PHENYTOIN SODIUM EXTENDED
83	PHENYTOIN SODIUM PROMPT
83	PHILLIPS LIQUI-GELS
83	PHOS FLUR
83	PHOS-FLUR
83	PHOSLO
83	PHOSPHATE ENEMA
83	PHOSPHOLINE IODIDE
83	PHRENILIN W/CAFFEINE/CODEINE
83	PIKO 1 ELECTRONIC
83	PILLOW MASK/ADULT
83	PILLOW MASK/CHILD
83	PILLOW MASK/PEDIATRIC
83	PILOCARPINE HCL
83	PILOCARPINE HYDROCHLORIDE
83	PIMA
83	PINDOLOL
83	PINK BISMUTH
83	PINK BISMUTH MAXIMUM STRENGTH
83	PINK BISMUTH REGULAR STRENGTH
83	PIROXICAM
83	PLAN B
83	PLAVIX
83	POCKET CHAMBER
83	POCKET PEAK FLOW METER
83	POCKET SPACER
83	POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS
83	POCKETCHEM EZ CONTROL LEVEL 1
83	POCKETPEAK PEAK FLOW METER LOW RANGE
83	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE
83	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM
83	PODACTIN
83	PODACTIN POWDER
83	PODOFILOX
83	POLYETHYLENE GLYCOL 3350

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84	POLYETHYLENE GLYCOL 3350-GRX
84	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE
84	POLYVINYL ALCOHOL
84	PONSTEL
84	PORTIA-28
84	POTASSIUM CHLORIDE
84	POTASSIUM CHLORIDE CR
84	POTASSIUM CHLORIDE ER
84	POTASSIUM CHLORIDE SA
84	POTASSIUM CHLORIDE SR
84	POTASSIUM CITRATE
84	POTASSIUM CITRATE EXTENDED-RELEASE
84	PRANDIMET
84	PRANDIN
84	PRASCION
84	PRASCION AV CLEANSER
84	PRASCION FC
84	PRASCION TS
84	PRAVASTATIN SODIUM
84	PRAZOSIN HCL
84	PRECARE
84	PRECARE CONCEIVE
84	PRECARE PREMIER
84	PRECISION GLUCOSE CONTROL
84	PRECISION GLUCOSE CONTROL SOLUTION (TRI-LEVEL/HI/LO/NORMAL)
84	PRECISION GLUCOSE KETONE CONTROL SOLUTION 1-LOW, 1-HIGH
84	PRECISION GLUCOSE/KETONE CONTROL SOLUTIONS 1-HI 1-LO
84	PRECISION PCX
85	PRECISION PCX PLUS TEST STRIPS
85	PRECISION POINT OF CARE TEST STRIPS
85	PRECISION QID TEST STRIPS
85	PRECISION SOF-TACT TEST STRIPS

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85	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"
85	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"
85	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"
85	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8"
85	PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"
85	PRECISION SURE-DOSE PLUS INSULIN SYRINGE/0.3ML/29G X 1/2"
85	PRECISION SURE-DOSE PLUS INSULIN SYRINGE/1ML/29G X 1/2"
85	PRECISION THIN LANCETS
85	PRECISION THINS GP LANCET
85	PRECISION ULTRA LANCET
85	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS
85	PREDNICARBATE
85	PREDNISOLONE
85	PREDNISOLONE ACETATE
85	PREDNISOLONE SODIUM PHOSPHATE
85	PREDNISONONE
85	PREDNISONONE INTENSOL
85	PREFEST
85	PRELONE
85	PREMARIN
85	PREMARIN W/APPLICATOR
85	PREMPHASE
85	PREMPRO
85	PRENAPLUS
85	PRENATAL
86	PRE-NATAL
86	PRENATAL 19
86	PRENATAL AND IRON
86	PRENATAL FORMULA
86	PRE-NATAL FORMULA
86	PRENATAL FORTE
86	PRENATAL LOW IRON

