



2015 Coventry Prescription Drug List

www.CoventryHealth.com



Do you have questions?

Call the toll-free number on your member ID card. Or visit www.CoventryHealth.com for the most up-to-date information.

Dear Member:

To help you know how drugs are covered by your plan, we are pleased to provide you with a copy of our 2015 Coventry Prescription Drug List.

This guide provides helpful information about your pharmacy benefits plan. You may want to take this guide with you when you see your doctor to talk about what is covered under your plan and what you can expect to pay for your medicine.

Many commonly prescribed drugs are listed in this guide. Please remember this is not a complete list of drugs covered under your plan. Because thousands of drugs are included in your pharmacy benefits plan, we only list the most commonly prescribed ones.



What can I expect to pay?

The amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percent of the prescription's price.

What you pay falls into one of these tiers or levels:

Tier One: Preferred Generics – You pay **the lowest cost** for drugs in this level. Your plan may include an additional benefit where some Tier 1 drugs would be provided at an even lower cost to you. These are considered Value Drugs/ Tier 1a and include generics and some over-the-counter brand and generic products. These would be available at the lowest cost share indicated in your plan materials.

Tier Two: Preferred Brand – You pay **a slightly higher cost** for drugs in this level.

Tier Three: Non-Preferred Brand and Generic – You pay **the highest cost** for drugs in this level.

Preferred Specialty – You pay **a higher cost** for specialty drugs in this level. Specialty drugs may be injected, infused or taken by mouth.

Non-Preferred Specialty – You pay **a highest cost** for non-Preferred Specialty drugs in this level.

To find your exact costs

Check your Plan Design and Benefits summary. This should be in your enrollment kit.

Your pharmacy benefits plan may include a program that encourages you to choose a generic drug over a brand-name drug, in order to help reduce what you pay. This means that if you fill a brand-name drug when a generic is available, that in addition to your standard copay or coinsurance, you must also pay the difference in cost between the brand-name and generic drug.

For a summary of your pharmacy benefits plan, including out-of-pocket costs, visit www.CoventryHealth.com. Or call the toll-free number on your member ID card.

Where can I find more formulary information?

You and your doctor can search for a drug, find out if it's covered and see what tier it falls under. You can also see if there are alternatives that cost less. **Make sure your doctor knows that you pay more for two, three, four and five tier drugs.** He or she can consider this before writing a prescription.

Take these steps:

1. Visit www.CoventryHealth.com.
2. This is where you can learn more about the types of drug coverage reviews your drug requires; things like precertification, step therapy or quantity limits. You will arrive at a menu page where you can view various drug lists, including your 2015 Coventry Prescription Drug List and more.

How is the formulary developed?

Our Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs and new information about drugs that are already on the market. It reviews available information concerning safety, effectiveness and current use in therapy. The P&T Committee reviews scientific evidence, including relevant findings of federal government agencies, pharmaceutical manufacturers, medical professional associations, national commissions and peer-reviewed journals.

Our P&T Committee includes licensed pharmacists and doctors, including those who are currently in practice and others who are employees. All committee members must tell us if they are in a situation that can create a conflict of interest or if they have a financial stake that might affect their decisions.

Once the P&T Committee completes its clinical review, we also consider overall value (including cost and manufacturer rebate arrangements) and other factors before adding or removing a drug from the formulary. The 2015 Coventry Prescription Drug List shows you recent changes to the guide. For example, it could show what drugs started requiring coverage reviews like precertification, step therapy or quantity limits. Or which drugs no longer do. The P&T Committee can make recommendations to change the tier level of a drug or to place it on our Formulary Exclusions List, designating it as a drug that is no longer covered.

Why is the formulary subject to change?

We may add or remove drugs for certain reasons. We might also move a drug from one coverage tier to another.

Here are some reasons why:

- As brand-name drugs lose their patents and generic versions become available, the brand-name may be covered at a higher out-of-pocket cost while the generic may be covered at a lower out-of-pocket cost.
- The Food and Drug Administration (FDA) approves many new drugs throughout the year.
- Drugs can be withdrawn from the market or may become available without a prescription.

Our website, www.CoventryHealth.com, reflects the most up-to-date formulary information – so please visit it often.

Why do some drugs require prior authorization or precertification?

This drug coverage review encourages appropriate and cost-effective use of prescription drugs by allowing coverage only when certain conditions are met.

Reasons for precertification include:

- Compliance with dosing guidelines
- Avoiding duplicate therapies
- Helping health care providers check that a drug is being used based on generally accepted medical criteria

The precertification program is based upon current medical findings, FDA-approved manufacturer labeling information, and cost and manufacturer rebate arrangements.

If your plan requires precertification, you will find a list of drugs that are subject to precertification with this guide. Please keep the following in mind:

- Your doctor must contact Coventry Health Care to request approval of coverage for these drugs.
- If we approve the request, we will notify your doctor. The drug will then be covered at the applicable out-of-pocket cost under your plan. You will also be notified of approvals where the state requires notification to members.

If the request is denied, you and your doctor will be notified. You can still purchase the drug, but for the full price.

Why do some drugs have quantity limits?

This drug coverage review limits coverage of quantities for certain drugs. These limits help your doctor and pharmacist check that your prescribed drug is used correctly and safely.

We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose Efficiency Edits** – Limit coverage of prescriptions to one dose per day for drugs that are approved for once-daily dosing.
- **Maximum Daily Dose** – A message is sent to the pharmacy if a prescription is less than the minimum or higher than the maximum allowed dose.
- **Quantity Limits Over Time** – Limit coverage of prescriptions to a specific number of units in a defined amount of time.

What is step therapy?

This drug coverage review promotes the appropriate use of equally effective but lower-cost drugs first. Prerequisite drugs are FDA-approved and treat the same condition as the corresponding step therapy drugs.

What is therapeutic duplication?

Therapeutic duplication means that two or more drugs of the same type are prescribed at the same time. This can occur when two doctors prescribe similar drugs or when your doctor switches from one drug to another drug in the same class without cancelling the first prescription.

It is rare that you should ever need two drugs from the same class to treat a medical condition. Since serious side effects may occur, we help bring such duplications to your pharmacist's and doctor's attention.

Learn more about drug coverage reviews

If you have a medical need for a drug that requires precertification, quantity limits or step therapy, your doctor can ask for a medical exception. The list of drugs requiring precertification, quantity limits or step therapy is subject to change. Find the most up-to-date information at www.CoventryHealth.com.

You may be able to save with generic drugs

Generic drugs are approved by the U.S. Food and Drug Administration (FDA) and proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name products. The difference is that generics may be a different color, shape or size.

When appropriate, your doctor may decide to prescribe, or allow substitution with, a generic drug. Please talk to your doctor to find out if a generic is right for you.

Saving on prescriptions

Here are some other tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Ask your doctor to consider prescribing drugs that are on the 2015 Coventry Prescription Drug List.
- Check to see if your plan includes our mail-order pharmacy service. Depending upon your plan, mail order may save you money.
- Remind your doctor to check your plan to make sure you get maximum coverage.

Specialty Medications

Specialty medications are typically high-cost drugs, including but not limited to the oral, topical, inhaled, inserted or implanted, and injected routes of administration used to treat rare and complex diseases.

- Specialty medications require prior authorization unless otherwise indicated. Your doctor should contact Coventry's Pharmacy Call Center at 877-215-4100 to request prior authorization.
- Except in urgent situations, all specialty medications are distributed through a participating specialty pharmacy. Specialty drugs are limited to a 30 day supply at a time or the quantity prescribed in the prescription order, whichever is less. Please call Customer Service at the number on your member ID card for a referral to a participating specialty pharmacy or with questions regarding your pharmacy benefit.
- Please refer to your health plan documents regarding coverage of and any limitations or exclusions that may apply to your specialty drug benefit.

Need more information?

Visit www.CoventryHealth.com or call the appropriate toll-free number on your member ID card.

Please note that if your prescription drug benefits plan changes, the information herein may no longer apply.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Coventry negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Coventry formulary are subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Coventry receives rebates from drug manufacturers that may be taken into account in determining the Coventry formulary. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about Coventry plans, refer to www.CoventryHealth.com.

The drugs on the Coventry formulary, Formulary Exclusions, Prior Authorization, Quantity Limit and Step Therapy Lists are subject to change.

In accordance with state law, commercial fully-insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Coventry formulary, Prior Authorization, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, prior authorization approval is known as "pre-service utilization review." It is not "verification" as defined by Texas law.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Coventry. Provider participation may change without notice. Coventry does not provide care or guarantee access to health services. Information is subject to change. For more information about Coventry plans, refer to www.CoventryHealth.com.

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<p>Drug Status = LA = Limited Access - Coverage varies by benefit NC = Not Covered NF = Non-formulary Tier 1 = Preferred Generics Tier 2 = Preferred Brands Tier 3 = Non-Preferred Brands and Generics Tier 4 = Preferred Specialty Tier 5 = Non-Preferred Specialty Tier 6 = Not Covered</p> <p>lowercase italics = Generic drugs UPPERCASE = Brand name drugs</p>	<p>Additional Information AL = Age Limit Note 1 = Drug Notes Note 2 = Copay Notes Note 3 = Not available as a 90 day supply Note 4 = Prior authorization applies to Standard and/or Select Note 5 = Step therapy applies to Standard and/or Select PA = Prior Authorization Applies QL = QL Limit SD = Specialty Distribution ST = Step Therapy Applies</p>
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Drug Name	Drug Status	Additional Information
Analgesics		
ABSTRAL	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select)
<i>acetaminophen-codeine oral solution</i>	Tier 1	
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	Tier 1	

Drug Name	Drug Status	Additional Information
ACTIQ	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (4 lozenges per 1 day)
ADULT LOW DOSE ASPIRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ALSUMA	Tier 6	QL (2 doses per 1 fill)
AMERGE	Tier 3	Note 3 (90 day supply not allowed); QL (9 tabs per 1 fill)
ASPIR-81		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ASPIR-LOW		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ASPIR-TRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>aspirin oral tablet</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)

Drug Name	Drug Status	Additional Information
<i>aspirin oral tablet, chewable</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 500 mg, 81 mg</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ASPIRIN CHILDRENS		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ASPIRIN LOW DOSE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ASPIRIN LOW-STRENGTH		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
AVINZA	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard, Select); QL (2 caps per 1 day)
AXERT	Tier 3	ST; Note 3 (90 day supply not allowed); Note 5 (Standard, Select); QL (6 tabs per 1 fill)

Drug Name	Drug Status	Additional Information
BABY ASPIRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
BAYER ADVANCED		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
BAYER ASPIRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
BAYER CHEWABLE ASPIRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
BAYER CHILDRENS ASPIRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>butalbital-acetaminop-caf-co d</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>butalbital-acetaminophen</i>	Tier 1	
<i>butalbital-acetaminophen-caf f oral capsule 50-300-40 mg</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>butalbital-acetaminophen-caf f oral tablet 50-325-40 mg</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>butalbital-aspirin-caffeine</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>butorphanol tartrate nasal</i>	Tier 3	QL (2 bottles per 1 fill)

Drug Name	Drug Status	Additional Information
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	Tier 2	Note 3 (90 day supply not allowed); QL (4 patches per 30 days)
CAFERGOT	Tier 2	Note 3 (90 day supply not allowed)
CAMBIA	Tier 6	
CATAFLAM	Tier 3	
CHILD ASPIRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
CHILDREN'S ASPIRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>choline,magnesium salicylate oral liquid</i>	Tier 1	
<i>codeine sulfate oral solution 30 mg/5 ml</i>	Tier 1	
<i>codeine sulfate oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83	Tier 6	Note 3 (90 day supply not allowed); QL (1 cap per 1 Day)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG	Tier 6	Note 3 (90 day supply not allowed); QL (1 cap per 1 day)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 200 MG	Tier 6	Note 3 (90 day supply not allowed); QL (1 cap per 1 Day)
D.H.E.45	Tier 3	QL (6 ampules per 1 fill)
DEMEROL ORAL	Tier 3	Note 3 (90 day supply not allowed)
<i>diclofenac potassium</i>	Tier 1	
<i>diflunisal</i>	Tier 1	

Drug Name	Drug Status	Additional Information
<i>dihydroergotamine injection</i>	Tier 3	QL (6 ampules per 1 fill)
<i>dihydroergotamine nasal</i>	Tier 1	Note 3 (90 day supply not allowed)
DILAUDID ORAL TABLET	Tier 3	Note 3 (90 day supply not allowed)
DOLOPHINE ORAL	Tier 3	Note 3 (90 day supply not allowed)
DURAGESIC	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (20 patches per 1 month)
E.C. PRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
EC ASPIRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ECOTRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ECOTRIN LOW STRENGTH		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ELMIRON	Tier 2	

Drug Name	Drug Status	Additional Information
ENTERIC COATED ASPIRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>ergotamine-caffeine</i>	Tier 1	Note 3 (90 day supply not allowed)
EXALGO ER	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (1 tab per 1 day)
EXTRA STRENGTH BAYER		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>fentanyl</i>	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (10 patches per 1 fill)
<i>fentanyl citrate</i>	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (4 lozenge per 1 day)
FENTORA	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (4 tabs per 1 day)
FIORICET ORAL TABLET	Tier 3	Note 3 (90 day supply not allowed)
FIORINAL	Tier 3	Note 3 (90 day supply not allowed)
FIORINAL-CODEINE #3	Tier 3	Note 3 (90 day supply not allowed)
FROVA	Tier 3	ST; Note 5 (Standard); QL (9 tabs per 1 fill)

Drug Name	Drug Status	Additional Information
HALFPRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 10-500 mg, 10-650 mg, 10-660 mg, 10-750 mg, 2.5-325 mg, 2.5-500 mg, 5-325 mg, 5-500 mg, 7.5-325 mg, 7.5-500 mg, 7.5-650 mg, 7.5-750 mg</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg</i>	Tier 3	Note 3 (90 day supply not allowed)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	
<i>hydromorphone oral liquid</i>	Tier 3	Note 3 (90 day supply not allowed)
<i>hydromorphone oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	Tier 3	Note 3 (90 day supply not allowed); QL (6 doses per 1 fill)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	Tier 3	Note 3 (90 day supply not allowed); QL (12 doses per 1 fill)
IMITREX ORAL	Tier 3	Note 3 (90 day supply not allowed); QL (9 tabs per 1 fill)
IMITREX SUBCUTANEOUS	Tier 3	Note 3 (90 day supply not allowed); QL (5 vials per 1 fill)
IMITREX STATDOSE KIT REFILL	Tier 3	Note 3 (90 day supply not allowed); QL (4 doses per 1 fill)
<i>isometh-dichloral-acetaminophen</i>	Tier 1	Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 50 MG, 60 MG, 80 MG	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (2 caps per 1 day)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 130 MG, 150 MG, 40 MG, 70 MG	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (2 caps per 1 Day)
<i>ketorolac oral</i>	Tier 1	Note 3 (90 day supply not allowed)
LAZANDA	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (15 bottles per 1 fill)
LITE COAT ASPIRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
LO-DOSE ASPIRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
LORTAB	Tier 3	
MAXALT	Tier 3	Note 3 (90 day supply not allowed); QL (9 tabs per 1 fill)
MAXALT-MLT	Tier 3	Note 3 (90 day supply not allowed); QL (9 tabs per 1 fill)
<i>meperidine oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>methadone oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
<i>methadone oral tablet,soluble</i>	Tier 1	Note 3 (90 day supply not allowed)
MIDRIN	Tier 3	Note 3 (90 day supply not allowed)
MIGRANAL	Tier 3	QL (1 pack per 1 fill)
MINIPRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>morphine oral capsule, er multiphase 24 hr</i>	Tier 1	PA; Note 4 (Standard); QL (1 cap per 1 day)
<i>morphine oral capsule,extend.release pellets</i>	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard); QL (2 caps per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>morphine oral tablet 15 mg</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>morphine oral tablet extended release</i>	Tier 1	Note 3 (90 day supply not allowed)
MS CONTIN	Tier 3	Note 3 (90 day supply not allowed)
<i>naratriptan</i>	Tier 1	Note 3 (90 day supply not allowed); QL (9 tabs per 1 fill)
NUCYNTA	Tier 3	ST; Note 3 (90 day supply not allowed); Note 5 (Standard,Select); QL (6 tabs per 1 day)
NUCYNTA ER	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (2 tabs per 1 day)

Drug Name	Drug Status	Additional Information
ONSOLIS	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (4 films per 1 day)
OPANA ORAL	Tier 3	ST; Note 3 (90 day supply not allowed); Note 5 (Standard,Select)
OPANA ER ORAL TABLET EXTENDED RELEASE 12 HR 10 MG, 20 MG, 30 MG, 40 MG, 5 MG	Tier 2	Note 3 (90 day supply not allowed); QL (2 tabs per 1 day)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	Tier 2	QL (2 tabs per 1 day)
OXECTA	Tier 6	Note 3 (90 day supply not allowed)
<i>oxycodone oral capsule</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>oxycodone oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>oxycodone-acetaminophen oral capsule</i>	Tier 1	Note 3 (90 day supply not allowed)
OXYCONTIN	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (2 tabs per 1 day)
<i>oxymorphone oral tablet</i>	Tier 3	ST; Note 5 (Standard)
<i>oxymorphone oral tablet extended release 12 hr</i>	Tier 1	QL (4 tabs per 1 day)
PERCOCET	Tier 3	
PERCODAN	Tier 3	
PONSTEL	Tier 3	
PRIMLEV	Tier 3	
RELPAK	Tier 3	ST; Note 3 (90 day supply not allowed); Note 5 (Standard,Select); QL (6 tabs per 1 fill)

