

Health Net Orange Prescription Drug Plan

Abridged Medicare Drug List (Formulary) List of Covered Drugs

Arizona
California
Connecticut
Massachusetts
New Jersey
New York
Oregon
Rhode Island
Vermont
Washington

HEALTH NET A *better* DECISIONSM

Health Net Orange

Medicare Drug List (Formulary)
(List of Covered Drugs)

This is not a complete list of drugs covered by the Part D Plan. For a complete listing, please call Customer Service at 1-800-806-8811, Monday through Friday from 8am - 5pm, except holidays (TTY/TDD users call 1- 800-929-9955) or log onto www.healthnet.com.

What is the Health Net Medicare Drug List (Formulary)?

A Drug List, also called a Formulary, is a list of drugs selected by Health Net in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Health Net will generally cover the drugs listed on our Drug List as long as the drug is medically necessary, the prescription is filled at a Health Net network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This is not a complete list of drugs covered by the Part D Plan. For a complete listing, please call Customer Service at 1-800-806-8811, 8am - 5pm Monday through Friday, except holidays (TTY/TDD users call 1-800-929-9955) or log onto www.healthnet.com.

Can the Drug List change?

Yes, Health Net may add or remove drugs from our Drug List during the year. The enclosed Drug List is current as of October 1, 2005. To get updated information about the drugs covered by Health Net, please visit our website at www.healthnet.com or call our Customer Service Department at 1-800-806-8811, 8am - 5pm Monday through Friday, except holidays. TTY/TDD users should call 1-800-929-9955. If we remove a drug from our Drug List, add prior authorization, apply quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify members who take that drug that it will be removed at least 60 days before the date that the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our Drug List to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our Drug List and provide notice to members who take the drug.

How do I use the Drug List?

There are two ways to find your drug on the Drug List:

1. Medical Condition

The Drug List begins on page 7. The drugs on this Drug List are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the end of this document. The Index provides an alphabetical list of all of the drugs included on the Drug List. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find

coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

How much will I pay for Health Net Covered Drugs?

If you qualified for extra help with your drug costs, your costs for your drugs may be different than those described below. Please refer to your Evidence of Coverage or call Customer Service to find out what your costs are.

Health Net will pay part of the costs for your covered drugs and you will pay part. The amount you pay depends on which drug tier your drug is on under our plan. You can find out which drug tier your drug is on by looking on the Drug List that begins on page 7. Please refer to your Summary of Benefits, Evidence of Coverage or call Customer Service to find out what your costs will be.

You can ask Health Net to make an exception to your drug's tier placement. See the section, "How do I request an exception to the Drug List?", for information about how to request an exception.

Are there any other restrictions on coverage?

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

- **Age Limits:** Some drugs may require prior authorization if your age does not meet manufacturer, Food and Drug Administration, or clinical recommendations.
- **Electronic Step Therapy:** In some cases, Health Net requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Health Net may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Net will then cover Drug B. The pharmacy computer will look for Drug A on your claims history and if found, automatically approve Drug B.
- **Gender Limit:** Some drugs are only covered for males or females based on manufacturer, Food and Drug Administration, or clinical recommendations.
- **Generic Preferred/Substitution:** When there is a generic version of a brand name drug available, Health Net network pharmacies will automatically give you the generic version, unless your doctor has told us that you must take the brand name drug. If you choose to fill your prescription with a brand name drug when a generic equivalent is available, you may be responsible for a higher copay and/or the difference in cost between the brand and generic medications.

- **Prior Authorization:** Health Net requires you to get prior authorization for certain drugs. This means that you will need to get approval from Health Net before you fill your prescription. If you don't get approval, Health Net may not cover the drug.
- **Quantity Limits:** For certain drugs, Health Net limits the amount of the drug that we will cover. For example, Health Net provides 6 tablets per prescription for ZITHROMAX. This limit may replace your standard 30 or 90-day supply.
- **Therapy Limit:** Some drugs are only covered for a specific length of time based on manufacturer, Food and Drug Administration, or clinical recommendations.

You can find out if your drug has any additional requirements or limits by looking on the Drug List that begins on page 7.

You can ask Health Net to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Drug List?", for information about how to request an exception.

What if my drug is not on the Drug List?

If your drug is not included on the Drug List, you should first contact Customer Service and ask if your drug is covered. This is not a complete list of drugs covered by the Part D Plan. For a complete listing, please call Customer Service at 1-800-806-8811, 8am - 5pm Monday through Friday, except holidays (TTY/TDD users call 1-800-929-9955) or log onto www.healthnet.com.

If you learn that Health Net does not cover your drug, you have two options:

1. You can ask Customer Service for a similar list of drugs that are covered by Health Net. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Health Net.
2. You can ask Health Net to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Drug List?

You can ask Health Net to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

1. You can ask us to cover your drug even if it is not on our Drug List.
2. You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Health Net limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

3. You can ask us to provide coverage for your drug at a lower tier copay. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our Drug List, you may not also ask us to cover it for a lower tier copay.

Generally, Health Net will only approve your request for an exception if the alternative drug(s) included on the Drug List, the lower-tier drug(s) or additional utilization restriction(s) would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

If you would like to request a Drug List, tier or utilization restriction exception, you should ask your doctor to submit a prior authorization request or you may contact our Customer Service Department at 1-800-806-8811, 8am - 5pm Monday through Friday, except holidays. TTY/TDD users should call 1-800-929-9955. Generally, we must make our decision within 72 hours of your request.

What are generic drugs?

Health Net covers both brand name drugs and generic drugs. Generic drugs have the same active ingredient formula as the brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs.

Generic drugs are listed in lower-case italics (e.g., *fluoxetine*) on the Drug List on page 7. Brand name drugs are capitalized on the Drug List (e.g., PROZAC).

For more information

For more detailed information about your Health Net prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions, please call our Customer Service Department at 1-800-806-8811, 8am - 5pm Monday through Friday, except holidays. TTY/TDD users should call 1-800-929-9955. Or visit our Website at www.healthnet.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Health Net's Drug List

The Drug List provides coverage information about some of the drugs covered by Health Net. If you have trouble finding your drug on the list, turn to the Index. Remember: This is not a complete list of drugs covered by the Part D Plan. For a complete listing, please call Customer Service at 1-800-806-8811, 8am - 5pm Monday through Friday, except holidays (TTY/TDD users call 1-800-929-9955) or log onto www.healthnet.com.

The first column of the Drug List indicates the drug name. Brand name drugs are capitalized (e.g., PROZAC) and generic drugs are listed in lower-case italics (e.g., *fluoxetine*).

- If you are a Health Net Prescription Drug Plan only member, you have either a 2-Tier or a 3-Tier benefit. Column 2 of the Drug List indicates the tier level for each drug listed if you have a 2-Tier benefit. Column 3 of the Drug List indicates the tier level for each drug listed if you have a 3-Tier benefit.
- If you are a Health Net Medicare Advantage member, you have a 3-Tier benefit. Column 3 of the Drug List indicates the tier level for each drug listed.
- The information in the Requirements/Limits column tells you if Health Net has any special requirements for coverage of your drug. You will find the following abbreviations in the Requirements/Limits column:

Abbreviation	Definition	Description
AL	Age Limit	Some drugs may require prior authorization if your age does not meet manufacturer, Food and Drug Administration, or clinical recommendations.
EST	Electronic Step Therapy	In some cases, Health Net requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Health Net may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Net will then cover Drug B. The pharmacy computer will look for Drug A on your claims history and if found, automatically approve Drug B.
GL	Gender Limit	Some drugs are only covered for males or females based on manufacturer, Food and Drug Administration, or clinical recommendations.
GP	Generic Preferred/Substitution	When there is a generic version of a brand name drug available, Health Net network pharmacies will automatically give you the generic version, unless your doctor has told us that you must take the brand name drug. If you choose to fill your prescription with a brand name drug when a generic equivalent is available, you may be responsible for a higher copay and/or the difference in cost between the brand and generic medications.
PA	Prior Authorization	Health Net requires you to get prior authorization for certain drugs. This means that you will need to get approval from Health Net before you fill your prescription. If you don't get approval, Health Net may not cover the drug.

Abbreviation	Definition	Description
QL	Quantity Limit	For certain drugs, Health Net limits the amount of the drug that we will cover. For example, Health Net provides 6 tablets per prescription for ZITHROMAX. This limit may replace your standard 30 or 90-day supply.
TL	Therapy Limit	Some drugs are only covered for a specific length of time based on manufacturer, Food and Drug Administration, or clinical recommendations.

You will find the following abbreviations in the Drug Tier columns. Please refer to your Summary of Benefits, Evidence of Coverage or call Customer Service to find out what your costs will be.

Abbreviation	Definition	Description
1	Tier 1	Preferred Generic drugs on the Drug List. These medications are available to you at your lowest copayment.
2	Tier 2	Preferred Brand drugs on the Drug List. These medications are available to you at your second lowest copayment.
3	Tier 3	Nonpreferred Generic or Brand drugs on the Drug List. These medications are available to members with a 3-Tier benefit at their highest copayment.
A	Specialty Group A	Lower cost oral and injectable specialty drugs. These medications are available to you at a 25% coinsurance level.
B	Specialty Group B	High cost oral and injectable specialty drugs. These medications are available to you at a 25% coinsurance level and are not eligible for exceptions for payment at a lower tier.
NF	Nonformulary	These medications are not on the Drug List for your benefit. You can ask Health Net to make an exception to drugs not on the Drug List. See the section, "How do I request an exception to the Drug List?", for information about how to request an exception.

Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
-----------	--------------------------------	--------------------------------	---------------------

Analgesics

<i>acetaminophen w/ codeine oral</i>	1	1	
ANEXSIA ORAL	2	2	GP
<i>aspirin w/ codeine oral</i>	1	1	
BANCAP-HC ORAL	2	2	GP
CODEINE SULFATE ORAL	2	2	
DARVOCET-N 100 ORAL	2	2	AL Age < 65 years old, GP
DARVOCET-N 50 ORAL	2	2	AL Age < 65 years old, GP
DARVON COMPOUND 32 ORAL	2	2	AL Age < 65 years old
DARVON COMPOUND-65 ORAL	2	2	AL Age < 65 years old
DARVON ORAL	2	2	AL Age < 65 years old, GP
DARVON-N ORAL	2	2	AL Age < 65 years old
DEMEROL ORAL	2	2	AL Age < 65 years old, GP
DILAUDID ORAL	2	2	GP
DILAUDID RECTAL	2	2	GP
DILAUDID-5 ORAL	2	2	GP
DOLOPHINE HCL ORAL	2	2	GP
DOLOPHINE ORAL	2	2	GP
DURAGESIC TRANSDERMAL	2	2	GP, QL Limited to 10 patches per month
<i>fentanyl transdermal</i>	1	1	QL Limited to 10 patches per month
FRENADOL ORAL	2	2	
<i>hydrocodone-acetaminophen oral</i>	1	1	
<i>hydromorphone hcl oral</i>	1	1	
<i>hydromorphone hcl rectal</i>	1	1	
KADIAN ORAL	2	2	
LORCET 10/650 ORAL	2	2	GP
LORCET PLUS ORAL	2	2	GP
LORCET-HD ORAL	2	2	GP
LORTAB 10 ORAL	2	2	GP
LORTAB 2.5 ORAL	2	2	GP
LORTAB 5 ORAL	2	2	GP
LORTAB 7.5 ORAL	2	2	GP

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
LORTAB ORAL	2	2	GP
MAXIDONE ORAL	2	2	GP
<i>meperidine hcl oral</i>	1	1	AL Age < 65 years old
<i>meperidine w/ promethazine oral</i>	1	1	AL Age < 65 years old
METHADONE HCL INTENSOL ORAL	2	2	GP
<i>methadone hcl oral</i>	1	1	
<i>methadone hcl oral conc</i>	1	1	
METHADONE HCL ORAL SOLN	2	2	
<i>methadone hcl oral tabs</i>	1	1	
<i>morphine sulfate oral</i>	1	1	
<i>morphine sulfate oral tabs</i>	1	1	
<i>morphine sulfate oral tb12</i>	1	1	
<i>morphine sulfate rectal</i>	1	1	
MS CONTIN ORAL	2	2	GP
NORCO ORAL	2	2	GP
ORAMORPH SR ORAL	2	2	GP
<i>oxycodone hcl oral caps</i>	1	1	
<i>oxycodone hcl oral conc</i>	1	1	
<i>oxycodone hcl oral soln</i>	1	1	
<i>oxycodone hcl oral tabs</i>	1	1	
<i>oxycodone w/ acetaminophen oral</i>	1	1	
<i>oxycodone w/ aspirin oral</i>	1	1	
OXYIR ORAL	2	2	GP
PANRITIS FORTE ORAL	2	2	GP
PERCOCET ORAL	2	2	GP
PERCODAN ORAL	2	2	GP
PROPOXYPHENE COMPOUND ORAL	2	2	AL Age < 65 years old
<i>propoxyphene hcl oral</i>	1	1	AL Age < 65 years old
<i>propoxyphene hcl w/ apap oral</i>	1	1	AL Age < 65 years old
PROPOXYPHENE/ASA/CAFF ORAL	2	2	AL Age < 65 years old
RMS RECTAL	2	2	GP
ROXANOL ORAL	2	2	GP
ROXANOL-T ORAL	2	2	GP
ROXICET ORAL	2	2	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
ROXICODONE INTENSOL ORAL	2	2	GP
ROXICODONE ORAL	2	2	GP
<i>tramadol hcl oral</i>	1	1	QL Limited to 240 per month
TYLENOL/CODEINE #3 ORAL	2	2	GP
TYLENOL/CODEINE #4 ORAL	2	2	GP
TYLOX ORAL	2	2	GP
ULTRAM ORAL	2	2	GP, QL Limited to 240 per month
VICODIN ES ORAL	2	2	GP
VICODIN ORAL	2	2	GP

Anesthetics

<i>lidocaine hcl (local anesth.) injection</i>	A	A	PA
<i>procaine hcl injection</i>	A	A	PA
<i>tetracaine hcl injection</i>	A	A	PA

Antibacterials

<i>amoxicillin & pot clavulanate oral</i>	1	1	
<i>amoxicillin oral</i>	1	1	
AMOXIL ORAL	2	2	GP
AMOXIL ORAL CHEW	2	2	GP
AMOXIL ORAL SUSR 400MG/5ML	2	2	GP
AMOXIL ORAL SUSR 50MG/ML	2	2	
AMOXIL PEDIATRIC ORAL	2	2	
<i>ampicillin oral</i>	1	1	
AUGMENTIN ES-600 ORAL	2	2	GP
AUGMENTIN ORAL	2	2	GP
AUGMENTIN CHEW 125-31.25 MG	2	2	
AUGMENTIN CHEW 250-62.5 MG	2	2	
AUGMENTIN ORAL SUSR 125-31.25 MG/5ML	2	2	
AUGMENTIN ORAL SUSR 250-62.5 MG/5ML	2	2	
AUGMENTIN ORAL SUSR 400-57 MG/5ML	2	2	GP
AUGMENTIN TABS 250-125 MG	2	2	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
AUGMENTIN TABS 500-125 MG	2	2	GP
AUGMENTIN XR ORAL	2	2	
AVELOX ABC PACK ORAL	2	2	QL Limited to 14 tablets in 3 months
AVELOX ORAL	2	2	QL Limited to 14 tablets in 3 months
BACTRIM DS ORAL	2	2	GP
BACTRIM ORAL	2	2	GP
BIAXIN ORAL SUSR	2	2	TL Limited to 14 days supply
BIAXIN ORAL TABS	2	2	GP, TL Limited to 14 days supply
BIAXIN XL ORAL	2	2	QL Limited to 14 per fill
BIAXIN XL PAC ORAL	2	2	QL Limited to 14 per fill
CECLOR ORAL	2	2	GP
<i>cefaclor oral</i>	1	1	
<i>cefadroxil oral</i>	1	1	
CEFTIN ORAL SUSR	2	2	
CEFTIN ORAL TABS	2	2	GP
<i>cefuroxime axetil oral</i>	1	1	
CEFZIL ORAL	2	2	
CEPHALEXIN MONOHYDRATE ORAL	2	2	
<i>cephalexin oral</i>	1	1	
CIPRO CYSTITIS ORAL	2	2	GP
CIPRO ORAL SUSR	2	2	
CIPRO ORAL TABS	2	2	GP
<i>ciprofloxacin hcl oral</i>	1	1	
CIPROFLOXACIN HCL ORAL TABS 100MG	2	2	
CIPROFLOXACIN ORAL	2	2	
CLARITHROMYCIN ORAL SUSR	2	2	TL Limited to 14 days supply
<i>clarithromycin oral tabs</i>	1	1	TL Limited to 14 days supply
CLEOCIN ORAL	2	2	GP
CLEOCIN ORAL CAPS 75MG	2	2	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
CLEOCIN PEDIATRIC GRANULE ORAL	2	2	
<i>clindamycin hcl oral</i>	1	1	
<i>dicloxacillin sodium oral</i>	1	1	
<i>doxycycline (monohydrate) oral</i>	1	1	
<i>doxycycline hyclate oral caps</i>	1	1	
<i>doxycycline hyclate oral tabs 100MG</i>	1	1	
DURICEF ORAL CAPS	2	2	GP
DURICEF ORAL SUSR	2	2	
DURICEF ORAL TABS	2	2	GP
DYNACIN ORAL CAPS	2	2	GP
DYNAPEN ORAL	2	2	
E.E.S. GRANULES ORAL	2	2	GP
E-MYCIN ORAL	2	2	
ERYC ORAL	2	2	GP
ERYPED 200 ORAL	2	2	GP
ERYPED 400 ORAL	2	2	
ERYPED ORAL	2	2	
ERY-TAB ORAL	2	2	
<i>erythromycin base oral cpep</i>	1	1	
ERYTHROMYCIN BASE ORAL TABS	2	2	
ERYTHROMYCIN ESTOLATE ORAL	2	2	
<i>erythromycin ethylsuccinate oral</i>	1	1	
ERYTHROMYCIN ORAL	2	2	
<i>erythromycin stearate oral</i>	1	1	
<i>erythromycin-sulfisoxazole oral</i>	1	1	
FLAGYL ORAL	2	2	GP
FURADANTIN ORAL	2	2	AL Age < 65 years old
FUROXONE ORAL	2	2	
GANTRISIN PEDIATRIC ORAL	2	2	
HIPREX ORAL	2	2	GP
HUMATIN ORAL	2	2	GP
KEFLEX ORAL	2	2	GP
LORABID ORAL	2	2	TL Limited to 14 days supply

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
MACROBID ORAL	2	2	AL Age < 65 years old, GP
MACRODANTIN ORAL	2	2	AL Age < 65 years old, GP
MANDELAMINE ORAL	2	2	GP
<i>meth-bell-meth bl-phenyl sal oral</i>	1	1	
<i>methenamine hippurate oral</i>	1	1	
<i>methenamine mandelate oral</i>	1	1	
<i>metronidazole oral caps</i>	1	1	
<i>metronidazole oral tabs</i>	1	1	
MINOCIN ORAL	2	2	GP
<i>minocycline hcl oral caps</i>	1	1	
MONODOX ORAL	2	2	GP
NEO-FRADIN ORAL	2	2	
<i>neomycin sulfate oral</i>	1	1	
<i>nitrofurantoin macrocrystal oral</i>	1	1	AL Age < 65 years old
<i>nitrofurantoin monohyd macro oral</i>	1	1	AL Age < 65 years old
OMNICEF ORAL	2	2	
<i>paromomycin sulfate oral</i>	1	1	
PEDIAZOLE ORAL	2	2	GP
<i>penicillin v potassium oral</i>	1	1	
PRIMSOL ORAL	2	2	
PROLOPRIM ORAL	2	2	GP
SEPTRA DS ORAL	2	2	GP
SEPTRA ORAL	2	2	GP
SULFADIAZINE ORAL	2	2	
<i>sulfamethoxazole-trimethoprim oral</i>	1	1	
SULFISOXAZOLE ORAL	2	2	
SUMYCIN ORAL	2	2	
<i>tetracycline hcl oral</i>	1	1	
TRAC ORAL	2	2	
<i>trimethoprim oral</i>	1	1	
UREX ORAL	2	2	GP
URISED ORAL	2	2	GP
VIBRAMYCIN ORAL CAPS	2	2	GP
VIBRAMYCIN ORAL SUSP	2	2	
VIBRAMYCIN ORAL SYRP	2	2	
VIBRATAB ORAL	2	2	GP

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
ZITHROMAX ORAL PACK	2	2	TL Limited to 5 days supply
ZITHROMAX ORAL SUSR	2	2	TL Limited to 5 days supply
ZITHROMAX ORAL TABS	2	2	TL Limited to 5 days supply
ZITHROMAX ORAL TABS 500MG	2	2	QL Limited to 3 per fill
ZITHROMAX TRI-PAK ORAL	2	2	QL Limited to 3 per fill
ZITHROMAX Z-PAK ORAL	2	2	TL Limited to 5 days supply

Anti-convulsants

CARBAMAZEPINE ORAL	2	2	GP
<i>carbamazepine oral chew</i>	1	1	
<i>carbamazepine oral tabs</i>	1	1	
CELONTIN ORAL	2	2	
DEPAKENE ORAL CAPS	2	2	GP
DEPAKENE ORAL SYRP	2	2	GP
DEPAKOTE ORAL	2	2	
DEPAKOTE SPRINKLES ORAL	2	2	
DILANTIN INFATABS ORAL	2	2	
DILANTIN ORAL	2	2	GP
DILANTIN ORAL CAPS 30MG	2	2	
DILANTIN ORAL SUSP	2	2	GP
DILANTIN-125 ORAL	2	2	GP
<i>ethosuximide oral</i>	1	1	
FELBATOL ORAL	2	2	
<i>gabapentin oral</i>	1	1	PA
GABARONE ORAL	2	2	GP, PA
GABITRIL ORAL	2	2	
KEPPRA ORAL	2	2	
LAMICTAL CHEWABLE DISPERS ORAL	2	2	
LAMICTAL ORAL	2	2	
LAMICTAL STARTER/TAKING V ORAL	2	2	QL Limit 1 kit per year
LAMOTRIGINE CHEWABLE DISP ORAL	2	2	
MYSOLINE ORAL	2	2	GP
NEURONTIN ORAL CAPS	2	2	GP, PA
NEURONTIN ORAL SOLN	2	2	PA

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
NEURONTIN ORAL TABS	2	2	GP, PA
PEGANONE ORAL	2	3	
PHENYTEK ORAL	2	2	
<i>phenytoin oral</i>	1	1	
<i>phenytoin sodium extended oral</i>	1	1	
PHENYTOIN SODIUM PROMPT ORAL	2	2	
<i>primidone oral</i>	1	1	
TEGRETOL ORAL	2	2	GP
TEGRETOL-XR ORAL	2	2	
TOPAMAX ORAL	2	2	
TRILEPTAL ORAL	2	2	
<i>valproate sodium oral</i>	1	1	
<i>valproic acid oral</i>	1	1	
ZARONTIN ORAL	2	2	GP
ZONEGRAN ORAL	2	2	

Antidementia Agents

ARICEPT ODT ORAL	2	2	PA
ARICEPT ORAL	2	2	PA
<i>ergoloid mesylates oral</i>	1	1	AL Age < 65 years old
ERGOLOID MESYLATES SUBLINGUAL	2	2	AL Age < 65 years old
EXELON ORAL	2	2	PA
HYDERGINE ORAL	2	2	AL Age < 65 years old, GP
NAMENDA ORAL	2	2	PA

Antidepressants

<i>amitriptyline hcl oral</i>	1	1	AL Age < 65 years old
AMOXAPINE ORAL	2	3	
ANAFRANIL ORAL	2	2	GP
AVENTYL ORAL	2	2	GP
<i>bupropion hcl oral</i>	1	1	
CELEXA ORAL SOLN	2	2	GP
CELEXA ORAL TABS	2	2	GP, QL Limited to 1 per day
<i>citalopram hydrobromide oral soln</i>	1	1	
<i>citalopram hydrobromide oral tabs</i>	1	1	QL Limited to 1 per day