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86	PRENATAL MULTIVIT W IRON
86	PRENATAL PLUS
86	PRENATAL PLUS/IRON
86	PRENATAL S
86	PRENATAL VITAMINS
86	PRENATE DHA
86	PRENATE ELITE
86	PRENAVITE MULTIPLE VITAMIN
86	PRENAVITE PROTEIN COATED
86	PREPARATION H HYDROCORTISONE
86	PREPIDIL
86	PREVACID
86	PREVACID NAPRAPAC
86	PREVACID SOLUTAB
86	PREVIFEM
86	PREVPAC
86	PREZISTA
87	PREZISTA
87	PRIALT
87	PRIFTIN
87	PRILOSEC
87	PRILOSEC OTC
87	PRIMAQUINE PHOSPHATE
87	PRIMATENE MIST
87	PRIMIDONE
87	PRIMSOL
87	PRISTIQ
87	PRIVIGEN
87	PROAIR HFA
87	PROBENECID
87	PROCAINAMIDE HCL
87	PROCAINAMIDE HCL ER
87	PROCAINAMIDE HCL SR
87	PROCHLORPERAZINE
87	PROCHLORPERAZINE MALEATE
87	PROCRIT
87	PROCTOCREAM-HC
87	PROCTO-KIT
87	PROCTO-PAK
87	PROCTOSERT HC
87	PROCTOZONE-HC
87	PRODIGY AUTOCODE BLOOD GLUCOSE TEST STRIPS

Page	Trade Name
87	PRODIGY BLOOD GLUCOSE TEST STRIPS
87	PRODIGY CONTROL SOLUTION HIGH
87	PRODIGY CONTROL SOLUTION LOW
87	PRODIGY EJECT BLOOD GLUCOSE TEST STRIPS
87	PRODIGY POCKET BLOOD GLUCOSE TEST STRIPS
87	PRODIGY TWIST TOP LANCETS
87	PRODIGY VOICE BLOOD GLUCOSE TEST STRIPS
87	PROFILNINE SD
87	PROGLYCEM
87	PROGRAF
88	PROGRAF
88	PROLASTIN
88	PROLEUKIN
88	PROMACTA
88	PROMETHAZINE HCL
88	PROMETHAZINE HCL PLAIN
88	PROMETHEGAN
88	PROMETRIUM
88	PROPAFENONE HCL
88	PROPANTHELINE BROMIDE
88	PROPARACAINE HCL
88	PROPOXYPHENE /ACETAMINOPHEN
88	PROPOXYPHENE HCL
88	PROPOXYPHENE-N /ACETAMINOPHEN
88	PROPRANOLOL /HYDROCHLOROTHIAZIDE
88	PROPRANOLOL HCL
88	PROPRANOLOL HCL ER
88	PROPYLTHIOURACIL
88	PROQUIN XR
88	PROSTIGMIN
88	PROTONIX
88	PROTOPIC
88	PROTRIPTYLINE HCL
88	PROVENTIL HFA
88	PROVIGIL
88	PROVIL
88	PROZAC WEEKLY

Page	Trade Name
88	PSE /CPM
88	PSEUDO
88	PSEUDOEPHEDRINE HCL
89	PSEUDOEPHEDRINE HCL/CHLORPHENIRAMINE MALEATE
89	PSS SELECT GP LANCETS
89	PSS SELECT SAFETY LANCETS
89	PSUDATABS
89	PTS PANELS GLUCOSE TEST
89	PULMICORT
89	PULMICORT FLEXHALER
89	PULMOZYME
89	PX LANCETS
89	PYLERA
89	PYRAZINAMIDE
89	PYRIDOSTIGMINE BROMIDE
89	Q-DRYL
89	Q-NAFTATE
89	Q-PAP
89	Q-PAP CHILDRENS
89	Q-PAP EXTRA STRENGTH
89	Q-PAP INFANTS
89	Q-TUSSIN
89	Q-TUSSIN DM
89	QUALAQUIN
89	QUASENSE
89	QUENALIN
89	QUICKTEK CONTROL SOLUTION
89	QUICKTEK TEST STRIPS
89	QUINAPRIL /HYDROCHLOROTHIAZIDE
89	QUINAPRIL HCL
89	QUINARETIC
89	QUINIDINE GLUCONATE CR
89	QUINIDINE GLUCONATE ER
89	QUINIDINE GLUCONATE SA
89	QUINIDINE SULFATE
89	QUINIDINE SULFATE ER
89	QUIXIN
89	QVAR
89	RAMIPRIL
89	RANEXA
89	RANITIDINE 75

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89	RANITIDINE ACID REDUCER
89	RANITIDINE HCL
89	RAPAFLO
89	RAPAMUNE
90	RE 10 WASH
90	RE 40
90	RE-AZO
90	REBETOL
90	REBIF
90	REBIF TITRATION PACK
90	RECLAST
90	RECLIPSEN
90	RECOMBINATE
90	RECORT PLUS
90	REDERM
90	REFACTO
90	REFLUDAN
90	REFRESH
90	REGRANEX
90	REGULOID
90	REHYDRALYTE
90	RELENZA DISKHALER
90	RELIABLE GENTLE LAXATIVE
90	RELION 70/30 INNOLET
90	RELION BLOOD GLUCOSE TESTSTRIPS
90	RELION MICRO BLOOD GLUCOSE TEST STRIPS
90	RELION ULTIMA BLOOD GLUCOSE TEST STRIPS
90	RELISTOR
90	RELPAX
90	REMEDY ANTIFUNGAL
90	REMICADE
90	REMODULIN
90	RENAGEL
90	RENAL MULTIVITAMIN FORMULA/ZINC
90	REVELA
90	REOPRO
90	REPAN
90	REPLACEMENT AIR FILTER
90	REPLACEMENT FILTERS
90	REPREXAIN
91	REPREXAIN