Drug Name	Drug Status	Additional Information
<i>rizatriptan</i>	Tier 1	Note 3 (90 day supply not allowed); QL (9 tabs per 1 fill)
RYBIX ODT	Tier 6	Note 3 (90 day supply not allowed)
SPRIX	Tier 3	Note 3 (90 day supply not allowed); QL (5 bottles per 1 fill)
ST. JOSEPH ASPIRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ST. JOSEPH LOW-DOSE ASPIRIN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
SUBSYS	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (8 sprays per 1 day)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	Tier 1	Note 3 (90 day supply not allowed); QL (1 box per 1 fill)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	Tier 1	Note 3 (90 day supply not allowed); QL (2 boxes per 1 fill)
<i>sumatriptan succinate oral</i>	Tier 1	Note 3 (90 day supply not allowed); QL (9 tabs per 1 fill)
<i>sumatriptan succinate subcutaneous cartridge</i>	Tier 1	Note 3 (90 day supply not allowed); QL (2 boxes per 1 fill)
<i>sumatriptan succinate subcutaneous pen injector</i>	Tier 1	Note 3 (90 day supply not allowed); QL (2 boxes per 1 fill)

Drug Name	Drug Status	Additional Information
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	Note 3 (90 day supply not allowed); QL (2 boxes per 1 fill)
SUMAVEL DOSEPRO	Tier 6	
SYNALGOS-DC	Tier 3	
<i>tramadol oral capsule,er biphasic 24 hr 25-75</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>tramadol oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>tramadol oral tablet extended release 24 hr</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>tramadol oral tablet, er multiphasic 24 hr</i>	Tier 1	
<i>tramadol-acetaminophen</i>	Tier 1	QL (8 tabs per 1 day)
TREXIMET	Tier 6	
TYLENOL	Tier 3	
TYLENOL-CODEINE #3	Tier 3	Note 3 (90 day supply not allowed)
TYLENOL-CODEINE #4	Tier 3	Note 3 (90 day supply not allowed)
TYLOX	Tier 3	
ULTRACET	Tier 3	QL (8 tabs per 1 day)
ULTRAM	Tier 3	Note 3 (90 day supply not allowed)
ULTRAM ER	Tier 3	Note 3 (90 day supply not allowed); QL (1 tab per 1 day)
VICODIN ORAL TABLET 5-500 MG	Tier 3	
VICODIN ES ORAL TABLET 7.5-750 MG	Tier 3	
VICODIN HP ORAL TABLET 10-660 MG	Tier 3	
VICOPROFEN	Tier 3	
XARTEMIS XR	Tier 3	ST; Note 5 (Standard,Select); QL (4 tabs per 1 day)
XODOL 10/300	Tier 3	
XODOL 5/300	Tier 3	

Drug Name	Drug Status	Additional Information
XODOL 7.5/300	Tier 3	
ZAMICET	Tier 3	
ZIPSOR	Tier 6	
ZOHYDRO ER	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (2 caps per 1 day)
<i>zolmitriptan oral tablet 2.5 mg</i>	Tier 1	QL (6 tabs per 1 fill)
<i>zolmitriptan oral tablet 5 mg</i>	Tier 1	QL (6 tabs per 30 fills)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg</i>	Tier 1	QL (6 tabs per 1 fill)
<i>zolmitriptan oral tablet,disintegrating 5 mg</i>	Tier 1	QL (6 tabs per 30 fills)
ZOMIG NASAL	Tier 3	ST; Note 5 (Standard,Select); QL (6 units per 1 fill)
ZOMIG ORAL TABLET 2.5 MG	Tier 3	QL (6 doses per 1 fill)
ZOMIG ORAL TABLET 5 MG	Tier 3	QL (6 tabs per 30 fills)
ZOMIG ZMT ORAL TABLET,DISINTEGRATING 2.5 MG	Tier 3	ST; Note 5 (Standard,Select); QL (6 tabs per 1 fill)
ZOMIG ZMT ORAL TABLET,DISINTEGRATING 5 MG	Tier 3	ST; Note 5 (Standard,Select); QL (6 tabs per 30 fills)
Anesthetics		
CETACAINE	Tier 3	
CETACAINE ANESTHETIC	Tier 3	
EMLA	Tier 3	Note 3 (90 day supply not allowed)
<i>lidocaine topical adhesive patch,medicated</i>	Tier 1	PA; Note 4 (Standard)
LIDOCAINE VISCOUS	Tier 1	
<i>lidocaine-prilocaine topical cream</i>	Tier 1	Note 3 (90 day supply not allowed)
LIDODERM	Tier 3	PA; Note 4 (Standard)
LIDORX	Tier 3	QL (1 pump per 1 fill)

Drug Name	Drug Status	Additional Information
<i>phenazopyridine oral tablet 100 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>phenazopyridine oral tablet 200 mg</i>	Tier 1	
SYNERA	Tier 3	
Antiarthritics		
<i>allopurinol</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
ANAPROX	Tier 3	
ANAPROX DS	Tier 3	
ANSAID	Tier 3	
ARAVA	Tier 3	QL (1 tab per 1 day)
ARTHROTEC 50	Tier 3	
ARTHROTEC 75	Tier 3	
CELEBREX	Tier 3	ST; Note 5 (Standard); QL (2 caps per 1 day)
CLINORIL	Tier 3	
<i>colchicine-probenecid</i>	Tier 1	
COLCRYS	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard); QL (2 tabs per 1 Day)
COMFORT PAC-IBUPROFEN	Tier 6	
COMFORT PAC-MELOXICAM	Tier 6	
COMFORT PAC-NAPROXEN	Tier 6	
CUPRIMINE	Tier 2	
DAYPRO	Tier 3	
DEPEN TITRATABS	Tier 2	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>diclofenac-misoprostol</i>	Tier 3	
DUEXIS	Tier 6	
EC-NAPROSYN	Tier 3	

Drug Name	Drug Status	Additional Information
ENBREL SUBCUTANEOUS KIT	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (8 units per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (8 units per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (4 units per 28 days)
ENBREL SURECLICK	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (4 units per 28 days)
<i>etodolac</i>	Tier 1	
FELDENE	Tier 3	
<i>fenoprofen oral tablet</i>	Tier 1	
<i>flurbiprofen</i>	Tier 1	
HUMIRA	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (2 units per 28 days)
HUMIRA CROHN'S DIS START PCK	Tier 4	SD (Distribution through Aetna RX/Call 1-866-782-2779)

Drug Name	Drug Status	Additional Information
HUMIRA PEN	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (2 units per 28 days)
HUMIRA PSORIASIS STARTER PACK	Tier 4	SD (Distribution through Aetna RX/Call 1-866-782-2779)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
INDOCIN ORAL	Tier 2	
INDOCIN RECTAL	Tier 3	
<i>indomethacin oral</i>	Tier 1	
<i>ketoprofen oral capsule</i>	Tier 1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Tier 1	
KINERET	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (30 syringes per 1 month)
<i>leflunomide</i>	Tier 1	Note 3 (90 day supply not allowed); QL (1 tab per 1 day)
<i>meclofenamate oral</i>	Tier 1	
<i>meloxicam oral suspension</i>	Tier 1	
<i>meloxicam oral tablet</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
MOBIC	Tier 3	
MOTRIN ORAL TABLET 800 MG	Tier 3	
<i>nabumetone</i>	Tier 1	
NALFON ORAL CAPSULE 400 MG	Tier 2	
NAPRELAN CR	Tier 3	
NAPROSYN	Tier 3	
<i>naproxen oral suspension</i>	Tier 1	

Drug Name	Drug Status	Additional Information
<i>naproxen oral tablet</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 550 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
ORENCIA	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (4 syringes per 1 fill)
OTEZLA	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (1 tab per 1 day)
OTEZLA STARTER	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (1 kit per 365 days)
OTREXUP (PF)	Tier 6	
<i>oxaprozin</i>	Tier 1	
<i>piroxicam</i>	Tier 1	
<i>probenecid</i>	Tier 1	
RIDAURA	Tier 2	
<i>salsalate</i>	Tier 1	
SIMPONI SUBCUTANEOUS PEN INJECTOR	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)

Drug Name	Drug Status	Additional Information
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 syringe per 30 days)
<i>sulindac oral</i>	Tier 1	
<i>tolmetin</i>	Tier 1	
TREPADONE (WITH BROMELAIN)	LA	
ULORIC	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 day)
VIMOVO	Tier 6	QL (2 tabs per 1 day)
VOLTAREN-XR	Tier 3	
XELJANZ	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (2 tabs per 1 day)
ZORVOLEX	Tier 3	ST; Note 5 (Standard)
ZYLOPRIM	Tier 3	
Antiasthmatics		
ACCOLATE	Tier 3	
ACCUNEB	Tier 3	
<i>acetylcysteine solution</i>	Tier 1	
ADVAIR DISKUS	Tier 3	PA; Note 4 (Standard,Select); QL (1 diskus per 1 month)
ADVAIR HFA	Tier 3	PA; Note 4 (Standard,Select); QL (1 inhaler per 1 month)
AEROSPAN	Tier 3	QL (1 inhaler per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	Tier 1	
<i>albuterol sulfate oral</i>	Tier 1	
ALVESCO	Tier 3	QL (1 inhaler per 1 30)

Drug Name	Drug Status	Additional Information
ANORO ELLIPTA	Tier 3	PA; Note 4 (Standard,Select); QL (1 kit per 1 month)
ARCAPTA NEOHALER	Tier 3	PA; Note 4 (Standard,Select); QL (1 cap per 1 day)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 110 MCG (7 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	Tier 2	
ATROVENT HFA	Tier 2	QL (2 inhalers per 1 fill)
BREO ELLIPTA	Tier 3	PA; Note 4 (Standard,Select); QL (60 blisters per 30 days)
BROVANA	Tier 3	PA; Note 4 (Standard); QL (60 vials per 1 fill)
<i>budesonide inhalation</i>	Tier 1	PA; QL (4 ML per 1 day); AL
COMBIVENT	Tier 2	
COMBIVENT RESPIMAT	Tier 2	QL (2 Inhalers per 1 fill)
<i>cromolyn inhalation</i>	Tier 1	
DALIRESP	Tier 3	QL (1 tab per 1 day)
DULERA	Tier 2	QL (1 inhaler per 1 fill)
DUONEB	Tier 3	
DYLIX	Tier 3	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	Tier 3	
FLOVENT DISKUS	Tier 3	PA; Note 4 (Standard,Select); QL (1 diskus per 1 month)
FLOVENT HFA	Tier 3	QL (1 inhaler per 30 days)
FORADIL AEROLIZER	Tier 2	QL (2 caps per 1 day)
<i>ipratropium bromide inhalation</i>	Tier 1	

Drug Name	Drug Status	Additional Information
<i>ipratropium-albuterol</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	
LUFYLLIN	Tier 3	
MAXAIR AUTOHALER	Tier 3	QL (1 inhaler per 1 fill)
<i>metaproterenol oral</i>	Tier 1	
<i>montelukast oral tablet</i>	Tier 1	
<i>montelukast oral tablet, chewable</i>	Tier 1	
PERFOROMIST	Tier 3	PA; Note 4 (Standard, Select); QL (60 vials per 1 fill)
PROAIR HFA	Tier 2	QL (2 inhalers per 1 fill)
PROVENTIL HFA	Tier 3	PA; Note 4 (Standard, Select); QL (2 inhalers per 1 fill)
PULMICORT	Tier 3	PA; Note 4 (Standard, Select); QL (4 ml per 1 Day); AL
PULMICORT FLEXHALER	Tier 3	PA; Note 4 (Standard, Select); QL (1 inhaler per 1 fill)
QVAR	Tier 2	
SEREVENT DISKUS	Tier 2	QL (1 box per 1 fill)
SINGULAIR ORAL GRANULES IN PACKET	Tier 3	QL (1 pack per 1 day)
SINGULAIR ORAL TABLET	Tier 3	QL (1 tab per 1 Day)
SINGULAIR ORAL TABLET, CHEWABLE	Tier 3	QL (1 tab per 1 day)
SPIRIVA WITH HANDIHALER	Tier 2	QL (1 cap per 1 day)
STRIVERDI RESPIMAT	Tier 3	PA; Note 4 (Standard); QL (1 inhaler per 1 month)
SYMBICORT	Tier 2	QL (1 inhaler per 1 fill)
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG	Tier 2	QL (1 cap per 1 day)

Drug Name	Drug Status	Additional Information
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 300 MG, 400 MG	Tier 2	
THEOCHRON	Tier 1	
<i>theophylline oral solution</i>	Tier 3	
<i>theophylline oral tablet extended release</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>tudorza pressair</i>	Tier 3	PA; Note 4 (Standard, Select); QL (1 inhaler per 1 fill)
VENTOLIN HFA	Tier 2	QL (2 inhalers per 1 fill)
VOSPIRE ER	Tier 3	
XOPENEX	Tier 3	
XOPENEX CONCENTRATE	Tier 3	
XOPENEX HFA	Tier 3	PA; Note 4 (Standard, Select); QL (2 inhalers per 1 fill)
<i>zafirlukast</i>	Tier 1	
ZYFLO CR	Tier 3	
Antibiotics		
ACTICLATE	Tier 6	
ADOXA ORAL CAPSULE	Tier 6	QL (1 cap per 1 Day)
<i>amoxicillin oral capsule</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); Note 3 (90 day supply not allowed)
<i>amoxicillin oral suspension for reconstitution</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); Note 3 (90 day supply not allowed)
<i>amoxicillin oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg, 400 mg</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	Tier 1	Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>amoxicillin-pot clavulanate oral tablet,chewable</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>ampicillin oral suspension for reconstitution</i>	Tier 1	Note 3 (90 day supply not allowed)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Tier 2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	Tier 3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	Tier 3	
AUGMENTIN XR	Tier 3	QL (40 tabs per 1 fill)
AVAR TOPICAL CLEANSER	Tier 1	
AVAR-E	Tier 3	
AVAR-E GREEN	Tier 3	
AVELOX	Tier 3	Note 3 (90 day supply not allowed); QL (14 tabs per 1 fill)
AVIDOXY	Tier 1	
AVIDOXY DK	Tier 6	
AZASITE	Tier 3	
<i>azithromycin oral suspension for reconstitution</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>azithromycin oral tablet 250 mg</i>	Tier 1	Note 3 (90 day supply not allowed); QL (8 tabs per 1 fill)
<i>azithromycin oral tablet 500 mg</i>	Tier 1	Note 3 (90 day supply not allowed); QL (4 tabs per 1 fill)
AZULFIDINE ORAL TABLET 500 MG	Tier 3	ST; Note 5 (Standard); QL (8 tabs per 1 day)

Drug Name	Drug Status	Additional Information
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Tier 3	ST; Note 5 (Standard); QL (8 tabs per 1 day)
<i>bacitracin ophthalmic</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic</i>	Tier 1	
BACTRIM	Tier 3	Note 3 (90 day supply not allowed)
BACTRIM DS	Tier 3	Note 3 (90 day supply not allowed)
BACTROBAN TOPICAL CREAM	Tier 3	
BACTROBAN TOPICAL OINTMENT	Tier 3	
BACTROBAN NASAL	Tier 3	
BENZAMYCIN	Tier 3	
BENZAMYCINPAK	Tier 3	
BESIVANCE	Tier 3	
BETHKIS	Tier 5	
BIAXIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	Tier 3	Note 3 (90 day supply not allowed); QL (150 ml per 1 fill)
BIAXIN ORAL TABLET	Tier 3	Note 3 (90 day supply not allowed); QL (28 EA per 1 fill)
BIAXIN XL	Tier 3	Note 3 (90 day supply not allowed); QL (28 tabs per 1 fill)
BLEPH-10	Tier 3	
BLEPHAMIDE	Tier 2	
BLEPHAMIDE S.O.P.	Tier 2	
BP 10-1	Tier 1	
CAYSTON	Tier 5	SD (Specialty Distribution); QL (3 vials per 1 Day)
CEDAX	Tier 3	
<i>cefaclor oral capsule</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
<i>ceftiofur oral tablet extended release 12 hr</i>	Tier 1	Note 3 (90 day supply not allowed); QL (14 tabs per 1 fill)
<i>cefadroxil oral capsule</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>cefadroxil oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>cefdinir</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>cefprozil</i>	Tier 1	Note 3 (90 day supply not allowed)
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
CEFTIN ORAL TABLET 250 MG, 500 MG	Tier 3	
<i>cefuroxime axetil oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); Note 3 (90 day supply not allowed)
<i>cephalexin oral capsule 750 mg</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>cephalexin oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
CERISA	Tier 3	
CETRAXAL	Tier 3	
CILOXAN OPHTHALMIC DROPS	Tier 3	
CILOXAN OPHTHALMIC OINTMENT	Tier 2	
CIPRO	Tier 3	Note 3 (90 day supply not allowed)
CIPRO HC	Tier 3	
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG	Tier 3	QL (14 tabs per 1 fill)