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>clomipramine hcl oral</i>	1	1	
CYMBALTA ORAL	2	2	
<i>desipramine hcl oral</i>	1	1	
DESYREL ORAL	2	2	GP
<i>doxepin hcl oral</i>	1	1	AL Age < 65 years old
EFFEXOR ORAL	2	2	
EFFEXOR XR ORAL CP24 150MG	2	2	QL Limited to 1 per day
EFFEXOR XR ORAL CP24 37.5MG	2	2	
EFFEXOR XR ORAL CP24 75MG	2	2	QL Limited to 1 per day
ELAVIL ORAL	2	2	AL Age < 65 years old, GP
<i>fluoxetine hcl oral</i>	1	1	
<i>fluoxetine hcl oral soln</i>	1	1	
<i>fluvoxamine maleate oral</i>	1	1	
<i>imipramine hcl oral</i>	1	1	
LEXAPRO ORAL	2	2	QL Limited to 1 per day
LEXAPRO ORAL SOLN	2	2	QL Limited to 40ml per day
LEXAPRO ORAL TABS 20MG	2	2	QL Limited to 2 per day
<i>maprotiline hcl oral</i>	1	1	
MAPROTILINE HCL ORAL	2	2	
MARPLAN ORAL	2	2	
<i>mirtazapine oral</i>	1	1	
MIRTAZAPINE TABS 7.5MG	2	2	GP
<i>mirtazapine oral tbdp</i>	1	1	
NARDIL ORAL	2	2	
<i>nefazodone hcl oral</i>	1	1	PA
NORPRAMIN ORAL	2	2	GP
<i>nortriptyline hcl oral</i>	1	1	
PAMELOR ORAL	2	2	GP
PARNATE ORAL	2	2	
<i>paroxetine hcl oral</i>	1	1	QL Limited to 1 per day
PAXIL CR ORAL	2	2	QL Limited to 1 per day
PAXIL ORAL SUSP	2	2	
PAXIL ORAL TABS	2	2	GP, QL Limited to 1 per day
PROZAC ORAL	2	2	GP
PROZAC ORAL SOLN	2	2	GP
REMERON ORAL	2	2	GP

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
REMERON SOLTAB ORAL	2	2	GP
SERZONE ORAL	2	2	GP, PA
SINEQUAN ORAL	2	2	AL Age < 65 years old, GP
SURMONTIL ORAL	2	3	
TOFRANIL ORAL	2	2	GP
<i>trazodone hcl oral</i>	1	1	
VIVACTIL ORAL	2	3	
WELLBUTRIN ORAL	2	2	GP
WELLBUTRIN SR ORAL	2	2	GP
WELLBUTRIN XL ORAL	2	2	QL Limited to 1 per day
ZOLOFT ORAL	2	3	EST

Antiemetics

ANTIVERT ORAL TABS 12.5MG	2	2	GP
<i>meclizine hcl oral tabs 12.5MG</i>	1	1	
TIGAN ORAL	2	2	GP
TIGAN RECTAL	2	2	GP
TORECAN ORAL	2	2	
<i>trimethobenzamide hcl oral</i>	1	1	
<i>trimethobenzamide-benzocaine rectal</i>	1	1	
ZOFRAN ODT ORAL	2	2	PA
ZOFRAN ORAL	2	2	PA

Antifungals

<i>acetic acid vaginal</i>	1	1	
AVC VAGINAL	2	2	
BIO-STATIN ORAL	2	2	
DIFLUCAN ORAL	2	2	GP, TL Limited to 14 days supply
DIFLUCAN ORAL SUSR	2	2	GP, TL Limited to 14 days supply
DIFLUCAN ORAL TABS 150MG	2	2	GP, GL Female only, QL Limited to 1 per fill
FEM PH VAGINAL	2	2	
<i>fluconazole oral</i>	1	1	TL Limited to 14 days supply

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>fluconazole oral susr</i>	1	1	TL Limited to 14 days supply
<i>fluconazole oral tabs 150MG</i>	1	1	GL Female only, QL Limited to 1 per fill
GRIFULVIN V ORAL	2	2	
GRIFULVIN-V ORAL SUSP	2	2	GP
GRIFULVIN-V ORAL TABS	2	2	
<i>griseofulvin microsize oral susp</i>	1	1	
GRISEOFULVIN MICROSIZE ORAL TABS	2	2	
GRISEOFULVIN ULTRAMICROSI ORAL	2	2	
GRIS-PEG ORAL	2	2	
<i>ketoconazole oral</i>	1	1	
LAMISIL ORAL	2	2	PA
NIZORAL ORAL	2	2	GP
<i>nystatin</i>	1	1	
<i>nystatin oral tabs</i>	1	1	
NYSTATIN VAGINAL	2	2	
RELAGARD VAGINAL	2	2	
VFEND ORAL	2	2	PA

Antigout Agents

<i>allopurinol oral</i>	1	1	
<i>colchicine oral</i>	1	1	
<i>colchicine w/ probenecid oral</i>	1	1	
<i>probenecid oral</i>	1	1	
SULFINPYRAZONE ORAL	2	2	
ZYLOPRIM ORAL	2	2	GP

Anti-inflammatories

ANAPROX DS ORAL	2	2	GP
ANAPROX ORAL	2	2	GP
ANSAID ORAL	2	2	GP
<i>aspirin oral tbec</i>	1	1	
CATAFLAM ORAL	2	2	GP
<i>choline & mag salicylate oral</i>	1	1	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
CLINORIL ORAL	2	2	GP
DAYPRO ORAL	2	2	GP
<i>diclofenac potassium oral</i>	1	1	
<i>diclofenac sodium oral tbec</i>	1	1	
DISALCID ORAL	2	2	GP
EASPRIN ORAL	2	2	GP
EC-NAPROSYN ORAL	2	2	GP
<i>etodolac oral</i>	1	1	
FELDENE ORAL	2	2	GP
<i>flurbiprofen oral</i>	1	1	
<i>ibuprofen oral</i>	1	1	
INDOCIN ORAL CAPS	2	2	GP
INDOCIN ORAL SUSP	2	2	
INDOCIN RECTAL	2	2	
INDOCIN SR ORAL	2	2	GP
<i>indomethacin oral</i>	1	1	
<i>ketoprofen oral</i>	1	1	
LODINE ORAL	2	2	GP
LODINE XL ORAL	2	2	GP
MOTRIN ORAL	2	2	GP
<i>nabumetone oral</i>	1	1	
NAPRELAN ORAL TB24 500MG	2	2	GP
NAPROSYN ORAL	2	2	GP
<i>naproxen oral</i>	1	1	
<i>naproxen sodium oral</i>	1	1	
ORUDIS ORAL	2	2	GP
ORUVAIL ORAL	2	2	GP
<i>oxaprozin oral</i>	1	1	
<i>piroxicam oral</i>	1	1	
RELAFEN ORAL	2	2	GP
<i>salsalate oral</i>	1	1	
<i>sulindac oral</i>	1	1	
TOLECTIN DS ORAL	2	2	GP
TOLECTIN ORAL	2	2	GP
<i>tolmetin sodium oral caps</i>	1	1	
<i>tolmetin sodium oral tabs 200MG</i>	1	1	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
TOLMETIN SODIUM ORAL TABS 600MG	2	2	
TRILISATE ORAL	2	2	GP
VOLTAREN ORAL	2	2	GP

Antimigraine Agents

AMERGE ORAL	2	2	QL Limited to 9 per month
<i>apap-isometheptene-dichloral oral</i>	1	1	
CAFERGOT ORAL	2	2	GP
CAFERGOT RECTAL	2	2	GP
DEPAKOTE ER ORAL	2	2	
ERGOMAR SUBLINGUAL	2	2	
<i>ergotamine w/ caffeine oral</i>	1	1	
<i>ergotamine w/ caffeine rectal</i>	1	1	
IMITREX NASAL	2	2	QL Limited to 6 per month
IMITREX ORAL	2	2	QL Limited to 9 per month
MIDRIN ORAL	2	2	GP

Antimycobacterials

DAPSONE ORAL	2	2	
<i>ethambutol hcl oral</i>	1	1	
ISONIAZID ORAL SYRP	2	2	
<i>isoniazid oral tabs</i>	1	1	
MYAMBUTOL ORAL	2	2	GP
MYCOBUTIN ORAL	2	2	
<i>pyrazinamide oral</i>	1	1	
RIFADIN ORAL	2	2	GP
<i>rifampin oral</i>	1	1	

Antineoplastics

CARAC EXTERNAL	2	2	QL Limited to 30gm per fill
CEENU ORAL	2	2	
EFUDEX EXTERNAL CREA	2	2	QL Limited to 30gm per fill
EFUDEX EXTERNAL SOLN	2	2	GP
FLUOROPLEX EXTERNAL CREA	2	2	QL Limited to 30gm per fill
FLUOROPLEX EXTERNAL SOLN	2	2	
<i>fluorouracil (topical) external</i>	1	1	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
HEXALEN ORAL	2	2	
HYDREA ORAL	2	2	GP
<i>hydroxyurea oral</i>	1	1	
<i>leucovorin calcium oral</i>	1	1	
LEUCOVORIN CALCIUM ORAL	2	2	
LEUKERAN ORAL	2	2	
MATULANE ORAL	2	2	
<i>mercaptopurine oral</i>	1	1	
MESNEX ORAL	2	2	
<i>methotrexate sodium oral</i>	1	1	
PURINETHOL ORAL	2	2	GP
TARGRETIN ORAL	2	2	
THIOGUANINE ORAL	2	2	

Antiparasitics

ARALEN ORAL	2	2	GP
BILTRICIDE ORAL	2	2	
<i>chloroquine phosphate oral tabs 500MG</i>	1	1	
DARAPRIM ORAL	2	2	
ELIMITE EXTERNAL	2	2	AL Age > 2 months, GP, QL Limit 50gm per fill
EURAX EXTERNAL	2	2	
FANSIDAR ORAL	2	2	
<i>hydroxychloroquine sulfate oral</i>	1	1	
LARIAM ORAL	2	2	GP, QL Limited to 6 per month
LINDANE EXTERNAL LOTN	2	2	QL Limited to 60ml per fill
<i>lindane external sham</i>	1	1	QL Limited to 60ml per fill
<i>mebendazole oral</i>	1	1	QL Limited to 6 per prescription
<i>mefloquine hcl oral</i>	1	1	QL Limited to 6 per month
MEPRON ORAL	2	2	
MINTEZOL ORAL	2	2	
<i>permethrin external</i>	1	1	AL Age > 2 months, QL Limit 50gm per fill
PLAQUENIL ORAL	2	2	GP

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
PRIMAQUINE PHOSPHATE ORAL	2	2	
<i>quinine sulfate oral</i>	1	1	QL Limited to 1 per day
QUININE SULFATE ORAL CAPS 200MG	2	2	QL Limited to 1 per day
<i>quinine sulfate oral tabs</i>	1	1	QL Limited to 1 per day
VERMOX ORAL	2	2	GP, QL Limited to 6 per prescription
YODOXIN ORAL	2	2	

Antiparkinson Agents

<i>amantadine hcl oral</i>	1	1	
<i>benztropine mesylate oral</i>	1	1	
<i>bromocriptine mesylate oral</i>	1	1	
<i>carbidopa-levodopa oral</i>	1	1	
COMTAN ORAL	2	2	
ELDEPRYL ORAL	2	2	GP
LARODOPA ORAL	2	2	
PARLODEL ORAL	2	2	GP
<i>pergolide mesylate oral</i>	1	1	
PERMAX ORAL	2	2	GP
<i>selegiline hcl oral</i>	1	1	
SINEMET CR ORAL	2	2	GP
SINEMET ORAL	2	2	GP
SYMMETREL ORAL	2	2	GP
<i>trihexyphenidyl hcl oral</i>	1	1	

Antipsychotics

ABILIFY ORAL	2	2	
<i>chlorpromazine hcl oral</i>	1	1	
<i>clozapine oral</i>	1	1	PA
CLOZARIL ORAL	2	2	GP, PA
COMPAZINE ORAL SYRP	2	2	
COMPAZINE ORAL TABS	2	2	GP
COMPAZINE RECTAL	2	2	GP
FLUPHENAZINE HCL ORAL CONC	2	2	
FLUPHENAZINE HCL ORAL ELIX	2	2	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>fluphenazine hcl oral tabs</i>	1	1	
<i>haloperidol lactate oral</i>	1	1	
<i>haloperidol oral</i>	1	1	
HALOPERIDOL ORAL TABS 10MG	2	2	
HALOPERIDOL ORAL TABS 20MG	2	2	
<i>loxapine succinate oral</i>	1	1	
LOXITANE ORAL	2	2	GP
MELLARIL CONCENTRATE ORAL	2	2	AL Age < 65 years old, GP
MELLARIL ORAL	2	2	AL Age < 65 years old, GP
MOBAN ORAL	2	3	
NAVANE ORAL	2	2	GP
ORAP ORAL	2	3	
PERPHENAZINE ORAL CONC	2	2	
<i>perphenazine oral tabs</i>	1	1	
<i>prochlorperazine maleate oral</i>	1	1	
PROCHLORPERAZINE RECTAL	2	2	
<i>prochlorperazine rectal supp 25MG</i>	1	1	
PROLIXIN ORAL	2	2	GP
RISPERDAL ORAL SOLN	2	2	QL Limited to 16ml per day
RISPERDAL ORAL TABS	2	2	QL Limited to 2 per day
SERENTIL ORAL	2	2	AL Age < 65 years old
SEROQUEL ORAL	2	3	EST
<i>thioridazine hcl oral</i>	1	1	AL Age < 65 years old
<i>thioridazine hcl oral conc</i>	1	1	AL Age < 65 years old
<i>thioridazine hcl oral tabs</i>	1	1	AL Age < 65 years old
<i>thioridazine hcl oral tabs</i>	1	1	AL Age < 65 years old
<i>thioridazine hcl oral tabs</i>	1	1	AL Age < 65 years old
THIORIDAZINE HCL ORAL TABS 150MG	2	2	AL Age < 65 years old
THIORIDAZINE HCL ORAL TABS 15MG	2	2	AL Age < 65 years old
THIORIDAZINE HCL ORAL TABS 200MG	2	2	AL Age < 65 years old
<i>thiothixene oral</i>	1	1	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
THORAZINE ORAL	2	2	GP
THORAZINE RECTAL	2	2	
<i>trifluoperazine hcl oral</i>	1	1	
ZYPREXA ORAL	2	2	QL Limited to 1 per day
ZYPREXA ORAL TABS 15MG	2	2	QL Limited to 2 per day
ZYPREXA ORAL TABS 20MG	2	2	QL Limited to 2 per day

Antivirals

<i>acyclovir oral</i>	1	1	
AGENERASE ORAL	2	2	
APTIVUS ORAL	2	2	
COMBIVIR ORAL	2	2	
COPEGUS ORAL	2	2	PA
CRIXIVAN ORAL	2	2	
CYTOVENE ORAL	2	2	GP
<i>didanosine oral</i>	1	1	
EMTRIVA ORAL	2	2	QL Limited to 1 per day
EPIVIR HBV ORAL	2	2	
EPIVIR ORAL	2	2	
EPZICOM ORAL	2	2	
FLUMADINE ORAL SYRP	2	2	
FLUMADINE ORAL TABS	2	2	GP
FORTOVASE ORAL	2	2	
<i>ganciclovir oral</i>	1	1	
HEPSERA ORAL	2	2	PA
HIVID ORAL	2	2	
INVIRASE ORAL	2	2	
KALETRA ORAL	2	2	
LEXIVA ORAL	2	2	
NORVIR ORAL	2	2	
REBETOL ORAL CAPS	2	2	GP, PA
REBETOL ORAL SOLN	2	2	PA
RESCRIPTOR ORAL	2	2	
RETROVIR ORAL	2	2	
REYATAZ ORAL CAPS	2	2	QL Limited to 2 per day
REYATAZ ORAL CAPS 100MG	2	2	QL Limited to 4 per day
<i>ribavirin (hepatitis c) oral</i>	1	1	PA

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>rimantadine hydrochloride oral</i>	1	1	
SUSTIVA ORAL	2	2	
TRIZIVIR ORAL	2	2	
TRUVADA ORAL	2	2	
VALCYTE ORAL	2	2	PA
VALTREX ORAL	2	2	
VIDEX EC ORAL	2	2	GP
VIDEX EC ORAL CPDR 125MG	2	2	
VIDEX ORAL	2	2	
VIRACEPT ORAL	2	2	
VIRAMUNE ORAL	2	2	
VIREAD ORAL	2	2	
ZERIT ORAL	2	2	
ZIAGEN ORAL	2	2	
ZOVIRAX ORAL	2	2	GP

Anxiolytics

BUSPAR ORAL	2	2	GP
<i>bupirone hcl oral</i>	1	1	
DUO-VIL ORAL	2	2	AL Age < 65 years old
<i>hydroxyzine pamoate oral</i>	1	1	
PERPHENAZINE/AMITRIPTYLIN ORAL	2	2	AL Age < 65 years old
<i>perphenazine-amitriptyline oral</i>	1	1	
TRIAVIL ORAL	2	2	GP
VANSPAR ORAL	2	2	GP
VISTARIL ORAL CAPS	2	2	GP
VISTARIL ORAL SUSP	2	2	

Autonomic Agents

GUANIDINE HCL ORAL	2	2	
MESTINON ORAL SYRP	2	2	
MESTINON ORAL TABS	2	2	GP
MESTINON TIMESPAN ORAL	2	2	
MYTELASE ORAL	2	2	
PROSTIGMIN ORAL	2	2	
<i>pyridostigmine bromide oral</i>	1	1	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
-----------	-----------------------------	-----------------------------	---------------------

Bipolar Agents

ESKALITH CR ORAL	2	2	GP
ESKALITH ORAL	2	2	GP
<i>lithium carbonate oral</i>	1	1	
LITHIUM CARBONATE ORAL	2	2	GP
LITHIUM CARBONATE ORAL TABS	2	2	
<i>lithium carbonate oral tbc</i>	1	1	
<i>lithium citrate oral</i>	1	1	
LITHOBID ORAL	2	2	GP
SYMBYAX ORAL	2	2	

Blood Glucose Regulators

ACTOS ORAL	2	2	EST
AMARYL ORAL	2	2	
AVANDAMET ORAL	2	2	EST
AVANDIA ORAL	2	2	EST
B-D INSULIN SYRINGE MICRO	2	2	QL Limited to 200 per month
B-D INSULIN SYRINGE SAFET	2	2	QL Limited to 200 per month
B-D INSULIN SYRINGE SLIP	2	2	QL Limited to 200 per month
B-D INSULIN SYRINGE ULTRA	2	2	QL Limited to 200 per month
B-D INSULIN SYRINGE/DETAC	2	2	QL Limited to 200 per month
B-D INSULIN SYRINGE/U-100	2	2	QL Limited to 200 per month
B-D INTEGRA INSULIN SYRIN	2	2	QL Limited to 200 per month
B-D ULTRAFINE II SHORT NE	2	2	QL Limited to 200 per month
B-D ULTRAFINE II/SHORT NE	2	2	QL Limited to 200 per month

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
B-D ULTRAFINE III MINI PE	2	2	QL Limited to 200 per month
B-D ULTRAFINE III SHORT P	2	2	QL Limited to 200 per month
B-D ULTRAFINE ORIGINAL PE	2	2	QL Limited to 200 per month
<i>chlorpropamide oral</i>	1	1	AL Age < 65 years old
DIABETA ORAL	2	2	GP
DIABINESE ORAL	2	2	AL Age < 65 years old, GP
<i>glipizide oral</i>	1	1	
GLUCAGON EMERGENCY KIT INJECTION	2	2	QL Limit 1 kit per fill
GLUCOPHAGE ORAL	2	2	GP
GLUCOPHAGE XR ORAL	2	2	GP
GLUCOTROL ORAL	2	2	GP
GLUCOTROL XL ORAL	2	2	GP
GLUCOVANCE ORAL	2	2	GP
<i>glyburide micronized oral</i>	1	1	
<i>glyburide oral</i>	1	1	
<i>glyburide-metformin oral</i>	1	1	
GLYCRON ORAL	2	2	
GLYNASE ORAL	2	2	GP
HUMALOG MIX 75/25 SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
HUMALOG PEN SUBCUTANEOUS CARTRIDGE	2	2	PA
HUMALOG SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
HUMULIN 50/50 SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
HUMULIN 70/30 SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
HUMULIN L SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
HUMULIN N SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
HUMULIN N U-100 PEN SUBCUTANEOUS CARTRIDGE	2	2	PA
HUMULIN R SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
HUMULIN U SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
ILETIN II LENTE/PORK SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
ILETIN II NPH/PORK SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
ILETIN II REGULAR/PORK INJECTION VIAL	2	2	QL 2 vials per copay
METAGLIP ORAL	2	2	
<i>metformin hcl oral</i>	1	1	
<i>metformin hcl oral tb24</i>	1	1	
MICRONASE ORAL	2	2	GP
PRANDIN ORAL	2	2	
PRECOSE ORAL	2	2	
RIOMET ORAL	2	2	
<i>tolazamide oral</i>	1	1	
TOLBUTAMIDE ORAL	2	2	
TOLINASE ORAL	2	2	GP

Blood Products/Modifiers/Volume Expanders

AGRYLIN ORAL	2	2	GP
AMICAR ORAL	2	2	GP
AMICAR ORAL SYRP	2	2	GP
AMICAR ORAL TABS 1000MG	2	2	
<i>aminocaproic acid oral</i>	1	1	
<i>anagrelide hcl oral</i>	1	1	
COUMADIN ORAL	2	2	GP
<i>dipyridamole oral</i>	1	1	AL Age < 65 years old
<i>pentoxifylline oral</i>	1	1	
PERSANTINE ORAL	2	2	AL Age < 65 years old, GP
PLAVIX ORAL	2	2	
TICLID ORAL	2	2	AL Age < 65 years old, GP

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>ticlopidine hcl oral</i>	1	1	AL Age < 65 years old
TRENTAL ORAL	2	2	GP
<i>warfarin sodium oral</i>	1	1	

Cardiovascular Agents

<i>acebutolol hcl oral</i>	1	1	
<i>acetazolamide oral</i>	1	1	
ADALAT CC ORAL	2	2	GP
ALDACTAZIDE ORAL	2	2	GP
ALDACTONE ORAL	2	2	GP
ALDOMET ORAL	2	2	AL Age < 65 years old, GP
ALDORIL D30 ORAL	2	2	AL Age < 65 years old
ALDORIL D50 ORAL	2	2	AL Age < 65 years old
ALDORIL-15 ORAL	2	2	AL Age < 65 years old, GP
ALDORIL-25 ORAL	2	2	AL Age < 65 years old, GP
ALTACE ORAL	2	2	QL Limited to 1 per day
ALTACE ORAL CAPS 10MG	2	2	QL Limited to 2 per day
<i>amiloride & hydrochlorothiazide oral</i>	1	1	
<i>amiodarone hcl oral</i>	1	1	
APRESOLINE ORAL	2	2	GP
<i>atenolol & chlorthalidone oral</i>	1	1	
<i>atenolol oral</i>	1	1	
<i>benazepril & hydrochlorothiazide oral</i>	1	1	
<i>benazepril hcl oral</i>	1	1	
BENICAR HCT ORAL	2	2	EST
BENICAR ORAL	2	2	EST
BETAPACE AF ORAL	2	2	GP
BETAPACE ORAL	2	2	GP
<i>bisoprolol & hydrochlorothiazide oral</i>	1	1	
<i>bisoprolol fumarate oral</i>	1	1	
BLOCADREN ORAL	2	2	GP
<i>bumetanide oral</i>	1	1	
BUMEX ORAL	2	2	GP
CALAN ORAL	2	2	GP
CALAN SR ORAL	2	2	GP
CAPOTEN ORAL	2	2	GP

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
CAPOZIDE ORAL	2	2	GP
<i>captopril & hydrochlorothiazide oral</i>	1	1	
<i>captopril oral</i>	1	1	
CARDENE ORAL	2	2	GP
CARDIZEM ORAL	2	2	GP
CARDIZEM SR ORAL	2	2	GP
CARDURA ORAL	2	2	GP
CATAPRES ORAL	2	2	GP
<i>chlorothiazide oral</i>	1	1	
<i>chlorthalidone oral</i>	1	1	
CHLORTHALIDONE ORAL TABS 100MG	2	2	
<i>cholestyramine light oral powd</i>	1	1	
<i>cholestyramine oral powd</i>	1	1	
<i>clonidine hcl oral</i>	1	1	
COLESTID ORAL	2	2	
CORDARONE ORAL	2	2	GP
COREG ORAL	2	2	
CORGARD ORAL	2	2	GP
DIAMOX ORAL	2	2	
DIBENZYLINE ORAL	2	2	
<i>digoxin oral</i>	1	1	
<i>digoxin oral elix</i>	1	1	
DIGOXIN ORAL TABS 0.5MG	2	2	
DILACOR XR ORAL	2	2	GP
DILATRATE SR ORAL	2	2	
<i>diltiazem hcl coated beads oral</i>	1	1	
<i>diltiazem hcl extended release beads oral</i>	1	1	
<i>diltiazem hcl oral</i>	1	1	
DIOVAN HCT ORAL	2	2	EST
DIOVAN ORAL	2	2	EST
<i>disopyramide phosphate oral</i>	1	1	AL Age < 65 years old
DIURIL ORAL	2	2	
<i>doxazosin mesylate oral</i>	1	1	
DYAZIDE ORAL	2	2	GP