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91	REQUIP XL
91	RESCRIPTOR
91	RESERPINE
91	RESTASIS
91	RESTORIL
91	REVATIO
91	REVEX
91	REVITAL FREEZER POPS
91	REVITAL JELL CUPS
91	REVITAL LIQUID SQUEEZERS
91	REVLIMID
91	REYATAZ
91	RHINOCORT AQUA
91	RHOPHYLAC
91	RIBAPAK
91	RIBASPHERE
91	RIBATAB
91	RIBAVIRIN
91	RID-A-PAIN
91	RIDAURA
91	RIFAMPIN
91	RIFATER
91	RIGHTEST GC300 HIGH CONTROL
91	RIGHTEST GC300 NORMAL CONTROL
91	RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS
91	RILUTEK
91	RIMANTADINE HCL
91	RIOMET
91	RISPERDAL CONSTA
92	RISPERDAL CONSTA
92	RISPERDAL M-TAB
92	RISPERIDONE
92	RISPERIDONE M-TAB
92	RISPERIDONE ODT
92	RITALIN LA
92	RITEFLO
92	RITUXAN
92	ROBAFEN
92	ROBAFEN DM
92	ROBAFEN DM CLEAR
92	ROBITUSSIN CHEST CONGESTION

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92	ROBITUSSIN DM
92	ROBITUSSIN DM SUGAR FREE
92	ROCALTROL
92	ROFERON-A
92	ROLAIDS EXTRA STRENGTH
92	ROMAZICON
92	ROMYCIN
92	ROPINIROLE HCL
92	ROSADERM
92	ROSANIL CLEANSER
92	ROXICET
92	ROZEREM
92	ROZEX
92	RULOX
93	RYTHMOL
93	RYTHMOL SR
93	RYZOLT
93	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16"
93	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"
93	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"
93	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"
93	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"
93	SAFE-T-LANCE LOW FLOW 25G
93	SAFE-T-LANCE NORMAL FLOW 21G
93	SAFE-T-LANCE PLUS SAFETY LANCET HIGH FLOW
93	SAFE-T-LANCE PLUS SAFETY LANCET LOW FLOW
93	SAFE-T-LANCE PLUS SAFETY LANCET NORMAL FLOW
93	SAFETY LANCET 2MM
93	SAFETY LANCETS
93	SAFETY LET LANCETS
93	SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"
93	SAIZEN
93	SAIZEN CLICK.EASY
93	SALSALATE
93	SAL-TROPINE
93	SANCTURA
93	SANCTURA XR

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93	SANCUSO
93	SANDIMMUNE
93	SANDOSTATIN
93	SANDOSTATIN LAR DEPOT
93	SANI-SUPP GLYCERIN ADULT
93	SANI-SUPP INFANT
93	SARNOL-HC
93	SCALPICIN
93	SCALPICIN MAXIMUM STRENGTH
93	SCHNUCKS INSULIN SYRINGE ULTI-FINE/U-100/0.5ML/29G X 1/2"
93	SCHNUCKS INSULIN SYRINGE ULTI-FINE/U-100/0.5ML/30G X 5/16"
94	SCHOLLS FUNGAL NAIL MANAGEMENT KIT
94	SCHOLLS ODOR DESTROYERS SPORT
94	SCOPACE
94	SCOT-TUSSIN ALLERGY RELIEF FORMULA
94	SCOT-TUSSIN EXPECTORANT
94	SEASONIQUE
94	SEB-PREV
94	SEB-PREV WASH
94	SELEGILINE HCL
94	SELENIUM SULFIDE
94	SELZENTRY
94	SEMPREX-D
94	SENNAGEN
94	SENNA-GEN
94	SENSIPAR
94	SEREVENT DISKUS
94	SEROMYCIN
94	SEROQUEL
94	SEROQUEL XR
94	SEROSTIM
94	SERTRALINE HCL
94	SERTRALINE HYDROCHLORIDE
94	SERUTAN
94	SERVIRA
94	SF
94	SF 5000 PLUS