Drug Name	Drug Status	Additional Information
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG	Tier 3	QL (3 tabs per 1 fill)
CIPRODEX	Tier 2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>ciprofloxacin oral tablet 100 mg, 750 mg</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>ciprofloxacin oral tablet 250 mg, 500 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); Note 3 (90 day supply not allowed)
CLARIFOAM EF	Tier 2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	Tier 1	Note 3 (90 day supply not allowed); QL (150 ML per 1 fill)
<i>clarithromycin oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>clarithromycin oral tablet extended release 24 hr</i>	Tier 1	Note 3 (90 day supply not allowed)
CLEOCIN ORAL	Tier 3	
CLEOCIN VAGINAL CREAM	Tier 3	
CLEOCIN VAGINAL SUPPOSITORY	Tier 2	
CLEOCIN T	Tier 3	
CLINDACIN PAC	Tier 6	
CLINDAGEL	Tier 3	
<i>clindamycin hcl</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>clindamycin phosphate topical lotion</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>clindamycin phosphate topical solution</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>clindamycin phosphate topical swab</i>	Tier 3	Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
<i>clindamycin phosphate vaginal</i>	Tier 1	Note 3 (90 day supply not allowed)
CLINDAREACH	Tier 6	
CLINDESSE	Tier 3	
COLY-MYCIN S	Tier 3	
CORTISPORIN OTIC SOLUTION	Tier 3	
CORTISPORIN-TC	Tier 3	
<i>dapsone</i>	Tier 2	
<i>dicloxacillin</i>	Tier 1	Note 3 (90 day supply not allowed)
DIFICID	Tier 3	Note 3 (90 day supply not allowed); QL (20 tabs per 1 fill)
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 150 MG, 200 MG	Tier 6	
<i>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	Tier 6	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	Tier 6	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 6	
DYNACIN ORAL TABLET	Tier 6	
E.E.S. 200	Tier 2	
E.E.S. 400 ORAL TABLET	Tier 1	Note 3 (90 day supply not allowed)
E.E.S. GRANULES	Tier 2	Note 3 (90 day supply not allowed)
ERY-TAB	Tier 1	Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 1	Note 3 (90 day supply not allowed)
<i>erythromycin oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>erythromycin with ethanol topical solution</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
<i>ethambutol</i>	Tier 1	Note 3 (90 day supply not allowed)
EVOCLIN	Tier 3	
FACTIVE	Tier 3	Note 3 (90 day supply not allowed); QL (7 tabs per 1 fill)
FLAGYL	Tier 3	
FLAGYL ER	Tier 3	
FURADANTIN	Tier 3	Note 3 (90 day supply not allowed)
GARAMYCIN	Tier 3	
<i>gatifloxacin</i>	Tier 3	
<i>gentamicin ophthalmic</i>	Tier 1	
<i>gentamicin topical</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
HIPREX	Tier 3	
ILOTYCIN	Tier 3	
<i>isoniazid oral solution</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>isoniazid oral tablet 100 mg</i>	Tier 1	Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
<i>isoniazid oral tablet 300 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); Note 3 (90 day supply not allowed)
KEFLEX ORAL CAPSULE	Tier 3	Note 3 (90 day supply not allowed)
KETEK	Tier 3	QL (20 EA per 1 fill)
LEVAQUIN ORAL SOLUTION	Tier 3	Note 3 (90 day supply not allowed); QL (280 ml per 1 fill)
LEVAQUIN ORAL TABLET	Tier 3	Note 3 (90 day supply not allowed); QL (14 tabs per 1 fill)
<i>levofloxacin ophthalmic</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>levofloxacin oral</i>	Tier 1	Note 3 (90 day supply not allowed)
MACROBID	Tier 3	
MACRODANTIN	Tier 3	
MAXITROL	Tier 3	
<i>methenamine hippurate</i>	Tier 1	
<i>methenamine mandelate</i>	Tier 1	
METROGEL VAGINAL	Tier 3	
<i>metronidazole oral capsule</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>metronidazole oral tablet</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); Note 3 (90 day supply not allowed)
<i>metronidazole vaginal</i>	Tier 1	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	Tier 3	
MINOCIN KIT WITH WIPES	Tier 6	
<i>minocycline oral capsule</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>minocycline oral tablet</i>	Tier 6	
<i>minocycline oral tablet extended release 24 hr</i>	Tier 6	

Drug Name	Drug Status	Additional Information
MONODOX ORAL CAPSULE 100 MG, 50 MG	Tier 3	
MONODOX ORAL CAPSULE 75 MG	Tier 6	
MORGIDOX	Tier 3	
MORGIDOX 1X100	Tier 6	
MORGIDOX 2X100	Tier 6	
MOXATAG	Tier 3	QL (10 tabs per 1 fill)
MOXEZA	Tier 3	
<i>moxifloxacin</i>	Tier 1	Note 3 (90 day supply not allowed); QL (14 tabs per 1 fill)
<i>mupirocin</i>	Tier 1	
<i>mupirocin calcium</i>	Tier 1	
MYAMBUTOL	Tier 3	Note 3 (90 day supply not allowed)
MYCOBUTIN	Tier 3	Note 3 (90 day supply not allowed)
NEO-SYNALAR	Tier 3	
NEO-SYNALAR KIT	Tier 3	
<i>neomycin</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>neomycin-polymyxin-dexameth</i>	Tier 1	
NEOSPORIN (NEO-POLYM-GRAMICID)	Tier 3	
<i>nitrofurantoin oral</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>nitrofurantoin monohyd/m-cryst</i>	Tier 1	
NOROXIN	Tier 3	Note 3 (90 day supply not allowed); QL (2 tabs per 1 day)
OCUFLOX	Tier 3	
<i>ofloxacin ophthalmic</i>	Tier 1	Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
<i>ofloxacin oral</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>ofloxacin otic</i>	Tier 1	Note 3 (90 day supply not allowed)
ORACEA	Tier 6	QL (1 cap per 1 day)
PASER	Tier 3	
PCE	Tier 3	
<i>penicillin v potassium oral recon soln</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); Note 3 (90 day supply not allowed)
<i>penicillin v potassium oral tablet 250 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); Note 3 (90 day supply not allowed)
<i>penicillin v potassium oral tablet 500 mg</i>	Tier 1	Note 3 (90 day supply not allowed)
PLEXION TOPICAL CLEANSER 9.8-4.8 %	Tier 3	ST; Note 5 (Standard)
PLEXION TOPICAL CREAM	Tier 3	ST; Note 5 (Standard)
PLEXION TOPICAL LOTION	Tier 3	ST; Note 5 (Standard)
PLEXION CLEANSING CLOTHS	Tier 3	ST; Note 5 (Standard)
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
POLYTRIM	Tier 3	
PRED-G	Tier 3	
PRED-G S.O.P.	Tier 3	
PRIFTIN	Tier 3	
<i>pyrazinamide</i>	Tier 1	Note 3 (90 day supply not allowed)
QUIXIN	Tier 3	
<i>rifabutin</i>	Tier 1	
RIFADIN	Tier 3	
RIFAMATE	Tier 3	
<i>rifampin oral</i>	Tier 1	Note 3 (90 day supply not allowed)
RIFATER	Tier 3	

Drug Name	Drug Status	Additional Information
ROSANIL TOPICAL CLEANSER	Tier 3	
SEPTRA DS	Tier 3	
SEROMYCIN	Tier 3	
SILVADENE	Tier 3	
<i>silver sulfadiazine</i>	Tier 1	Note 3 (90 day supply not allowed)
SIRTURO	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (188 tabs per 365 days)
SIVEXTRO ORAL	Tier 3	PA; Note 4 (Standard); QL (6 tabs per 1 fill)
SOLODYN	Tier 6	
SPECTRACEF ORAL TABLET 200 MG	Tier 3	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical gel</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4.5 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	Tier 1	
<i>sulfacetamide-prednisolone</i>	Tier 1	
<i>sulfacetamide-sulfur-cleansr 23</i>	Tier 6	
<i>sulfadiazine oral</i>	Tier 3	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); Note 3 (90 day supply not allowed)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	Note 3 (90 day supply not allowed)
SULFAMYLON	Tier 3	
<i>sulfasalazine</i>	Tier 1	QL (8 tabs per 1 day)

Drug Name	Drug Status	Additional Information
SULFAZINE	Tier 1	QL (8 tabs per 1 day)
SULFAZINE EC	Tier 1	QL (8 tabs per 1 day)
SUMADAN	Tier 6	
SUMADAN XLT	Tier 6	
SUMAXIN CP	Tier 6	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	Tier 3	QL (1 bottle per 1 fill)
SUPRAX ORAL TABLET	Tier 3	QL (10 tabs per 1 fill)
SUPRAX ORAL TABLET,CHEWABLE	Tier 3	QL (20 tabs per 1 fill)
<i>tetracycline</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
THALOMID	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
TOBI	Tier 4	SD (Distribution through Aetna RX/Call 1-866-782-2779); QL (56 vials per 1 fill)
TOBI PODHALER INHALATION CAPSULE	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 box per 1 month)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
TOBRADEX	Tier 3	
TOBRADEX ST	Tier 3	

Drug Name	Drug Status	Additional Information
<i>tobramycin in 0.225 % nacl</i>	Tier 4	SD (Distribution through Aetna RX/Call 1-866-782-2779); QL (56 vials per 1 fill)
TOBREX	Tier 3	
TRECTOR	Tier 3	
<i>trimethoprim</i>	Tier 1	
TRIOXIN	Tier 3	
VANCOGIN ORAL CAPSULE 125 MG	Tier 3	QL (56 caps per 1 fill)
VANCOGIN ORAL CAPSULE 250 MG	Tier 3	QL (40 caps per 1 fill)
<i>vancomycin intravenous</i>	Tier 1	
VANDAZOLE	Tier 1	
VIBRAMYCIN ORAL CAPSULE 100 MG	Tier 3	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
VIBRAMYCIN ORAL SYRUP	Tier 3	
VIGAMOX	Tier 3	Note 3 (90 day supply not allowed)
XIFAXAN ORAL TABLET 200 MG	Tier 3	Note 3 (90 day supply not allowed); QL (9 tabs per 1 fill)
XIFAXAN ORAL TABLET 550 MG	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (2 tabs per 1 day)
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	Note 3 (90 day supply not allowed); QL (2 bottles per 1 fill)
ZITHROMAX ORAL TABLET 500 MG	Tier 3	Note 3 (90 day supply not allowed); QL (4 tabs per 1 fill)
ZITHROMAX ORAL TABLET 600 MG	Tier 3	Note 3 (90 day supply not allowed); QL (8 tabs per 1 fill)
ZITHROMAX TRI-PAK	Tier 3	Note 3 (90 day supply not allowed); QL (1 pack per 1 fill)

Drug Name	Drug Status	Additional Information
ZMAX	Tier 3	QL (2 units per 1 fill)
ZYLET	Tier 3	
ZYMAXID	Tier 3	QL (1 bottle per 1 fill)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	Note 3 (90 day supply not allowed); QL (150 ml per 1 fill)
ZYVOX ORAL TABLET	Tier 2	Note 3 (90 day supply not allowed); QL (28 tabs per 1 fill)
Anticoagulants		
ARIXTRA	Tier 3	PA; Note 1 (Initial therapy of 21 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.); Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (1 ML per 1 day)
COUMADIN ORAL	Tier 2	
ELIQUIS	Tier 2	QL (2 tabs per 1 day)
<i>enoxaparin</i>	Tier 1	PA; Note 1 (Initial therapy of 21 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.); Note 3 (90 day supply not allowed); Note 4 (Standard); QL (2 syringes per 1 day)

Drug Name	Drug Status	Additional Information
<i>fondaparinux</i>	Tier 3	PA; Note 1 (Initial therapy of 21 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.); Note 3 (90 day supply not allowed); Note 4 (Standard); QL (1 syringe per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION	Tier 3	PA; Note 1 (Initial therapy of 21 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.); Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (1 syringe per 1 day)
FRAGMIN SUBCUTANEOUS SYRINGE	Tier 3	PA; Note 1 (Initial therapy of 21 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.); Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (1 syringe per 1 day)
<i>heparin (porcine) injection cartridge</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>heparin (porcine) injection solution</i>	Tier 1	Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
IPRIVASK	Tier 3	PA; Note 1 (Initial therapy of 10 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.); Note 4 (Standard)
LOVENOX	Tier 3	PA; Note 1 (Initial therapy of 21 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.); Note 3 (90 day supply not allowed); Note 4 (Standard); QL (2 syringes per 1 Day)
PRADAXA	Tier 3	ST; Note 5 (Standard,Select); QL (2 caps per 1 day)
<i>warfarin</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
XARELTO ORAL TABLET 10 MG	Tier 2	QL (35 tab per 365 days)
XARELTO ORAL TABLET 15 MG	Tier 2	Note 1 (Xarelto 15mg is limited to 2 per day for a total of 42 per 30 days.); QL (2 tabs per 1 day)
XARELTO ORAL TABLET 20 MG	Tier 2	QL (1 tab per 1 day)
Antidotes		
EVZIO	Tier 3	PA; Note 4 (Standard)
<i>naltrexone oral</i>	Tier 1	Note 3 (90 day supply not allowed)
RELISTOR	Tier 3	
REVIA	Tier 3	
Antifungals		
ANCOBON	Tier 3	
CICLODAN KIT TOPICAL COMBO PACK	Tier 6	

Drug Name	Drug Status	Additional Information
CICLODAN KIT TOPICAL SOLUTION	Tier 6	
<i>ciclopirox topical cream</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>ciclopirox topical gel</i>	Tier 3	Note 3 (90 day supply not allowed)
<i>ciclopirox topical shampoo</i>	Tier 3	
<i>clotrimazole mucous membrane</i>	Tier 1	
<i>clotrimazole topical cream</i>	Tier 1	
<i>clotrimazole vaginal cream</i>	Tier 1	
CNL 8 NAIL	Tier 6	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 3	
DIFLUCAN ORAL TABLET 150 MG	Tier 3	QL (1 tab per 1 day)
<i>econazole topical</i>	Tier 1	
ECOZA	Tier 6	
ERTACZO	Tier 3	
EXELDERM	Tier 2	
EXTINA	Tier 3	
<i>fluconazole oral suspension for reconstitution</i>	Tier 1	AL
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	
<i>fluconazole oral tablet 150 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
GRIFULVIN V ORAL TABLET	Tier 2	Note 3 (90 day supply not allowed)
GRIS-PEG (ULTRAMICROSIZED)	Tier 2	Note 3 (90 day supply not allowed)
<i>griseofulvin microsize oral suspension</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>griseofulvin microsize oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>griseofulvin ultramicrosize</i>	Tier 1	Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
GYNAZOLE-1 VAGINAL CREAM	Tier 3	QL (6 grams per 1 fill)
<i>itraconazole</i>	Tier 1	QL (1 cap per 1 day)
JUBLIA	Tier 3	PA; Note 4 (Standard)
<i>ketoconazole oral</i>	Tier 1	Note 3 (90 day supply not allowed); QL (2 tabs per 1 day)
KETODAN KIT	Tier 6	
LAMISIL ORAL GRANULES IN PACKET 125 MG	Tier 3	Note 3 (90 day supply not allowed); QL (2 packs per 1 day)
LAMISIL ORAL GRANULES IN PACKET 187.5 MG	Tier 3	Note 3 (90 day supply not allowed); QL (1 pack per 1 day)
LAMISIL ORAL TABLET	Tier 3	Note 3 (90 day supply not allowed)
LOPROX TOPICAL GEL	Tier 3	
LOPROX TOPICAL SHAMPOO	Tier 3	
LOTRISONE	Tier 3	
LUZU	Tier 3	
MENTAX	Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY	Tier 3	
NAFTIN TOPICAL CREAM 1 %, 2 %	Tier 3	
NAFTIN TOPICAL GEL 1 %, 2 %	Tier 3	
NATACYN	Tier 3	
NOXAFIL ORAL SUSPENSION	Tier 3	Note 3 (90 day supply not allowed); QL (105 ml per 1 fill)
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	Tier 3	Note 3 (90 day supply not allowed); QL (93 tabs per 1 fill)
<i>nystatin oral suspension</i>	Tier 1	
<i>nystatin oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>nystatin topical cream</i>	Tier 1	Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
<i>nystatin topical ointment</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>nystatin vaginal</i>	Tier 1	
<i>nystatin-triamcinolone</i>	Tier 1	Note 3 (90 day supply not allowed)
ONMEL	Tier 6	QL (1 tab per 1 day)
ORAVIG	Tier 3	Note 3 (90 day supply not allowed); QL (14 tabs per 1 fill)
OXISTAT	Tier 3	
PEDIPIROX-4	Tier 6	
PENLAC	Tier 3	
SPORANOX ORAL CAPSULE	Tier 3	QL (1 cap per 1 day)
SPORANOX ORAL SOLUTION	Tier 2	Note 3 (90 day supply not allowed)
SPORANOX PULSEPAK	Tier 3	QL (1 cap per 1 day)
TERAZOL 3	Tier 3	
TERAZOL 7	Tier 3	
<i>terbinafine oral</i>	Tier 1	Note 3 (90 day supply not allowed)
TERBINEX	Tier 6	
<i>terconazole</i>	Tier 1	
VFEND ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	Note 3 (90 day supply not allowed)
VFEND ORAL TABLET	Tier 3	Note 3 (90 day supply not allowed)
<i>voriconazole oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
XOLEGEL	Tier 3	
Antihistamine And Decongestant Combination		
ALAVERT D-12 ALLERGY-SINUS	Tier 1	Note 1 (Requires doctors prescription)
ALLEGRA-D 12 HOUR	Tier 6	QL (2 tabs per 1 day)
ALLEGRA-D 24 HOUR	Tier 6	QL (1 tab per 1 day)