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>enalapril maleate & hydrochlorothiazide oral</i>	1	1	
<i>enalapril maleate oral</i>	1	1	
<i>felodipine oral</i>	1	1	
<i>flecainide acetate oral</i>	1	1	
<i>fosinopril sodium & hydrochlorothiazide oral</i>	1	1	
<i>fosinopril sodium oral</i>	1	1	
<i>furosemide oral</i>	1	1	
FUROSEMIDE ORAL SOLN 8MG/ML	2	2	
<i>furosemide oral tabs</i>	1	1	
<i>gemfibrozil oral</i>	1	1	
GUANABENZ ACETATE ORAL	2	2	
<i>guanfacine hcl oral</i>	1	1	
<i>hydralazine hcl oral</i>	1	1	
HYDRALAZINE/ HYDROCHLOROTH ORAL	2	2	
<i>hydrochlorothiazide oral caps</i>	1	1	
HYDROCHLOROTHIAZIDE ORAL SOLN	2	2	
<i>hydrochlorothiazide oral tabs</i>	1	1	
HYTRIN ORAL	2	2	GP
IMDUR ORAL	2	2	GP
<i>indapamide oral</i>	1	1	
INDERAL LA ORAL	2	2	
INDERAL ORAL	2	2	GP
INDERIDE 40/25 ORAL	2	2	GP
INDERIDE ORAL	2	2	GP
ISMO ORAL	2	2	GP
ISOPTIN SR ORAL	2	2	GP
ISORDIL TITRADOSE ORAL	2	2	GP
<i>isosorbide dinitrate oral</i>	1	1	
<i>isosorbide dinitrate oral tbc</i>	1	1	
<i>isosorbide dinitrate sublingual</i>	1	1	
<i>isosorbide mononitrate oral</i>	1	1	
<i>labetalol hcl oral</i>	1	1	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
LANOXIN ORAL	2	2	GP
LASIX ORAL	2	2	GP
LIPITOR ORAL	2	2	QL Limited to 1 per day
<i>lisinopril & hydrochlorothiazide oral</i>	1	1	
<i>lisinopril oral</i>	1	1	
LONITEN ORAL	2	2	GP
LOPID ORAL	2	2	GP
LOPRESSOR HCT ORAL	2	2	GP
LOPRESSOR ORAL	2	2	GP
LOTENSIN HCT ORAL	2	2	GP
LOTENSIN ORAL	2	2	GP
<i>lovastatin oral</i>	1	1	QL Limited to 1 per day
LOZOL ORAL	2	2	GP
MAXZIDE ORAL	2	2	GP
MAXZIDE-25 ORAL	2	2	GP
MAXZIDE-25MG ORAL	2	2	GP
<i>methazolamide oral</i>	1	1	
<i>methyldopa & hydrochlorothiazide oral</i>	1	1	AL Age < 65 years old
<i>methyldopa oral</i>	1	1	AL Age < 65 years old
<i>metolazone oral</i>	1	1	
<i>metoprolol & hydrochlorothiazide oral</i>	1	1	
<i>metoprolol tartrate oral</i>	1	1	
MEVACOR ORAL	2	2	GP, QL Limited to 1 per day
<i>mexiletine hcl oral</i>	1	1	
MEXITIL ORAL	2	2	GP
MICROZIDE ORAL	2	2	GP
MINIPRESS ORAL	2	2	GP
<i>minoxidil oral</i>	1	1	
MODURETIC 5-50 ORAL	2	2	GP
<i>moexipril hcl oral</i>	1	1	
MONOKET ORAL	2	2	GP
MONOPRIL HCT ORAL	2	2	GP
MONOPRIL ORAL	2	2	GP
MYKROX ORAL	2	2	
<i>nadolol oral</i>	1	1	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
NEPTAZANE ORAL	2	2	GP
<i>nicardipine hcl oral</i>	1	1	
<i>nifedipine oral caps</i>	1	1	AL Age < 65 years old
<i>nifedipine oral tb24</i>	1	1	
NIMOTOP ORAL	2	2	
NITROBID TRANSDERMAL	2	2	
NITRO-DUR TRANSDERMAL	2	2	GP, QL Limited to 1 per day
<i>nitroglycerin oral</i>	1	1	
<i>nitroglycerin sublingual</i>	1	1	
<i>nitroglycerin transdermal</i>	1	1	QL Limited to 1 per day
NITROLINGUAL PUMPSPRAY TRANSLINGUAL	2	2	
NITROSTAT SUBLINGUAL	2	2	GP
NORMODYNE ORAL	2	2	GP
NORPACE CR ORAL	2	2	AL Age < 65 years old, GP
NORPACE ORAL	2	2	AL Age < 65 years old, GP
NORVASC ORAL	2	2	QL Limited to 1 per day
<i>pindolol oral</i>	1	1	
PLENDIL ORAL	2	2	GP
<i>prazosin hcl oral</i>	1	1	
PRINIVIL ORAL	2	2	GP
PRINZIDE ORAL	2	2	GP
PROCAINAMIDE HCL ER ORAL	2	2	
<i>procaïnamide hcl oral</i>	1	1	
PROCAINAMIDE HCL ORAL CAPS 500MG	2	2	
<i>procaïnamide hcl oral tbc</i>	1	1	
PROCANBID ORAL	2	2	
PROCARDIA ORAL	2	2	AL Age < 65 years old, GP
PROCARDIA XL ORAL	2	2	GP
PRONESTYL ORAL CAPS	2	2	GP
PRONESTYL ORAL TABS	2	2	
PRONESTYL SR ORAL	2	2	GP
<i>propafenone hcl oral</i>	1	1	
<i>propranolol & hydrochlorothiazide oral</i>	1	1	
PROPRANOLOL HCL CR ORAL	2	2	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
PROPRANOLOL HCL ER ORAL	2	2	
PROPRANOLOL HCL INTENSOL ORAL	2	2	
PROPRANOLOL HCL LA ORAL	2	2	
PROPRANOLOL HCL ORAL SOLN	2	2	
<i>propranolol hcl oral tabs</i>	1	1	
QUESTRAN LIGHT ORAL POWD	2	2	GP
QUESTRAN ORAL POWD	2	2	GP
<i>quinidine gluconate oral</i>	1	1	
QUINIDINE SULFATE ER ORAL	2	2	
<i>quinidine sulfate oral</i>	1	1	
RESERPINE ORAL	2	2	
RYTHMOL ORAL	2	2	GP
RYTHMOL SR ORAL	2	2	
SECTRAL ORAL	2	2	GP
<i>sotalol hcl (afib/afl) oral</i>	1	1	
<i>sotalol hcl oral</i>	1	1	
<i>spironolactone & hydrochlorothiazide oral</i>	1	1	
<i>spironolactone oral</i>	1	1	
SULAR ORAL	2	2	QL Limited to 1 per day
TAMBOCOR ORAL	2	2	GP
TENEX ORAL	2	2	GP
TENORETIC 100 ORAL	2	2	GP
TENORETIC 50 ORAL	2	2	GP
TENORMIN ORAL	2	2	GP
<i>terazosin hcl oral caps</i>	1	1	
THALITONE ORAL	2	2	
TIAZAC ORAL	2	2	GP
TIMOLIDE 10/25 ORAL	2	2	
<i>timolol maleate oral</i>	1	1	
TOPROL XL ORAL	2	2	
TRANDATE ORAL	2	2	GP
<i>triamterene & hydrochlorothiazide oral</i>	1	1	
TRICOR ORAL	2	2	
TRIMPEX ORAL	2	2	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
UNIRETIC ORAL	2	2	QL Limited to 1 per day
UNIVASC ORAL	2	2	
VASERETIC ORAL	2	2	GP
VASOTEC ORAL	2	2	GP
<i>verapamil hcl oral</i>	1	1	
VERELAN ORAL	2	2	GP
ZAROXOLYN ORAL	2	2	GP
ZEBETA ORAL	2	2	GP
ZESTORETIC ORAL	2	2	GP
ZESTRIL ORAL	2	2	GP
ZIAC ORAL	2	2	GP
ZOCOR ORAL	2	2	QL Limited to 1 per day

Central Nervous System Agents

ADDERALL ORAL	2	2	GP
<i>amphetamine-dextroamphetamine oral</i>	1	1	
CONCERTA ORAL	2	2	QL Limited to 1 per day
CONCERTA ORAL TBCR 36MG	2	2	QL Limited to 2 per day
DEXEDRINE ORAL	2	2	GP
<i>dextroamphetamine sulfate oral</i>	1	1	
DEXTROSTAT ORAL	2	2	GP
EPIPEN INTRAMUSCULAR	2	2	QL Limited to 1 per fill
EPIPEN-JR INTRAMUSCULAR	2	2	QL Limited to 1 per fill
METADATE ER ORAL	2	2	GP
METHYLIN ORAL	2	2	
<i>methylphenidate hcl oral</i>	1	1	
PROVIGIL ORAL	2	3	PA
RILUTEK ORAL	2	3	AL Age < 65 years old
RITALIN ORAL	2	2	GP
RITALIN SR ORAL	2	2	GP
STRATTERA ORAL	2	2	QL Limited to 2 per day

Dental and Oral Agents

<i>chlorhexidine gluconate (mouth-throat) mouth/throat</i>	1	1	QL Limited to 946ml per month
<i>clotrimazole mouth/throat</i>	1	1	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
KENALOG IN ORABASE MOUTH/THROAT	2	2	GP
<i>lidocaine hcl (mouth-throat) mouth/throat</i>	1	1	
MYCELEX MOUTH/THROAT	2	2	GP
MYCOSTATIN MOUTH/THROAT	2	2	GP
<i>nystatin (mouth-throat) mouth/throat</i>	1	1	
PERIDEX MOUTH/THROAT	2	2	GP, QL Limited to 946ml per month
PERIDEX ORAL RINSE MOUTH/THROAT	2	2	GP, QL Limited to 946ml per month
<i>triamcinolone acetonide (mouth) mouth/throat</i>	1	1	
XYLOCAINE MOUTH/THROAT	2	2	GP
XYLOCAINE VISCOUS MOUTH/THROAT	2	2	GP

Dermatological Agents

8-MOP ORAL	2	2	
ACCUTANE ORAL	2	2	GP, PA
ACCUZYME EXTERNAL LIQD	2	2	
ACCUZYME EXTERNAL OINT	2	2	GP
ALCOHOL SWABS	2	2	QL Limited to 200 per month
<i>aluminum chloride external</i>	1	1	
<i>anthralin external</i>	1	1	AL Age > 2 months, QL Limit 50gm per fill
ANUSOL-HC RECTAL CREA	2	2	GP
ANUSOL-HC RECTAL SUPP	2	2	GP
BACTROBAN EXTERNAL OINT	2	2	GP, QL Limited to 15gm per month
BENZAC AC WASH EXTERNAL	2	2	GP
BENZAMYCIN EXTERNAL	2	2	GP, QL Limited to 23.3gm per month
<i>benzoyl peroxide external</i>	1	1	
<i>benzoyl peroxide-erythromycin external</i>	1	1	QL Limited to 23.3gm per month

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>butamben-tetracaine-benzocaine external</i>	1	1	
CARMOL 40 EXTERNAL	2	2	GP
CETACAINE EXTERNAL AERO	2	2	GP
CETACAINE EXTERNAL GEL	2	2	
CETACAINE EXTERNAL LIQD	2	2	
CETACAINE EXTERNAL OINT	2	2	
CETACAINE MEDICAL KIT E EXTERNAL	2	2	
CLEOCIN-T EXTERNAL GEL	2	2	GP, QL Limited to 30gm per month
CLEOCIN-T EXTERNAL LOTN	2	2	GP
CLEOCIN-T EXTERNAL SOLN	2	2	GP, QL Limited to 30ml per month
CLEOCIN-T EXTERNAL SWAB	2	2	GP
CLINDAGEL EXTERNAL	2	2	QL Limited to 30gm per month
<i>clindamycin phosphate (topical) external gel</i>	1	1	QL Limited to 30gm per month
<i>clindamycin phosphate (topical) external lotn</i>	1	1	
<i>clindamycin phosphate (topical) external soln</i>	1	1	QL Limited to 30ml per month
<i>clindamycin phosphate (topical) external swab</i>	1	1	
<i>clotrimazole w/ betamethasone external crea</i>	1	1	QL Limited to 15gm per month
<i>clotrimazole w/ betamethasone external lotn</i>	1	1	QL Limited to 45gm per month
CONDYLOX EXTERNAL GEL	2	2	
CONDYLOX EXTERNAL SOLN	2	2	GP
CORTISPORIN EXTERNAL CREA	2	2	
CORTISPORIN EXTERNAL OINT	2	2	
DENAVIR EXTERNAL	2	2	PA
DOVONEX EXTERNAL	2	2	QL Limited to 120gm per month
<i>doxepin hcl (antipruritic) external</i>	1	1	PA

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
DRITHO-SCALP EXTERNAL	2	2	AL Age > 2 months, QL Limit 50gm per fill
DRYSOL EXTERNAL	2	2	GP
EPIFOAM EXTERNAL	2	2	
ERYGEL EXTERNAL	2	2	GP, QL Limited to 30gm per month
<i>erythromycin (acne aid) external gel</i>	1	1	QL Limited to 30gm per month
<i>erythromycin (acne aid) external pads</i>	1	1	
<i>erythromycin (acne aid) external soln</i>	1	1	
<i>gentamicin sulfate (topical) external</i>	1	1	
GRANULEX EXTERNAL	2	2	GP
HC PRAMOXINE RECTAL	2	2	
<i>hydrocortisone (intrarectal) rectal</i>	1	1	
<i>hydrocortisone (rectal) rectal</i>	1	1	
<i>hydrocortisone acetate (rectal) rectal</i>	1	1	
<i>isotretinoin oral</i>	1	1	PA
KERALAC EXTERNAL GEL	2	2	GP
KERALAC EXTERNAL LOTN	2	2	GP
<i>ketoconazole (topical) external crea</i>	1	1	QL Limited to 30gm per month
<i>ketoconazole (topical) external sham</i>	1	1	
LIDAMANTLE EXTERNAL	2	2	GP
<i>lidocaine external</i>	1	1	
<i>lidocaine hcl external</i>	1	1	
LOTRISONE EXTERNAL CREA	2	2	GP, QL Limited to 15gm per month
LOTRISONE EXTERNAL LOTN	2	2	GP, QL Limited to 45gm per month
METROCREAM EXTERNAL	2	2	GP
METROGEL EXTERNAL	2	2	
METROLOTION EXTERNAL	2	2	
<i>metronidazole (topical) external</i>	1	1	
<i>mupirocin external</i>	1	1	QL Limited to 15gm per month
MYCOLOG II EXTERNAL	2	2	GP
MYCOSTATIN EXTERNAL CREA	2	2	GP

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
MYCOSTATIN EXTERNAL POWD	2	2	GP, QL Limited to 30gm per month
NIZORAL EXTERNAL	2	2	GP
<i>nystatin (topical) external crea</i>	1	1	
<i>nystatin (topical) external oint</i>	1	1	
<i>nystatin (topical) external powd</i>	1	1	QL Limited to 30gm per month
<i>nystatin-triamcinolone external</i>	1	1	
OXSORALEN ULTRA ORAL	2	2	
PANAFIL EXTERNAL LIQD	2	2	
PANAFIL EXTERNAL OINT	2	2	GP
PANAFIL-WHITE EXTERNAL	2	2	
<i>papain-urea (wound care) external</i>	1	1	
<i>papain-urea-chlorophyllin external</i>	1	1	
PLEXION EXTERNAL EMUL	2	2	GP, QL Limited to 170gm per month
PLEXION SCT EXTERNAL	2	2	GP
PLEXION TS EXTERNAL	2	2	GP
<i>podofilox external</i>	1	1	
<i>podophyllum resin external</i>	1	1	
<i>pramoxine-hc external</i>	1	1	QL Limited to 60gm per month
<i>pramoxine-hc external</i>	1	1	QL Limited to 120ml per month
PROCTOCORT RECTAL	2	2	GP
PSORiatec EXTERNAL	2	2	AL Age > 2 months, GP, QL Limit 50gm per fill
RETIN-A EXTERNAL CREA	2	2	AL Age < 40 years old, GP, QL Limited to 20gm per month
RETIN-A EXTERNAL GEL	2	2	AL Age < 40 years old, GP, QL Limited to 15gm per month
RETIN-A EXTERNAL LIQD	2	2	AL Age < 40 years old
ROSULA EXTERNAL EMUL	2	2	GP, QL Limited to 170gm per month
<i>selenium sulfide external</i>	1	1	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
SELSUN SHAMPOO EXTERNAL	2	2	GP
SILVADENE EXTERNAL	2	2	GP, QL Limited to 50gm per month
<i>silver sulfadiazine external</i>	1	1	QL Limited to 50gm per month
SOLARAZE EXTERNAL	2	2	PA
SOTRET ORAL	2	2	PA
<i>sulfacetamide sodium w/ sulfur external crea</i>	1	1	
<i>sulfacetamide sodium w/ sulfur external emul</i>	1	1	QL Limited to 170gm per month
<i>sulfacetamide sodium w/ sulfur external lotn</i>	1	1	
<i>sulfacetamide sodium w/ sulfur external susp</i>	1	1	
<i>sulfacetamide sodium-sulfur in urea vehicle external emul</i>	1	1	QL Limited to 170gm per month
SULFACET-R EXTERNAL	2	2	GP
TAZORAC EXTERNAL	2	2	AL Age < 40 years old, QL Limited to 30gm per month up to age 40
<i>tretinoin external crea</i>	1	1	AL Age < 40 years old, QL Limited to 20gm per month
<i>tretinoin external gel</i>	1	1	AL Age < 40 years old, QL Limited to 15gm per month
<i>trypsin w/ castor oil & peruvian balsam external</i>	1	1	
T-STAT EXTERNAL	2	2	GP
<i>urea external</i>	1	1	
<i>urea external</i>	1	1	
<i>urea external crea</i>	1	1	
XENADERM EXTERNAL	2	2	
XYLOCAINE EXTERNAL	2	2	GP
XYLOCAINE JELLY EXTERNAL	2	2	GP
ZONALON EXTERNAL	2	2	GP, PA
ZOVIRAX EXTERNAL	2	2	PA

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
-----------	-----------------------------	-----------------------------	---------------------

Deterents/Replacements

ANTABUSE ORAL	2	2	
<i>bupropion hcl (smoking deterrent) oral</i>	1	1	PA
CAMPRAL ORAL	2	2	PA
NICOTROL NS NASAL	2	2	PA
ZYBAN ORAL	2	2	GP, PA

Enzyme Replacements/Modifiers

BUPHENYL ORAL	2	2	
CREON 5 ORAL	2	2	
CREON 10 ORAL	2	2	
CREON 20 ORAL	2	2	
CYSTADANE ORAL	2	2	
DYGASE ORAL	2	2	
ENZYCAP ORAL	2	2	
ENZYMAX ORAL	2	2	
KUTRASE ORAL	2	2	
KU-ZYME HP ORAL	2	2	
KU-ZYME ORAL	2	2	
LAPASE ORAL	2	2	
LIPRAM 4500 ORAL	2	2	
LIPRAM-CR10 ORAL	2	2	
LIPRAM-CR20 ORAL	2	2	
LIPRAM-CR5 ORAL	2	2	
LIPRAM-PN10 ORAL	2	2	
LIPRAM-PN16 ORAL	2	2	
LIPRAM-PN20 ORAL	2	2	
LIPRAM-UL12 ORAL	2	2	
LIPRAM-UL18 ORAL	2	2	
LIPRAM-UL20 ORAL	2	2	
ORFADIN ORAL	2	2	
PALIPASE MT 16 ORAL	2	2	
PALIPASE MT 20 ORAL	2	2	
PALIPASE ORAL	2	2	
PALPEON DR 10 ORAL	2	2	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
PALPEON DR 20 ORAL	2	2	
PALPEON MT 20 ORAL	2	2	
PALTRASE V8 ORAL	2	2	
PANCREASE MT 10 ORAL	2	2	
PANCREASE MT 16 ORAL	2	2	
PANCREASE MT 20 ORAL	2	2	
PANCREASE MT 4 ORAL	2	2	
PANCREASE ORAL	2	2	
PANCRECARB MS-16 ORAL	2	2	
PANCRECARB MS-4 ORAL	2	2	
PANCRECARB MS-8 ORAL	2	2	
PANCRELIPASE MST-16 ORAL	2	2	
PANCRELIPASE ORAL	2	2	
PANCRON 10 ORAL	2	2	
PANCRON 20 ORAL	2	2	
PANGESTYME CN 10 ORAL	2	2	
PANGESTYME CN 20 ORAL	2	2	
PANGESTYME EC ORAL	2	2	
PANGESTYME MT 16 ORAL	2	2	
PANGESTYME UL 12 ORAL	2	2	
PANGESTYME UL 18 ORAL	2	2	
PANGESTYME UL 20 ORAL	2	2	
PANOKASE ORAL	2	2	
PANOKASE-16 ORAL	2	2	
PLARETASE 8000 ORAL	2	2	
SUCRAID ORAL	2	2	
ULTRASE MT 12 ORAL	2	2	
ULTRASE MT 18 ORAL	2	2	
ULTRASE MT 20 ORAL	2	2	
ULTRASE ORAL	2	2	
VIOKASE 16 ORAL	2	2	
VIOKASE 8 ORAL	2	2	
VIOKASE ORAL	2	2	

Gastrointestinal Agents

ACIPHEX ORAL	2	2	QL Limited to 1 per day for 8 weeks
--------------	---	---	-------------------------------------

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
ACTIGALL ORAL	2	2	GP
ANASPAZ ORAL	2	2	AL Age < 65 years old, GP
BENTYL ORAL	2	2	AL Age < 65 years old, GP
CARAFATE ORAL SUSP	2	2	
CARAFATE ORAL TABS	2	2	GP
<i>cimetidine hcl oral</i>	1	1	
<i>cimetidine oral</i>	1	1	
COLYTE ORAL	2	2	GP
COLYTE-FLAVORED ORAL	2	2	GP
COLYTROL PEDIATRIC ORAL	2	2	AL Age < 65 years old
CYSTOSPAZ-M ORAL	2	2	AL Age < 65 years old, GP
CYTOTEC ORAL	2	2	GP
<i>dicyclomine hcl oral</i>	1	1	AL Age < 65 years old
<i>dicyclomine hcl oral caps</i>	1	1	AL Age < 65 years old
<i>dicyclomine hcl oral tabs</i>	1	1	AL Age < 65 years old
<i>diphenoxylate w/ atropine oral</i>	1	1	
<i>famotidine oral</i>	1	1	
GOLYTELY ORAL	2	2	
HALFLYTELY BOWEL PREP KIT ORAL	2	2	
<i>hyoscyamine sulfate oral</i>	1	1	AL Age < 65 years old
<i>hyoscyamine sulfate sublingual</i>	1	1	AL Age < 65 years old
IB-STAT ORAL	2	2	AL Age < 65 years old
<i>lactulose (encephalopathy) oral</i>	1	1	
<i>lactulose oral</i>	1	1	
LEVBID ORAL	2	2	AL Age < 65 years old, GP
LEVSIN ORAL	2	2	AL Age < 65 years old, GP
LEVSIN/SL SUBLINGUAL	2	2	AL Age < 65 years old, GP
LEVSINEX ORAL	2	2	AL Age < 65 years old, GP
LOMOTIL ORAL	2	2	GP
LOTRONEX ORAL	2	2	PA
<i>metoclopramide hcl oral</i>	1	1	
MIRALAX ORAL	2	2	GP
<i>misoprostol oral</i>	1	1	
NULEV ORAL	2	2	AL Age < 65 years old, GP
NULYTELY ORAL	2	2	GP
OCL ORAL	2	2	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate oral</i>	1	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride oral</i>	1	1	
PEPCID ORAL SUSR	2	2	
PEPCID ORAL TABS	2	2	GP
PEPCID RPD ORAL	2	2	
PHOSLO ORAL	2	2	
<i>polyethylene glycol 3350 oral</i>	1	1	
PRO-BANTHINE ORAL	2	2	AL Age < 65 years old
PROPANTHELINE BROMIDE ORAL	2	2	AL Age < 65 years old
PROTONIX ORAL	2	2	QL Limited to 1 per day for 8 weeks
<i>ranitidine hcl oral caps</i>	1	1	
RANITIDINE HCL ORAL SYRP	2	2	
<i>ranitidine hcl oral tabs</i>	1	1	
REGLAN ORAL	2	2	GP
SUCRALFATE ORAL SUSP	2	2	
<i>sucralfate oral tabs</i>	1	1	
TAGAMET ORAL	2	2	GP
TALADINE ORAL	2	2	GP
URSO FORTE ORAL	2	2	
URSO ORAL	2	2	
<i>ursodiol oral</i>	1	1	
ZANTAC ORAL CAPS	2	2	GP
ZANTAC ORAL PACK	2	2	
ZANTAC ORAL SYRP	2	2	
ZANTAC ORAL TABS	2	2	GP
ZANTAC ORAL TBEF	2	2	
ZELNORM ORAL	2	2	PA