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94	SIDESTREAM ADULT FACE MASK
94	SIDESTREAM PEDIATRIC FACEMASK
94	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL
94	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE
94	SIDESTREAM PLUS ADULT FACE MASK
94	SIGTAB
94	SILACE
94	SILADRYL ALLERGY
95	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT
95	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT
95	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC
95	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT
95	SILPHEN COUGH
95	SILTUSSIN DAS
95	SILTUSSIN SA
95	SILTUSSIN-DM
95	SILVER SULFADIAZINE
95	SIMCOR
95	SIMEPED
95	SIMETHICONE
95	SIMPLE DIAGNOSTICS LANCING DEVICE
95	SIMPLY ALLERGY
95	SIMPLY STUFFY
95	SIMULECT
95	SIMVASTATIN
95	SINGLE-LET
95	SINGLE-SHOT EPIDURAL TRAYLIDOCAINE/SODIUM CHLORIDE
95	SINGULAIR
95	SKELAXIN
95	SKELID
95	SMARTEST BLOOD GLUCOSE TEST STRIPS

Page	Trade Name
95	SMARTEST CONTROL SOLUTIONMEDIUM
95	SMARTEST LANCETS 28G
95	SODIUM BICARBONATE
95	SODIUM CHLORIDE
95	SODIUM FLUORIDE
95	SODIUM FLUORIDE PLAIN
96	SODIUM POLYSTYRENE SULFONATE
96	SODIUM SULFACETAMIDE
96	SODIUM SULFACETAMIDE/SULFUR
96	SODIUM SULFACETAMIDE/SULFUR CLEANSING CLOTHS
96	SODIUM SULFACETAMIDE/SULFUR WASH
96	SOF-LAX
96	SOLARAZE
96	SOLARTEK GLUCOSE CONTROL SOLUTIONS
96	SOLIRIS
96	SOLODYN
96	SOLTAMOX
96	SOLUCLENZ RX
96	SOMA
96	SOMATULINE DEPOT
96	SOMAVERT
96	SOMNOTE
96	SOOTHE & COOL INZO ANTIFUNGAL CREAM
96	SORBULAX
96	SORIATANE
96	SORIATANE CK
96	SORINE
96	SOTALOL HCL
96	SOTALOL HCL (AF)
96	SOTRET
97	SOTRET
97	SPACOL T/S
97	SPASDEL
97	SPECTRACEF
97	SPIRIVA HANDIHALER
97	SPIRONOLACTONE
97	SPIRONOLACTONE /HYDROCHLOROTHIAZIDE

Page	Trade Name
97	SPRYCEL
97	SPS
97	SSD
97	SSD AF
97	SSKI
97	ST JOSEPH ADULT
97	ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE
97	ST JOSEPH ASPIRIN
97	STALEVO 100
97	STALEVO 150
97	STALEVO 200
97	STALEVO 50
97	STANBACK ASPIRIN FREE
97	STANBACK HEADACHE POWDER
97	STANBACK HEADACHE POWDERS
97	STANNOUS FLUORIDE
97	STANNOUS FLUORIDE ORAL RINSE
97	STARLIX
97	STAVUDINE
97	STAVZOR
97	STIMATE
97	STIMULANT LAXATIVE
97	STOMACH RELIEF
97	STOMACH RELIEF PLUS
97	STOOL SOFTENER
97	STRATTERA
97	STRESS FORMULA
97	STRESS FORMULA 500/Biotin
97	STRESS FORMULA 600
97	STROMECTOL
97	SUBOXONE
98	SUBOXONE
98	SUBUTEX
98	SUCLOR
98	SUCRALFATE
98	SUDANYL
98	SUDOGEST
98	SUDOGEST 12 HOUR
98	SUDOGEST CHILDRENS
98	SUDOGEST COLD & ALLERGY
98	SUDOPHED

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98	SULAR
98	SULF-10
98	SULFACETAMIDE SODIUM
98	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE
98	SULFACETAMIDE SODIUM/SULFUR CLEANSER
98	SULFADIAZINE
98	SULFAMETHOXAZOLE /TRIMETHOPRIM
98	SULFAMETHOXAZOLE/TRIMETHOPRIM DS
98	SULFAMYLON
98	SULFASALAZINE
98	SULFATOL-M
98	SULFATOL-M TINT FREE
98	SULFAZINE
98	SULFAZINE EC
98	SULINDAC
98	SUMATRIPTAN
98	SUMATRIPTAN SUCCINATE
98	SUMATRIPTAN SUCCINATE REFILL
98	SUMAXIN
98	SUPER CALCIUM
98	SUPHEDRINE
98	SUPHEDRINE COLD/ALLERGY
98	SUPHERA
98	SUPPRELIN LA
98	SUPRAX
99	SUPRAX
99	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"
99	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"
99	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"
99	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"
99	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"