Drug Name	Drug Status	Additional Information
CLARINEX-D 12 HOUR	Tier 3	QL (2 tabs per 1 day)
CLARINEX-D 24 HOUR	Tier 3	QL (1 tab per 1 day)
CLARITIN-D 12 HOUR	Tier 1	Note 3 (90 day supply not allowed)
CLARITIN-D 24 HOUR	Tier 1	Note 3 (90 day supply not allowed)
PROMETHAZINE VC	Tier 1	
SEMPREX-D	Tier 3	
ZYRTEC-D	Tier 1	
Antihistamines		
ALAVERT ORAL TABLET	Tier 1	Note 1 (Requires doctors prescription)
ALAVERT ORAL TABLET,DISINTEGRATING	Tier 1	Note 1 (Requires doctors prescription, Lowest Generic Copay Applies)
ALAWAY	Tier 1	Note 1 (Requires doctors prescription, Lowest Generic Copay Applies)
ALLEGRA ORAL TABLET	Tier 6	
ALLEGRA ALLERGY ORAL TABLET 180 MG	Tier 1	Note 1 (Requires doctors prescription); QL (1 tab per 1 day)
ALLEGRA ALLERGY ORAL TABLET 60 MG	Tier 1	Note 1 (Requires doctors prescription); QL (2 tabs per 1 day)
ALLEGRA ODT	Tier 6	
ALLERGY RELIEF (LORATADINE) ORAL TABLET	Tier 1	Note 1 (Requires doctors prescription)
ALLERGY RELIEF (LORATADINE) ORAL TABLET,DISINTEGRATING	Tier 1	Note 1 (Requires doctors prescription)
BEPREVE	Tier 3	QL (1 bottle per 1 fill)
<i>cetirizine oral solution 5 mg/5 ml</i>	Tier 1	

Drug Name	Drug Status	Additional Information
<i>cetirizine oral tablet</i>	Tier 1	Note 1 (Requires doctors prescription, Lowest Generic Copay Applies)
<i>cetirizine oral tablet,chewable</i>	Tier 1	Note 1 (Requires doctors prescription)
CHILDREN'S ALLEGRA ALLERGY	Tier 1	Note 1 (Requires doctors prescription)
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE	Tier 1	Note 1 (Requires doctors prescription)
CHILDREN'S ZYRTEC ALLERGY ORAL SOLUTION	Tier 1	
CLARINEX ORAL SYRUP	Tier 3	
CLARINEX ORAL TABLET	Tier 3	QL (1 tab per 1 day)
CLARINEX ORAL TABLET,DISINTEGRATING	Tier 3	QL (1 tab per 1 day)
CLARITIN ORAL SOLUTION	Tier 1	
CLARITIN REDITABS	Tier 1	
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine</i>	Tier 1	
<i>desloratadine</i>	Tier 3	QL (1 tab per 1 day)
<i>dexchlorpheniramine maleate</i>	Tier 1	
ELESTAT	Tier 3	
<i>hydroxyzine hcl oral syrup 10 mg/5 ml</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Tier 1	
KARBINAL ER	Tier 3	ST; Note 5 (Standard)
LASTACRAFT	Tier 3	QL (1 bottle per 1 fill)
<i>levocetirizine oral solution</i>	Tier 3	
<i>levocetirizine oral tablet</i>	Tier 3	QL (1 tab per 1 day)
<i>loratadine oral solution</i>	Tier 1	Note 1 (Requires doctors prescription)

Drug Name	Drug Status	Additional Information
<i>loratadine oral tablet</i>	Tier 1	Note 1 (Requires doctors prescription, Lowest Generic Copay Applies)
<i>loratadine oral tablet, disintegrating</i>	Tier 1	Note 1 (Requires doctors prescription, Lowest Generic Copay Applies)
OPTIVAR	Tier 3	
PATADAY	Tier 3	
PATANOL	Tier 3	
<i>promethazine oral</i>	Tier 1	
VISTARIL	Tier 3	
XYZAL	Tier 3	QL (1 tab per 1 day)
ZADITOR	Tier 1	Note 1 (Requires doctors prescription, Lowest Generic Copay Applies)
ZYRTEC ORAL CAPSULE	Tier 1	
ZYRTEC ORAL TABLET	Tier 1	
ZYRTEC ORAL TABLET, CHEWABLE	Tier 1	
Antihyperglycemics		
<i>acarbose</i>	Tier 1	
ACTOPLUS MET	Tier 3	QL (2 tabs per 1 day)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	Tier 2	QL (2 tabs per 1 day)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	Tier 2	QL (1 tab per 1 day)
ACTOS	Tier 3	QL (1 tab per 1 day)
AMARYL	Tier 3	
APIDRA	Tier 3	ST; Note 5 (Standard, Select)
APIDRA SOLOSTAR	Tier 3	ST; Note 5 (Standard, Select)
AVANDAMET	Tier 3	PA; Note 4 (Standard, Select); QL (2 tabs per 1 day)

Drug Name	Drug Status	Additional Information
AVANDARYL	Tier 3	PA; Note 4 (Standard, Select); QL (1 tab per 1 day)
AVANDIA	Tier 3	PA; Note 4 (Standard, Select); QL (1 tab per 1 day)
BYDUREON	Tier 2	ST; Note 5 (Standard, Select); QL (4 vials per 1 fill)
BYETTA	Tier 3	ST; Note 5 (Standard, Select); QL (1 pen per 1 fill)
<i>chlorpropamide oral tablet 100 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>chlorpropamide oral tablet 250 mg</i>	Tier 1	
CYCLOSET	Tier 3	QL (6 tabs per 1 day)
DIABETA	Tier 3	
DUETACT	Tier 3	QL (1 tab per 1 day)
FARXIGA	Tier 3	ST; Note 5 (Standard, Select)
FORTAMET	Tier 3	
<i>glimepiride</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>glipizide oral tablet</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); Note 2 (Best Value Generics - Available at the lowest copay.)
<i>glipizide oral tablet extended release 24hr 10 mg, 5 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); Note 2 (Best Value Generics - Available at the lowest copay.)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	Tier 1	
<i>glipizide oral tablet sustained release 24 hr</i>	Tier 1	
<i>glipizide-metformin</i>	Tier 1	
GLUCOPHAGE	Tier 3	

Drug Name	Drug Status	Additional Information
GLUCOPHAGE XR	Tier 3	
GLUCOTROL	Tier 3	
GLUCOTROL XL	Tier 3	
GLUCOVANCE	Tier 3	
GLUMETZA	Tier 3	
<i>glyburide oral tablet 1.25 mg</i>	Tier 1	
<i>glyburide oral tablet 2.5 mg, 5 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>glyburide micronized oral tablet 1.5 mg</i>	Tier 1	
<i>glyburide micronized oral tablet 3 mg, 6 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>glyburide-metformin</i>	Tier 1	
GLYNASE	Tier 3	
GLYSET	Tier 3	
HUMALOG	Tier 2	
HUMALOG KWIKPEN	Tier 2	
HUMALOG MIX 50-50	Tier 2	
HUMALOG MIX 50-50 KWIKPEN	Tier 2	
HUMALOG MIX 75-25	Tier 2	
HUMALOG MIX 75-25 KWIKPEN	Tier 2	
HUMULIN 70/30	Tier 2	
HUMULIN 70/30 KWIKPEN	Tier 2	
HUMULIN 70/30 PEN	Tier 2	
HUMULIN N	Tier 2	
HUMULIN N KWIKPEN	Tier 2	
HUMULIN N PEN	Tier 2	
HUMULIN R	Tier 2	
HUMULIN R U-500 "CONCENTRATED"	Tier 2	
INVOKAMET	Tier 2	ST; Note 5 (Standard,Select); QL (2 tabs per 1 day)
INVOKANA	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
JANUMET	Tier 2	ST; Note 5 (Standard); QL (2 tabs per 1 day)

Drug Name	Drug Status	Additional Information
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	Tier 2	ST; Note 5 (Standard); QL (1 tab per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	Tier 2	ST; Note 5 (Standard); QL (2 tabs per 1 day)
JANUVIA	Tier 2	ST; Note 5 (Standard); QL (1 tab per 1 day)
JARDIANCE	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 day)
JENTADUETO	Tier 3	PA; Note 4 (Standard); QL (2 tabs per 1 Day)
JUVISYNC ORAL TABLET 100-10 MG, 100-20 MG, 100-40 MG, 50-10 MG, 50-20 MG, 50-40 MG	Tier 2	ST; Note 5 (Standard); QL (1 tab per 1 day)
KAZANO	Tier 3	PA; Note 4 (Standard); QL (2 EA per 1 Day)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	Tier 2	ST; Note 5 (Standard); QL (2 tabs per 1 day)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	Tier 2	ST; Note 5 (Standard); QL (1 tab per 1 day)
KORLYM	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (4 tabs per 1 day)
LANTUS SUBCUTANEOUS SOLUTION	Tier 3	ST; Note 5 (Standard,Select)
LANTUS SOLOSTAR	Tier 3	ST; Note 5 (Standard,Select)
LEVEMIR	Tier 2	
LEVEMIR FLEXPEN	Tier 2	
LEVEMIR FLEXTOUCH	Tier 2	
<i>metformin oral tablet</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)

Drug Name	Drug Status	Additional Information
<i>metformin oral tablet extended release 24 hr 750 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24hr</i>	Tier 3	
<i>nateglinide</i>	Tier 3	
NESINA	Tier 3	PA; Note 4 (Standard); QL (1 tab per 1 Day)
NOVOLIN 70/30	Tier 3	ST; Note 5 (Standard,Select)
NOVOLIN R	Tier 3	ST; Note 5 (Standard,Select)
NOVOLOG	Tier 3	ST; Note 5 (Standard,Select)
NOVOLOG FLEXPEN	Tier 3	ST; Note 5 (Standard,Select)
NOVOLOG MIX 70-30	Tier 3	ST; Note 5 (Standard,Select)
NOVOLOG MIX 70-30 FLEXPEN	Tier 3	ST; Note 5 (Standard,Select)
ONGLYZA	Tier 2	ST; Note 5 (Standard); QL (1 tab per 1 day)
OSENI	Tier 3	PA; Note 4 (Standard,Select); QL (1 tab per 1 Day)
<i>pioglitazone</i>	Tier 1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	
<i>pioglitazone-metformin</i>	Tier 1	
PRANDIMET	Tier 3	QL (2 caps per 1 day)
PRANDIN	Tier 3	
PRECOSE	Tier 3	
<i>repaglinide</i>	Tier 3	
STARLIX	Tier 3	
SYMLIN	Tier 3	PA; Note 4 (Standard,Select); QL (4 vials per 1 fill)
SYMLINPEN 120	Tier 3	PA; Note 4 (Standard,Select); QL (4 pens per 1 fill)
SYMLINPEN 60	Tier 3	PA; Note 4 (Standard,Select); QL (4 pens per 1 fill)

Drug Name	Drug Status	Additional Information
TANZEUM SUBCUTANEOUS PEN INJECTOR 30 MG/0.5 ML	Tier 3	PA; Note 4 (Standard); QL (2 Pens per 1 fill)
TANZEUM SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Tier 3	PA; Note 4 (Standard); QL (3 Pens per 1 fill)
<i>tolazamide</i>	Tier 1	
<i>tolbutamide</i>	Tier 1	
TRADJENTA	Tier 3	PA; Note 4 (Standard); QL (1 tab per 1 Day)
VICTOZA 2-PAK	Tier 3	PA; Note 4 (Standard,Select); QL (2 Pens per 1 fill)
VICTOZA 3-PAK	Tier 3	PA; Note 4 (Standard,Select); QL (3 Pens per 1 fill)
Antiinfectives		
AVC VAGINAL	Tier 3	
Antiinfectives/Miscellaneous		
ACID JELLY	Tier 3	
ALBENZA	Tier 3	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	QL (3 bottles per 1 fill)
ALINIA ORAL TABLET	Tier 3	QL (6 tabs per 1 fill)
ARALEN	Tier 3	Note 3 (90 day supply not allowed)
<i>atovaquone</i>	Tier 1	QL (1 bottle per 1 fill)
<i>atovaquone-proguanil</i>	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard); QL (12 tabs per 1 fill)
BILTRICIDE	Tier 2	Note 3 (90 day supply not allowed)
<i>chloroquine phosphate oral</i>	Tier 1	Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
COARTEM	Tier 2	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (24 tabs per 1 fill)
DARAPRIM	Tier 2	Note 3 (90 day supply not allowed)
FEM PH	Tier 3	
<i>hydroxychloroquine oral</i>	Tier 1	
MALARONE	Tier 3	PA; Note 4 (Standard,Select); QL (12 tabs per 1 fill)
MALARONE PEDIATRIC	Tier 3	PA; Note 4 (Standard,Select); QL (12 tabs per 1 fill)
MEPRON	Tier 3	Note 3 (90 day supply not allowed); QL (1 bottle per 1 fill)
NEBUPENT	Tier 2	Note 3 (90 day supply not allowed)
<i>paromomycin</i>	Tier 1	Note 3 (90 day supply not allowed)
PLAQUENIL	Tier 3	
<i>primaquine</i>	Tier 3	
QUALAQUIN	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (42 caps per 1 fill)
RELAGARD	Tier 3	
STROMECTOL	Tier 3	
TINDAMAX ORAL TABLET 250 MG	Tier 3	QL (24 tabs per 1 fill)
TINDAMAX ORAL TABLET 500 MG	Tier 3	QL (12 tabs per 1 fill)
YODOXIN	Tier 2	Note 3 (90 day supply not allowed)
Antineoplastics		

Drug Name	Drug Status	Additional Information
ACTIMMUNE	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
AFINITOR	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 tab per 1 day)
AFINITOR DISPERZ	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 tab per 1 day)
ALKERAN ORAL	Tier 4	SD (Specialty Distribution through Medco Mail)
<i>anastrozole</i>	Tier 1	PA; Note 3 (90 day supply not allowed); Note 4 (Standard)
ARIMIDEX	Tier 3	PA; Note 3 (90 day supply not allowed)
AROMASIN	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (1 tab per 1 day)
<i>bicalutamide</i>	Tier 1	QL (1 tab per 1 day)
BOSULIF ORAL TABLET 100 MG	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 tab per 1 day)

Drug Name	Drug Status	Additional Information
BOSULIF ORAL TABLET 500 MG	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
<i>capecitabine</i>	Tier 4	PA; Note 4 (Standard,Select)
CAPRELSA ORAL TABLET 100 MG	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (2 tabs per 1 day)
CAPRELSA ORAL TABLET 300 MG	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (1 tab per 1 day)
CASODEX	Tier 3	QL (1 tab per 1 day)
CEENU ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 4	SD (Distribution through Aetna RX/Call 1-866-782-2779)
COMETRIQ	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (1 cap per 1 day)
<i>cyclophosphamide oral capsule</i>	Tier 5	SD (Specialty Distribution through Medco Mail)
<i>cyclophosphamide oral tablet</i>	Tier 4	SD (Specialty Distribution through Medco Mail)
<i>diclofenac sodium topical gel</i>	Tier 1	
EFUDEX TOPICAL CREAM	Tier 3	
EMCYT	Tier 2	Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
ERIVEDGE	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 cap per 1 day)
<i>etoposide oral</i>	Tier 4	SD (Specialty Distribution through Medco Mail)
<i>exemestane</i>	Tier 1	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (1 tab per 1 day)
FARESTON	Tier 2	
FEMARA	Tier 3	PA; Note 4 (Standard,Select)
FLUOROPLEX	Tier 3	
<i>fluorouracil topical</i>	Tier 1	
<i>flutamide</i>	Tier 1	
GILOTRIF	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select)
GLEEVEC	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
HEXALEN	Tier 4	SD (Specialty Distribution through Medco Mail)
HYCAMTIN ORAL	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 3 (90 day supply not allowed); Note 4 (Standard,Select)
HYDREA	Tier 1	Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
<i>hydroxyurea</i>	Tier 1	Note 3 (90 day supply not allowed)
ICLUSIG ORAL TABLET 15 MG	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (2 tabs per 1 day)
ICLUSIG ORAL TABLET 45 MG	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 tab per 1 day)
IMBRUVICA	Tier 5	PA; Note 4 (Standard,Select)
INLYTA	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (4 tabs per 1 day)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML)	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779)
INTRON A INJECTION RECON SOLN 50 MILLION UNIT (1 ML)	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779)

Drug Name	Drug Status	Additional Information
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
JAKAFI	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (2 tabs per 1 day)
<i>letrozole</i>	Tier 1	PA; Note 4 (Standard,Select)
LEUKERAN	Tier 2	
<i>leuprolide</i>	Tier 5	PA; Note 4 (Standard,Select)
LEVULAN	Tier 3	
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	Tier 4	SD (Distribution through Aetna RX/Call 1-866-782-2779)
LYSODREN	Tier 2	
MATULANE	Tier 4	SD (Specialty Distribution)
<i>megestrol oral tablet</i>	Tier 1	
MEKINIST ORAL TABLET 0.5 MG	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (3 tabs per 1 Day)
MEKINIST ORAL TABLET 2 MG	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 tab per 1 Day)
<i>mercaptopurine</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>methotrexate sodium</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>methotrexate sodium (pf) injection solution</i>	Tier 1	