Genitourinary Agents

AVODART ORAL	2	2	
<i>bethanechol chloride oral</i>	1	1	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
CIALIS ORAL	2	2	GL Male only, QL Limited to 4 per month across all drugs in class
CYSTOSPAZ ORAL	2	2	AL Age < 65 years old, GP
DETROL LA ORAL	2	2	QL Limited to 1 per day
DETROL ORAL	2	2	
DITROPAN ORAL	2	2	GP
ENABLEX ORAL	2	2	QL Limited to 1 per day
<i>flavoxate hcl oral</i>	1	1	
<i>hyoscyamine oral</i>	1	1	AL Age < 65 years old
MUSE URETHRAL	2	2	
<i>oxybutynin chloride oral</i>	1	1	
<i>phenazopyridine hcl oral</i>	1	1	
<i>phenazopyridine-butabarbital-hyoscyamine oral</i>	1	1	
POLYCITRA-K CRYSTALS ORAL	2	2	GP
POLYCITRA-K ORAL	2	2	GP
POLYCITRA-LC ORAL	2	2	GP
<i>potassium citrate-citric acid oral</i>	1	1	
PROSCAR ORAL	2	2	
PYRIDIUM ORAL	2	2	GP
PYRIDIUM PLUS ORAL	2	2	GP
URECHOLINE ORAL	2	2	GP
URISPAS ORAL	2	2	GP
UROCIT-K 10 ORAL	2	2	
UROCIT-K 5 ORAL	2	2	
VESICARE ORAL	2	2	QL Limited to 1 per day
VIAGRA ORAL	2	2	GL Male only, QL Limited to 4 per month across all drugs in class

**Hormonal Agents,
Stimulant/Replacement/Modifying**

ACTONEL ORAL TABS 30MG	2	2	QL Limited to 1 per day
ACTONEL ORAL TABS 35MG	2	2	QL Limited to 1 per week
ACTONEL ORAL TABS 5MG	2	2	QL Limited to 1 per day
ACTONEL WITH CALCIUM ORAL	2	2	QL Limited to 1 per day

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
ALESSE ORAL	2	2	GP GL Female only, QL Limited to 1 per day
ANDRODERM TRANSDERMAL PT24 2.5MG/24HR	2	2	GL Male only, QL Limited to 2 per day
ANDRODERM TRANSDERMAL PT24 5MG/24HR	2	2	GL Male only, QL Limited to 1 per day
ANDROGEL PUMP TRANSDERMAL	2	2	GL Male only
ANDROGEL TRANSDERMAL	2	2	GL Male only
ANDROID ORAL	2	2	
ARISTOCORT A EXTERNAL	2	2	GP, QL Limited to 60gm per month
ARISTOCORT A EXTERNAL OINT	2	2	GP
ARMOUR THYROID ORAL	2	2	GP
<i>aug betamethasone dipropionate external</i>	1	1	QL Limited to 15gm per month
AYGESTIN ORAL	2	2	GP
<i>betamethasone dipropionate (topical) external crea</i>	1	1	QL Limited to 15gm per month
<i>betamethasone dipropionate (topical) external lotn</i>	1	1	
<i>betamethasone dipropionate (topical) external oint</i>	1	1	
<i>betamethasone valerate external</i>	1	1	
BIO- THROID ORAL	2	2	
BIO-THROID ORAL	2	2	
BREVICON-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
CLIMARA PRO TRANSDERMAL	2	2	QL Limited to 1 per week
CLIMARA TRANSDERMAL	2	2	QL Limited to 1 per week
<i>clobetasol propionate emollient base external</i>	1	1	QL Limited to 30gm per month
<i>clobetasol propionate external crea</i>	1	1	QL Limited to 30gm per month
<i>clobetasol propionate external gel</i>	1	1	QL Limited to 30gm per month

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>clobetasol propionate external oint</i>	1	1	QL Limited to 30gm per month
<i>clobetasol propionate external soln</i>	1	1	QL Limited to 25ml per month
CORTEF ORAL	2	2	GP
<i>cortisone acetate oral</i>	1	1	
CUTIVATE EXTERNAL CREA	2	2	GP, QL Limited to 30gm per month
CUTIVATE EXTERNAL OINT	2	2	GP, QL Limited to 30gm per month
CYCLESSA ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
CYTOMEL ORAL	2	2	
DANAZOL ORAL	2	2	
DANOCRINE ORAL	2	2	GP
DDAVP NASAL	2	2	GP
DDAVP ORAL	2	2	GP
DECADRON ORAL	2	2	GP
DELTASONE ORAL	2	2	
DEMULEN 1/35-21 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
DEMULEN 1/35-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
DEMULEN 1/50-21 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
DEMULEN 1/50-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
<i>desmopressin acetate oral tabs</i>	1	1	
<i>desmopressin acetate oral tabs 0.2MG</i>	1	1	
<i>desmopressin acetate refrigerated nasal</i>	1	1	
<i>desmopressin acetate spray nasal</i>	1	1	
DESOGEN ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
<i>desogestrel & ethinyl estradiol oral</i>	1	1	GL Female only, QL Limited to 1 per day

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>desogestrel-ethinyl estradiol (triphasic) oral</i>	1	1	GL Female only, QL Limited to 1 per day
<i>desonide external crea</i>	1	1	QL Limited to 15gm per month
<i>desonide external lotn</i>	1	1	QL Limited to 59gm per month
<i>desonide external oint</i>	1	1	QL Limited to 15gm per month
DESOWEN EXTERNAL CREA	2	2	GP, QL Limited to 15gm per month
DESOWEN EXTERNAL LOTN	2	2	GP, QL Limited to 59gm per month
DESOWEN EXTERNAL OINT	2	2	GP, QL Limited to 15gm per month
<i>desoximetasone external crea 0.25%</i>	1	1	QL Limited to 15gm per month
<i>desoximetasone external gel</i>	1	1	QL Limited to 15gm per month
<i>desoximetasone external oint</i>	1	1	QL Limited to 15gm per month
DEXAMETHASONE INTENSOL ORAL	2	2	
<i>dexamethasone oral</i>	1	1	
<i>dexamethasone oral elix</i>	1	1	
DEXAMETHASONE ORAL SOLN	2	2	
DEXAMETHASONE ORAL TABS 0.25MG	2	2	
DEXAMETHASONE ORAL TABS 1MG	2	2	
DEXAMETHASONE ORAL TABS 2MG	2	2	
DEXPAK ORAL	2	2	
<i>diflorasone diacetate emollient base external</i>	1	1	QL Limited to 30gm per month
<i>diflorasone diacetate external crea</i>	1	1	
<i>diflorasone diacetate external oint</i>	1	1	QL Limited to 30gm per month

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
DIPROLENE AF EXTERNAL	2	2	GP, QL Limited to 15gm per month
DIPROLENE EXTERNAL GEL	2	2	GP, QL Limited to 15gm per month
DIPROLENE EXTERNAL LOTN	2	2	QL Limited to 30ml per month
DIPROLENE EXTERNAL OINT	2	2	GP, QL Limited to 15gm per month
ELOCON EXTERNAL CREA	2	2	GP, QL Limited to 15gm per month
ELOCON EXTERNAL LOTN	2	2	GP, QL Limited to 30ml per month
ELOCON EXTERNAL OINT	2	2	GP, QL Limited to 15gm per month
ERGONOVINE MALEATE ORAL	2	2	
ERGOTRATE MALEATE ORAL	2	2	
<i>est estrogens & methyltest oral</i>	1	1	
ESTRACE ORAL	2	2	GP
ESTRACE VAGINAL	2	2	GL Female only
<i>estradiol oral</i>	1	1	
<i>estradiol transdermal</i>	1	1	QL Limited to 1 per week
ESTRATEST H.S. ORAL	2	2	GP
ESTRATEST ORAL	2	2	GP
<i>estropipate oral</i>	1	1	
<i>ethynodiol diacet & eth estrad oral</i>	1	1	GL Female only, QL Limited to 1 per day
EVISTA ORAL	2	2	QL Limited to 1 per day
FLORINEF ORAL	2	2	GP
FLORONE EXTERNAL	2	2	GP, QL Limited to 30gm per month
<i>fludrocortisone acetate oral</i>	1	1	
<i>fluocinolone acetonide external</i>	1	1	QL Limited to 15gm per month
<i>fluocinolone acetonide external oint</i>	1	1	QL Limited to 15gm per month
<i>fluocinolone acetonide external soln</i>	1	1	QL Limited to 20ml per month

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>fluocinonide emulsified base external</i>	1	1	QL Limited to 30gm per month
<i>fluocinonide external crea</i>	1	1	QL Limited to 30gm per month
<i>fluocinonide external gel</i>	1	1	QL Limited to 30gm per month
<i>fluocinonide external oint</i>	1	1	QL Limited to 30gm per month
<i>fluocinonide external soln</i>	1	1	QL Limited to 20ml per month
FLUOXYMESTERONE ORAL	2	2	
<i>fluticasone propionate external</i>	1	1	QL Limited to 30gm per month
FOSAMAX ORAL	2	2	
FOSAMAX PLUS D ORAL	2	2	
GYNODIOL ORAL	2	2	
<i>hydrocortisone (topical) external crea</i>	1	1	
<i>hydrocortisone (topical) external lotn</i>	1	1	QL Limited to 59gm per month
<i>hydrocortisone (topical) external oint</i>	1	1	
<i>hydrocortisone butyrate external oint</i>	1	1	QL Limited to 15gm per month
<i>hydrocortisone butyrate external soln</i>	1	1	QL Limited to 20ml per month
<i>hydrocortisone oral</i>	1	1	
<i>hydrocortisone valerate external</i>	1	1	QL Limited to 45gm per month
HYDROCORTONE ORAL	2	2	
HYTONE EXTERNAL CREA	2	2	GP
HYTONE EXTERNAL LOTN	2	2	GP, QL Limited to 59gm per month
HYTONE EXTERNAL OINT	2	2	GP
KENALOG EXTERNAL	2	2	GP, QL Limited to 60gm per month
KENALOG EXTERNAL LOTN	2	2	GP
KENALOG EXTERNAL OINT	2	2	GP

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>levonorgestrel & eth estradiol oral</i>	1	1	GL Female only, QL Limited to 1 per day
<i>levonorgestrel-eth estradiol (triphasic) oral</i>	1	1	GL Female only, QL Limited to 1 per day
<i>levothyroxine sodium oral</i>	1	1	
LIDEX EXTERNAL CREA	2	2	GP, QL Limited to 30gm per month
LIDEX EXTERNAL GEL	2	2	GP, QL Limited to 30gm per month
LIDEX EXTERNAL OINT	2	2	GP, QL Limited to 30gm per month
LIDEX EXTERNAL SOLN	2	2	GP, QL Limited to 20ml per month
LIDEX-E EXTERNAL	2	2	GP, QL Limited to 30gm per month
LO/OVRAL ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
LOCOID EXTERNAL CREA	2	2	GP, QL Limited to 15gm per month
LOCOID EXTERNAL OINT	2	2	GP, QL Limited to 15gm per month
LOCOID EXTERNAL SOLN	2	2	GP, QL Limited to 20ml per month
LOCOID LIPOCREAM EXTERNAL	2	2	QL Limited to 15gm per month
LOESTRIN 1.5/30-21 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
LOESTRIN 1/20-21 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
LOESTRIN FE 1/20 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
LOESTRIN FE ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
MAXIFLOR EXTERNAL CREA	2	2	GP
MAXIFLOR EXTERNAL OINT	2	2	GP, QL Limited to 30gm per month
MEDROL DOSEPAK ORAL	2	2	GP

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
MEDROL ORAL	2	2	GP
<i>medroxyprogesterone acetate oral</i>	1	1	
<i>megestrol acetate oral tabs</i>	1	1	
METHERGINE ORAL	2	2	QL Limited to 28 per month
<i>methimazole oral</i>	1	1	
METHITEST ORAL	2	2	
<i>methylprednisolone oral</i>	1	1	
MIACALCIN NASAL	2	2	PA
MIRCETTE ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
MODICON-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
<i>mometasone furoate external</i>	1	1	QL Limited to 15gm per month
<i>mometasone furoate external oint</i>	1	1	QL Limited to 15gm per month
<i>mometasone furoate external soln</i>	1	1	QL Limited to 30ml per month
NORDETTE ORAL	2	2	GP GL Female only, QL Limited to 1 per day
<i>norethin acet & estrad-fe oral</i>	1	1	GL Female only, QL Limited to 1 per day
<i>norethindrone & eth estradiol oral</i>	1	1	GL Female only, QL Limited to 1 per day
<i>norethindrone & mestranol oral</i>	1	1	GL Female only, QL Limited to 1 per day
<i>norethindrone (contraceptive) oral</i>	1	1	GL Female only, QL Limited to 1 per day
<i>norethindrone acet & eth estra oral</i>	1	1	GL Female only, QL Limited to 1 per day
<i>norethindrone acetate oral</i>	1	1	
<i>norethindrone-eth estradiol (biphasic) oral</i>	1	1	GL Female only, QL Limited to 1 per day
<i>norethindrone-eth estradiol (triphasic) oral</i>	1	1	GL Female only, QL Limited to 1 per day
<i>norgestimate-ethinyl estradiol (triphasic) oral</i>	1	1	GL Female only, QL Limited to 1 per day

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>norgestimate-ethinyl estradiol oral</i>	1	1	GL Female only, QL Limited to 1 per day
<i>norgestrel & ethinyl estradiol oral</i>	1	1	GL Female only, QL Limited to 1 per day
NORINYL 1+35 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
NORINYL 1+50 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
NOR-QD ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
NUVARING VAGINAL	2	2	GL Female only, QL Limit 1 per 21 days
OGEN ORAL	2	2	GP
OGESTREL ORAL	2	2	GL Female only, QL Limited to 1 per day
ORAPRED ORAL	2	2	GP
ORTHO EVRA TRANSDERMAL	2	2	GL Female only, Limited to 3 per month
ORTHO MICRONOR ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO TRI-CYCLEN LO ORAL	2	2	GL Female only, QL Limited to 1 per day
ORTHO TRI-CYCLEN ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-CEPT ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-CEPT-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-CYCLEN-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-NOVUM 1/35-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-NOVUM 1/50-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-NOVUM 10/11-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
ORTHO-NOVUM 7/7/7-21 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-NOVUM 7/7/7-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
OVCON-35 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
OVCON-50 28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
OVCON-50/28 ORAL	2	2	GP GL Female only, QL Limited to 1 per day
OVRAL ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
OXANDRIN ORAL	2	2	PA
PEDIAPRED ORAL	2	2	GP
PLAN B ORAL	2	2	GP GL Female only
<i>prednisolone oral</i>	1	1	
<i>prednisolone sodium phosphate oral</i>	1	1	
PREDNISONE INTENSOL ORAL	2	2	
<i>prednisone oral</i>	1	1	
PREDNISONE ORAL SOLN	2	2	
PREDNISONE ORAL TABS 50MG	2	2	
PRELONE ORAL	2	2	GP
PREMARIN ORAL	2	2	
PREMARIN VAGINAL	2	2	GL Female only
PREMARIN W/APPLICATOR VAGINAL	2	2	GL Female only
PREMPHASE ORAL	2	2	
PREMPRO ORAL	2	2	
PROVERA ORAL	2	2	GP
PSORCON E EXTERNAL CREA	2	2	GP, QL Limited to 30gm per month
PSORCON E EXTERNAL OINT	2	2	QL Limited to 30gm per month
PSORCON EXTERNAL	2	2	GP, QL Limited to 30gm per month
SKELID ORAL	2	2	
STERAPRED 12-DAY ORAL	2	2	GP

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
STERAPRED DS ORAL	2	2	GP
STERAPRED ORAL	2	2	GP
STIMATE NASAL	2	2	
SYNALAR EXTERNAL CREA	2	2	GP, QL Limited to 15gm per month
SYNALAR EXTERNAL OINT	2	2	GP, QL Limited to 15gm per month
SYNALAR EXTERNAL SOLN	2	2	GP, QL Limited to 20gm per month
SYNTHROID ORAL	2	2	GP
TAPAZOLE ORAL	2	2	GP
TAPAZOLE ORAL	2	2	GP
TEMOVATE E EXTERNAL	2	2	GP, QL Limited to 30gm per month
TEMOVATE EXTERNAL CREA	2	2	GP, QL Limited to 30gm per month
TEMOVATE EXTERNAL GEL	2	2	GP, QL Limited to 30gm per month
TEMOVATE EXTERNAL OINT	2	2	GP, QL Limited to 30gm per month
TEMOVATE EXTERNAL SOLN	2	2	GP, QL Limited to 25ml per month
TESTIM TRANSDERMAL	2	2	GL Male only
TESTRED ORAL	2	2	
<i>thyroid oral</i>	1	1	
THYROLAR-1 ORAL	2	2	
THYROLAR-1/2 ORAL	2	2	
THYROLAR-1/4 ORAL	2	2	
THYROLAR-2 ORAL	2	2	
THYROLAR-3 ORAL	2	2	
TOPICORT EXTERNAL	2	2	GP, QL Limited to 15gm per month
<i>triamcinolone acetonide (topical) external crea 0.025%</i>	1	1	
<i>triamcinolone acetonide (topical) external crea 0.1%</i>	1	1	QL Limited to 60gm per month

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>triamcinolone acetonide (topical) external crea 0.5%</i>	1	1	
<i>triamcinolone acetonide (topical) external lotn</i>	1	1	
<i>triamcinolone acetonide (topical) external oint</i>	1	1	
TRIAMCINOLONE ACETONIDE I EXTERNAL	2	2	
TRIDESILON EXTERNAL	2	2	GP, QL Limited to 15gm per month
TRI-NORINYL 28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
TRIPHASIL ORAL	2	2	GP GL Female only, QL Limited to 1 per day
WESTCORT EXTERNAL	2	2	GP, QL Limited to 45gm per month
YASMIN 28 ORAL	2	2	GL Female only, QL Limited to 1 per day

Hormonal Agents, Suppressant

ARIMIDEX ORAL	2	2	
AROMASIN ORAL	2	2	
CASODEX ORAL	2	2	
CYTADREN ORAL	2	2	
EMCYT ORAL	2	2	
EULEXIN ORAL	2	2	GP
FARESTON ORAL	2	2	
FEMARA ORAL	2	2	
<i>flutamide oral</i>	1	1	
LYSODREN ORAL	2	2	
NILANDRON ORAL	2	2	
NOLVADEX ORAL	2	2	GP
<i>propylthiouracil oral</i>	1	1	
SYNAREL NASAL	2	2	
<i>tamoxifen citrate oral</i>	1	1	
TESLAC ORAL	2	2	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
-----------	-----------------------------	-----------------------------	---------------------

Immunological Agents

AZASAN ORAL	2	2	PA
<i>azathioprine oral</i>	1	1	PA
CELLCEPT ORAL	2	2	PA
CUPRIMINE ORAL	2	2	
<i>cyclosporine modified (for microemulsion) oral</i>	1	1	PA
CYCLOSPORINE MODIFIED ORAL	2	2	PA
<i>cyclosporine oral</i>	1	1	PA
DEPEN TITRATABS ORAL	2	2	
IMURAN ORAL	2	2	GP, PA
<i>methotrexate sodium (antirheumatic) oral</i>	1	1	
NEORAL ORAL	2	2	GP, PA
PROGRAF ORAL	2	2	PA
PROTOPIC EXTERNAL	2	2	PA
RAPAMUNE ORAL	2	2	PA
RHEUMATREX ORAL	2	2	GP
RIDAURA ORAL	2	2	
SANDIMMUNE ORAL	2	2	GP, PA

Inflammatory Bowel Disease Agents

ASACOL ORAL	2	2	
AZULFIDINE EN-TABS ORAL	2	2	GP
AZULFIDINE ORAL	2	2	GP
CANASA RECTAL	2	2	
COLAZAL ORAL	2	2	
<i>mesalamine rectal</i>	1	1	
PENTASA ORAL	2	2	
ROWASA RECTAL	2	2	GP
<i>sulfasalazine oral</i>	1	1	

Ophthalmic Agents

ACULAR LS OPHTHALMIC	2	2	QL Limited to 5ml per month
----------------------	---	---	-----------------------------

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
ACULAR OPHTHALMIC	2	2	QL Limited to 5ml per month
ACULAR PF OPHTHALMIC	2	2	QL Limited to 5ml per month
ALBALON OPHTHALMIC	2	2	GP
ALPHAGAN P OPHTHALMIC	2	2	QL Limited to 5ml per month
<i>atropine sulfate (ophthalmic) ophthalmic oint</i>	1	1	
<i>atropine sulfate (ophthalmic) ophthalmic soln</i>	1	1	QL Limited to 5ml per month
AZOPT OPHTHALMIC	2	2	QL Limited to 5ml per month
<i>bacitracin (ophthalmic) ophthalmic</i>	1	1	
<i>bacitracin-polymyxin b (ophth) ophthalmic</i>	1	1	
<i>bacitracin-poly-neomycin-hc ophthalmic</i>	1	1	
BETAGAN C CAP QD OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
BETAGAN OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
BETAGAN WITHOUT C CAP OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
<i>betaxolol hcl (ophth) ophthalmic</i>	1	1	QL Limited to 5ml per month
BETAXOLOL HCL OPHTHALMIC	2	2	QL Limited to 5ml per month
BETIMOL OPHTHALMIC	2	2	QL Limited to 5ml per month
BETOPTIC-S OPHTHALMIC	2	2	QL Limited to 5ml per month
BLEPH-10 OPHTHALMIC	2	2	GP
BLEPHAMIDE LIQUIFILM OPHTHALMIC	2	2	QL Limited to 5ml per month
BLEPHAMIDE OPHTHALMIC	2	2	QL Limited to 5ml per month

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
BLEPHAMIDE S.O.P. OPHTHALMIC	2	2	
<i>brimonidine tartrate ophthalmic</i>	1	1	QL Limited to 5ml per month
<i>carbachol (ophth) ophthalmic</i>	1	1	
CILOXAN OPHTHALMIC OINT	2	2	
CILOXAN OPHTHALMIC SOLN	2	2	GP, QL Limited to 5ml per month
<i>ciprofloxacin hcl (ophth) ophthalmic</i>	1	1	QL Limited to 5ml per month
CORTISPORIN OPHTHALMIC OINT	2	2	GP
CORTISPORIN OPHTHALMIC SUSP	2	2	GP
CROLOM OPHTHALMIC	2	2	GP
<i>cromolyn sodium (ophth) ophthalmic</i>	1	1	
CYCLOGYL OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
<i>cyclopentolate hcl ophthalmic</i>	1	1	QL Limited to 5ml per month
<i>dexamethasone sodium phosphate (ophth) ophthalmic</i>	1	1	
<i>dipivefrin hcl ophthalmic</i>	1	1	QL Limited to 5ml per month
ECONOPRED OPHTHALMIC	2	2	
ECONOPRED PLUS OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
EFLONE OPHTHALMIC	2	2	
EPIFRIN OPHTHALMIC	2	2	
<i>erythromycin (ophth) ophthalmic</i>	1	1	
FLAREX OPHTHALMIC	2	2	
<i>fluorometholone (ophth) ophthalmic</i>	1	1	QL Limited to 5ml per month
<i>flurbiprofen sodium ophthalmic</i>	1	1	
FML FORTE OPHTHALMIC	2	2	QL Limited to 5ml per month