Page	Trade Name
99	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"
99	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"
99	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"
99	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"
99	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"
99	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"
99	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"
99	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"
99	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"
99	SURECHEK BLOOD GLUCOSE TEST STRIPS
99	SURECHEK GLUCOSE CONTROL SOLUTION
99	SURELITE LANCETS
99	SUREPRIN 81
99	SURESTEP GLUCOSE CONTROL
99	SURESTEP GLUCOSE CONTROL SOLUTION
99	SURESTEP PRO HIGH GLUCOSECONTROL
99	SURESTEP PRO LOW GLUCOSE CONTROL
99	SURESTEP PRO NORMAL GLUCOSE CONTROL
99	SURESTEP PRO TEST STRIPS
99	SURESTEP TEST STRIPS
99	SUSTIVA
99	SUTENT
99	SYMAX DUOTAB
99	SYMAX FASTABS
99	SYMAX-SL
99	SYMAX-SR
99	SYMBICORT

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99	SYMBYAX
99	SYMLIN
99	SYNAGIS
100	SYNALGOS-DC
100	SYNAREL
100	SYNERA
100	SYNTHROID
100	SYNVISC
100	SYNVISC ONE
100	SYPRINE
100	TAB-A-VITE
100	TABLOID
100	TACLONEX
100	TACLONEX SCALP
100	TACROLIMUS
100	TACTINAL
100	TACTINAL EXTRA STRENGTH
100	TAI DOC CONTROL
100	TAMBOCOR
100	TAMIFLU
100	TAMOXIFEN CITRATE
100	TANDEM DHA
100	TAPAZOLE
100	TARCEVA
100	TARGRETIN
100	TARKA
100	TASIGNA
100	TASMAR
100	TAVIST ALLERGY
100	TAVIST ND
100	TAVIST-1
100	TAZORAC
100	TAZTIA XT
100	TEARGEN
101	TECHLITE AST LANCETS
101	TEGRETOL
101	TEGRETOL-XR
101	TEKTURNA
101	TEKTURNA HCT
101	TEMAZEPAM
101	TEMODAR
101	TENCET
101	TERAZOSIN HCL
101	TERBINAFINE HCL

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101	TERBUTALINE SULFATE
101	TERCONAZOLE
101	TERSI FOAM
101	TERUMO INSULIN SYRINGE/0.3ML/30G X 3/8"
101	TERUMO INSULIN SYRINGE/0.5ML/30G X 3/8"
101	TERUMO INSULIN SYRINGE/1ML/30G X 3/8"
101	TERUMO INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"
101	TERUMO SURGUARD INSULIN SYRINGE/0.3ML/29G X 1/2"
101	TERUMO SURGUARD INSULIN SYRINGE/0.5ML/28G X 1/2"
101	TERUMO SURGUARD INSULIN SYRINGE/0.5ML/29G X 1/2"
101	TERUMO SURGUARD INSULIN SYRINGE/1ML/28G X 1/2"
101	TERUMO SURGUARD INSULIN SYRINGE/1ML/29G X 1/2"
101	TESTIM
101	TESTRED
101	TETRACAINE HCL
101	TETRACYCLINE HCL
101	TETRAVISC
101	TEVETEN
101	TEVETEN HCT
101	TEV-TROPIN
101	TEXACORT
101	THALITONE
101	THALOMID
102	THALOMID
102	THEO-24
102	THEOCAP
102	THEOCHRON
102	THEOPHYLLINE CR
102	THEOPHYLLINE ER
102	THEOPHYLLINE TD
102	THERA
102	THERA VITAMIN
102	THERACORT
102	THERACURE T
102	THERA-EAR
102	THERAFLU MULTI SYMPTOM
102	THERAPEUTIC