Drug Name	Drug Status	Additional Information
MYLERAN	Tier 4	SD (Specialty Distribution through Medco Mail)
NEXAVAR	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (4 tabs per 1 day)
NILANDRON	Tier 2	
PANRETIN	Tier 3	
PICATO	Tier 2	Note 3 (90 day supply not allowed); QL (1 box per 1 fill)
POMALYST	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 cap per 1 day)
PURINETHOL	Tier 3	
PURIXAN	Tier 5	PA; Note 4 (Standard,Select); QL (1 Bottle per 1 fill)
REVLIMID	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 cap per 1 day)
SOLARAZE	Tier 3	
SOLTAMOX	Tier 3	
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 tab per 1 day)

Drug Name	Drug Status	Additional Information
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (2 tabs per 1 day)
STIVARGA	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (4 tabs per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 cap per 1 day)
SUTENT ORAL CAPSULE 37.5 MG	Tier 4	PA; Note 4 (Standard,Select); QL (1 cap per 1 day)
SYLATRON	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
SYLATRON 4-PACK	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
TABLOID	Tier 2	
TAFINLAR	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (4 caps per 1 Day)

Drug Name	Drug Status	Additional Information
<i>tamoxifen</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
TARCEVA	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 tab per 1 day)
TARGRETIN	Tier 4	SD (Specialty Distribution through Medco Mail)
TASIGNA	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (4 caps per 1 day)
TEMODAR ORAL	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
<i>temozolomide</i>	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
<i>tretinoin (chemotherapy)</i>	Tier 4	SD (Specialty Distribution through Medco Mail)
TYKERB	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)

Drug Name	Drug Status	Additional Information
VALCHLOR	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select)
VOTRIENT	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (4 tabs per 1 day)
XALKORI ORAL CAPSULE 200 MG	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select)
XALKORI ORAL CAPSULE 250 MG	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (2 caps per 1 day)
XELODA	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
XTANDI	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (4 caps per 1 day)
ZELBORAF	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (8 tabs per 1 day)
ZOLINZA	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (4 caps per 1 day)

Drug Name	Drug Status	Additional Information
ZYDELIG	Tier 5	PA; SD (Specialty Distribution); Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (2 tabs per 1 day)
ZYKADIA	Tier 5	PA; Note 4 (Standard,Select)
ZYTIGA	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (4 tabs per 1 day)
Anti-Obesity Drugs		
ADIPEX-P ORAL TABLET	Tier 3	
ALLI	Tier 3	
BELVIQ	LA	QL (2 EA per 1 Day)
<i>benzphetamine</i>	LA	
BONTRIL SR	LA	
DIDREX	Tier 3	
<i>diethylpropion</i>	LA	
<i>phendimetrazine tartrate</i>	LA	
<i>phentermine</i>	LA	
QSYMIA	LA	
REGIMEX	LA	
SUPRENZA	LA	
XENICAL	LA	
Antiparkinson Drugs		
<i>amantadine hcl oral</i>	Tier 1	
APOKYN	Tier 5	SD (Distribution through Aetna RX/Call 1-866-782-2779)
AZILECT	Tier 3	QL (1 tab per 1 day)
<i>benztropine oral</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>bromocriptine</i>	Tier 1	
<i>carbidopa</i>	Tier 3	
<i>carbidopa-levodopa oral tablet</i>	Tier 1	

Drug Name	Drug Status	Additional Information
COMTAN	Tier 2	
ELDEPRYL	Tier 3	
LODOSYN	Tier 3	
MIRAPEX	Tier 3	
MIRAPEX ER	Tier 3	QL (1 tab per 1 day)
NEUPRO	Tier 3	ST; Note 5 (Standard)
PARCOPA	Tier 3	
PARLODEL	Tier 3	
<i>pramipexole</i>	Tier 1	
REQUIP	Tier 3	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	Tier 3	QL (2 tabs per 1 day)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	QL (1 tab per 1 day)
<i>ropinirole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg</i>	Tier 3	QL (2 tabs per 1 day)
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 3	QL (1 tab per 1 day)
<i>selegiline hcl</i>	Tier 1	
SINEMET	Tier 3	
SINEMET CR	Tier 3	
STALEVO 100	Tier 3	
STALEVO 125	Tier 3	
STALEVO 150	Tier 3	
STALEVO 200	Tier 3	
STALEVO 50	Tier 3	
STALEVO 75	Tier 3	
TASMAR ORAL TABLET 100 MG	Tier 3	
<i>trihexyphenidyl oral elixir</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>trihexyphenidyl oral tablet 5 mg</i>	Tier 1	
ZELAPAR	Tier 3	QL (2 tabs per 1 day)
Antiplatelet Drugs		
AGGRENOX	Tier 2	

Drug Name	Drug Status	Additional Information
AGRYLIN	Tier 3	
<i>anagrelide</i>	Tier 1	
BRILINTA	Tier 2	QL (2 tabs per 1 Day)
<i>cilostazol</i>	Tier 1	
<i>clopidogrel</i>	Tier 1	
<i>dipyridamole oral</i>	Tier 1	
EFFIENT	Tier 3	QL (1 tab per 1 day)
PERSANTINE	Tier 3	
PLAVIX	Tier 3	QL (1 tab per 1 day)
PLETAL	Tier 3	
<i>ticlopidine</i>	Tier 1	
ZONTIVITY	Tier 3	PA; Note 4 (Standard)
Antivirals		
<i>abacavir</i>	Tier 4	SD (Specialty Distribution through Medco Mail)
<i>abacavir-lamivudine-zidovudine</i>	Tier 5	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed)
ABREVA	Tier 1	
<i>acyclovir oral capsule</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>acyclovir oral tablet 800 mg</i>	Tier 1	
<i>acyclovir topical</i>	Tier 3	
<i>adefovir</i>	Tier 4	SD (Specialty Distribution through Medco Mail)
<i>aptivus oral capsule</i>	Tier 4	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed); QL (4 EA per 1 day)

Drug Name	Drug Status	Additional Information
APTIVUS ORAL SOLUTION	Tier 4	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed)
ATRIPLA	Tier 5	SD (Specialty Distribution through Medco Mail); QL (1 tab per 1 Day)
BARACLUDE ORAL SOLUTION	Tier 5	SD (Specialty Distribution through Medco Mail)
BARACLUDE ORAL TABLET	Tier 5	SD (Specialty Distribution through Medco Mail); QL (1 tab per 1 Day)
COMBIVIR	Tier 5	SD (Specialty Distribution through Medco Mail)
COMPLERA	Tier 5	SD (Specialty Distribution through Medco Mail); QL (1 tab per 1 day)
COPEGUS	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
CRIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 5	SD (Specialty Distribution through Medco Mail)
DENAVIR	Tier 3	
<i>didanosine</i>	Tier 4	SD (Specialty Distribution through Medco Mail)
EDURANT	Tier 5	SD (Specialty Distribution through Medco Mail); QL (1 tab per 1 day)

Drug Name	Drug Status	Additional Information
EMTRIVA	Tier 4	SD (Specialty Distribution through Medco Mail); QL (1 cap per 1 day)
EPIVIR	Tier 4	SD (Specialty Distribution through Medco Mail)
EPIVIR HBV	Tier 4	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed)
EPZICOM	Tier 5	SD (Specialty Distribution through Medco Mail)
<i>famciclovir</i>	Tier 1	Note 3 (90 day supply not allowed); QL (21 tabs per 1 fill)
FAMVIR	Tier 3	QL (21 tabs per 1 fill)
FLUMADINE ORAL TABLET	Tier 3	
FUZEON	Tier 5	SD (Distribution through Aetna RX/Call 1-866-782-2779)
HEPSERA	Tier 4	SD (Specialty Distribution through Medco Mail); QL (1 tab per 1 day)
INCIVEK	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (6 tabs per 1 day)
INFERGEN SUBCUTANEOUS SOLUTION 15 MCG/0.5 ML	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)

Drug Name	Drug Status	Additional Information
INFERGEN SUBCUTANEOUS SOLUTION 9 MCG/0.3 ML	Tier 5	PA; Note 4 (Standard,Select)
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier 5	SD (Specialty Distribution through Medco Mail); QL (4 tabs per 1 day)
INTELENCE ORAL TABLET 200 MG	Tier 5	SD (Specialty Distribution through Medco Mail); QL (2 tabs per 1 day)
INVIRASE	Tier 5	SD (Specialty Distribution through Medco Mail)
ISENTRESS ORAL POWDER IN PACKET	Tier 5	
ISENTRESS ORAL TABLET	Tier 5	SD (Specialty Distribution through Medco Mail); QL (2 tabs per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE	Tier 5	SD (Specialty Distribution through Medco Mail)
KALETRA	Tier 5	PA; SD (Specialty Distribution through Medco Mail)
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	Tier 4	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed)
<i>lamivudine-zidovudine</i>	Tier 5	SD (Specialty Distribution through Medco Mail)
LEXIVA	Tier 4	SD (Specialty Distribution through Medco Mail)
MODERIBA DOSE PACK	Tier 6	
<i>nevirapine oral suspension</i>	Tier 4	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
<i>nevirapine oral tablet</i>	Tier 4	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed)
<i>nevirapine oral tablet extended release 24 hr</i>	Tier 5	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed); QL (1 tab per 1 day)
NORVIR	Tier 4	SD (Specialty Distribution through Medco Mail)
OLYSIO	Tier 5	PA; Note 4 (Standard,Select); QL (1 cap per 1 day)
PEGASYS	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
PEGASYS CONVENIENCE PACK	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
PEGASYS PROCLICK	Tier 4	PA; Note 4 (Standard,Select)
PEGINTRON	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
PEGINTRON REDIPEN	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)

Drug Name	Drug Status	Additional Information
PREZISTA ORAL SUSPENSION	Tier 5	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed); QL (2 bottles per 1 fill)
PREZISTA ORAL TABLET 150 MG, 400 MG, 600 MG, 75 MG	Tier 5	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed); QL (2 tabs per 1 day)
PREZISTA ORAL TABLET 800 MG	Tier 5	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed); QL (1 tab per 1 day)
REBETOL ORAL CAPSULE	Tier 4	PA; Note 4 (Standard,Select)
REBETOL ORAL SOLUTION	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (500 ml per 1 fill)
RELENZA DISKHALER	Tier 3	QL (20 inhalations per 1 fill)
RESCRIPTOR	Tier 5	SD (Specialty Distribution through Medco Mail)
RETROVIR ORAL	Tier 4	SD (Specialty Distribution through Medco Mail)
REYATAZ ORAL CAPSULE 100 MG, 150 MG, 300 MG	Tier 4	SD (Specialty Distribution through Medco Mail); QL (1 cap per 1 day)
REYATAZ ORAL CAPSULE 200 MG	Tier 4	SD (Specialty Distribution through Medco Mail); QL (2 caps per 1 day)
RIBAPAK DOSE PACK	Tier 6	

Drug Name	Drug Status	Additional Information
RIBASPHERE	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
<i>ribavirin oral capsule</i>	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
<i>ribavirin oral tablet 200 mg</i>	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
<i>rimantadine</i>	Tier 1	Note 3 (90 day supply not allowed)
SELZENTRY	Tier 5	PA; SD (Specialty Distribution through Medco Mail); Note 4 (Standard,Select); QL (2 tabs per 1 day)
SOVALDI	Tier 5	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)
<i>stavudine</i>	Tier 4	SD (Specialty Distribution through Medco Mail)
STRIBILD	Tier 5	PA; SD (Specialty Distribution through Medco Mail); Note 4 (Standard,Select); QL (1 tab per 1 day)
SUSTIVA	Tier 4	SD (Specialty Distribution through Medco Mail)
SYNAGIS	Tier 6	PA; Note 4 (Standard,Select)

Drug Name	Drug Status	Additional Information
TAMIFLU ORAL CAPSULE	Tier 3	Note 3 (90 day supply not allowed); QL (20 caps per 1 fill)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	Tier 3	Note 3 (90 day supply not allowed); QL (3 bottles per 1 fill)
TIVICAY	Tier 5	SD (Specialty Distribution through Medco Mail)
<i>trifluridine</i>	Tier 1	
TRIZIVIR	Tier 4	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed)
TRUVADA	Tier 4	PA; SD (Specialty Distribution through Medco Mail); Note 4 (Standard,Select)
TYZEKA	Tier 5	SD (Specialty Distribution through Medco Mail); QL (1 tab per 1 day)
<i>valacyclovir oral tablet 1 gram</i>	Tier 1	Note 3 (90 day supply not allowed); QL (21 tabs per 1 fill)
<i>valacyclovir oral tablet 500 mg</i>	Tier 1	Note 3 (90 day supply not allowed); QL (42 tabs per 1 fill)
VALCYTE	Tier 2	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select)
VALTREX ORAL TABLET 1 GRAM	Tier 3	Note 3 (90 day supply not allowed); QL (21 tabs per 1 fill)
VALTREX ORAL TABLET 500 MG	Tier 3	Note 3 (90 day supply not allowed); QL (42 tabs per 1 fill)
VEREGEN	Tier 3	

Drug Name	Drug Status	Additional Information
VICTRELIS	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); QL (12 caps per 1 day)
VIDEX 2 GRAM PEDIATRIC	Tier 4	SD (Specialty Distribution through Medco Mail)
VIDEX 4 GRAM PEDIATRIC	Tier 4	SD (Specialty Distribution through Medco Mail)
VIDEX EC	Tier 4	SD (Specialty Distribution through Medco Mail)
VIRACEPT ORAL TABLET	Tier 5	SD (Specialty Distribution through Medco Mail)
VIRAMUNE	Tier 4	SD (Specialty Distribution through Medco Mail)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	Tier 5	SD (Specialty Distribution through Medco Mail)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	Tier 5	SD (Specialty Distribution through Medco Mail); QL (1 tab per 1 day)
VIREAD ORAL POWDER	Tier 4	SD (Specialty Distribution through Medco Mail)
VIREAD ORAL TABLET	Tier 4	SD (Specialty Distribution through Medco Mail); QL (1 tab per 1 day)
VIROPTIC	Tier 3	
ZERIT	Tier 4	SD (Specialty Distribution through Medco Mail)
ZIAGEN	Tier 4	SD (Specialty Distribution through Medco Mail)

Drug Name	Drug Status	Additional Information
<i>zidovudine</i>	Tier 4	SD (Specialty Distribution through Medco Mail)
ZIRGAN	Tier 3	QL (1 tube per 1 fill)
ZOVIRAX ORAL CAPSULE	Tier 3	
ZOVIRAX ORAL SUSPENSION	Tier 3	
ZOVIRAX ORAL TABLET	Tier 3	
ZOVIRAX TOPICAL CREAM	Tier 3	
ZOVIRAX TOPICAL OINTMENT	Tier 3	Note 3 (90 day supply not allowed)
Autonomic Drugs		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 3	Note 3 (90 day supply not allowed); QL (2 tabs per 1 day)
ADDERALL XR	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard); QL (1 cap per 1 day); AL
ADRENALICK	Tier 3	PA; Note 4 (Standard); QL (2 doses per 1 fill)
ADRENALIN INJECTION	Tier 3	
AMPHETAMINE SALT COMBO ORAL TABLET 10 MG, 12.5 MG, 15 MG, 30 MG, 5 MG, 7.5 MG	Tier 1	QL (2 tabs per 1 day)
AMPHETAMINE SALT COMBO ORAL TABLET 20 MG	Tier 1	QL (3 tabs per 1 day)
ARICEPT ORAL TABLET 10 MG, 5 MG	Tier 3	AL
ARICEPT ORAL TABLET 23 MG	Tier 3	QL (1 tab per 1 day); AL
ARICEPT ODT	Tier 3	AL
AUVI-Q	Tier 2	QL (2 doses per 1 fill)
<i>bethanechol chloride</i>	Tier 1	
DESOXYN ORAL TABLET 5 MG	Tier 3	QL (4 tabs per 1 day)
DEXEDRINE SPANSULE	Tier 3	PA; QL (3 caps per 1 day)

Drug Name	Drug Status	Additional Information
<i>dextroamphetamine oral capsule, extended release</i>	Tier 1	QL (3 caps per 1 day)
<i>dextroamphetamine oral solution</i>	Tier 1	PA; Note 4 (Standard); QL (40 ML per 1 day)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (4 tabs per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	Tier 1	PA; Note 3 (90 day supply not allowed); Note 4 (Standard); QL (1 cap per 1 day)
DIBENZYLINE	Tier 2	
<i>donepezil oral tablet 10 mg, 5 mg</i>	Tier 1	AL
<i>donepezil oral tablet 23 mg</i>	Tier 3	QL (1 tab per 1 day); AL
<i>donepezil oral tablet, disintegrating</i>	Tier 1	AL
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml (1:1,000)</i>	Tier 1	QL (1 pack per 1 fill)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml (1:1,000)</i>	Tier 1	QL (2 doses per 1 fill)
<i>epinephrine injection solution 1 mg/ml (1:1,000)</i>	Tier 1	
<i>epinephrine injection syringe 0.1 mg/ml (1:10,000)</i>	Tier 1	
<i>epinephrine (pf)</i>	Tier 1	
EPIPEN	Tier 2	Note 3 (90 day supply not allowed); QL (2 doses per 1 fill)
EPIPEN 2-PAK	Tier 2	QL (2 doses per 1 fill)
EPIPEN JR	Tier 2	Note 3 (90 day supply not allowed); QL (2 doses per 1 fill)
EPIPEN JR 2-PAK	Tier 2	QL (2 doses per 1 fill)
EVOXAC	Tier 2	QL (3 caps per 1 day)
EXELON ORAL CAPSULE	Tier 3	QL (2 caps per 1 day)
EXELON ORAL SOLUTION	Tier 3	QL (1 bottle per 1 fill)