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
FML LIQUIFILM OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
FML S.O.P. OPHTHALMIC	2	2	
GARAMYCIN OPHTHALMIC	2	2	GP, QL Limited to 5ml per fill
<i>gentamicin sulfate (ophth) ophthalmic oint</i>	1	1	
<i>gentamicin sulfate (ophth) ophthalmic soln</i>	1	1	QL Limited to 5ml per fill
<i>homatropine hbr ophthalmic</i>	1	1	
INFLAMASE FORTE OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
INFLAMASE MILD OPHTHALMIC	2	2	QL Limited to 5ml per month
ISOPTO ATROPINE OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
ISOPTO CARBACHOL OPHTHALMIC SOLN 3%	2	2	GP
ISOPTO CARPINE OPHTHALMIC	2	2	GP, QL Limited to 15ml per month
ISOPTO HOMATROPINE OPHTHALMIC	2	2	GP
ISTALOL OPHTHALMIC	2	2	QL Limited to 5ml per month
<i>levobunolol hcl ophthalmic</i>	1	1	QL Limited to 5ml per month
LUMIGAN OPHTHALMIC	2	2	QL Limited to 2.5ml per month
MAXITROL OPHTHALMIC	2	2	GP
<i>metipranolol ophthalmic</i>	1	1	QL Limited to 5ml per month
MYDFRIN OPHTHALMIC	2	2	GP
<i>naphazoline hcl ophthalmic</i>	1	1	
NATACYN OPHTHALMIC	2	2	
<i>neomycin-bacitracin zn-polymyxin ophthalmic</i>	1	1	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>neomycin-polymy-dexameth ophthalmic</i>	1	1	
<i>neomycin-polymy-gramicid ophthalmic</i>	1	1	
<i>neomycin-polymyxin-hc (ophth) ophthalmic</i>	1	1	
NEOSPORIN OPHTHALMIC OINT	2	2	GP
NEOSPORIN OPHTHALMIC SOLN	2	2	GP
OCUFEN OPHTHALMIC	2	2	GP
OCUFLOX OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
<i>ofloxacin (ophth) ophthalmic</i>	1	1	QL Limited to 5ml per month
OPTICROM OPHTHALMIC	2	2	GP
OPTIPRANOLOL OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
PATANOL OPHTHALMIC	2	2	
<i>phenylephrine hcl (ophth) ophthalmic</i>	1	1	
PHENYLEPHRINE HCL OPHTHALMIC	2	2	
<i>pilocarpine & epinephrine ophthalmic</i>	1	1	
<i>pilocarpine hcl ophthalmic</i>	1	1	QL Limited to 15ml per month
PILOPINE HS OPHTHALMIC	2	2	
<i>polymyxin b-trimethoprim ophthalmic</i>	1	1	
POLYSPORIN OPHTHALMIC	2	2	GP
POLYTRIM OPHTHALMIC	2	2	GP
PRED FORTE OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
PRED MILD OPHTHALMIC	2	2	QL Limited to 5ml per month
<i>prednisolone acetate (ophth) ophthalmic</i>	1	1	QL Limited to 5ml per month
<i>prednisolone sodium phosphate (ophth) ophthalmic</i>	1	1	QL Limited to 5ml per month
PREDNISOLONE/SULFACETAMID OPHTHALMIC	2	2	QL Limited to 5ml per month

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
PROPINE OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
PROPINE-C OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
<i>sulfacetamide sodium (ophth) ophthalmic</i>	1	1	
SULFACETAMIDE SODIUM OPHTHALMIC	2	2	
<i>sulfacetamide sod-pred ophthalmic</i>	1	1	QL Limited to 5ml per month
SULFACETAMIDE/PREDNISOLONE OPHTHALMIC	2	2	QL Limited to 5ml per month
<i>timolol maleate (ophth) ophthalmic solg</i>	1	1	
<i>timolol maleate (ophth) ophthalmic soln</i>	1	1	QL Limited to 5ml per month
TIMOPTIC OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
TIMOPTIC-XE OPHTHALMIC	2	2	GP
<i>tobramycin sulfate (ophth) ophthalmic</i>	1	1	
TOBREX OPHTHALMIC OINT	2	2	
TOBREX OPHTHALMIC SOLN	2	2	GP
TRAVATAN OPHTHALMIC	2	2	QL Limited to 2.5ml per month
<i>trifluridine ophthalmic</i>	1	1	
VASOCIDIN OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
VIROPTIC OPHTHALMIC	2	2	GP
VOLTAREN OPHTHALMIC	2	2	

Otic Agents

<i>acetic acid (otic) otic</i>	1	1	
<i>acetic acid-aluminum acetate otic</i>	1	1	
AMERICAINE OTIC OTIC	2	2	GP
<i>benzocaine & antipyrine otic</i>	1	1	
<i>benzocaine (otic) otic</i>	1	1	
CORTISPORIN OTIC	2	2	GP

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
FLOXIN OTIC OTIC	2	2	
FLOXIN OTIC SINGLES OTIC	2	2	
<i>hydrocortisone w/acetic acid otic</i>	1	1	
<i>neomycin-polymyxin-hc (otic) otic</i>	1	1	
PEDIOTIC OTIC	2	2	GP

Respiratory Tract Agents

ACCOLATE ORAL	2	2	EST
ADVAIR DISKUS INHALATION	2	2	QL Limited to 60 per month
AEROLATE III TD ORAL	2	2	
AEROLATE JR ORAL	2	2	
AEROLATE SENIOR ORAL	2	2	
<i>albuterol inhalation</i>	1	1	
ALBUTEROL SULFATE HFA INHALATION	2	2	QL Limited to 2 inhalers per month
<i>albuterol sulfate oral</i>	1	1	
ALUPENT INHALATION AERP	2	2	
ALUPENT ORAL SYRP	2	2	GP
ALUPENT ORAL TABS	2	2	
<i>aminophylline oral</i>	1	1	
ANDEHIST ORAL LIQD	2	2	
ASTELIN NASAL	2	2	
ATARAX ORAL	2	2	GP
ATARAX ORAL SYRP	2	2	GP
ATROVENT HFA INHALATION	2	2	
ATROVENT INHALER INHALATION	2	2	
ATROVENT NASAL	2	2	GP
AZMACORT INHALATION	2	2	QL Limited to 2 inhalers per month
BECLOVENT INHALATION	2	2	
BRETHINE ORAL	2	2	GP
<i>chlorpheniramine tannate-phenylephrine tannate oral tabs</i>	1	1	
CYPROHEPTADINE HCL ORAL SYRP	2	2	
<i>cyproheptadine hcl oral tabs</i>	1	1	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
DEXCHLORPHENIRAMINE MALEA ORAL	2	2	
<i>dexchlorpheniramine maleate oral</i>	1	1	
DURATUSS G ORAL	2	2	GP
ELIXOPHYLLIN ORAL	2	2	
FLONASE NASAL	2	2	QL Limited to 1 inhaler per month
FLOVENT HFA INHALATION	2	2	
FLOVENT INHALATION	2	2	QL Limited to 2 inhalers per month
FLOVENT ROTADISK INHALATION	2	2	QL Limited to 2 inhalers per month
<i>flunisolide (nasal) nasal</i>	1	1	
FORADIL AEROLIZER INHALATION	2	2	QL Limited to 2 per day
<i>guaifenesin oral</i>	1	1	
<i>hydroxyzine hcl oral</i>	1	1	
INTAL INHALER INHALATION	2	2	
<i>ipratropium bromide (nasal) nasal</i>	1	1	
MAXAIR AUTOHALER INHALATION	2	2	
<i>metaproterenol sulfate oral syrup</i>	1	1	
METAPROTERENOL SULFATE ORAL TABS	2	2	
NASONEX NASAL	2	2	QL Limited to 2 inhalers per month
PHENERGAN ORAL	2	2	GP
PHENERGAN RECTAL	2	2	GP
<i>pheniramine-phenyltoloxamine-pyridamine oral</i>	1	1	
PIMA ORAL	2	2	
POLY-HISTINE ORAL	2	2	GP
<i>promethazine hcl oral</i>	1	1	
<i>promethazine hcl oral syrup</i>	1	1	
PROMETHAZINE HCL ORAL TABS 12.5MG	2	2	
<i>promethazine hcl rectal</i>	1	1	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
PROMETHAZINE VC ORAL	2	3	
PROMETHAZINE/PHENYLEPHRI N ORAL	2	3	
PROVENTIL HFA INHALATION	2	2	QL Limited to 2 inhalers per month
PROVENTIL INHALATION AERS	2	2	GP
PULMICORT INHALATION	2	2	QL Limited to 2 respules per day
PULMICORT TURBUHALER INHALATION	2	2	QL Limited to 1 inhaler per 45 days
PULMOZYME INHALATION	2	2	QL Limited to 1 per day
QUIBRON-T ORAL	2	2	
QUIBRON-T/SR ORAL	2	2	GP
QVAR INHALATION	2	2	QL Limited to 2 inhalers per month
RYNATAN ORAL	2	2	GP
SEREVENT DISKUS INHALATION	2	2	QL Limited to 2 per day
SINGULAIR ORAL	2	2	EST
SLO-BID GYROCAPS ORAL	2	2	GP
SPIRIVA HANDIHALER INHALATION	2	2	PA
SSKI ORAL	2	2	
<i>terbutaline sulfate oral</i>	1	1	
THEO-24 ORAL	2	2	
THEOLAIR ORAL	2	2	
<i>theophylline oral cp12</i>	1	1	
THEOPHYLLINE ORAL SOLN	2	2	
<i>theophylline oral tb12</i>	1	1	
<i>theophylline oral tb24</i>	1	1	
TILADE INHALATION	2	2	
UNIPHYL ORAL	2	2	GP
UNIPHYL ORAL	2	2	GP
VENTOLIN HFA INHALATION	2	2	QL Limited to 2 inhalers per month
VENTOLIN INHALATION AERS	2	2	GP
VOLMAX ORAL	2	2	GP

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
-----------	-----------------------------	-----------------------------	---------------------

Sedatives/Hypnotics

AMBIEN ORAL	2	2	QL Limited to 1 per day
<i>chloral hydrate oral</i>	1	1	
CHLORAL HYDRATE RECTAL	2	2	

Skeletal Muscle Relaxants

<i>baclofen oral</i>	1	1	
<i>carisoprodol oral</i>	1	1	AL Age < 65 years old
<i>carisoprodol w/ aspirin oral</i>	1	1	AL Age < 65 years old
<i>cyclobenzaprine hcl oral</i>	1	1	AL Age < 65 years old
DANTRIUM ORAL	2	2	GP
<i>dantrolene sodium oral</i>	1	1	
FLEXERIL ORAL	2	2	AL Age < 65 years old, GP
<i>methocarbamol oral</i>	1	1	AL Age < 65 years old
ROBAXIN ORAL	2	2	AL Age < 65 years old, GP
ROBAXIN-750 ORAL	2	2	AL Age < 65 years old, GP
SOMA COMPOUND ORAL	2	2	AL Age < 65 years old, GP
SOMA ORAL	2	2	AL Age < 65 years old, GP

Therapeutic

Nutrients/Minerals/Electrolytes

ANEMAGEN OB ORAL	2	2	GL Female only
ATABEX PRENATAL ORAL	2	2	GL Female only
BRIGHT BEGINNINGS PRENATAL ORAL	2	2	GL Female only
CENOGEN ULTRA ORAL	2	2	GP, GL Female only
CITRACAL PRENATAL RX ORAL	2	2	GP, GL Female only
DUET DHA ORAL	2	2	GL Female only
DUET ORAL	2	2	GP, GL Female only
DUET ORAL CHEW	2	2	GL Female only
EMBEX 600 ORAL	2	2	GP, GL Female only
FLUORABON BASIC ORAL	2	2	AL Age < 6 years old
FLUORABON ORAL	2	2	AL Age < 6 years old, GP
ICAR PRENATAL COMBO PACK ORAL	2	2	GL Female only
KAON-CL ORAL	2	2	GP

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
K-DUR ORAL	2	2	GP
K-LOR HOSPITAL PACK ORAL	2	2	GP
K-LOR ORAL	2	2	GP
KLOR-CON 25 ORAL	2	2	
KLOR-CON M15 ORAL	2	2	GP
K-LYTE ORAL	2	2	GP
K-LYTE/CL 50 ORAL	2	2	
K-LYTE/CL ORAL	2	2	GP
K-TABS ORAL	2	2	GP
LACTOCAL-F ORAL	2	2	GP, GL Female only
LURIDE ORAL	2	2	AL Age < 6 years old, GP
MARNATAL-F PLUS DUO PACK ORAL	2	2	GL Female only
MATERNA ORAL	2	2	GP, GL Female only
MAXINATE ORAL	2	2	GL Female only
MICRO-K 10 EXTENCAPS ORAL	2	2	GP
MICRO-K ORAL CPCR 8MEQ	2	2	
MYNATAL ORAL	2	2	GP, GL Female only
NATACHEW ORAL	2	2	GP, GL Female only
NATALVIT ORAL	2	2	GL Female only
NATELLE EZ ORAL	2	2	GL Female only
NATELLE ORAL	2	2	GL Female only
NATELLE PREFER ORAL	2	2	GL Female only
NESTABS CBF ORAL	2	2	GP, GL Female only
NESTABS FA ORAL	2	2	GP, GL Female only
NESTABS RX ORAL	2	2	GP, GL Female only
NOVANATAL ORAL	2	2	GP, GL Female only
NOVASTART ORAL	2	2	GP, GL Female only
NUTRACARE ORAL	2	2	GL Female only
OB COMPLETE ORAL	2	2	GL Female only
OBEGYN LIQUID PRENATAL VI ORAL	2	2	GL Female only
OBSTETRIX-100 ORAL	2	2	GL Female only
OBTREX ORAL	2	2	GP, GL Female only
O-CAL FA ORAL	2	2	GL Female only
O-CAL PRENATAL ORAL	2	2	GL Female only
OPTINATE ORAL	2	2	GL Female only

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>ped multi vitamins w/fl & fe oral</i>	1	1	AL Age < 6 years old
<i>ped mv w/fluoride oral</i>	1	1	AL Age < 6 years old
<i>ped vitamins acd fluoride & iron oral</i>	1	1	AL Age < 6 years old
<i>ped vitamins acd w/fluoride oral</i>	1	1	AL Age < 6 years old
PEDIAFLOR ORAL	2	2	AL Age < 6 years old, GP
POLY-VI-FLOR ORAL	2	2	AL Age < 6 years old, GP
POLY-VI-FLOR/FE ORAL	2	2	AL Age < 6 years old, GP
POLY-VI-FLOR/IRON ORAL	2	2	AL Age < 6 years old, GP
POLY-VI-FLOR/IRON ORAL SOLN	2	2	AL Age < 6 years old, GP
<i>potassium bicarb & chloride oral</i>	1	1	
<i>potassium chloride oral</i>	1	1	
PRECARE CONCEIVE ORAL	2	2	GL Female only
PRECARE ORAL	2	2	GL Female only
PRECARE PRENATAL ORAL	2	2	GL Female only
PREMESIS RX ORAL	2	2	GL Female only
PRENA-CAP ORAL	2	2	GL Female only
<i>prenatal mv & min w/fe-fa oral</i>	1	1	GL Female only
<i>prenatal mv & min w/fe-fa-ca oral</i>	1	1	GL Female only
<i>prenatal vit w/ docusate-fe fumarate-folic acid oral</i>	1	1	GL Female only
<i>prenatal vit w/ docusate-iron carbonyl-folic acid oral</i>	1	1	GL Female only
<i>prenatal vit w/ fe bisglycinate chelate-folic acid oral</i>	1	1	GL Female only
<i>prenatal vit w/ ferrous fumarate-folic acid oral chew</i>	1	1	GL Female only
<i>prenatal vit w/ iron carbonyl-fe gluconate-folic acid oral</i>	1	1	GL Female only
<i>prenatal vit w/ iron carbonyl-fe sulfate-folic acid oral</i>	1	1	GL Female only
<i>prenatal vit w/ iron carbonyl-folic acid oral</i>	1	1	GL Female only
<i>prenatal vit w/ iron polysaccharide complex-folic acid oral</i>	1	1	GL Female only
<i>prenatal vit w/ selenium-fe fumarate-folic acid oral</i>	1	1	GL Female only

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<i>prenatal without a vit w/ fe fumarate-folic acid oral</i>	1	1	GL Female only
<i>prenatal without a vit w/ iron carbonyl-folic acid oral</i>	1	1	GL Female only
<i>prenatal without a w/ fe carbonyl-docusate-folic acid oral</i>	1	1	GL Female only
PRENATE ADVANCE ORAL	2	2	GP, GL Female only
PRENATE ELITE ORAL	2	2	GL Female only
PRENATE GT ORAL	2	2	GP, GL Female only
PRIMACARE ONE ORAL	2	2	GL Female only
PRIMACARE ORAL	2	2	GL Female only
RUM-K ORAL	2	2	
<i>sodium fluoride mouth/throat</i>	1	1	AL Age < 6 years old
SODIUM FLUORIDE ORAL	2	2	AL Age < 6 years old
<i>sodium fluoride oral chew</i>	1	1	AL Age < 6 years old
<i>sodium fluoride oral soln</i>	1	1	AL Age < 6 years old
STRONGSTART ORAL CHEW	2	2	GL Female only
STRONGSTART ORAL TABS	2	2	GL Female only
STUARTNATAL PLUS 3 ORAL	2	2	GP, GL Female only
TRI-VI-FLOR ORAL	2	2	AL Age < 6 years old, GP
TRI-VI-FLOR/IRON ORAL	2	2	AL Age < 6 years old, GP
VI-DAYLIN/F + IRON ORAL	2	2	AL Age < 6 years old, GP
VI-DAYLIN/F ORAL	2	2	AL Age < 6 years old, GP
VI-DAYLIN/F/ADC ORAL	2	2	AL Age < 6 years old, GP
VI-DAYLIN/F/ADC/FE ORAL	2	2	AL Age < 6 years old, GP
VINATE II ORAL	2	2	GL Female only
VITAFOL-PN ORAL	2	2	GL Female only
VITA-PREN ORAL	2	2	GL Female only

Toxicologic Agents

KAYEXALATE ORAL	2	2	GP
<i>naltrexone hcl oral</i>	1	1	PA
REVIA ORAL	2	2	GP, PA
<i>sodium polystyrene sulfonate oral</i>	1	1	
<i>sodium polystyrene sulfonate rectal</i>	1	1	

Please refer to pages 5 and 6 for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
8-MOP ORAL	35	ALESSE ORAL	45
ABILIFY ORAL	21	<i>allopurinol oral</i>	17
ACCOLATE ORAL	62	ALPHAGAN P OPHTHALMIC	57
ACCUTANE ORAL	35	ALTACE ORAL	28
ACCUZYME EXTERNAL LIQD	35	ALTACE ORAL CAPS 10MG	28
ACCUZYME EXTERNAL OINT	35	<i>aluminum chloride external</i>	35
<i>acebutolol hcl oral</i>	28	ALUPENT INHALATION AERP	62
<i>acetaminophen w/ codeine oral</i>	7	ALUPENT ORAL SYRP	62
<i>acetazolamide oral</i>	28	ALUPENT ORAL TABS	62
<i>acetic acid (otic) otic</i>	61	<i>amantadine hcl oral</i>	21
<i>acetic acid vaginal</i>	16	AMARYL ORAL	25
<i>acetic acid-aluminum acetate otic</i>	61	AMBIEN ORAL	65
ACIPHEX ORAL	41	AMERGE ORAL	19
ACTIGALL ORAL	42	AMERICAINE OTIC OTIC	61
ACTONEL ORAL TABS 30MG	44	AMICAR ORAL	27
ACTONEL ORAL TABS 35MG	44	AMICAR ORAL SYRP	27
ACTONEL ORAL TABS 5MG	44	AMICAR ORAL TABS 1000MG	27
ACTONEL WITH CALCIUM ORAL	44	<i>amiloride & hydrochlorothiazide oral</i>	28
ACTOS ORAL	25	<i>aminocaproic acid oral</i>	27
ACULAR LS OPHTHALMIC	56	<i>aminophylline oral</i>	62
ACULAR OPHTHALMIC	57	<i>amiodarone hcl oral</i>	28
ACULAR PF OPHTHALMIC	57	<i>amitriptyline hcl oral</i>	14
<i>acyclovir oral</i>	23	AMOXAPINE ORAL	14
ADALAT CC ORAL	28	<i>amoxicillin & pot clavulanate oral</i>	9
ADDERALL ORAL	34	<i>amoxicillin oral</i>	9
ADVAIR DISKUS INHALATION	62	AMOXIL ORAL	9
AEROLATE III TD ORAL	62	AMOXIL ORAL CHEW	9
AEROLATE JR ORAL	62	AMOXIL ORAL SUSR 400MG/5ML	9
AEROLATE SENIOR ORAL	62	AMOXIL ORAL SUSR 50MG/ML	9
AGENERASE ORAL	23	AMOXIL PEDIATRIC ORAL	9
AGRYLIN ORAL	27	<i>amphetamine-dextroamphetamine oral</i>	34
ALBALON OPHTHALMIC	57	<i>ampicillin oral</i>	9
<i>albuterol inhalation</i>	62	ANAFRANIL ORAL	14
ALBUTEROL SULFATE HFA INHALATION	62	<i>anagrelide hcl oral</i>	27
<i>albuterol sulfate oral</i>	62	Analgesics	7
ALCOHOL SWABS	35	ANAPROX DS ORAL	17
ALDACTAZIDE ORAL	28	ANAPROX ORAL	17
ALDACTONE ORAL	28	ANASPAZ ORAL	42
ALDOMET ORAL	28	ANDEHIST ORAL LIQD	62
ALDORIL D30 ORAL	28	ANDRODERM TRANSDERMAL PT24 2.5MG/24HR	45
ALDORIL D50 ORAL	28	ANDRODERM TRANSDERMAL PT24 5MG/24HR	45
ALDORIL-15 ORAL	28	ANDROGEL PUMP TRANSDERM	45
ALDORIL-25 ORAL	28		

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
ANDROGEL TRANSDERMAL	45	ATARAX ORAL SYRP	62
ANDROID ORAL	45	<i>atenolol & chlorthalidone oral</i>	28
ANEMAGEN OB ORAL	65	<i>atenolol oral</i>	28
Anesthetics	9	<i>atropine sulfate (ophthalmic)</i>	57
ANEXSIA ORAL	7	<i>ophthalmic oint</i>	
ANSAID ORAL	17	<i>atropine sulfate (ophthalmic)</i>	57
ANTABUSE ORAL	40	<i>ophthalmic soln</i>	
<i>anthralin external</i>	35	ATROVENT HFA INHALATION	62
Antibacterials	9	ATROVENT INHALER	62
Anti-convulsants	13	INHALATION	
Antidementia Agents	14	ATROVENT NASAL	62
Antidepressants	14	<i>aug betamethasone dipropionate</i>	45
Antiemetics	16	<i>external</i>	
Antifungals	16	AUGMENTIN CHEW 125-31.25 MG	9
Antigout Agents	17	AUGMENTIN CHEW 250-62.5 MG	9
Anti-inflammatorys	17	AUGMENTIN ES-600 ORAL	9
Antimigraine Agents	19	AUGMENTIN ORAL	9
Antimycobacterials	19	AUGMENTIN ORAL SUSR 125-31.25 MG/5ML	9
Antineoplastics	19	AUGMENTIN ORAL SUSR 250-62.5 MG/5ML	9
Antiparasitics	20	AUGMENTIN ORAL SUSR 400-57 MG/5ML	9
Antiparkinson Agents	21	AUGMENTIN TABS 250-125 MG	9
Antipsychotics	21	AUGMENTIN TABS 500-125 MG	10
ANTIVERT ORAL TABS 12.5MG	16	AUGMENTIN XR ORAL	10
Antivirals	23	Autonomic Agents	24
ANUSOL-HC RECTAL CREA	35	AVANDAMET ORAL	25
ANUSOL-HC RECTAL SUPP	35	AVANDIA ORAL	25
Anxiolytics	24	AVC VAGINAL	16
<i>apap-isometheptene-dichloral oral</i>	19	AVELOX ABC PACK ORAL	10
APRESOLINE ORAL	28	AVELOX ORAL	10
APTIVUS ORAL	23	AVENTYL ORAL	14
ARALEN ORAL	20	AVODART ORAL	43
ARICEPT ODT ORAL	14	AYGESTIN ORAL	45
ARICEPT ORAL	14	AZASAN ORAL	56
ARIMIDEX ORAL	55	<i>azathioprine oral</i>	56
ARISTOCORT A EXTERNAL	45	AZMACORT INHALATION	62
ARISTOCORT A EXTERNAL OINT	45	AZOPT OPHTHALMIC	57
ARMOUR THYROID ORAL	45	AZULFIDINE EN-TABS ORAL	56
AROMASIN ORAL	55	AZULFIDINE ORAL	56
ASACOL ORAL	56	<i>bacitracin (ophthalmic) ophthalmic</i>	57
<i>aspirin oral tbec</i>	17	<i>bacitracin-polymyxin b (ophth)</i>	57
<i>aspirin w/ codeine oral</i>	7	<i>ophthalmic</i>	
ASTELIN NASAL	62		
ATABEX PRENATAL ORAL	65		
ATARAX ORAL	62		