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102	THERAPY BAYER
102	THERA-TABS
102	THEREMS
102	THERMAZENE
102	THINLETS GP LANCETS
102	THINLETS LANCET
102	THINPRO INSULIN SYRINGE/0.3ML/29G X 1/2"
102	THINPRO INSULIN SYRINGE/0.3ML/30G X 3/8"
102	THINPRO INSULIN SYRINGE/0.3ML/31G X 3/8"
102	THINPRO INSULIN SYRINGE/0.5ML/28G X 1/2"
102	THINPRO INSULIN SYRINGE/0.5ML/29G X 1/2"
102	THINPRO INSULIN SYRINGE/0.5ML/30G X 3/8"
102	THINPRO INSULIN SYRINGE/0.5ML/31G X 3/8"
102	THINPRO INSULIN SYRINGE/1ML/28G X 1/2"
102	THINPRO INSULIN SYRINGE/1ML/29G X 1/2"
102	THINPRO INSULIN SYRINGE/1ML/30G X 3/8"
102	THINPRO INSULIN SYRINGE/1ML/31G X 3/8"
103	THIORIDAZINE HCL
103	THIOTHIXENE
103	THRESHOLD IMT
103	THROMBATE III W/10 ML STERILE WATER
103	THROMBATE III W/20 ML STERILE WATER
103	THYMOGLOBULIN
103	THYROGEN
103	THYROID
103	THYROLAR-1
103	THYROLAR-1/2
103	THYROLAR-1/4
103	THYROLAR-2
103	THYROLAR-3
103	TICLOPIDINE HCL
103	TIKOSYN
103	TILADE
103	TILIA FE

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103	TIMOLIDE 10/25
103	TIMOLOL MALEATE
103	TIMOLOL MALEATE OPHTHALMIC GEL FORMING
103	TINAMAR
103	TINASPORE
103	TINDAMAX
103	TING
103	TITRALAC
103	TITRALAC EXTRA STRENGTH
103	TIZANIDINE HCL
103	T-NAF
103	TOBI
103	TOBRADEX
103	TOBRAMYCIN SULFATE
103	TOBEX
103	TOLAZAMIDE
103	TOLBUTAMIDE
103	TOLMETIN SODIUM
103	TOLNAFTATE
103	TOLNAFTATE 1% ANTIFUNGAL
103	TOLNAFTIN
104	TOPAMAX
104	TOPAMAX SPRINKLE
104	TOPCO INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"
104	TOPCO INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"
104	TOPCO INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"
104	TOPCO INSULIN SYRINGE/U-100/1ML/29G X 1/2"
104	TOPCO SYRINGE/U-100/1ML/28G X 1/2"
104	TOPIRAMATE
104	TOPISULF
104	TORSEMIDE
104	TOTAL ALLERGY
104	TOTAL ALLERGY MEDICINE
104	TOVIAZ
104	TRACLEER
104	TRAMADOL HCL
104	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN
104	TRANDOLAPRIL

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104	TRANSDERM-SCOP
104	TRANXENE-SD
104	TRANLYCYPROMINE SULFATE
104	TRAVATAN
104	TRAVATAN Z
104	TRAVEL SICKNESS
104	TRAVEL-EZE
104	TRAV-TABS
104	TRAZODONE HCL
104	TRECTOR
104	TRECTOR-SC
104	TRELSTAR DEPOT
104	TRELSTAR DEPOT MIXJECT
104	TRELSTAR LA
104	TRELSTAR LA MIXJECT
104	TRETINOIN
105	TRETINOIN
105	TRETINOIN EMOLLIENT
105	TREXALL
105	TREXIMET
105	TRIAL AG
105	TRIAL ANTACID
105	TRIAMCINOLONE ACETONIDE
105	TRIAMCINOLONE ACETONIDE IN ABSORBASE
105	TRIAMCINOLONE IN ORABASE
105	TRIAMINIC ALLERCHEWS
105	TRIAMINIC COUGH & RUNNY NOSE
105	TRIAMTERENE /HYDROCHLOROTHIAZIDE
105	TRIAZ FOAMING CLOTHS
105	TRIAZOLAM
105	TRICARE
105	TRI-CHLOR
105	TRICOR
105	TRICOSAL
105	TRIDERM
105	TRIFLUOPERAZINE HCL
105	TRIFLURIDINE
105	TRIGLIDE
105	TRIHXYPHENIDYL HCL
105	TRI-LEGEST FE
105	TRILIPIX
105	TRILYTE

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105	TRIMETHOBENZAMIDE HCL
105	TRIMETHOPRIM
105	TRIMETHOPRIM SULFATE/POLYMYXIN B SULFATE
105	TRIMETHOPRIM/SULFAMETHOXAZOLE DS
105	TRIMIPRAMINE MALEATE
105	TRIMOX
105	TRINESSA
105	TRIPLE ANTIBIOTIC
105	TRIPLE ANTIBIOTIC PLUS
106	TRIPLE ANTIBIOTIC PLUS MAXIMUM STRENGTH
106	TRIPOHIST
106	TRIPOHIST D
106	TRI-PREVIFEM
106	TRIPTONE
106	TRI-SPRINTEC
106	TRIVORA-28
106	TRIXAICIN
106	TRIXAICIN HP
106	TRIZIVIR
106	TRUETRACK GLUCOSE CONTROLHIGH
106	TRUETRACK GLUCOSE CONTROLLEVEL 0
106	TRUETRACK GLUCOSE CONTROLLOW
106	TRUETRACK TEST
106	TRUVADA
106	TRUZONE PEAK FLOW METER
106	TUBING/WING TIP
106	TUSSIGON
106	TUSSIN
106	TUSSIN DM
106	TWINJECT
106	TYCOLENE
106	TYKERB
106	TYLOPHEN
106	TYSABRI
106	TYZEKA
106	ULESFIA
106	ULORIC