Drug Name	Drug Status	Additional Information
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR	Tier 3	QL (1 patch per 1 day)
<i>galantamine</i>	Tier 3	
MESTINON ORAL	Tier 3	
<i>methamphetamine</i>	Tier 1	QL (4 tabs per 1 day)
<i>midodrine</i>	Tier 3	
NORTHERA ORAL CAPSULE 100 MG, 200 MG	Tier 5	PA; Note 4 (Standard, Select); QL (3 caps per 1 day)
NORTHERA ORAL CAPSULE 300 MG	Tier 5	PA; Note 4 (Standard, Select); QL (6 caps per 1 day)
PROCENTRA	Tier 3	PA; Note 4 (Standard, Select); QL (40 ML per 1 day)
PROSTIGMIN	Tier 2	
<i>pyridostigmine bromide</i>	Tier 1	
RAZADYNE ORAL TABLET	Tier 3	AL
RAZADYNE ER	Tier 3	QL (1 cap per 1 day); AL
SALAGEN	Tier 3	
URECHOLINE	Tier 3	
ZENZEDI ORAL TABLET 10 MG, 5 MG	Tier 1	QL (4 tabs per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	Tier 6	
Biologicals		
AFLURIA 2013-2014	LA	
AFLURIA 2013-2014 (PF)	LA	
AFLURIA 2014-2015	LA	
AFLURIA 2014-2015 (PF)	LA	
FLUARIX 2013-2014 (PF)	LA	
FLUARIX QUAD 2013-2014 (PF)	LA	
FLUBLOK 2013-2014 (PF)	LA	
FLULAVAL 2013-2014	LA	
FLULAVAL 2014-2015	LA	
FLULAVAL QUAD 2013-2014	LA	

Drug Name	Drug Status	Additional Information
FLULAVAL QUAD 2014-2015	LA	
FLUVIRIN 2013-2014	LA	
FLUVIRIN 2013-2014 (PF)	LA	
FLUVIRIN 2014-2015	LA	
FLUVIRIN 2014-2015 (PF)	LA	
FLUZONE 2013-2014	LA	
FLUZONE 2013-2014 (PF)	LA	
FLUZONE 2014-2015	LA	
FLUZONE 2014-2015 (PF)	LA	
FLUZONE HIGH-DOSE 2014-15 (PF)	LA	
FLUZONE INTRADERM 2013-14 (PF)	LA	
FLUZONE INTRADERM 2014-15 (PF)	LA	
FLUZONE PEDI 2013-2014 (PF)	LA	
FLUZONE QUAD 2013-2014 (PF)	LA	
FLUZONE QUAD 2014-2015	LA	
FLUZONE QUAD 2014-2015 (PF)	LA	
FLUZONE QUAD PEDI 2013-14 (PF)	LA	
FLUZONE QUAD PEDI 2014-15 (PF)	LA	
GAMMAGARD LIQUID	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779)
GAMMAKED	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)

Drug Name	Drug Status	Additional Information
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %)	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779)
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
HYPERRHO S/D	Tier 3	Note 3 (90 day supply not allowed); QL (1 EA per 365 days)
PNEUMOVAX 23 INJECTION SYRINGE	LA	
RHOGAM ULTRA-FILTERED PLUS	Tier 3	QL (1 EA per 365 days)
WINRHO SDF	Tier 3	Note 3 (90 day supply not allowed); QL (1 ML per 365 days)
Blood		
<i>aminocaproic acid oral</i>	Tier 1	
LYSTEDA	Tier 3	QL (30 tabs per 1 fill)
<i>pentoxifylline</i>	Tier 1	
TRENTAL	Tier 3	
Cardiac Drugs		
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 90 MG	Tier 3	QL (1 tab per 1 day)
ADALAT CC ORAL TABLET EXTENDED RELEASE 60 MG	Tier 3	QL (2 tabs per 1 day)
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 30 MG	Tier 1	QL (1 tab per 1 day)
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 60 MG	Tier 1	QL (2 tabs per 1 day)
<i>amiodarone oral</i>	Tier 1	
<i>amlodipine</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
CALAN	Tier 3	
CALAN SR	Tier 3	
CARDENE SR	Tier 3	

Drug Name	Drug Status	Additional Information
CARDIZEM	Tier 3	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 300 MG, 360 MG	Tier 3	QL (1 cap per 1 day)
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 240 MG	Tier 3	QL (2 caps per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	Tier 3	QL (1 tab per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 240 MG	Tier 3	QL (2 tabs per 1 day)
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 300 MG	Tier 1	QL (1 cap per 1 day)
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 240 MG	Tier 1	QL (2 caps per 1 day)
CORDARONE	Tier 3	
DIGOX	Tier 1	
<i>digoxin oral solution 50 mcg/ml</i>	Tier 1	
<i>digoxin oral tablet</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
DILACOR XR ORAL CAPSULE,EXT RELEASE DEGRADABLE 240 MG	Tier 3	
DILATRATE-SR	Tier 2	
DILT-CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 300 MG	Tier 1	QL (1 cap per 1 day)
DILT-CD ORAL CAPSULE,EXTENDED RELEASE 24HR 240 MG	Tier 1	QL (2 caps per 1 day)
DILTIA XT	Tier 1	
<i>diltiazem hcl oral capsule, extended release 120 mg, 180 mg, 300 mg, 360 mg</i>	Tier 1	QL (1 cap per 1 day)
<i>diltiazem hcl oral capsule, extended release 240 mg</i>	Tier 1	QL (2 caps per 1 day)
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	Tier 1	

Drug Name	Drug Status	Additional Information
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 300 mg, 360 mg</i>	Tier 1	QL (1 cap per 1 day)
<i>diltiazem hcl oral capsule, extended release 24hr 240 mg</i>	Tier 1	QL (2 cap per 1 day)
<i>diltiazem hcl oral tablet</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 300 mg, 360 mg, 420 mg</i>	Tier 3	QL (1 tab per 1 day)
<i>diltiazem hcl oral tablet extended release 24 hr 240 mg</i>	Tier 3	QL (2 tab per 1 day)
DILTZAC ER ORAL CAPSULE, EXTENDED RELEASE 120 MG, 180 MG, 300 MG, 360 MG	Tier 1	QL (1 cap per 1 day)
DILTZAC ER ORAL CAPSULE, EXTENDED RELEASE 240 MG	Tier 1	QL (2 caps per 1 day)
<i>disopyramide phosphate oral capsule</i>	Tier 1	
<i>felodipine</i>	Tier 1	QL (1 tab per 1 day)
<i>flecainide</i>	Tier 1	
IMDUR	Tier 3	
ISOCHRON	Tier 3	
ISOPTIN SR ORAL TABLET EXTENDED RELEASE 240 MG	Tier 3	
ISORDIL	Tier 2	
ISORDIL TITRADOSE ORAL TABLET 5 MG	Tier 3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet extended release</i>	Tier 1	
<i>isosorbide dinitrate sublingual</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	Tier 1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	Tier 2	

Drug Name	Drug Status	Additional Information
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	Tier 3	
LANOXIN PEDIATRIC	Tier 3	
<i>mexiletine</i>	Tier 1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 2	
MONOKET	Tier 3	
MULTAQ	Tier 3	QL (2 tabs per 1 day)
<i>nicardipine oral</i>	Tier 1	
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 30 MG, 90 MG	Tier 1	QL (1 tab per 1 day)
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 60 MG	Tier 1	QL (2 tabs per 1 day)
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG	Tier 1	QL (1 tab per 1 day)
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24HR 60 MG	Tier 1	QL (2 tabs per 1 day)
<i>nifedipine oral capsule</i>	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	Tier 1	QL (1 tab per 1 day)
<i>nifedipine oral tablet extended release 60 mg</i>	Tier 1	QL (2 tabs per 1 day)
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	Tier 1	QL (1 tab per 1 day)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	Tier 1	QL (2 tabs per 1 day)
<i>nimodipine</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (1 tab per 1 day)
NITRO-BID	Tier 1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	Tier 2	

Drug Name	Drug Status	Additional Information
NITRO-TIME	Tier 1	
<i>nitroglycerin oral</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 1	
NITROLINGUAL	Tier 3	QL (1 bottle per 1 fill)
NITROMIST	Tier 3	
NITROSTAT	Tier 2	
NORPACE	Tier 3	
NORPACE CR	Tier 2	
NORVASC	Tier 3	
NYMALIZE	Tier 3	PA; Note 4 (Standard,Select)
PROCARDIA	Tier 3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 90 MG	Tier 3	QL (1 tab per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 60 MG	Tier 3	QL (2 tabs per 1 day)
<i>propafenone</i>	Tier 1	
<i>quinidine gluconate oral</i>	Tier 1	
<i>quinidine sulfate</i>	Tier 1	
RANEXA	Tier 2	QL (2 tabs per 1 day)
RYTHMOL ORAL TABLET 150 MG, 225 MG	Tier 3	
RYTHMOL SR	Tier 3	QL (2 caps per 1 day)
SULAR	Tier 3	QL (1 tab per 1 day)
TAMBOCOR	Tier 3	
TAZTIA XT ORAL CAPSULE, EXTENDED RELEASE 120 MG, 180 MG, 300 MG, 360 MG	Tier 1	QL (1 cap per 1 day)
TAZTIA XT ORAL CAPSULE, EXTENDED RELEASE 240 MG	Tier 1	QL (2 caps per 1 day)
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	Tier 3	QL (1 cap per 1 day)
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 240 MG	Tier 3	QL (2 caps per 1 day)
TIKOSYN	Tier 2	

Drug Name	Drug Status	Additional Information
<i>verapamil oral capsule, 24 hr er pellet ct</i>	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	Tier 1	
<i>verapamil oral tablet</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>verapamil oral tablet extended release 120 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	Tier 1	
VERELAN	Tier 3	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 300 MG	Tier 3	QL (1 cap per 1 day)
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 200 MG	Tier 3	QL (2 caps per 1 day)
Cardiovascular		
ACCUPRIL	Tier 3	
ACCURETIC	Tier 3	
<i>acebutolol oral</i>	Tier 1	
ACEON ORAL TABLET 2 MG, 4 MG	Tier 3	QL (1 tab per 1 day)
ACEON ORAL TABLET 8 MG	Tier 3	QL (2 tabs per 1 day)
ADCIRCA	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (2 tabs per 1 day)
ADEMPAS	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select)
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG	Tier 3	QL (2 tabs per 1 day)
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG, 750-20 MG	Tier 3	QL (1 tab per 1 day)
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	Tier 3	

Drug Name	Drug Status	Additional Information
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 60 MG	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 40 MG	Tier 3	ST; Note 5 (Standard,Select); QL (2 tab per 1 day)
<i>amlodipine-benazepril</i>	Tier 3	QL (1 cap per 1 day)
AMTURNIDE	Tier 3	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)
ANTARA ORAL CAPSULE 130 MG, 30 MG, 43 MG, 90 MG	Tier 3	QL (1 cap per 1 day)
ATACAND	Tier 3	QL (1 tab per 1 Day)
ATACAND HCT	Tier 3	QL (1 tab per 1 Day)
<i>atenolol</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>atenolol-chlorthalidone</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>atorvastatin</i>	Tier 1	QL (1 tab per 1 day)
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	Tier 3	QL (1 tab per 1 day)
AVAPRO	Tier 3	QL (1 tab per 1 day)
AZOR	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
<i>benazepril</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>benazepril-hydrochlorothiazide</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
BENICAR	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
BENICAR HCT	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
BETAPACE	Tier 3	

Drug Name	Drug Status	Additional Information
BETAPACE AF	Tier 3	
BIDIL	Tier 3	
<i>bisoprolol fumarate</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 5-6.25 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg</i>	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	QL (1 tab per 1 day)
BYSTOLIC ORAL TABLET 20 MG	Tier 3	QL (2 tabs per 1 day)
CADUET	Tier 6	QL (1 tab per 1 day)
<i>candesartan</i>	Tier 1	QL (1 tab per 1 day)
<i>candesartan-hydrochlorothiazide</i>	Tier 1	QL (1 tab per 1 day)
<i>captopril</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>captopril-hydrochlorothiazide</i>	Tier 1	
CARDURA	Tier 3	
CARDURA XL	Tier 3	QL (1 tab per 1 day)
<i>carvedilol</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
CATAPRES	Tier 3	
CATAPRES-TTS-1	Tier 3	QL (1 box per 1 fill)
CATAPRES-TTS-2	Tier 3	QL (1 box per 1 fill)
CATAPRES-TTS-3	Tier 3	QL (1 box per 1 fill)
<i>cholestyramine (with sugar) oral powder in packet</i>	Tier 1	
<i>clonidine</i>	Tier 3	
<i>clonidine hcl oral tablet</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
CLORPRES	Tier 3	
COLESTID	Tier 3	
<i>colestipol oral granules</i>	Tier 1	
<i>colestipol oral tablet</i>	Tier 1	

Drug Name	Drug Status	Additional Information
COREG	Tier 3	
COREG CR	Tier 3	QL (1 cap per 1 day)
CORGARD	Tier 3	
CORZIDE	Tier 3	
COZAAR	Tier 3	
CRESTOR	Tier 2	QL (1 tab per 1 day)
DEMSEER	Tier 3	
DIOVAN	Tier 3	QL (1 tab per 1 day)
DIOVAN HCT	Tier 3	QL (1 tab per 1 day)
<i>doxazosin</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
DUTOPROL	Tier 3	
EDARBI	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
EDARBYCLOR	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
<i>enalapril maleate</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>enalapril-hydrochlorothiazide</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
EPANED	Tier 3	PA; Note 4 (Standard); QL (1 bottle per 1 fill); AL
<i>eprosartan</i>	Tier 3	
<i>ergoloid</i>	Tier 3	
EXFORGE	Tier 3	ST; Note 5 (Standard,Select)
EXFORGE HCT	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
<i>fenofibrate oral tablet</i>	Tier 1	QL (1 tab per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	Tier 3	QL (1 cap per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	QL (1 cap per 1 day)

Drug Name	Drug Status	Additional Information
<i>fenofibrate nanocrystallized</i>	Tier 3	QL (1 tab per 1 day)
<i>fenofibric acid</i>	Tier 1	QL (1 cap per 1 day)
<i>fenofibric acid (choline)</i>	Tier 1	QL (1 cap per 1 day)
FENOGLIDE	Tier 3	QL (1 tab per 1 day)
FIBRICOR	Tier 3	QL (1 tab per 1 day)
<i>fluvastatin</i>	Tier 1	QL (2 caps per 1 day)
<i>fosinopril</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>gemfibrozil oral</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>guanfacine</i>	Tier 1	
HEMANGEOL	Tier 3	PA; Note 4 (Standard)
<i>hydralazine oral tablet 10 mg, 100 mg, 50 mg</i>	Tier 1	
<i>hydralazine oral tablet 25 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
HYZAAR	Tier 3	
INDERAL LA	Tier 3	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG	Tier 3	QL (1 cap per 1 day)
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 80 MG	Tier 3	QL (2 caps per 1 day)
<i>irbesartan</i>	Tier 1	QL (1 tab per 1 day)
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	QL (1 tab per 1 day)
<i>isoxsuprine oral tablet 10 mg</i>	Tier 3	
<i>isoxsuprine oral tablet 20 mg</i>	Tier 3	QL (50 gm per 1 fill)
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (1 tab per 1 day)

Drug Name	Drug Status	Additional Information
JUXTAPID ORAL CAPSULE 20 MG	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (3 tabs per 1 day)
KERLONE	Tier 3	
KYNAMRO	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (4 syringes per 30 days)
<i>labetalol oral</i>	Tier 1	
LESCOL	Tier 3	QL (2 caps per 1 day)
LESCOL XL	Tier 3	QL (1 tab per 1 day)
LETAIRIS	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
LIPITOR	Tier 3	QL (1 tab per 1 day)
LIPOFEN	Tier 3	QL (1 cap per 1 day)
LIPTRUZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>lisinopril oral tablet 30 mg, 40 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
LIVALO	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 day)
LOFIBRA	Tier 3	QL (1 cap per 1 day)
LOPID	Tier 3	
LOPRESSOR ORAL	Tier 3	
LOPRESSOR HCT	Tier 3	
<i>losartan</i>	Tier 1	

Drug Name	Drug Status	Additional Information
<i>losartan-hydrochlorothiazide</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	
LOTENSIN HCT	Tier 3	
LOTREL	Tier 3	QL (1 cap per 1 day)
<i>lovastatin</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (2 tabs per 1 day)
MAVIK	Tier 3	
<i>methyl dopa</i>	Tier 1	
<i>methyl dopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	QL (1.5 tabs per 1 day)
<i>metoprolol succinate oral tablet extended release 24 hr 200 mg</i>	Tier 1	QL (2 tabs per 1 day)
<i>metoprolol succinate oral tablet extended release 24 hr 25 mg</i>	Tier 1	QL (1 tab per 1 Day)
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
MEVACOR	Tier 3	QL (2 tabs per 1 day)
MICARDIS	Tier 3	QL (1 tab per 1 day)
MICARDIS HCT	Tier 3	QL (1 tab per 1 day)
MINIPRESS	Tier 3	
<i>minoxidil oral</i>	Tier 1	
<i>moexipril</i>	Tier 1	
<i>moexipril-hydrochlorothiazide</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr</i>	Tier 1	Note 3 (90 day supply not allowed)
NIASPAN EXTENDED-RELEASE	Tier 3	