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
<i>bacitracin-poly-neomycin-hc ophthalmic</i>	57	<i>betamethasone valerate external</i>	45
<i>baclofen oral</i>	65	BETAPACE AF ORAL	28
BACTRIM DS ORAL	10	BETAPACE ORAL	28
BACTRIM ORAL	10	<i>betaxolol hcl (ophth) ophthalmic</i>	57
BACTROBAN EXTERNAL OINT	35	BETAXOLOL HCL OPHTHALMIC	57
BANCAP-HC ORAL	7	<i>bethanechol chloride oral</i>	43
B-D INSULIN SYRINGE MICRO	25	BETIMOL OPHTHALMIC	57
B-D INSULIN SYRINGE SAFET	25	BETOPTIC-S OPHTHALMIC	57
B-D INSULIN SYRINGE SLIP	25	BIAXIN ORAL SUSR	10
B-D INSULIN SYRINGE ULTRA	25	BIAXIN ORAL TABS	10
B-D INSULIN SYRINGE/DETAC	25	BIAXIN XL ORAL	10
B-D INSULIN SYRINGE/U-100	25	BIAXIN XL PAC ORAL	10
B-D INTEGRA INSULIN SYRIN	25	BILTRICIDE ORAL	20
B-D ULTRAFINE II SHORT NE	25	BIO- THROID ORAL	45
B-D ULTRAFINE II/SHORT NE	25	BIO-STATIN ORAL	16
B-D ULTRAFINE III MINI PE	26	BIO-THROID ORAL	45
B-D ULTRAFINE III SHORT P	26	Bipolar Agents	25
B-D ULTRAFINE ORIGINAL PE	26	<i>bisoprolol & hydrochlorothiazide oral</i>	28
BECLOVENT INHALATION	62	<i>bisoprolol fumarate oral</i>	28
<i>benazepril & hydrochlorothiazide oral</i>	28	BLEPH-10 OPHTHALMIC	57
<i>benazepril hcl oral</i>	28	BLEPHAMIDE LIQUIFILM OPHTHALMIC	57
BENICAR HCT ORAL	28	BLEPHAMIDE OPHTHALMIC	57
BENICAR ORAL	28	BLEPHAMIDE S.O.P. OPHTHALMIC	58
BENTYL ORAL	42	BLOCADREN ORAL	28
BENZAC AC WASH EXTERNAL	35	Blood Glucose Regulators	25
BENZAMYCIN EXTERNAL	35	Blood Products/Modifiers/Volume Expanders	27
<i>benzocaine & antipyrine otic</i>	61	BRETHINE ORAL	62
<i>benzocaine (otic) otic</i>	61	BREVICON-28 ORAL	45
<i>benzoyl peroxide external</i>	35	BRIGHT BEGINNINGS PRENATA	65
<i>benzoyl peroxide-erythromycin external</i>	35	<i>brimonidine tartrate ophthalmic</i>	58
<i>benztropine mesylate oral</i>	21	<i>bromocriptine mesylate oral</i>	21
BETAGAN C CAP QD OPHTHALMIC	57	<i>bumetanide oral</i>	28
BETAGAN OPHTHALMIC	57	BUMEX ORAL	28
BETAGAN WITHOUT C CAP OPHTHALMIC	57	BUPHENYL ORAL	40
<i>betamethasone dipropionate (topical) external crea</i>	45	<i>bupropion hcl (smoking deterrent) oral</i>	40
<i>betamethasone dipropionate (topical) external lotn</i>	45	<i>bupropion hcl oral</i>	14
<i>betamethasone dipropionate (topical) external oint</i>	45	BUSPAR ORAL	24
		<i>buspironone hcl oral</i>	24
		<i>butamben-tetracaine-benzocaine external</i>	36

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
CAFERGOT ORAL	19	<i>cephalexin oral</i>	10
CAFERGOT RECTAL	19	CETACAINE EXTERNAL AERO	36
CALAN ORAL	28	CETACAINE EXTERNAL GEL	36
CALAN SR ORAL	28	CETACAINE EXTERNAL LIQD	36
CAMPRAL ORAL	40	CETACAINE EXTERNAL OINT	36
CANASA RECTAL	56	CETACAINE MEDICAL KIT E EXTERNAL	36
CAPOTEN ORAL	28	<i>chloral hydrate oral</i>	65
CAPOZIDE ORAL	29	CHLORAL HYDRATE RECTAL	65
<i>captopril & hydrochlorothiazide oral</i>	29	<i>chlorhexidine gluconate (mouth- throat) mouth/throat</i>	34
<i>captopril oral</i>	29	<i>chloroquine phosphate oral tabs 500MG</i>	20
CARAC EXTERNAL	19	<i>chlorothiazide oral</i>	29
CARAFATE ORAL SUSP	42	<i>chlorpheniramine tannate- phenylephrine tannate oral tabs</i>	62
CARAFATE ORAL TABS	42	<i>chlorpromazine hcl oral</i>	21
<i>carbachol (ophth) ophthalmic</i>	58	<i>chlorpropamide oral</i>	26
CARBAMAZEPINE ORAL	13	<i>chlorthalidone oral</i>	29
<i>carbamazepine oral chew</i>	13	CHLORTHALIDONE ORAL TABS 100MG	29
<i>carbamazepine oral tabs</i>	13	<i>cholestyramine light oral powd</i>	29
<i>carbidopa-levodopa oral</i>	21	<i>cholestyramine oral powd</i>	29
CARDENE ORAL	29	<i>choline & mag salicylate oral</i>	17
Cardiovascular Agents	28	CIALIS ORAL	44
CARDIZEM ORAL	29	CILOXAN OPHTHALMIC OINT	58
CARDIZEM SR ORAL	29	CILOXAN OPHTHALMIC SOLN	58
CARDURA ORAL	29	<i>cimetidine hcl oral</i>	42
<i>carisoprodol oral</i>	65	<i>cimetidine oral</i>	42
<i>carisoprodol w/ aspirin oral</i>	65	CIPRO CYSTITIS ORAL	10
CARMOL 40 EXTERNAL	36	CIPRO ORAL SUSR	10
CASODEX ORAL	55	CIPRO ORAL TABS	10
CATAFLAM ORAL	17	<i>ciprofloxacin hcl (ophth) ophthalmic</i>	58
CATAPRES ORAL	29	<i>ciprofloxacin hcl oral</i>	10
CECLOR ORAL	10	CIPROFLOXACIN HCL ORAL TABS 100MG	10
CEENU ORAL	19	CIPROFLOXACIN ORAL	10
<i>cefaclor oral</i>	10	<i>citalopram hydrobromide oral soln</i>	14
<i>cefadroxil oral</i>	10	<i>citalopram hydrobromide oral tabs</i>	14
CEFTIN ORAL SUSR	10	CITRACAL PRENATAL RX ORAL	65
CEFTIN ORAL TABS	10	CLARITHROMYCIN ORAL SUSR	10
<i>cefuroxime axetil oral</i>	10	<i>clarithromycin oral tabs</i>	10
CEFZIL ORAL	10	CLEOCIN ORAL	10
CELEXA ORAL SOLN	14	CLEOCIN ORAL CAPS 75MG	10
CELEXA ORAL TABS	14		
CELLCEPT ORAL	56		
CELONTIN ORAL	13		
CENOGEN ULTRA ORAL	65		
Central Nervous System Agents	34		
CEPHALEXIN MONOHYDRATE	10		

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
CLEOCIN PEDIATRIC GRANULE ORAL	11	COMPAZINE ORAL TABS	21
CLEOCIN-T EXTERNAL GEL	36	COMPAZINE RECTAL	21
CLEOCIN-T EXTERNAL LOTN	36	COMTAN ORAL	21
CLEOCIN-T EXTERNAL SOLN	36	CONCERTA ORAL	34
CLEOCIN-T EXTERNAL SWAB	36	CONCERTA ORAL TBCR 36MG	34
CLIMARA PRO TRANSDERMAL	45	CONDYLOX EXTERNAL GEL	36
CLIMARA TRANSDERMAL	45	CONDYLOX EXTERNAL SOLN	36
CLINDAGEL EXTERNAL	36	COPEGUS ORAL	23
<i>clindamycin hcl oral</i>	11	CORDARONE ORAL	29
<i>clindamycin phosphate (topical) external gel</i>	36	COREG ORAL	29
<i>clindamycin phosphate (topical) external lotn</i>	36	CORGARD ORAL	29
<i>clindamycin phosphate (topical) external soln</i>	36	CORTEF ORAL	46
<i>clindamycin phosphate (topical) external swab</i>	36	<i>cortisone acetate oral</i>	46
CLINORIL ORAL	17	CORTISPORIN EXTERNAL CREA	36
<i>clobetasol propionate emollient base external</i>	45	CORTISPORIN EXTERNAL OINT	36
<i>clobetasol propionate external crea</i>	45	CORTISPORIN OPHTHALMIC OINT	58
<i>clobetasol propionate external gel</i>	45	CORTISPORIN OPHTHALMIC SUSP	58
<i>clobetasol propionate external oint</i>	46	CORTISPORIN OTIC	61
<i>clobetasol propionate external soln</i>	46	COUMADIN ORAL	27
<i>clomipramine hcl oral</i>	15	CREON 5 ORAL	40
<i>clonidine hcl oral</i>	29	CREON 10 ORAL	40
<i>clotrimazole mouth/throat</i>	34	CREON 20 ORAL	40
<i>clotrimazole w/ betamethasone external crea</i>	36	CRIVAN ORAL	23
<i>clotrimazole w/ betamethasone external lotn</i>	36	CROLOM OPHTHALMIC	58
<i>clozapine oral</i>	21	<i>cromolyn sodium (ophth) ophthalmic</i>	58
CLOZARIL ORAL	21	CUPRIMINE ORAL	56
CODEINE SULFATE ORAL	7	CUTIVATE EXTERNAL CREA	46
COLAZAL ORAL	56	CUTIVATE EXTERNAL OINT	46
<i>colchicine oral</i>	17	CYCLESSA ORAL	46
<i>colchicine w/ probenecid oral</i>	17	<i>cyclobenzaprine hcl oral</i>	65
COLESTID ORAL	29	CYCLOGYL OPHTHALMIC	58
COLYTE ORAL	42	<i>cyclopentolate hcl ophthalmic</i>	58
COLYTE-FLAVORED ORAL	42	<i>cyclosporine modified (for microemulsion) oral</i>	56
COLYTROL PEDIATRIC ORAL	42	CYCLOSPORINE MODIFIED ORAL	56
COMBIVIR ORAL	23	<i>cyclosporine oral</i>	56
COMPAZINE ORAL SYRP	21	CYMBALTA ORAL	15
		CYPROHEPTADINE HCL ORAL SYRP	62
		<i>cyproheptadine hcl oral tabs</i>	62
		CYSTADANE ORAL	40

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
CYSTOSPAZ ORAL	44	<i>desogestrel & ethinyl estradiol oral</i>	46
CYSTOSPAZ-M ORAL	42	<i>desogestrel-ethinyl estradiol (triphasic) oral</i>	47
CYTADREN ORAL	55	<i>desonide external crea</i>	47
CYTOMEL ORAL	46	<i>desonide external lotn</i>	47
CYTOTEC ORAL	42	<i>desonide external oint</i>	47
CYTOVENE ORAL	23	DESOWEN EXTERNAL CREA	47
DANAZOL ORAL	46	DESOWEN EXTERNAL LOTN	47
DANOCRINE ORAL	46	DESOWEN EXTERNAL OINT	47
DANTRIUM ORAL	65	<i>desoximetasone external crea 0.25%</i>	47
<i>dantrolene sodium oral</i>	65	<i>desoximetasone external gel</i>	47
DAPSONE ORAL	19	<i>desoximetasone external oint</i>	47
DARAPRIM ORAL	20	DESYREL ORAL	15
DARVOCET-N 100 ORAL	7	Deterents/Replacements	40
DARVOCET-N 50 ORAL	7	DETROL LA ORAL	44
DARVON COMPOUND 32 ORAL	7	DETROL ORAL	44
DARVON COMPOUND-65 ORAL	7	DEXAMETHASONE INTENSOL ORAL	47
DARVON ORAL	7	<i>dexamethasone oral</i>	47
DARVON-N ORAL	7	<i>dexamethasone oral elix</i>	47
DAYPRO ORAL	18	DEXAMETHASONE ORAL SOLN	47
DDAVP NASAL	46	DEXAMETHASONE ORAL TABS 0.25MG	47
DDAVP ORAL	46	DEXAMETHASONE ORAL TABS 1MG	47
DECADRON ORAL	46	DEXAMETHASONE ORAL TABS 2MG	47
DELTASONE ORAL	46	<i>dexamethasone sodium phosphate (ophth) ophthalmic</i>	58
DEMEROL ORAL	7	DEXCHLORPHENIRAMINE MALEA ORAL	63
DEMULEN 1/35-21 ORAL	46	<i>dexchlorpheniramine maleate oral</i>	63
DEMULEN 1/35-28 ORAL	46	DEXEDRINE ORAL	34
DEMULEN 1/50-21 ORAL	46	DEXPAK ORAL	47
DEMULEN 1/50-28 ORAL	46	<i>dextroamphetamine sulfate oral</i>	34
DENAVIR EXTERNAL	36	DEXTROSTAT ORAL	34
Dental and Oral Agents	34	DIABETA ORAL	26
DEPAKENE ORAL CAPS	13	DIABINESE ORAL	26
DEPAKENE ORAL SYRP	13	DIAMOX ORAL	29
DEPAKOTE ER ORAL	19	DIBENZYLINE ORAL	29
DEPAKOTE ORAL	13	<i>diclofenac potassium oral</i>	18
DEPAKOTE SPRINKLES ORAL	13	<i>diclofenac sodium oral tbec</i>	18
DEPEN TITRATABS ORAL	56	<i>dicloxacillin sodium oral</i>	11
Dermatological Agents	35	<i>dicyclomine hcl oral</i>	42
<i>desipramine hcl oral</i>	15		
<i>desmopressin acetate oral tabs</i>	46		
<i>desmopressin acetate oral tabs 0.2MG</i>	46		
<i>desmopressin acetate refrigerated nasal</i>	46		
<i>desmopressin acetate spray nasal</i>	46		
DESOGEN ORAL	46		

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
<i>dicyclomine hcl oral caps</i>	42	<i>doxepin hcl (antipruritic) external</i>	36
<i>dicyclomine hcl oral tabs</i>	42	<i>doxepin hcl oral</i>	15
<i>didanosine oral</i>	23	<i>doxycycline (monohydrate) oral</i>	11
<i>diflorasone diacetate emollient base external</i>	47	<i>doxycycline hyclate oral caps</i>	11
<i>diflorasone diacetate external crea</i>	47	<i>doxycycline hyclate oral tabs 100MG</i>	11
<i>diflorasone diacetate external oint</i>	47	DRITHO-SCALP EXTERNAL	37
DIFLUCAN ORAL	16	DRYSOL EXTERNAL	37
DIFLUCAN ORAL SUSR	16	DUET DHA ORAL	65
DIFLUCAN ORAL TABS 150MG	16	DUET ORAL	65
<i>digoxin oral</i>	29	DUET ORAL CHEW	65
<i>digoxin oral elix</i>	29	DUO-VIL ORAL	24
DIGOXIN ORAL TABS 0.5MG	29	DURAGESIC TRANSDERMAL	7
DILACOR XR ORAL	29	DURATUSS G ORAL	63
DILANTIN INFATABS ORAL	13	DURICEF ORAL CAPS	11
DILANTIN ORAL	13	DURICEF ORAL SUSR	11
DILANTIN ORAL CAPS 30MG	13	DURICEF ORAL TABS	11
DILANTIN ORAL SUSP	13	DYAZIDE ORAL	29
DILANTIN-125 ORAL	13	DYGASE ORAL	40
DILATRATE SR ORAL	29	DYNACIN ORAL CAPS	11
DILAUDID ORAL	7	DYNAPEN ORAL	11
DILAUDID RECTAL	7	E.E.S. GRANULES ORAL	11
DILAUDID-5 ORAL	7	EASPRIN ORAL	18
<i>diltiazem hcl coated beads oral</i>	29	EC-NAPROSYN ORAL	18
<i>diltiazem hcl extended release beads oral</i>	29	ECONOPRED OPHTHALMIC	58
<i>diltiazem hcl oral</i>	29	ECONOPRED PLUS OPHTHALMIC	58
DIOVAN HCT ORAL	29	EFFEXOR ORAL	15
DIOVAN ORAL	29	EFFEXOR XR ORAL CP24 150MG	15
<i>diphenoxylate w/ atropine oral</i>	42	EFFEXOR XR ORAL CP24 37.5MG	15
<i>dipivefrin hcl ophthalmic</i>	58	EFFEXOR XR ORAL CP24 75MG	15
DIPROLENE AF EXTERNAL	48	EFLONE OPHTHALMIC	58
DIPROLENE EXTERNAL GEL	48	EFUDEX EXTERNAL CREA	19
DIPROLENE EXTERNAL LOTN	48	EFUDEX EXTERNAL SOLN	19
DIPROLENE EXTERNAL OINT	48	ELAVIL ORAL	15
<i>dipyridamole oral</i>	27	ELDEPRYL ORAL	21
DISALCID ORAL	18	ELIMITE EXTERNAL	20
<i>disopyramide phosphate oral</i>	29	ELIXOPHYLLIN ORAL	63
DITROPAN ORAL	44	ELOCON EXTERNAL CREA	48
DIURIL ORAL	29	ELOCON EXTERNAL LOTN	48
DOLOPHINE HCL ORAL	7	ELOCON EXTERNAL OINT	48
DOLOPHINE ORAL	7	EMBREX 600 ORAL	65
DOVONEX EXTERNAL	36	EMCYT ORAL	55
<i>doxazosin mesylate oral</i>	29	EMTRIVA ORAL	23
		E-MYCIN ORAL	11
		ENABLEX ORAL	44

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
<i>enalapril maleate & hydrochlorothiazide oral</i>	30	ESTRACE VAGINAL	48
<i>enalapril maleate oral</i>	30	<i>estradiol oral</i>	48
ENZYCAP ORAL	40	<i>estradiol transdermal</i>	48
ENZYMAL ORAL	40	ESTRATEST H.S. ORAL	48
Enzyme Replacements/Modifiers	40	ESTRATEST ORAL	48
EPIFOAM EXTERNAL	37	<i>estropipate oral</i>	48
EPIFRIN OPHTHALMIC	58	<i>ethambutol hcl oral</i>	19
EPIPEN INTRAMUSCULAR	34	<i>ethosuximide oral</i>	13
EPIPEN-JR INTRAMUSCULAR	34	<i>ethynodiol diacet & eth estrad oral</i>	48
EPIVIR HBV ORAL	23	<i>etodolac oral</i>	18
EPIVIR ORAL	23	EULEXIN ORAL	55
EPZICOM ORAL	23	EURAX EXTERNAL	20
<i>ergoloid mesylates oral</i>	14	EVISTA ORAL	48
ERGOLOID MESYLATES	14	EXELON ORAL	14
SUBLINGUAL		<i>famotidine oral</i>	42
ERGOMAR SUBLINGUAL	19	FANSIDAR ORAL	20
ERGONOVINE MALEATE ORAL	48	FARESTON ORAL	55
<i>ergotamine w/ caffeine oral</i>	19	FELBATOL ORAL	13
<i>ergotamine w/ caffeine rectal</i>	19	FELDENE ORAL	18
ERGOTRATE MALEATE ORAL	48	<i>felodipine oral</i>	30
ERYC ORAL	11	FEM PH VAGINAL	16
ERYGEL EXTERNAL	37	FEMARA ORAL	55
ERYPED 200 ORAL	11	<i>fentanyl transdermal</i>	7
ERYPED 400 ORAL	11	FLAGYL ORAL	11
ERYPED ORAL	11	FLAREX OPHTHALMIC	58
ERY-TAB ORAL	11	<i>flavoxate hcl oral</i>	44
<i>erythromycin (acne aid) external gel</i>	37	<i>flecainide acetate oral</i>	30
<i>erythromycin (acne aid) external pads</i>	37	FLEXERIL ORAL	65
<i>erythromycin (acne aid) external soln</i>	37	FLONASE NASAL	63
<i>erythromycin (ophth) ophthalmic</i>	58	FLORINEF ORAL	48
<i>erythromycin base oral cpep</i>	11	FLORONE EXTERNAL	48
ERYTHROMYCIN BASE ORAL	11	FLOVENT HFA INHALATION	63
TABS		FLOVENT INHALATION	63
ERYTHROMYCIN ESTOLATE	11	FLOVENT ROTADISK	63
ORAL		INHALATION	
<i>erythromycin ethylsuccinate oral</i>	11	FLOXIN OTIC OTIC	62
ERYTHROMYCIN ORAL	11	FLOXIN OTIC SINGLES OTIC	62
<i>erythromycin stearate oral</i>	11	<i>fluconazole oral</i>	16
<i>erythromycin-sulfisoxazole oral</i>	11	<i>fluconazole oral susr</i>	16
ESKALITH CR ORAL	25	<i>fluconazole oral tabs 150MG</i>	17
ESKALITH ORAL	25	<i>fludrocortisone acetate oral</i>	48
<i>est estrogens & methyltest oral</i>	48	FLUMADINE ORAL SYRP	23
ESTRACE ORAL	48	FLUMADINE ORAL TABS	23
		<i>flunisolide (nasal) nasal</i>	63

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
<i>fluocinolone acetonide external</i>	48	<i>gabapentin oral</i>	13
<i>fluocinolone acetonide external oint</i>	48	GABARONE ORAL	13
<i>fluocinolone acetonide external soln</i>	48	GABITRIL ORAL	13
<i>fluocinonide emulsified base external</i>	49	<i>ganciclovir oral</i>	23
<i>fluocinonide external crea</i>	49	GANTRISIN PEDIATRIC ORAL	11
<i>fluocinonide external gel</i>	49	GARAMYCIN OPHTHALMIC	59
<i>fluocinonide external oint</i>	49	Gastrointestinal Agents	41
<i>fluocinonide external soln</i>	49	<i>gemfibrozil oral</i>	30
FLUORABON BASIC ORAL	65	Genitourinary Agents	43
FLUORABON ORAL	65	<i>gentamicin sulfate (ophth) ophthalmic oint</i>	59
<i>fluorometholone (ophth) ophthalmic</i>	58	<i>gentamicin sulfate (ophth) ophthalmic soln</i>	59
FLUOROPLEX EXTERNAL CREA	19	<i>gentamicin sulfate (topical) external</i>	37
FLUOROPLEX EXTERNAL SOLN	19	<i>glipizide oral</i>	26
<i>fluorouracil (topical) external</i>	19	GLUCAGON EMERGENCY KIT INJECTION	26
<i>fluoxetine hcl oral</i>	15	GLUCOPHAGE ORAL	26
<i>fluoxetine hcl oral soln</i>	15	GLUCOPHAGE XR ORAL	26
FLUOXYMESTERONE ORAL	49	GLUCOTROL ORAL	26
FLUPHENAZINE HCL ORAL CONC	21	GLUCOTROL XL ORAL	26
FLUPHENAZINE HCL ORAL ELIX	21	GLUCOVANCE ORAL	26
<i>fluphenazine hcl oral tabs</i>	21	<i>glyburide micronized oral</i>	26
<i>flurbiprofen oral</i>	18	<i>glyburide oral</i>	26
<i>flurbiprofen sodium ophthalmic</i>	58	<i>glyburide-metformin oral</i>	26
<i>flutamide oral</i>	55	GLYCRON ORAL	26
<i>fluticasone propionate external</i>	49	GLYNASE ORAL	26
<i>fluvoxamine maleate oral</i>	15	GOLYTELY ORAL	42
FML FORTE OPHTHALMIC	58	GRANULEX EXTERNAL	37
FML LIQUIFILM OPHTHALMIC	59	GRIFULVIN V ORAL	17
FML S.O.P. OPHTHALMIC	59	GRIFULVIN-V ORAL SUSP	17
FORADIL AEROLIZER INHALATION	63	GRIFULVIN-V ORAL TABS	17
FORTOVASE ORAL	23	<i>griseofulvin microsize oral susp</i>	17
FOSAMAX ORAL	49	GRISEOFULVIN MICROSIZE ORAL TABS	17
FOSAMAX PLUS D ORAL	49	GRISEOFULVIN ULTRAMICROSI	17
<i>fosinopril sodium & hydrochlorothiazide oral</i>	30	GRIS-PEG ORAL	17
<i>fosinopril sodium oral</i>	30	<i>guaifenesin oral</i>	63
FRENADOL ORAL	7	GUANABENZ ACETATE ORAL	30
FURADANTIN ORAL	11	<i>guanfacine hcl oral</i>	30
<i>furosemide oral</i>	30	GUANIDINE HCL ORAL	24
FUROSEMIDE ORAL SOLN 8MG/ML	30	GYNODIOL ORAL	49
<i>furosemide oral tabs</i>	30	HALFLYTELY BOWEL PREP KIT ORAL	42
FUROXONE ORAL	11		