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106	ULTICARE INSULIN SYRINGE ULTRAFINE U-100/0.3ML/31G X 5/16"
106	ULTICARE INSULIN SYRINGE ULTRAFINE U-100/0.5ML/31G X 5/16"
106	ULTICARE INSULIN SYRINGE ULTRAFINE U-100/1ML/31G X 5/16"
106	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"
106	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"
106	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"
106	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"
106	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"
106	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"
106	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"
106	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"
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106	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"
106	ULTICARE THIN LANCETS 30G
106	ULTICARE THIN LANCETS ULTISMOOTH 28G
106	ULTIGUARD INSULIN SYRINGE/0.3ML/30G X 1/2"
106	ULTIGUARD INSULIN SYRINGE/0.5ML/30G X 1/2"
106	ULTIGUARD INSULIN SYRINGE/1ML/30G X 1/2"
107	ULTIGUARD INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"
107	ULTIGUARD INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"
107	ULTIGUARD INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"

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107	ULTIGUARD INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"
107	ULTIGUARD INSULIN SYRINGE/U-100/1ML/29G X 1/2"
107	ULTIGUARD INSULIN SYRINGE/U-100/1ML/30G X 5/16"
107	ULTIGUARD INSULIN SYRINGEULTI-FINE U-100/0.3ML/31G X 5/16"
107	ULTIGUARD INSULIN SYRINGEULTI-FINE U-100/0.5ML/31G X 5/16"
107	ULTIGUARD INSULIN SYRINGEULTI-FINE U-100/1ML/31G X 5/16"
107	ULTI-LANCE AUTO-ADJUST DEVICE
107	ULTI-LANCE AUTOMATIC/ CLEAR TIP
107	ULTI-LANCE MINI ADJUSTABLE DEVICE
107	ULTILET ALCOHOL SWAB
107	ULTILET ALCOHOL SWABS
107	ULTILET CLASSIC LANCETS
107	ULTILET GLUCOSE
107	ULTILET INSULIN SYRINGE/0.3ML/29G X 7/16"
107	ULTILET INSULIN SYRINGE/0.3ML/30G X 7/16"
107	ULTILET INSULIN SYRINGE/0.5ML/29G X 7/16"
107	ULTILET INSULIN SYRINGE/0.5ML/30G X 7/16"
107	ULTILET INSULIN SYRINGE/1ML/29G X 7/16"
107	ULTILET INSULIN SYRINGE/1ML/30G X 7/16"
107	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"
107	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"
107	ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16"
107	ULTILET LANCETS
107	ULTILET OPERATING DEVICE

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107	ULTILET ULTI-LANCE ADJ DEVICE
107	ULTIMA TEST STRIPS
107	ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"
107	ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"
107	ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"
107	ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 1/2"
107	ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"
107	ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"
107	ULTRAM ER
107	ULTRASE
108	ULTRASE MT 12
108	ULTRASE MT 18
108	ULTRASE MT 20
108	ULTRATRAK PRO CONTROL SOLUTION 2 LEVELS
108	ULTRATRAK PRO TEST STRIPS
108	UN-ASPIRIN
108	UNI-EASE
108	UNIFED
108	UNI-LAN
108	UNIPHYL
108	UNI-SED
108	UNITHROID
108	UNITHROID DIRECT
108	UNI-TREN
108	UREA
108	UREA 42% CLOTHS
108	UREA NAIL
108	UREA NAILSTIK
108	UREA TOPICAL
108	UREA-C40
108	UREACIN-10
108	UREACIN-20
108	UREALAC
108	UREALAC NAIL GEL
108	UREALAC NAIL STICK
108	UROLENE BLUE
108	UROXATRAL