Drug Name	Drug Status	Additional Information
OPSUMIT	Tier 4	PA; SD (Specialty Distribution); Note 4 (Standard,Select)
ORENITRAM	Tier 5	PA; SD (Specialty Distribution); Note 3 (90 day supply not allowed); Note 4 (Standard,Select)
<i>papaverine oral</i>	Tier 3	
<i>perindopril erbumine oral tablet 2 mg, 4 mg</i>	Tier 3	QL (1 tab per 1 day)
<i>perindopril erbumine oral tablet 8 mg</i>	Tier 3	QL (2 tabs per 1 day)
<i>pindolol</i>	Tier 1	
PRAVACHOL	Tier 3	QL (1 tab per 1 day)
<i>pravastatin</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (1 tab per 1 day)
<i>prazosin</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
PREVALITE	Tier 1	
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3	
PRINZIDE	Tier 3	
<i>propranolol oral capsule, extended release 24 hr</i>	Tier 1	
<i>propranolol oral solution</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>propranolol oral tablet 60 mg</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
QUESTRAN	Tier 3	
QUESTRAN LIGHT	Tier 3	
<i>quinapril</i>	Tier 1	
<i>quinapril-hydrochlorothiazid e</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>reserpine</i>	Tier 3	

Drug Name	Drug Status	Additional Information
REVATIO ORAL TABLET	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (3 tabs per 1 day)
SECTRAL	Tier 3	
<i>sildenafil</i>	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (3 tabs per 1 day)
SIMCOR	Tier 3	QL (2 tab per 1 day)
<i>simvastatin</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (1 tab per 1 day)
<i>sotalol oral tablet 120 mg, 80 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>sotalol oral tablet 160 mg, 240 mg</i>	Tier 1	
SOTALOL AF	Tier 1	
TARKA	Tier 3	
TEKAMLO	Tier 3	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)
TEKTURNA	Tier 3	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)
TEKTURNA HCT	Tier 3	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)
<i>telmisartan</i>	Tier 1	QL (1 tab per 1 day)
<i>telmisartan-amlodipine</i>	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 day)
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	QL (1 tab per 1 day)
TENEX	Tier 3	

Drug Name	Drug Status	Additional Information
TENORETIC 100	Tier 3	
TENORETIC 50	Tier 3	
TENORMIN	Tier 3	
<i>terazosin</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
TEVETEN ORAL TABLET 400 MG	Tier 3	QL (2 tabs per 1 day)
TEVETEN ORAL TABLET 600 MG	Tier 3	QL (1 tab per 1 day)
TEVETEN HCT	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
<i>timolol maleate oral</i>	Tier 1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	Tier 3	QL (1.5 tabs per 1 day)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	Tier 3	QL (2 tabs per 1 day)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	Tier 3	QL (1 tab per 1 day)
TRACLEER	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
TRANDATE ORAL	Tier 3	
<i>trandolapril</i>	Tier 1	
<i>trandolapril-verapamil</i>	Tier 3	
TRIBENZOR	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
TRICOR	Tier 3	QL (1 tab per 1 day)
TRIGLIDE	Tier 3	QL (1 tab per 1 day)
TRILIPIX	Tier 3	QL (1 cap per 1 day)
TWYNSTA	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)

Drug Name	Drug Status	Additional Information
TYVASO	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (1 amp per 1 day)
TYVASO REFILL KIT	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (1 amp per 1 day)
TYVASO STARTER KIT	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (1 amp per 1 day)
UNIRETIC	Tier 3	
UNIVASC	Tier 3	
<i>valsartan</i>	Tier 1	QL (1 tab per 1 day)
<i>valsartan-hydrochlorothiazide</i>	Tier 1	QL (1 tab per 1 day)
VASERETIC	Tier 3	
VASOTEC	Tier 3	
VAYAROL	LA	
VECAMYL	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (10 tabs per 1 day)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select)
VYTORIN 10-10	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
VYTORIN 10-20	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
VYTORIN 10-40	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
VYTORIN 10-80	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 Day)

Drug Name	Drug Status	Additional Information
WELCHOL ORAL POWDER IN PACKET	Tier 3	QL (1 pack per 1 day)
WELCHOL ORAL TABLET	Tier 3	
ZEBETA	Tier 3	
ZESTORETIC	Tier 3	
ZESTRIL	Tier 3	
ZETIA	Tier 2	QL (1 tab per 1 day)
ZIAC	Tier 3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	QL (1 tab per 1 day)
ZOCOR ORAL TABLET 80 MG	Tier 3	QL (0.5 tab per 1 day)
Cns Drugs		
AMPYRA	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (2 tabs per 1 day)
APTIOM ORAL TABLET 200 MG	Tier 3	QL (6 tablets per 1 day)
APTIOM ORAL TABLET 400 MG	Tier 3	QL (3 tablets per 1 day)
APTIOM ORAL TABLET 600 MG	Tier 3	QL (2 tablets per 1 day)
APTIOM ORAL TABLET 800 MG	Tier 3	QL (1 tablet per 1 day)
AUBAGIO ORAL TABLET 14 MG	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 tab per 1 day)
AUBAGIO ORAL TABLET 7 MG	Tier 5	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)

Drug Name	Drug Status	Additional Information
AVONEX INTRAMUSCULAR KIT	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 kit per 30 Days)
AVONEX INTRAMUSCULAR PEN INJECTOR	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
AVONEX INTRAMUSCULAR SYRINGE	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
AVONEX INTRAMUSCULAR SYRINGE KIT	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
BANZEL ORAL TABLET	Tier 3	QL (8 tabs per 1 day)
BETASERON SUBCUTANEOUS KIT	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (15 vials per 1 fill)

Drug Name	Drug Status	Additional Information
BETASERON SUBCUTANEOUS RECON SOLN	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (15 vials per 1 fill)
CAFECIT ORAL	Tier 3	
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier 1	
<i>carbamazepine oral tablet, chewable</i>	Tier 1	
CARBATROL	Tier 2	
CELONTIN ORAL CAPSULE 300 MG	Tier 2	
<i>clonazepam oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>clonazepam oral tablet, disintegrating</i>	Tier 3	Note 3 (90 day supply not allowed)
COPAXONE SUBCUTANEOUS SYRINGE	Tier 4	PA; Note 4 (Standard,Select)
COPAXONE SUBCUTANEOUS SYRINGE KIT	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779)
DEPAKENE	Tier 3	
DEPAKOTE	Tier 3	
DEPAKOTE ER	Tier 3	
DEPAKOTE SPRINKLES	Tier 3	
DIASTAT	Tier 2	QL (1 pack per 1 fill)
DILANTIN	Tier 2	
DILANTIN EXTENDED	Tier 2	
DILANTIN INFATABS	Tier 2	
DILANTIN-125	Tier 2	
<i>divalproex</i>	Tier 1	
<i>ethosuximide</i>	Tier 1	

Drug Name	Drug Status	Additional Information
EXTAVIA SUBCUTANEOUS KIT	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (15 vials per 1 fill)
EXTAVIA SUBCUTANEOUS RECON SOLN	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
FELBATOL	Tier 3	
FYCOMPA	Tier 3	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)
<i>gabapentin oral capsule</i>	Tier 1	QL (6 tabs per 1 day)
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	QL (6 tabs per 1 day)
GABITRIL ORAL TABLET 12 MG, 4 MG	Tier 3	QL (4 tabs per 1 day)
GABITRIL ORAL TABLET 16 MG	Tier 3	QL (3 tabs per 1 day)
GABITRIL ORAL TABLET 2 MG	Tier 3	QL (1 tab per 1 day)
GILENYA	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 cap per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	Tier 3	PA; Note 4 (Standard); QL (5 tabs per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 3	PA; Note 4 (Standard); QL (3 tabs per 1 day)
GRALISE 30-DAY STARTER PACK	Tier 3	PA; Note 4 (Standard); QL (1 pack per 1 fill)

Drug Name	Drug Status	Additional Information
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	PA; Note 4 (Standard); QL (1 tab per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	Tier 3	PA; Note 4 (Standard); QL (2 tab per 1 day)
KEPPRA ORAL	Tier 3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	Tier 3	QL (6 tabs per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	Tier 3	QL (4 tabs per 1 day)
KLONOPIN	Tier 3	Note 3 (90 day supply not allowed)
LAMICTAL ORAL TABLET	Tier 3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE	Tier 3	
LAMICTAL ODT ORAL TABLET,DISINTEGRATIN G 100 MG	Tier 3	ST; Note 5 (Standard); QL (2 tabs per 1 Day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATIN G 200 MG	Tier 3	ST; Note 5 (Standard); QL (2 tabs per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATIN G 25 MG	Tier 3	ST; Note 5 (Standard); QL (6 tabs per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATIN G 50 MG	Tier 3	ST; Note 5 (Standard); QL (3 tabs per 1 day)
LAMICTAL ODT STARTER (BLUE)	Tier 3	ST; Note 5 (Standard)
LAMICTAL ODT STARTER (GREEN)	Tier 3	ST; Note 5 (Standard)
LAMICTAL ODT STARTER (ORANGE)	Tier 3	ST; Note 5 (Standard)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG	Tier 3	ST; Note 5 (Standard); QL (3 tabs per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 250 MG	Tier 3	ST; Note 5 (Standard); QL (2 tabs per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 300 MG	Tier 3	ST; Note 5 (Standard)

Drug Name	Drug Status	Additional Information
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr</i>	Tier 3	ST; Note 5 (Standard)
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 3	ST; Note 5 (Standard)
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i>	Tier 3	
<i>levetiracetam oral tablet</i>	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	Tier 3	QL (6 tabs per 1 day)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	Tier 3	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (3 caps per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (2 caps per 1 day)
LYRICA ORAL SOLUTION	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (30 ML per 1 fill)
MYSOLINE	Tier 3	
NAMENDA ORAL SOLUTION	Tier 2	AL
NAMENDA ORAL TABLET	Tier 2	QL (2 tabs per 1 day); AL
NAMENDA TITRATION PAK	Tier 2	QL (1 pack per 1 fill); AL
NAMENDA XR	Tier 2	QL (1 pack per 1 fill); AL
NEURONTIN ORAL CAPSULE	Tier 3	QL (6 caps per 1 day)
NEURONTIN ORAL SOLUTION	Tier 3	
NEURONTIN ORAL TABLET	Tier 3	QL (6 tabs per 1 day)
NUEDEXTA	Tier 3	QL (2 caps per 1 Day)
ONFI ORAL TABLET	Tier 3	QL (2 tabs per 1 day)

Drug Name	Drug Status	Additional Information
<i>oxcarbazepine</i>	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 3	ST; Note 5 (Standard); QL (2 tabs per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 3	ST; Note 5 (Standard); QL (4 tabs per 1 day)
PEGANONE	Tier 3	
PHENYTEK	Tier 2	
<i>phenytoin oral tablet,chewable</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
POTIGA ORAL TABLET 200 MG	Tier 3	QL (3 tabs per 1 Day)
POTIGA ORAL TABLET 300 MG, 400 MG	Tier 3	QL (3 tabs per 1 day)
POTIGA ORAL TABLET 50 MG	Tier 3	QL (6 tabs per 1 day)
<i>primidone</i>	Tier 1	
QUDEXY XR	Tier 3	ST; Note 5 (Standard); QL (1 Cap per 1 day)
REBIF (WITH ALBUMIN)	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 kit per 1 fill)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 kit per 1 fill)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)

Drug Name	Drug Status	Additional Information
REBIF TITRATION PACK	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 pack per 1 fill)
RILUTEK	Tier 3	PA; Note 4 (Standard,Select)
<i>riluzole</i>	Tier 1	PA; Note 4 (Standard,Select)
SABRIL	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (6 packs per 1 day)
STAVZOR	Tier 6	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (2 caps per 1 day)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 pack per 2 years)
TEGRETOL	Tier 2	
TEGRETOL XR	Tier 2	
<i>tiagabine oral tablet 2 mg</i>	Tier 3	QL (1 tab per 1 day)
<i>tiagabine oral tablet 4 mg</i>	Tier 3	QL (4 tabs per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE	Tier 3	QL (4 caps per 1 day)
TOPAMAX ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	
<i>topiramate oral capsule, sprinkle</i>	Tier 1	
<i>topiramate oral tablet</i>	Tier 1	
TRILEPTAL	Tier 3	

Drug Name	Drug Status	Additional Information
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	Tier 3	ST; Note 5 (Standard); QL (1 cap per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	ST; Note 5 (Standard); QL (2 caps per 1 day)
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
VIMPAT ORAL TABLET	Tier 3	QL (2 tabs per 1 day)
XENAZINE ORAL TABLET 12.5 MG	Tier 4	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (8 tabs per 1 day)
XENAZINE ORAL TABLET 25 MG	Tier 4	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (4 tabs per 1 day)
ZARONTIN	Tier 3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Tier 3	
<i>zonisamide</i>	Tier 1	
Colony Stimulating Factors		
ARANESP (IN POLYSORBATE)	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
GRANIX	Tier 5	PA; Note 4 (Standard,Select)
LEUKINE	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)

Drug Name	Drug Status	Additional Information
NEULASTA	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
NEUPOGEN	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
PROCRIT	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 3 (90 day supply not allowed); Note 4 (Standard,Select)
PROMACTA	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 tab per 1 day)
Contraceptives		
ALTAVERA (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
ALYACEN 1/35 (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
ALYACEN 7/7/7 (28)	Tier 1	QL (1.5 tab per 1 day)

Drug Name	Drug Status	Additional Information
AMETHIA	Tier 1	QL (1 tab per 1 Day)
AMETHIA LO	Tier 1	QL (1 tab per 1 day)
AMETHYST	Tier 1	QL (1.5 tabs per 1 day)
APRI		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 Day)
ARANELLE (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 Day)
AVIANE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
AZURETTE (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 Day)
BALZIVA (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 Day)

Drug Name	Drug Status	Additional Information
BEYAZ	Tier 3	QL (1.5 tabs per 1 day)
BREVICON (28)	Tier 3	QL (1.5 tabs per 1 day)
BRIELLYN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 Day)
CAMRESE	Tier 1	QL (1 tab per 1 Day)
CAMRESE LO	Tier 1	QL (1 tab per 1 day)
CAZIAN (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
CESIA (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
CHATEAL		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tab per 1 day)
CRYSELLE (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)

Drug Name	Drug Status	Additional Information
CYCLAFEM 1/35 (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 Day)
CYCLESSA (28)	Tier 3	QL (1.5 tabs per 1 day)
DASETTA 1/35 (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tab per 1 Day)
DASETTA 7/7/7 (28)	Tier 1	QL (1.5 tab per 1 Day)
<i>daysee</i>	Tier 1	QL (1 tab per 1 day)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	Tier 3	QL (1 dose per 90 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE	Tier 3	QL (1 dose per 90 days)
DEPO-SUBQ PROVERA 104	Tier 3	QL (1 dose per 90 days)
DESOGEN	Tier 3	QL (1.5 tabs per 1 day)
<i>desogestrel-ethinyl estradiol</i>	Tier 1	
<i>drospirenone-ethinyl estradiol</i>	Tier 1	QL (1.5 tab per 1 Day)
ELINEST		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tab per 1 day)
ELLA	Tier 3	QL (1 tab per 1 fill)

Drug Name	Drug Status	Additional Information
EMOQUETTE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
ENPRESSE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
ENSKYCE	Tier 1	QL (1 tab per 1 day)
ERRIN	Tier 1	QL (1.5 tabs per 1 Day)
ESTARYLLA	Tier 1	QL (1.5 tab per 1 day)
ESTROSTEP FE-28	Tier 3	QL (1.5 tabs per 1 day)
FALMINA (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
FC FEMALE CONDOM		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1 device per 1 year)

Drug Name	Drug Status	Additional Information
FEMCON FE	Tier 3	QL (1.5 tabs per 1 day)
GENERESS FE	Tier 3	QL (1.5 tabs per 1 day)
GIANVI (28)	Tier 1	QL (1.5 tab per 1 Day)
GILDAGIA		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tab per 1 day)
GILDESS		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
GILDESS FE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
IMPLANON		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
INTROVALE	Tier 1	QL (1 tab per 1 day)
JENCYCLA	Tier 1	QL (1.5 tab per 1 Day)
<i>jolessa</i>	Tier 1	QL (1 tab per 1 day)
JOLIVETTE	Tier 1	QL (1.5 tabs per 1 day)

Drug Name	Drug Status	Additional Information
JUNEL 1.5/30 (21)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
JUNEL 1/20 (21)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
JUNEL FE 1.5/30 (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
JUNEL FE 1/20 (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
KARIVA (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)

Drug Name	Drug Status	Additional Information
KELNOR 1/35 (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
KURVELO		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tab per 1 day)
<i>l norgest&e estradiol-e estrad</i>	Tier 1	QL (1 tab per 1 day)
LEENA 28		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
LESSINA		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
LEVONEST (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tab per 1 day)