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
<i>haloperidol lactate oral</i>	21	<i>hydrochlorothiazide oral tabs</i>	30
<i>haloperidol oral</i>	22	<i>hydrocodone-acetaminophen oral</i>	7
HALOPERIDOL ORAL TABS 10MG	22	<i>hydrocortisone (intrarectal) rectal</i>	37
HALOPERIDOL ORAL TABS 20MG	22	<i>hydrocortisone (rectal) rectal</i>	37
HC PRAMOXINE RECTAL	37	<i>hydrocortisone (topical) external crea</i>	49
HEPSERA ORAL	23	<i>hydrocortisone (topical) external lotn</i>	49
HEXALEN ORAL	19	<i>hydrocortisone (topical) external oint</i>	49
HIPREX ORAL	11	<i>hydrocortisone acetate (rectal) rectal</i>	37
HIVID ORAL	23	<i>hydrocortisone butyrate external oint</i>	49
<i>homatropine hbr ophthalmic</i>	59	<i>hydrocortisone butyrate external soln</i>	49
Hormonal Agents, Stimulant/Replacement/Modifying	44	<i>hydrocortisone oral</i>	49
Hormonal Agents, Suppressant	55	<i>hydrocortisone valerate external</i>	49
HUMALOG MIX 75/25 SUBCUTANEOUS VIAL	26	<i>hydrocortisone w/acetic acid otic</i>	62
HUMALOG PEN SUBCUTANEOUS CARTRIDGE	26	HYDROCORTONE ORAL	49
HUMALOG SUBCUTANEOUS VIAL	26	<i>hydromorphone hcl oral</i>	7
HUMATIN ORAL	11	<i>hydromorphone hcl rectal</i>	7
HUMULIN 50/50 SUBCUTANEOUS VIAL	26	<i>hydroxychloroquine sulfate oral</i>	20
HUMULIN 70/30 SUBCUTANEOUS VIAL	26	<i>hydroxyurea oral</i>	20
HUMULIN L SUBCUTANEOUS VIAL	26	<i>hydroxyzine hcl oral</i>	63
HUMULIN N SUBCUTANEOUS VIAL	25	<i>hydroxyzine pamoate oral</i>	24
HUMULIN N U-100 PEN SUBCUTANEOUS CARTRIDGE	27	<i>hyoscyamine oral</i>	44
HUMULIN R SUBCUTANEOUS VIAL	27	<i>hyoscyamine sulfate oral</i>	42
HUMULIN U SUBCUTANEOUS VIAL	27	<i>hyoscyamine sulfate sublingual</i>	42
HYDERGINE ORAL	14	HYTONE EXTERNAL CREA	49
<i>hydralazine hcl oral</i>	30	HYTONE EXTERNAL LOTN	49
HYDRALAZINE/ HYDROCHLOROTH ORAL	30	HYTONE EXTERNAL OINT	49
HYDREA ORAL	19	HYTRIN ORAL	30
<i>hydrochlorothiazide oral caps</i>	30	IB-STAT ORAL	42
HYDROCHLOROTHIAZIDE ORAL SOLN	30	<i>ibuprofen oral</i>	18
		ICAR PRENATAL COMBO PACK ORAL	65
		ILETIN II LENTE/PORK SUBCUTANEOUS VIAL	27
		ILETIN II NPH/PORK SUBCUTANEOUS VIAL	27
		ILETIN II REGULAR/PORK INJECTION VIAL	27
		IMDUR ORAL	30
		<i>imipramine hcl oral</i>	15
		IMITREX NASAL	19
		IMITREX ORAL	19
		Immunological Agents	56
		IMURAN ORAL	56
		<i>indapamide oral</i>	30

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
INDERAL LA ORAL	30	KEPPRA ORAL	13
INDERAL ORAL	30	KERALAC EXTERNAL GEL	37
INDERIDE 40/25 ORAL	30	KERALAC EXTERNAL LOTN	37
INDERIDE ORAL	30	<i>ketoconazole (topical) external crea</i>	37
INDOCIN ORAL CAPS	18	<i>ketoconazole (topical) external sham</i>	37
INDOCIN ORAL SUSP	18	<i>ketoconazole oral</i>	17
INDOCIN RECTAL	18	<i>ketoprofen oral</i>	18
INDOCIN SR ORAL	18	K-LOR HOSPITAL PACK ORAL	66
<i>indomethacin oral</i>	18	K-LOR ORAL	66
INFLAMASE FORTE OPHTHALMIC	59	KLOR-CON 25 ORAL	66
INFLAMASE MILD OPHTHALMIC	59	KLOR-CON M15 ORAL	66
Inflammatory Bowel Disease Agents	56	K-LYTE ORAL	66
INTAL INHALER INHALATION	63	K-LYTE/CL 50 ORAL	66
INVIRASE ORAL	23	K-LYTE/CL ORAL	66
<i>ipratropium bromide (nasal) nasal</i>	63	K-TABS ORAL	66
ISMO ORAL	30	KUTRASE ORAL	40
ISONIAZID ORAL SYRP	19	KU-ZYME HP ORAL	40
<i>isoniazid oral tabs</i>	19	KU-ZYME ORAL	40
ISOPTIN SR ORAL	30	<i>labetalol hcl oral</i>	30
ISOPTO ATROPINE OPHTHALMIC	59	LACTOCAL-F ORAL	66
ISOPTO CARBACHOL OPHTHALMIC SOLN 3%	59	<i>lactulose (encephalopathy) oral</i>	42
ISOPTO CARPINE OPHTHALMIC	59	<i>lactulose oral</i>	42
ISOPTO HOMATROPINE OPHTHALMIC	59	LAMICTAL CHEWABLE DISPERS ORAL	13
ISORDIL TITRADOSE ORAL	30	LAMICTAL ORAL	13
<i>isosorbide dinitrate oral</i>	30	LAMICTAL STARTER/TAKING V ORAL	13
<i>isosorbide dinitrate oral tbc</i>	30	LAMISIL ORAL	17
<i>isosorbide dinitrate sublingual</i>	30	LAMOTRIGINE CHEWABLE DISP ORAL	13
<i>isosorbide mononitrate oral</i>	30	LANOXIN ORAL	31
<i>isotretinoin oral</i>	37	LAPASE ORAL	40
ISTALOL OPHTHALMIC	59	LARIAM ORAL	20
KADIAN ORAL	7	LARODOPA ORAL	21
KALETRA ORAL	23	LASIX ORAL	31
KAON-CL ORAL	65	<i>leucovorin calcium oral</i>	20
KAYEXALATE ORAL	68	LEUCOVORIN CALCIUM ORAL	20
K-DUR ORAL	66	LEUKERAN ORAL	20
KEFLEX ORAL	11	LEVBID ORAL	42
KENALOG EXTERNAL	49	<i>levobunolol hcl ophthalmic</i>	59
KENALOG EXTERNAL LOTN	49	<i>levonorgestrel & eth estradiol oral</i>	50
KENALOG EXTERNAL OINT	49	<i>levonorgestrel-eth estradiol (triphasic) oral</i>	50
KENALOG IN ORABASE MOUTH/THROAT	35	<i>levothyroxine sodium oral</i>	50

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
LEVSIN ORAL	42	LOCOID LIPOCREAM EXTERNAL	50
LEVSIN/SL SUBLINGUAL	42	LODINE ORAL	18
LEVSINEX ORAL	42	LODINE XL ORAL	18
LEXAPRO ORAL	15	LOESTRIN 1.5/30-21 ORAL	50
LEXAPRO ORAL SOLN	15	LOESTRIN 1/20-21 ORAL	50
LEXAPRO ORAL TABS 20MG	15	LOESTRIN FE 1/20 ORAL	50
LEXIVA ORAL	23	LOESTRIN FE ORAL	50
LIDAMANTLE EXTERNAL	37	LOMOTIL ORAL	42
LIDEX EXTERNAL CREA	50	LONITEN ORAL	31
LIDEX EXTERNAL GEL	50	LOPID ORAL	31
LIDEX EXTERNAL OINT	50	LOPRESSOR HCT ORAL	31
LIDEX EXTERNAL SOLN	50	LOPRESSOR ORAL	31
LIDEX-E EXTERNAL	50	LORABID ORAL	11
<i>lidocaine external</i>	37	LORCET 10/650 ORAL	7
<i>lidocaine hcl (local anesth.) injection</i>	9	LORCET PLUS ORAL	7
<i>lidocaine hcl (mouth-throat)</i>	35	LORCET-HD ORAL	7
<i>mouth/throat</i>		LORTAB 10 ORAL	7
<i>lidocaine hcl external</i>	37	LORTAB 2.5 ORAL	7
LINDANE EXTERNAL LOTN	20	LORTAB 5 ORAL	7
<i>lindane external sham</i>	20	LORTAB 7.5 ORAL	7
LIPITOR ORAL	31	LORTAB ORAL	8
LIPRAM 4500 ORAL	40	LOTENSIN HCT ORAL	31
LIPRAM-CR10 ORAL	40	LOTENSIN ORAL	31
LIPRAM-CR20 ORAL	40	LOTRISONE EXTERNAL CREA	37
LIPRAM-CR5 ORAL	40	LOTRISONE EXTERNAL LOTN	37
LIPRAM-PN10 ORAL	40	LOTRONEX ORAL	42
LIPRAM-PN16 ORAL	40	<i>lovastatin oral</i>	31
LIPRAM-PN20 ORAL	40	<i>loxapine succinate oral</i>	22
LIPRAM-UL12 ORAL	40	LOXITANE ORAL	22
LIPRAM-UL18 ORAL	40	LOZOL ORAL	31
LIPRAM-UL20 ORAL	40	LUMIGAN OPHTHALMIC	59
<i>lisinopril & hydrochlorothiazide oral</i>	31	LURIDE ORAL	66
<i>lisinopril oral</i>	31	LYSODREN ORAL	55
<i>lithium carbonate oral</i>	25	MACROBID ORAL	12
LITHIUM CARBONATE ORAL	25	MACRODANTIN ORAL	12
LITHIUM CARBONATE ORAL TABS	25	MANDELAMINE ORAL	12
<i>lithium carbonate oral tbc</i>	25	<i>maprotiline hcl oral</i>	15
<i>lithium citrate oral</i>	25	MAPROTILINE HCL ORAL	15
LITHOBID ORAL	25	MARNATAL-F PLUS DUO PACK	66
LO/OVRAL ORAL	50	MARPLAN ORAL	15
LOCOID EXTERNAL CREA	50	MATERNA ORAL	66
LOCOID EXTERNAL OINT	50	MATULANE ORAL	20
LOCOID EXTERNAL SOLN	50	MAXAIR AUTOHALER INHALATION	63

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
MAXIDONE ORAL	8	<i>methimazole oral</i>	51
MAXIFLOR EXTERNAL CREA	50	METHITEST ORAL	51
MAXIFLOR EXTERNAL OINT	50	<i>methocarbamol oral</i>	65
MAXINATE ORAL	66	<i>methotrexate sodium (antirheumatic) oral</i>	56
MAXITROL OPHTHALMIC	59	<i>methotrexate sodium oral</i>	20
MAXZIDE ORAL	31	<i>methyl dopa & hydrochlorothiazide oral</i>	31
MAXZIDE-25 ORAL	31	<i>methyl dopa oral</i>	31
MAXZIDE-25MG ORAL	31	METHYLIN ORAL	34
<i>mebendazole oral</i>	20	<i>methylphenidate hcl oral</i>	34
<i>meclizine hcl oral tabs 12.5MG</i>	16	<i>methylprednisolone oral</i>	51
MEDROL DOSEPAK ORAL	50	<i>metipranolol ophthalmic</i>	59
MEDROL ORAL	51	<i>metoclopramide hcl oral</i>	42
<i>medroxyprogesterone acetate oral</i>	51	<i>metolazone oral</i>	31
<i>mefloquine hcl oral</i>	20	<i>metoprolol & hydrochlorothiazide oral</i>	31
<i>megestrol acetate oral tabs</i>	51	<i>metoprolol tartrate oral</i>	31
MELLARIL CONCENTRATE ORAL	22	METROCREAM EXTERNAL	37
MELLARIL ORAL	22	METROGEL EXTERNAL	37
<i>meperidine hcl oral</i>	8	METROLOTION EXTERNAL	37
<i>meperidine w/ promethazine oral</i>	8	<i>metronidazole (topical) external</i>	37
MEPRON ORAL	20	<i>metronidazole oral caps</i>	12
<i>mercaptapurine oral</i>	20	<i>metronidazole oral tabs</i>	12
<i>mesalamine rectal</i>	56	MEVACOR ORAL	31
MESNEX ORAL	20	<i>mexiletine hcl oral</i>	31
MESTINON ORAL SYRP	24	MEXITIL ORAL	31
MESTINON ORAL TABS	24	MIACALCIN NASAL	51
MESTINON TIMESPAN ORAL	24	MICRO-K 10 EXTENCAPS ORAL	66
METADATE ER ORAL	34	MICRO-K ORAL CPR 8MEQ	66
METAGLIP ORAL	27	MICRONASE ORAL	27
<i>metaproterenol sulfate oral syrp</i>	63	MICROZIDE ORAL	31
METAPROTERENOL SULFATE ORAL TABS	63	MIDRIN ORAL	19
<i>metformin hcl oral</i>	27	MINIPRESS ORAL	31
<i>metformin hcl oral tb24</i>	27	MINOCIN ORAL	12
METHADONE HCL INTENSOL ORAL	8	<i>minocycline hcl oral caps</i>	12
<i>methadone hcl oral</i>	8	<i>minoxidil oral</i>	31
<i>methadone hcl oral conc</i>	8	MINTEZOL ORAL	20
METHADONE HCL ORAL SOLN	8	MIRALAX ORAL	42
<i>methadone hcl oral tabs</i>	8	MIRCETTE ORAL	51
<i>methazolamide oral</i>	31	<i>mirtazapine oral</i>	15
<i>meth-bell-meth bl-phenyl sal oral</i>	12	<i>mirtazapine oral tbdp</i>	15
<i>methenamine hippurate oral</i>	12	MIRTAZAPINE TABS 7.5MG	15
<i>methenamine mandelate oral</i>	12	<i>misoprostol oral</i>	42
METHERGINE ORAL	51		

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
MOBAN ORAL	22	NATALVIT ORAL	66
MODICON-28 ORAL	51	NATELLE EZ ORAL	66
MODURETIC 5-50 ORAL	31	NATELLE ORAL	66
<i>moexipril hcl oral</i>	31	NATELLE PREFER ORAL	66
<i>mometasone furoate external</i>	51	NAVANE ORAL	22
<i>mometasone furoate external oint</i>	51	<i>nefazodone hcl oral</i>	15
<i>mometasone furoate external soln</i>	51	NEO-FRADIN ORAL	12
MONODOX ORAL	12	<i>neomycin sulfate oral</i>	12
MONOKET ORAL	31	<i>neomycin-bacitracin zn-polymyxin ophthalmic</i>	59
MONOPRIL HCT ORAL	31	<i>neomycin-polymy-dexameth ophthalmic</i>	60
MONOPRIL ORAL	31	<i>neomycin-polymy-gramicid ophthalmic</i>	60
<i>morphine sulfate oral</i>	8	<i>neomycin-polymyxin-hc (ophth) ophthalmic</i>	60
<i>morphine sulfate oral tabs</i>	8	<i>neomycin-polymyxin-hc (otic) otic</i>	62
<i>morphine sulfate oral tb12</i>	8	NEORAL ORAL	56
<i>morphine sulfate rectal</i>	8	NEOSPORIN OPHTHALMIC OINT	60
MOTRIN ORAL	18	NEOSPORIN OPHTHALMIC SOLN	60
MS CONTIN ORAL	8	NEPTAZANE ORAL	32
<i>mupirocin external</i>	37	NESTABS CBF ORAL	66
MUSE URETHRAL	44	NESTABS FA ORAL	66
MYAMBTOL ORAL	19	NESTABS RX ORAL	66
MYCELEX MOUTH/THROAT	35	NEURONTIN ORAL CAPS	13
MYCOBUTIN ORAL	19	NEURONTIN ORAL SOLN	13
MYCOLOG II EXTERNAL	37	NEURONTIN ORAL TABS	14
MYCOSTATIN EXTERNAL CREA	37	<i>nicardipine hcl oral</i>	32
MYCOSTATIN EXTERNAL POWD	38	NICOTROL NS NASAL	40
MYCOSTATIN MOUTH/THROAT	35	<i>nifedipine oral caps</i>	32
MYDFRIN OPHTHALMIC	59	<i>nifedipine oral tb24</i>	32
MYKROX ORAL	31	NILANDRON ORAL	55
MYNATAL ORAL	66	NIMOTOP ORAL	32
MYSOLINE ORAL	13	NITROBID TRANSDERMAL	32
MYTELASE ORAL	24	NITRO-DUR TRANSDERMAL	32
<i>nabumetone oral</i>	18	<i>nitrofurantoin macrocrystal oral</i>	12
<i>nadolol oral</i>	31	<i>nitrofurantoin monohyd macro oral</i>	12
<i>naltrexone hcl oral</i>	68	<i>nitroglycerin oral</i>	32
NAMENDA ORAL	14	<i>nitroglycerin sublingual</i>	32
<i>naphazoline hcl ophthalmic</i>	59	<i>nitroglycerin transdermal</i>	32
NAPRELAN ORAL TB24 500MG	18	NITROLINGUAL PUMPSPRAY TRANSLINGUAL	32
NAPROSYN ORAL	18	NITROSTAT SUBLINGUAL	32
<i>naproxen oral</i>	18	NIZORAL EXTERNAL	38
<i>naproxen sodium oral</i>	18		
NARDIL ORAL	15		
NASONEX NASAL	63		
NATACHEW ORAL	66		
NATACYN OPHTHALMIC	59		

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
NIZORAL ORAL	17	OBSTETRIX-100 ORAL	66
NOLVADEX ORAL	55	OBTREX ORAL	66
NORCO ORAL	8	O-CAL FA ORAL	66
NORDETTE ORAL	51	O-CAL PRENATAL ORAL	66
<i>norethin acet & estrad-fe oral</i>	51	OCL ORAL	42
<i>norethindrone & eth estradiol oral</i>	51	OCUFEN OPHTHALMIC	60
<i>norethindrone & mestranol oral</i>	51	OCUFLOX OPHTHALMIC	60
<i>norethindrone (contraceptive) oral</i>	51	<i>ofloxacin (ophth) ophthalmic</i>	60
<i>norethindrone acet & eth estra oral</i>	51	OGEN ORAL	52
<i>norethindrone acetate oral</i>	51	OGESTREL ORAL	52
<i>norethindrone-eth estradiol (biphasic) oral</i>	51	OMNICEF ORAL	12
<i>norethindrone-eth estradiol (triphasic) oral</i>	51	Ophthalmic Agents	56
<i>norgestimate-ethinyl estradiol (triphasic) oral</i>	51	OPTICROM OPHTHALMIC	60
<i>norgestimate-ethinyl estradiol oral</i>	52	OPTINATE ORAL	66
<i>norgestrel & ethinyl estradiol oral</i>	52	OPTIPRANOLOL OPHTHALMIC	60
NORINYL 1+35 ORAL	52	ORAMORPH SR ORAL	8
NORINYL 1+50 ORAL	52	ORAP ORAL	22
NORMODYNE ORAL	32	ORAPRED ORAL	52
NORPACE CR ORAL	32	ORFADIN ORAL	40
NORPACE ORAL	32	ORTHO EVRA TRANSDERMAL	52
NORPRAMIN ORAL	15	ORTHO MICRONOR ORAL	52
NOR-QD ORAL	52	ORTHO TRI-CYCLEN LO ORAL	52
<i>nortriptyline hcl oral</i>	15	ORTHO TRI-CYCLEN ORAL	52
NORVASC ORAL	32	ORTHO-CEPT ORAL	52
NORVIR ORAL	23	ORTHO-CEPT-28 ORAL	52
NOVANATAL ORAL	66	ORTHO-CYCLEN-28 ORAL	52
NOVASTART ORAL	66	ORTHO-NOVUM 1/35-28 ORAL	52
NULEV ORAL	42	ORTHO-NOVUM 1/50-28 ORAL	52
NULYTELY ORAL	42	ORTHO-NOVUM 10/11-28 ORAL	52
NUTRACARE ORAL	66	ORTHO-NOVUM 7/7/7-21 ORAL	53
NUVARING VAGINAL	52	ORTHO-NOVUM 7/7/7-28 ORAL	53
<i>nystatin</i>	17	ORUDIS ORAL	18
<i>nystatin (mouth-throat) mouth/throat</i>	35	ORUVAIL ORAL	18
<i>nystatin (topical) external crea</i>	38	Otic Agents	61
<i>nystatin (topical) external oint</i>	38	OVCON-35 ORAL	53
<i>nystatin (topical) external powd</i>	38	OVCON-50 28 ORAL	53
<i>nystatin oral tabs</i>	17	OVCON-50/28 ORAL	53
NYSTATIN VAGINAL	17	OVRAL ORAL	53
<i>nystatin-triamcinolone external</i>	38	OXANDRIN ORAL	53
OB COMPLETE ORAL	66	<i>oxaprozin oral</i>	18
OBEGYN LIQUID PRENATAL VIT	66	OXSORALEN ULTRA ORAL	38
		<i>oxybutynin chloride oral</i>	44
		<i>oxycodone hcl oral caps</i>	8
		<i>oxycodone hcl oral conc</i>	8

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
<i>oxycodone hcl oral soln</i>	8	PATANOL OPHTHALMIC	60
<i>oxycodone hcl oral tabs</i>	8	PAXIL CR ORAL	15
<i>oxycodone w/ acetaminophen oral</i>	8	PAXIL ORAL SUSP	15
<i>oxycodone w/ aspirin oral</i>	8	PAXIL ORAL TABS	15
OXYIR ORAL	8	<i>ped multi vitamins w/fl & fe oral</i>	67
PALIPASE MT 16 ORAL	40	<i>ped mv w/ fluoride oral</i>	67
PALIPASE MT 20 ORAL	40	<i>ped vitamins acd fluoride & iron oral</i>	67
PALIPASE ORAL	40	<i>ped vitamins acd w/ fluoride oral</i>	67
PALPEON DR 10 ORAL	40	PEDIAFLOR ORAL	67
PALPEON DR 20 ORAL	41	PEDIAPRED ORAL	53
PALPEON MT 20 ORAL	41	PEDIAZOLE ORAL	12
PALTRASE V8 ORAL	41	PEDIOTIC OTIC	62
PAMELOR ORAL	15	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate oral</i>	43
PANAFIL EXTERNAL LIQD	38	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride oral</i>	43
PANAFIL EXTERNAL OINT	38	PEGANONE ORAL	14
PANAFIL-WHITE EXTERNAL	38	<i>penicillin v potassium oral</i>	12
PANCREASE MT 10 ORAL	41	PENTASA ORAL	56
PANCREASE MT 16 ORAL	41	<i>pentoxifylline oral</i>	27
PANCREASE MT 20 ORAL	41	PEPCID ORAL SUSR	43
PANCREASE MT 4 ORAL	41	PEPCID ORAL TABS	43
PANCREASE ORAL	41	PEPCID RPD ORAL	43
PANCRECARB MS-16 ORAL	41	PERCOCET ORAL	8
PANCRECARB MS-4 ORAL	41	PERCODAN ORAL	8
PANCRECARB MS-8 ORAL	41	<i>pergolide mesylate oral</i>	21
PANCRELIPASE MST-16 ORAL	41	PERIDEX MOUTH/THROAT	35
PANCRELIPASE ORAL	41	PERIDEX ORAL RINSE MOUTH/THROAT	35
PANCRON 10 ORAL	41	PERMAX ORAL	21
PANCRON 20 ORAL	41	<i>permethrin external</i>	20
PANGESTYME CN 10 ORAL	41	PERPHENAZINE ORAL CONC	22
PANGESTYME CN 20 ORAL	41	<i>perphenazine oral tabs</i>	22
PANGESTYME EC ORAL	41	PERPHENAZINE/AMITRIPTYLIN ORAL	24
PANGESTYME MT 16 ORAL	41	<i>perphenazine-amitriptyline oral</i>	24
PANGESTYME UL 12 ORAL	41	PERSANTINE ORAL	27
PANGESTYME UL 18 ORAL	41	<i>phenazopyridine hcl oral</i>	44
PANGESTYME UL 20 ORAL	41	<i>phenazopyridine-butabarbital-hyoscyamine oral</i>	44
PANOKASE ORAL	41	PHENERGAN ORAL	63
PANOKASE-16 ORAL	41	PHENERGAN RECTAL	63
PANRITIS FORTE ORAL	8	<i>pheniramine-phenyltoloxamine-pyridamine oral</i>	63
<i>papain-urea (wound care) external</i>	38		
<i>papain-urea-chlorophyllin external</i>	38		
PARLODEL ORAL	21		
PARNATE ORAL	15		
<i>paromomycin sulfate oral</i>	12		
<i>paroxetine hcl oral</i>	15		