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108	URSO 250
108	URSO FORTE
108	URSODIOL
108	VAGIFEM
108	VAGINAL 3-DAY COMBO PACK
108	VALCYTE
108	VALPROIC ACID
108	VALTREX
108	VANAMIDE
108	VANDAZOLE
108	VANOS
109	VANTAS
109	VECTICAL
109	VEGETABLE LAXATIVE
109	VELIVET
109	VENLAFAXINE HCL
109	VENLAFAXINE HCL ER
109	VENTAVIS
109	VENTOLIN HFA
109	VERAMYST
109	VERAPAMIL HCL
109	VERAPAMIL HCL ER
109	VERAPAMIL HCL SR
109	VERDESO
109	VEREGEN
109	VERIPRED 20
109	VESICARE
109	VESSELVITE
109	VEXOL
109	VFEND
109	VIDEX PEDIATRIC
109	VIGAMOX
109	VIGOMAR
109	VIMAR HP
109	VIMPAT
109	VIRACEPT
109	VIRAMUNE
109	VIREAD
109	VISICOL
109	VISINE-A
109	VISUAL-EYES
109	VISUDYNE
109	VITALET PRO LANCETS
109	VITALET PRO PLUS LANCETS

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109	VITAMIN A
110	VITAMIN A
110	VITAMIN A 7500 UNIT FISH
110	VITAMIN A PALMITATE WATER DISPERSIBLE
110	VITAMIN A/BETA CAROTENE
110	VITAMIN E/VITAMIN C/BETA CAROTENE
110	VITAMIN K
110	VITAPHIL AIDE
110	VITELLE NESTABS
110	VITRASERT
110	VIVA DROPS
110	VIVAGLOBIN
110	VIVELLE-DOT
110	VIVITROL
110	V-LAX
110	VOLTAREN
110	VOPAC
110	VORTEX VALVED HOLDING CHAMBER
110	V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"
110	V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"
110	V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"
110	V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"
110	V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"
110	VUSION
110	VYTORIN
110	VYVANSE
110	W&F LANCETS 26G
110	W&F LANCETS COLORED 21G
110	WARFARIN SODIUM
110	WATCHHALER
110	WAVESENSE JAZZ TEST STRIPS
110	WAVESENSE KEYNOTE CONTROL SOLUTION NORMAL
110	WAVESENSE KEYNOTE TEST STRIPS

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110	WAVESENSE PRESTO TEST STRIPS
111	WAVESENSE ULTRA-THIN LANCETS 33G
111	WEBCOL ALCOHOL PREP LARGE 1 PLY
111	WEBCOL ALCOHOL PREP LARGE 2 PLY
111	WEBCOL ALCOHOL PREP MEDIUM 2 PLY
111	WELCHOL
111	WINDMILL TRAINER
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111	WOMENS LAXATIVE
111	XALATAN
111	XELODA
111	XENAZINE
111	XERAC AC
111	XIBROM
111	XIFAXAN
111	XODOL
111	XOLAIR
111	XOLEGEL
111	XOLEGEL COREPAK
111	XOLEGEL DUO/HEAD & SHOULDERS
111	XOLEGEL DUO/XOLEX
111	XOPENEX
111	XOPENEX CONCENTRATE
111	XOPENEX HFA
111	X-STR CHEW ANTACID
111	XYNTHA
111	XYREM
111	XYZAL
111	YAZ
111	YL FOLIC ACID
111	YODEFAN
111	ZACLIR CLEANSING
111	ZADITOR
111	ZALEPLON
111	ZAMICET
111	ZANAFLEX
112	ZANAFLEX
112	ZARONTIN
112	ZAZOLE
112	ZEBUTAL

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112	ZEGERID
112	ZELAPAR
112	ZEMAIRA
112	ZEMPLAR
112	ZENAPAX
112	ZENCHENT
112	ZERLOR
112	ZETIA
112	ZIAGEN
112	ZIANA
112	ZIDOVUDINE
112	ZINC OXIDE
112	ZINGO
112	ZMAX
112	ZODERM
112	ZOEY ASTHMAMENTOR
112	ZOEY OPTICHAMBER ADVANTAGE
112	ZOEY PERSONAL BEST FULL RANGE PEAK FLOW METER
112	ZOEY PERSONAL BEST LOW RANGE PEAK FLOW METER
112	ZOLADEX
112	ZOLINZA
112	ZOLPIDEM TARTRATE
112	ZOMIG
112	ZOMIG ZMT
113	ZONISAMIDE
113	ZORPRIN
113	ZOVIA 1/35E
113	ZOVIA 1/50E
113	ZOVIRAX
113	ZYDONE
113	ZYFLO
113	ZYFLO CR
113	ZYLET
113	ZYMAR
113	ZYPREXA
113	ZYPREXA ZYDIS
113	ZYRTEC-D
113	ZYVOX