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
<i>phenylephrine hcl (ophth) ophthalmic</i>	60	PRECARE CONCEIVE ORAL	67
PHENYLEPHRINE HCL OPHTHALMIC	60	PRECARE ORAL	67
PHENYTEK ORAL	14	PRECARE PRENATAL ORAL	67
<i>phenytoin oral</i>	14	PRECOSE ORAL	27
<i>phenytoin sodium extended oral</i>	14	PRED FORTE OPHTHALMIC	60
PHENYTOIN SODIUM PROMPT ORAL	14	PRED MILD OPHTHALMIC	60
PHOSLO ORAL	43	<i>prednisolone acetate ophthalmic</i>	60
<i>pilocarpine & epinephrine ophthalmic</i>	60	<i>prednisolone oral</i>	53
<i>pilocarpine hcl ophthalmic</i>	60	<i>prednisolone sodium phosphate (ophth) ophthalmic</i>	60
PILOPINE HS OPHTHALMIC	60	<i>prednisolone sodium phosphate oral</i>	53
PIMA ORAL	63	PREDNISOLONE/SULFACETAMID OPHTHALMIC	60
<i>pindolol oral</i>	32	PREDNISON INTENSOL ORAL	53
<i>piroxicam oral</i>	18	<i>prednisone oral</i>	53
PLAN B ORAL	53	PREDNISON ORAL SOLN	53
PLAQUENIL ORAL	20	PREDNISON ORAL TABS 50MG	53
PLARETASE 8000 ORAL	41	PRELONE ORAL	53
PLAVIX ORAL	27	PREMARIN ORAL	53
PLENDIL ORAL	32	PREMARIN VAGINAL	53
PLEXION EXTERNAL EMUL	38	PREMARIN W/APPLICATOR VAGINAL	53
PLEXION SCT EXTERNAL	38	PREMESIS RX ORAL	67
PLEXION TS EXTERNAL	38	PREMPHASE ORAL	53
<i>podofilox external</i>	38	PREMPRO ORAL	53
<i>podophyllum resin external</i>	38	PRENA-CAP ORAL	67
POLYCITRA-K CRYSTALS ORAL	44	<i>prenatal mv & min w/fe-fa oral</i>	67
POLYCITRA-K ORAL	44	<i>prenatal mv & min w/fe-fa-ca oral</i>	67
POLYCITRA-LC ORAL	44	<i>prenatal vit w/ docusate-fe fumarate- folic acid oral</i>	67
<i>polyethylene glycol 3350 oral</i>	43	<i>prenatal vit w/ docusate-iron carbonyl-folic acid oral</i>	67
POLY-HISTINE ORAL	63	<i>prenatal vit w/ fe bisglycinate chelate- folic acid oral</i>	67
<i>polymyxin b-trimethoprim ophthalmic</i>	60	<i>prenatal vit w/ ferrous fumarate-folic acid oral chew</i>	67
POLYSPORIN OPHTHALMIC	60	<i>prenatal vit w/ iron carbonyl-fe gluconate-folic acid oral</i>	67
POLYTRIM OPHTHALMIC	60	<i>prenatal vit w/ iron carbonyl-fe sulfate-folic acid oral</i>	67
POLY-VI-FLOR ORAL	67	<i>prenatal vit w/ iron carbonyl-folic acid oral</i>	67
POLY-VI-FLOR/FE ORAL	67	<i>prenatal vit w/ iron polysaccharide complex-folic acid oral</i>	67
POLY-VI-FLOR/IRON ORAL	67		
POLY-VI-FLOR/IRON ORAL SOLN	67		
<i>potassium bicarb & chloride oral</i>	67		
<i>potassium chloride oral</i>	67		
<i>potassium citrate-citric acid oral</i>	44		
<i>pramoxine-hc external</i>	38		
<i>pramoxine-hc external</i>	38		
PRANDIN ORAL	27		
<i>prazosin hcl oral</i>	32		

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
<i>prenatal vit w/ selenium-fe fumarate-folic acid oral</i>	67	PRONESTYL ORAL CAPS	32
<i>prenatal without a vit w/ fe fumarate-folic acid oral</i>	68	PRONESTYL ORAL TABS	32
<i>prenatal without a vit w/ iron carbonyl-folic acid oral</i>	68	PRONESTYL SR ORAL	32
<i>prenatal without a w/ fe carbonyl-docusate-folic acid oral</i>	68	<i>propafenone hcl oral</i>	32
PRENATE ADVANCE ORAL	68	PROPANTHELINE BROMIDE ORAL	43
PRENATE ELITE ORAL	68	PROPINE OPHTHALMIC	61
PRENATE GT ORAL	68	PROPINE-C OPHTHALMIC	61
PRIMACARE ONE ORAL	68	PROPOXYPHENE COMPOUND ORAL	8
PRIMACARE ORAL	68	<i>propoxyphene hcl oral</i>	8
PRIMAQUINE PHOSPHATE ORAL	20	<i>propoxyphene hcl w/ apap oral</i>	8
<i>primidone oral</i>	14	PROPOXYPHENE/ASA/CAFF ORAL	8
PRIMSOL ORAL	12	<i>propranolol & hydrochlorothiazide oral</i>	32
PRINIVIL ORAL	32	PROPRANOLOL HCL CR ORAL	32
PRINZIDE ORAL	32	PROPRANOLOL HCL ER ORAL	33
PRO-BANTHINE ORAL	43	PROPRANOLOL HCL INTENSOL ORAL	33
<i>probenecid oral</i>	17	PROPRANOLOL HCL LA ORAL	33
PROCAINAMIDE HCL ER ORAL	32	PROPRANOLOL HCL ORAL SOLN	33
<i>procainamide hcl oral</i>	32	<i>propranolol hcl oral tabs</i>	33
PROCAINAMIDE HCL ORAL CAPS 500MG	32	<i>propylthiouracil oral</i>	55
<i>procainamide hcl oral tbc</i>	32	PROSCAR ORAL	44
<i>procaine hcl injection</i>	9	PROSTIGMIN ORAL	24
PROCANBID ORAL	32	PROTONIX ORAL	43
PROCARDIA ORAL	32	PROTOPIC EXTERNAL	56
PROCARDIA XL ORAL	32	PROVENTIL HFA INHALATION	64
<i>prochlorperazine maleate oral</i>	22	PROVENTIL INHALATION AERS	64
PROCHLORPERAZINE RECTAL	22	PROVERA ORAL	53
<i>prochlorperazine rectal supp 25MG</i>	22	PROVIGIL ORAL	34
PROCTOCORT RECTAL	38	PROZAC ORAL	15
PROGRAF ORAL	56	PROZAC ORAL SOLN	15
PROLIXIN ORAL	22	PSORCON E EXTERNAL CREA	53
PROLOPRIM ORAL	12	PSORCON E EXTERNAL OINT	53
<i>promethazine hcl oral</i>	63	PSORCON EXTERNAL	53
<i>promethazine hcl oral syrp</i>	63	PSORICATEC EXTERNAL	38
PROMETHAZINE HCL ORAL TABS 12.5MG	63	PULMICORT INHALATION	64
<i>promethazine hcl rectal</i>	63	PULMICORT TURBUHALER INHALATION	64
PROMETHAZINE VC ORAL	64	PULMOZYME INHALATION	64
PROMETHAZINE/PHENYLEPHRIN ORAL	64	PURINETHOL ORAL	20
		<i>pyrazinamide oral</i>	19

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
PYRIDIDIUM ORAL	44	RISPERDAL ORAL SOLN	22
PYRIDIDIUM PLUS ORAL	44	RISPERDAL ORAL TABS	22
<i>pyridostigmine bromide oral</i>	24	RITALIN ORAL	34
QUESTRAN LIGHT ORAL POWD	33	RITALIN SR ORAL	34
QUESTRAN ORAL POWD	33	RMS RECTAL	8
QUIBRON-T ORAL	64	ROBAXIN ORAL	65
QUIBRON-T/SR ORAL	64	ROBAXIN-750 ORAL	65
<i>quinidine gluconate oral</i>	33	ROSULA EXTERNAL EMUL	38
QUINIDINE SULFATE ER ORAL	33	ROWASA RECTAL	56
<i>quinidine sulfate oral</i>	33	ROXANOL ORAL	8
<i>quinine sulfate oral</i>	20	ROXANOL-T ORAL	8
QUININE SULFATE ORAL CAPS 200MG	21	ROXICET ORAL	8
<i>quinine sulfate oral tabs</i>	21	ROXICODONE INTENSOL ORAL	9
QVAR INHALATION	64	ROXICODONE ORAL	9
<i>ranitidine hcl oral caps</i>	43	RUM-K ORAL	68
RANITIDINE HCL ORAL SYRP	43	RYNATAN ORAL	64
<i>ranitidine hcl oral tabs</i>	43	RYTHMOL ORAL	33
RAPAMUNE ORAL	56	RYTHMOL SR ORAL	33
REBETOL ORAL CAPS	23	<i>salsalate oral</i>	18
REBETOL ORAL SOLN	23	SANDIMMUNE ORAL	56
REGLAN ORAL	43	SECTRAL ORAL	33
RELAFEN ORAL	18	Sedatives/Hypnotics	65
RELAGARD VAGINAL	17	<i>selegiline hcl oral</i>	21
REMERON ORAL	15	<i>selenium sulfide external</i>	38
REMERON SOLTAB ORAL	16	SELSUN SHAMPOO EXTERNAL	39
RESCRIPTOR ORAL	23	SEPTRA DS ORAL	12
RESERPINE ORAL	33	SEPTRA ORAL	12
Respiratory Tract Agents	62	SERENTIL ORAL	22
RETIN-A EXTERNAL CREA	38	SEREVENT DISKUS INHALATION	64
RETIN-A EXTERNAL GEL	38	SEROQUEL ORAL	22
RETIN-A EXTERNAL LIQD	38	SERZONE ORAL	16
RETROVIR ORAL	23	SILVADENE EXTERNAL	39
REVIA ORAL	68	<i>silver sulfadiazine external</i>	39
REYATAZ ORAL CAPS	23	SINEMET CR ORAL	21
REYATAZ ORAL CAPS 100MG	23	SINEMET ORAL	21
RHEUMATREX ORAL	56	SINEQUAN ORAL	16
<i>ribavirin (hepatitis c) oral</i>	23	SINGULAIR ORAL	64
RIDAURA ORAL	56	Skeletal Muscle Relaxants	65
RIFADIN ORAL	19	SKELID ORAL	53
<i>rifampin oral</i>	19	SLO-BID GYROCAPS ORAL	64
RILUTEK ORAL	34	<i>sodium fluoride mouth/throat</i>	68
<i>rimantadine hydrochloride oral</i>	23	SODIUM FLUORIDE ORAL	68
RIOMET ORAL	27	<i>sodium fluoride oral chew</i>	68
		<i>sodium fluoride oral soln</i>	68

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
<i>sodium polystyrene sulfonate oral</i>	68	SULFADIAZINE ORAL	12
<i>sodium polystyrene sulfonate rectal</i>	68	<i>sulfamethoxazole-trimethoprim oral</i>	12
SOLARAZE EXTERNAL	39	<i>sulfasalazine oral</i>	56
SOMA COMPOUND ORAL	65	SULFINPYRAZONE ORAL	17
SOMA ORAL	65	SULFISOXAZOLE ORAL	12
<i>sotalol hcl (afib/afl) oral</i>	33	<i>sulindac oral</i>	18
<i>sotalol hcl oral</i>	33	SUMYCIN ORAL	12
SOTRET ORAL	39	SURMONTIL ORAL	16
SPIRIVA HANDIHALER INHALATION	64	SUSTIVA ORAL	23
<i>spironolactone & hydrochlorothiazide oral</i>	33	SYMBYAX ORAL	25
<i>spironolactone oral</i>	33	SYMMETREL ORAL	21
SSKI ORAL	64	SYNALAR EXTERNAL CREA	54
STERAPRED 12-DAY ORAL	53	SYNALAR EXTERNAL OINT	54
STERAPRED DS ORAL	54	SYNALAR EXTERNAL SOLN	54
STERAPRED ORAL	54	SYNAREL NASAL	55
STIMATE NASAL	54	SYNTHROID ORAL	54
STRATTERA ORAL	34	TAGAMET ORAL	43
STRONGSTART ORAL CHEW	68	TALADINE ORAL	43
STRONGSTART ORAL TABS	68	TAMBOCOR ORAL	33
STUARTNATAL PLUS 3 ORAL	68	<i>tamoxifen citrate oral</i>	55
SUCRAID ORAL	41	TAPAZOLE ORAL	54
SUCRALFATE ORAL SUSP	43	TAPAZOLE ORAL	54
<i>sucralfate oral tabs</i>	43	TARGRETIN ORAL	20
SULAR ORAL	33	TAZORAC EXTERNAL	39
<i>sulfacetamide sodium (ophth) ophthalmic</i>	61	TEGRETOL ORAL	14
SULFACETAMIDE SODIUM OPHTHALMIC	61	TEGRETOL-XR ORAL	14
<i>sulfacetamide sodium w/ sulfur external crea</i>	39	TEMOVATE E EXTERNAL	54
<i>sulfacetamide sodium w/ sulfur external emul</i>	39	TEMOVATE EXTERNAL CREA	54
<i>sulfacetamide sodium w/ sulfur external lotn</i>	39	TEMOVATE EXTERNAL GEL	54
<i>sulfacetamide sodium w/ sulfur external susp</i>	39	TEMOVATE EXTERNAL OINT	54
<i>sulfacetamide sodium-sulfur in urea vehicle external emul</i>	39	TEMOVATE EXTERNAL SOLN	54
<i>sulfacetamide sod-pred ophthalmic</i>	61	TENEX ORAL	33
SULFACETAMIDE/PREDNISOLON OPHTHALMIC	61	TENORETIC 100 ORAL	33
SULFACET-R EXTERNAL	39	TENORETIC 50 ORAL	33
		TENORMIN ORAL	33
		<i>terazosin hcl oral caps</i>	33
		<i>terbutaline sulfate oral</i>	64
		TESLAC ORAL	55
		TESTIM TRANSDERMAL	54
		TESTRED ORAL	54
		<i>tetracaine hcl injection</i>	9
		<i>tetracycline hcl oral</i>	12
		THALITONE ORAL	33
		THEO-24 ORAL	64

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
THEOLAIR ORAL	64	TOBEX OPHTHALMIC SOLN	61
<i>theophylline oral cp12</i>	64	TOFRANIL ORAL	16
THEOPHYLLINE ORAL SOLN	64	<i>tolazamide oral</i>	27
<i>theophylline oral tb12</i>	64	TOLBUTAMIDE ORAL	27
<i>theophylline oral tb24</i>	64	TOLECTIN DS ORAL	18
Therapeutic	65	TOLECTIN ORAL	18
Nutrients/Minerals/Electrolytes		TOLINASE ORAL	27
THIOGUANINE ORAL	20	<i>tolmetin sodium oral caps</i>	18
<i>thioridazine hcl oral</i>	22	<i>tolmetin sodium oral tabs 200MG</i>	18
<i>thioridazine hcl oral conc</i>	22	TOLMETIN SODIUM ORAL TABS 600MG	18
<i>thioridazine hcl oral tabs</i>	22	TOPAMAX ORAL	14
<i>thioridazine hcl oral tabs</i>	22	TOPICORT EXTERNAL	54
THIORIDAZINE HCL ORAL TABS 150MG	22	TOPROL XL ORAL	33
THIORIDAZINE HCL ORAL TABS 15MG	22	TORECAN ORAL	16
THIORIDAZINE HCL ORAL TABS 200MG	22	Toxicologic Agents	68
<i>thiothixene oral</i>	22	TRAC ORAL	12
THORAZINE ORAL	22	<i>tramadol hcl oral</i>	9
THORAZINE RECTAL	22	TRANDATE ORAL	33
<i>thyroid oral</i>	54	TRAVATAN OPHTHALMIC	61
THYROLAR-1 ORAL	54	<i>trazodone hcl oral</i>	16
THYROLAR-1/2 ORAL	54	TRENTAL ORAL	28
THYROLAR-1/4 ORAL	54	<i>tretinoin external crea</i>	39
THYROLAR-2 ORAL	54	<i>tretinoin external gel</i>	39
THYROLAR-3 ORAL	54	<i>triamcinolone acetone (mouth) mouth/throat</i>	35
TIAZAC ORAL	33	<i>triamcinolone acetone (topical) external crea 0.025%</i>	54
TICLID ORAL	27	<i>triamcinolone acetone (topical) external crea 0.1%</i>	54
<i>ticlopidine hcl oral</i>	28	<i>triamcinolone acetone (topical) external crea 0.5%</i>	55
TIGAN ORAL	16	<i>triamcinolone acetone (topical) external lotn</i>	55
TIGAN RECTAL	16	<i>triamcinolone acetone (topical) external oint</i>	55
TILADE INHALATION	64	TRIAMCINOLONE ACETONIDE I EXTERNAL	55
TIMOLIDE 10/25 ORAL	33	<i>triamterene & hydrochlorothiazide oral</i>	33
<i>timolol maleate (ophth) ophthalmic solg</i>	61	TRIAVIL ORAL	24
<i>timolol maleate (ophth) ophthalmic soln</i>	61	TRICOR ORAL	33
<i>timolol maleate oral</i>	33	TRIDESILON EXTERNAL	55
TIMOPTIC OPHTHALMIC	61	<i>trifluoperazine hcl oral</i>	23
TIMOPTIC-XE OPHTHALMIC	61		
<i>tobramycin sulfate (ophth) ophthalmic</i>	61		
TOBEX OPHTHALMIC OINT	61		

Alphabetical Index of Drugs

Drug Name	Page	Drug Name	Page
<i>trifluridine ophthalmic</i>	61	VALTRES ORAL	24
<i>trihexyphenidyl hcl oral</i>	21	VANSPAR ORAL	24
TRILEPTAL ORAL	14	VASERETIC ORAL	34
TRILISATE ORAL	19	VASOCIDIN OPHTHALMIC	61
<i>trimethobenzamide hcl oral</i>	16	VASOTEC ORAL	34
<i>trimethobenzamide-benzocaine rectal</i>	16	VENTOLIN HFA INHALATION	64
<i>trimethoprim oral</i>	12	VENTOLIN INHALATION AERS	64
TRIMPEX ORAL	33	<i>verapamil hcl oral</i>	34
TRI-NORINYL 28 ORAL	55	VERELAN ORAL	34
TRIPHASIL ORAL	55	VERMOX ORAL	21
TRI-VI-FLOR ORAL	68	VESICARE ORAL	44
TRI-VI-FLOR/IRON ORAL	68	VFEND ORAL	17
TRIZIVIR ORAL	24	VIAGRA ORAL	44
TRUVADA ORAL	24	VIBRAMYCIN ORAL CAPS	12
<i>trypsin w/ castor oil & peruvian balsam external</i>	39	VIBRAMYCIN ORAL SUSR	12
T-STAT EXTERNAL	39	VIBRAMYCIN ORAL SYRP	12
TYLENOL/CODEINE #3 ORAL	9	VIBRATAB ORAL	12
TYLENOL/CODEINE #4 ORAL	9	VICODIN ES ORAL	9
TYLOX ORAL	9	VICODIN ORAL	9
ULTRAM ORAL	9	VI-DAYLIN/F + IRON ORAL	68
ULTRASE MT 12 ORAL	41	VI-DAYLIN/F ORAL	68
ULTRASE MT 18 ORAL	41	VI-DAYLIN/F/ADC ORAL	68
ULTRASE MT 20 ORAL	41	VI-DAYLIN/F/ADC/FE ORAL	68
ULTRASE ORAL	41	VIDEX EC ORAL	24
UNIPHYL ORAL	64	VIDEX EC ORAL CPDR 125MG	24
UNIPHYL ORAL	64	VIDEX ORAL	24
UNIRETIC ORAL	34	VINATE II ORAL	68
UNIVASC ORAL	34	VIOKASE 16 ORAL	41
<i>urea external</i>	39	VIOKASE 8 ORAL	41
<i>urea external</i>	39	VIOKASE ORAL	41
<i>urea external crea</i>	39	VIRACEPT ORAL	24
URECHOLINE ORAL	44	VIRAMUNE ORAL	24
UREX ORAL	12	VIREAD ORAL	24
URISED ORAL	12	VIROPTIC OPHTHALMIC	61
URISPAS ORAL	44	VISTARIL ORAL CAPS	24
UROCIT-K 10 ORAL	44	VISTARIL ORAL SUSP	24
UROCIT-K 5 ORAL	44	VITAFOL-PN ORAL	68
URSO FORTE ORAL	43	VITA-PREN ORAL	68
URSO ORAL	43	VIVACTIL ORAL	16
<i>ursodiol oral</i>	43	VOLMAX ORAL	64
VALCYTE ORAL	24	VOLTAREN OPHTHALMIC	61
<i>valproate sodium oral</i>	14	VOLTAREN ORAL	19
<i>valproic acid oral</i>	14	<i>warfarin sodium oral</i>	28
		WELLBUTRIN ORAL	16

Alphabetical Index of Drugs

Drug Name	Page
WELLBUTRIN SR ORAL	16
WELLBUTRIN XL ORAL	16
WESTCORT EXTERNAL	55
XENADERM EXTERNAL	39
XYLOCAINE EXTERNAL	39
XYLOCAINE JELLY EXTERNAL	39
XYLOCAINE MOUTH/THROAT	35
XYLOCAINE VISCOUS MOUTH/THROAT	35
YASMIN 28 ORAL	55
YODOXIN ORAL	21
ZANTAC ORAL CAPS	43
ZANTAC ORAL PACK	43
ZANTAC ORAL SYRP	43
ZANTAC ORAL TABS	43
ZANTAC ORAL TBEF	43
ZARONTIN ORAL	14
ZAROXOLYN ORAL	34
ZEBETA ORAL	34
ZELNORM ORAL	43
ZERIT ORAL	24
ZESTORETIC ORAL	34
ZESTRIL ORAL	34
ZIAC ORAL	34
ZIAGEN ORAL	24
ZITHROMAX ORAL PACK	13
ZITHROMAX ORAL SUSR	13
ZITHROMAX ORAL TABS	13
ZITHROMAX ORAL TABS 500MG	13
ZITHROMAX TRI-PAK ORAL	13
ZITHROMAX Z-PAK ORAL	13
ZOCOR ORAL	34
ZOFRAN ODT ORAL	16
ZOFRAN ORAL	16
ZOLOFT ORAL	16
ZONALON EXTERNAL	39
ZONEGRAN ORAL	14
ZOVIRAX EXTERNAL	39
ZOVIRAX ORAL	24
ZYBAN ORAL	40
ZYLOPRIM ORAL	17
ZYPREXA ORAL	23
ZYPREXA ORAL TABS 15MG	23
ZYPREXA ORAL TABS 20MG	23

VISIT WWW.HEALTHNET.COM
FOR THE MOST UP-TO-DATE LISTINGS

For more information please contact us at:

Health Net Orange
Post Office Box 10420
Van Nuys, CA 91410-0420

If you receive your healthcare benefits through your employer, please call
1-800-865-9431
24 hours a day, 7 days a week, except holidays

If you receive your healthcare benefits individually, please call
1-800-865-9431
24 hours a day, 7 days a week, except holidays

If you are already a member of Health Net Orange, please call
1-800-806-8811
Monday through Friday from 8am - 5pm, except holidays

Telecommunications Device for the Hearing and Speech Impaired
1-800-929-9955
Monday through Friday from 8:00 am to 12:00 pm and 1:00 pm to
5:00 pm Pacific, except holidays

Health Net Life Insurance Company, is a subsidiary of Health Net, Inc. Health Net® is a registered service mark of Health Net, Inc. All Rights Reserved.