Drug Name	Drug Status	Additional Information
<i>levonorgestrel oral tablet 0.75 mg</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1 pack per 1 fill)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Tier 1	QL (1.5 tab per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tab per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier 1	QL (1 tab per 1 day)
LEVORA 0.15/30 (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
LEVORA-28		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
LO LOESTRIN FE	Tier 3	QL (1.5 tabs per 1 day)
LO MINASTRIN FE	Tier 3	QL (1.5 tab per 1 day)
LO-OVRAL (28)	Tier 3	QL (1.5 tab per 1 day)
LOESTRIN 1.5/30 (21)	Tier 3	QL (1.5 tabs per 1 day)
LOESTRIN 1/20 (21)	Tier 3	QL (1.5 tabs per 1 day)

Drug Name	Drug Status	Additional Information
LOESTRIN 24 FE	Tier 3	QL (1.5 tabs per 1 day)
LOESTRIN FE 1.5/30 (28)	Tier 3	QL (1.5 tabs per 1 day)
LOESTRIN FE 1/20 (28)	Tier 3	QL (1.5 tabs per 1 day)
LORYNA (28)	Tier 1	QL (1.5 tab per 1 Day)
LOSEASONIQUE	Tier 3	QL (1 tab per 1 day)
LOW-OGESTREL (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
LUTERA (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
LYZA	Tier 1	QL (1.5 tabs per 1 day)
MARLISSA		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tab per 1 day)
<i>medroxyprogesterone intramuscular</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1 dose per 90 days)

Drug Name	Drug Status	Additional Information
MICROGESTIN 1.5/30 (21)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
MICROGESTIN 1/20 (21)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
MICROGESTIN FE 1.5/30 (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
MICROGESTIN FE 1/20 (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
MINASTRIN 24 FE	Tier 3	QL (1.5 tab per 1 day)
MIRCETTE (28)	Tier 3	QL (1.5 tabs per 1 day)
MIRENA		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
MODICON (28)	Tier 3	QL (1.5 tabs per 1 day)

Drug Name	Drug Status	Additional Information
MONO-LINYAH	Tier 1	QL (1.5 tab per 1 Day)
MONONESSA (28)	Tier 1	QL (1.5 tabs per 1 Day)
MYZILRA		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
NATAZIA	Tier 3	
NECON 0.5/35 (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tab per 1 Day)
NECON 1/35 (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
NECON 1/50 (28)	Tier 1	QL (1.5 tabs per 1 day)
NECON 10/11 (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
NEXPLANON		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)

Drug Name	Drug Status	Additional Information
NEXT CHOICE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1 tab per 1 fill)
NEXT CHOICE ONE DOSE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1 tab per 1 fill)
NOR-QD	Tier 3	QL (1.5 tabs per 1 day)
NORA-BE	Tier 1	QL (1.5 tab per 1 day)
<i>noreth-ethinyl estradiol-iron</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>norethindrone (contraceptive)</i>	Tier 1	QL (1.5 tab per 1 Day)
<i>norgestimate-ethinyl estradiol</i>	Tier 1	QL (1.5 tab per 1 day)
<i>norgestrel-ethinyl estradiol oral tablet 0.3-30 mg-mcg</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tab per 1 day)
NORINYL 1+35 (28)	Tier 3	QL (1.5 tabs per 1 day)
NORINYL 1+50 (28)	Tier 3	QL (1.5 tabs per 1 day)

Drug Name	Drug Status	Additional Information
NORTREL 0.5/35 (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tab per 1 Day)
NORTREL 1/35 (21)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
NORTREL 1/35 (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
NORTREL 7/7/7 (28)	Tier 1	QL (1.5 tabs per 1 Day)
NUVARING	Tier 2	QL (12 device per 1 year)
OCELLA	Tier 1	QL (1.5 tabs per 1 Day)
OGESTREL (28)	Tier 3	QL (1.5 tabs per 1 day)
ORSYTHIA		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
ORTHO ALL-FLEX FITTING SET		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)

Drug Name	Drug Status	Additional Information
ORTHO DIAPHRAGM ALL-FLEX 65		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ORTHO DIAPHRAGM ALL-FLEX 70		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ORTHO DIAPHRAGM ALL-FLEX 75		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ORTHO DIAPHRAGM ALL-FLEX 80		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ORTHO EVRA	Tier 3	QL (3 patches per 1 fill)
ORTHO MICRONOR	Tier 3	QL (1.5 tabs per 1 day)
ORTHO TRI-CYCLEN (28)	Tier 3	QL (1.5 tabs per 1 day)
ORTHO TRI-CYCLEN LO (28)	Tier 3	QL (1.5 tabs per 1 day)
ORTHO-CEPT (28)	Tier 3	QL (1.5 tabs per 1 day)
ORTHO-CYCLEN (28)	Tier 3	QL (1.5 tab per 1 day)
ORTHO-NOVUM 1/35 (28)	Tier 3	QL (1.5 tabs per 1 day)
ORTHO-NOVUM 7/7/7 (21)	Tier 3	QL (1.5 tabs per 1 day)
ORTHO-NOVUM 7/7/7 (28)	Tier 3	QL (1.5 tabs per 1 day)
OVCON-35 (28)	Tier 3	QL (1.5 tabs per 1 day)

Drug Name	Drug Status	Additional Information
OVCON-50 (28)	Tier 3	QL (1.5 tabs per 1 day)
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1 device per 1 year)
PHILITH		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tab per 1 day)
PIRMELLA ORAL TABLET 1-35 MG-MCG	Tier 1	QL (1.5 tabs per 1 day)
PLAN B ONE-STEP	Tier 1	QL (1 tab per 1 fill)
PORTIA		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
PREVIFEM	Tier 1	QL (1.5 tabs per 1 Day)
QUARTETTE	Tier 3	QL (1 tab per 1 day)
QUASENSE	Tier 1	QL (1.5 tabs per 1 Day)
<i>reality latex condoms</i>	Tier 3	QL (15 units per 30 days)
RECLIPSEN (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
SEASONALE CONTRACEPTIVE	Tier 3	QL (1 tab per 1 Day)

Drug Name	Drug Status	Additional Information
SEASONIQUE	Tier 3	QL (1 tab per 1 Day)
SOLIA		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
SPRINTEC (28)	Tier 1	QL (1.5 tabs per 1 Day)
SRONYX		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
SYEDA	Tier 1	QL (1.5 tab per 1 Day)
TILIA FE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
TODAY CONTRACEPTIVE SPONGE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
TRI-ESTARYLLA	Tier 1	QL (1.5 tab per 1 Day)
TRI-LEGEST FE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)

Drug Name	Drug Status	Additional Information
TRI-LINYAH	Tier 1	QL (1.5 tab per 1 Day)
TRI-NORINYL (28)	Tier 3	QL (1.5 tabs per 1 day)
TRI-PREVIFEM (28)	Tier 1	QL (1.5 tabs per 1 Day)
TRI-SPRINTEC (28)	Tier 1	QL (1.5 tabs per 1 Day)
TRINESSA (28)	Tier 1	QL (1.5 tabs per 1 Day)
TRIVORA (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
VAGINAL CONTRACEPTIVE FILM		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
VAGINAL CONTRACEPTIVE FOAM		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
VCF CONTRACEPTIVE FILM		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
VELIVET TRIPHASIC REGIMEN (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)

Drug Name	Drug Status	Additional Information
VESTURA (28)	Tier 1	QL (1.5 tab per 1 Day)
VIORELE (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
WERA (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tab per 1 day)
WIDE-SEAL DIAPHRAGM 60		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
WIDE-SEAL DIAPHRAGM 65		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
WIDE-SEAL DIAPHRAGM 70		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
WIDE-SEAL DIAPHRAGM 75		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)

Drug Name	Drug Status	Additional Information
WIDE-SEAL DIAPHRAGM 80		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
WIDE-SEAL DIAPHRAGM 85		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
WIDE-SEAL DIAPHRAGM 90		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
WIDE-SEAL DIAPHRAGM 95		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
WYMZYA FE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
XULANE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (3 patches per 1 fill)
YASMIN (28)	Tier 3	QL (1.5 tabs per 1 Day)
YAZ (28)	Tier 3	QL (1.5 tabs per 1 Day)
ZARAH	Tier 1	QL (1.5 tab per 1 Day)

Drug Name	Drug Status	Additional Information
ZENCHENT (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
ZENCHENT FE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ZEOSA		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ZOVIA 1/35E (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
ZOVIA 1/50E (28)		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1.5 tabs per 1 day)
Cough/Cold Preparations		
<i>benzonatate</i>	Tier 1	
BROMFED DM	Tier 3	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 1	
<i>cpm-pseudoephed-hydrocodone</i>	Tier 3	

Drug Name	Drug Status	Additional Information
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>hydrocodone-homatropine oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
PROMETHAZINE VC-CODEINE	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<i>promethazine-dm</i>	Tier 1	
<i>promethazine-phenyleph-codone</i>	Tier 1	
REZIRA	Tier 3	
TESSALON PERLES	Tier 3	
TUSSICAPS	Tier 3	QL (20 caps per 1 fill)
TUSSIONEX PENNKINETIC ER	Tier 3	Note 3 (90 day supply not allowed); QL (120 ml per 1 fill)
VITUZ	Tier 3	QL (120 ml per 1 fill)
ZONATUSS	Tier 6	
ZUTRIPRO	Tier 3	
Diagnostic		
ACCU-CHEK AVIVA	Tier 6	
ACCU-CHEK COMFORT CURVE TEST	Tier 6	
ACCU-CHEK SMARTVIEW TEST STRIP	Tier 6	
CONTOUR TEST STRIPS	Tier 3	PA
FREESTYLE INSULINX TEST STRIPS	Tier 3	PA; Note 4 (Standard,Select)
FREESTYLE LITE STRIPS	Tier 3	PA; Note 4 (Standard,Select)
FREESTYLE TEST	Tier 3	PA
KETONE URINE TEST	Tier 3	
NOVA MAX GLUCOSE TEST	Tier 3	PA; Note 4 (Standard)
ONE TOUCH ULTRA TEST	Tier 2	
ONE TOUCH VERIO	Tier 2	
PRECISION XTRA TEST	Tier 3	PA; Note 4 (Standard,Select)
TRUETEST TEST STRIPS	Tier 3	PA; Note 4 (Standard,Select)
TRUETRACK TEST	Tier 3	PA; Note 4 (Standard,Select)

Drug Name	Drug Status	Additional Information
Diuretics		
<i>acetazolamide oral capsule, extended release</i>	Tier 1	
<i>acetazolamide oral tablet</i>	Tier 1	
ALDACTAZIDE	Tier 3	
ALDACTONE	Tier 3	
<i>amiloride oral</i>	Tier 1	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>bumetanide oral tablet 2 mg</i>	Tier 1	
<i>chlorothiazide</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
DEMADEX	Tier 3	
DIAMOX SEQUELS	Tier 3	
DIURIL	Tier 3	
DYAZIDE	Tier 3	
DYRENIUM	Tier 3	
EDECIN	Tier 3	
<i>furosemide oral tablet</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>hydrochlorothiazide oral capsule</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>indapamide</i>	Tier 1	
INSPIRA ORAL TABLET 25 MG	Tier 3	QL (1 EA per 1 day)
INSPIRA ORAL TABLET 50 MG	Tier 3	QL (2 tabs per 1 day)
LASIX	Tier 3	
MAXZIDE	Tier 3	
MAXZIDE-25MG	Tier 3	
<i>methazolamide oral</i>	Tier 1	
<i>metolazone</i>	Tier 1	

Drug Name	Drug Status	Additional Information
MICROZIDE	Tier 3	
MIDAMOR	Tier 3	
NEPTAZANE	Tier 3	
SAMSCA ORAL TABLET 15 MG	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 tab per 1 day)
SAMSCA ORAL TABLET 30 MG	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (2 tabs per 1 day)
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>spironolactone oral tablet 25 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>toremide oral</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
ZAROXOLYN ORAL TABLET 2.5 MG, 5 MG	Tier 3	
Eent Preps		
ACETASOL HC	Tier 1	
<i>acetic acid otic</i>	Tier 1	
<i>acetic acid-aluminum acetate</i>	Tier 1	
ACULAR	Tier 3	
ACULAR LS	Tier 3	
ACUVAIL (PF)	Tier 3	QL (30 vials per 1 fill)
ADRENALIN NASAL	Tier 2	
ALAMAST	Tier 3	
ALOCRIAL	Tier 3	

Drug Name	Drug Status	Additional Information
ALOMIDE	Tier 3	
ALPHAGAN P	Tier 3	
ALREX	Tier 3	
<i>antipyrine-benzocaine</i>	Tier 1	
<i>apraclonidine</i>	Tier 1	
ASTELIN	Tier 3	
ASTEPRO NASAL SPRAY, NON-AEROSOL	Tier 3	
<i>atropine ophthalmic</i>	Tier 1	
ATROVENT	Tier 3	QL (1 bottle per 1 fill)
<i>azelastine nasal aerosol, spray</i>	Tier 1	
<i>azelastine nasal spray, non-aerosol</i>	Tier 3	
AZOPT	Tier 2	
BECONASE AQ	Tier 3	ST; Note 5 (Standard, Select)
BETAGAN OPHTHALMIC DROPS 0.5 %	Tier 3	
<i>betaxolol ophthalmic</i>	Tier 1	
BETIMOL	Tier 2	
BETOPTIC S	Tier 2	
<i>brimonidine ophthalmic drops 0.2 %</i>	Tier 1	
<i>budesonide nasal</i>	Tier 3	
<i>carteolol</i>	Tier 1	
COMBIGAN	Tier 3	
COSOPT	Tier 3	
COSOPT (PF)	Tier 3	
<i>cromolyn ophthalmic</i>	Tier 1	
CYCLOGYL	Tier 3	
CYCLOMYDRIL	Tier 3	
<i>cyclopentolate</i>	Tier 1	
CYSTARAN	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard, Select)
<i>dexamethasone sodium phosphate ophthalmic</i>	Tier 1	
<i>diclofenac sodium ophthalmic</i>	Tier 1	
<i>dorzolamide</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
DUREZOL	Tier 3	

Drug Name	Drug Status	Additional Information
DYMISTA	Tier 6	QL (1 GM per 1 fill)
FLONASE	Tier 3	
<i>flunisolide</i>	Tier 1	
<i>fluorometholone</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
<i>fluticasone nasal</i>	Tier 1	
FML FORTE	Tier 2	
FML LIQUIFILM	Tier 3	
FML S.O.P.	Tier 2	
<i>hydrocortisone-acetic acid</i>	Tier 1	
ILEVRO	Tier 3	QL (1 bottle per 1 fill)
IOPIDINE	Tier 3	
<i>ipratropium bromide nasal</i>	Tier 1	QL (1 bottle per 1 fill)
ISOPTO ATROPINE	Tier 3	
ISOPTO CARBACHOL	Tier 3	
ISOPTO CARPINE	Tier 3	
ISOPTO HYOSCINE	Tier 3	
<i>ketorolac ophthalmic</i>	Tier 3	
LACRISERT	Tier 3	
<i>latanoprost</i>	Tier 1	QL (3 ML per 1 fill)
<i>levobunolol</i>	Tier 1	
LOTEMAX	Tier 3	
LUMIGAN	Tier 3	PA; Note 4 (Standard, Select); QL (3 ML per 30 days)
<i>metipranolol</i>	Tier 1	
NASACORT	Tier 1	Note 1 (Requires doctors prescription)
<i>nasacort aq</i>	Tier 1	
NASONEX	Tier 2	
NEVANAC	Tier 3	
OCUDOX	Tier 6	
OCUFEN	Tier 3	
OMNARIS	Tier 3	QL (1 GM per 1 fill)
OPTIPRANOLOL	Tier 3	
PATANASE	Tier 3	
PHOSPHOLINE IODIDE	Tier 2	

Drug Name	Drug Status	Additional Information
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	Tier 1	
PRED FORTE	Tier 3	
PRED MILD	Tier 3	
<i>prednisolone acetate</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic</i>	Tier 1	
PROLENSA	Tier 3	QL (1 bottle per 1 fill)
QNASL	Tier 3	
RESCULA	Tier 3	PA; Note 4 (Standard,Select); QL (1 bottle per 1 fill)
RESTASIS	Tier 3	QL (2 vials per 1 day)
RHINOCORT AQUA	Tier 3	ST; Note 5 (Standard)
SIMBRINZA	Tier 3	QL (1 bottle per 1 fill)
<i>timolol maleate ophthalmic</i>	Tier 1	
TIMOPTIC	Tier 3	
TIMOPTIC-XE	Tier 3	
TRAVATAN Z	Tier 2	QL (3 ML per 1 fill)
<i>travoprost (benzalkonium)</i>	Tier 3	PA; Note 4 (Standard,Select); QL (3 ML per 1 fill)
<i>triamcinolone acetonide nasal</i>	Tier 1	
TRUSOPT	Tier 3	
VERAMYST	Tier 3	ST; Note 5 (Standard,Select); QL (1 GM per 1 fill)
VEXOL	Tier 2	
VOLTAREN OPTHALMIC	Tier 3	
VOSOL-HC	Tier 3	
XALATAN	Tier 3	ST; Note 5 (Standard); QL (3 ML per 1 fill)
ZETONNA	Tier 3	ST; Note 5 (Standard,Select); QL (1 GM per 1 fill)

Drug Name	Drug Status	Additional Information
ZIOPTAN (PF)	Tier 3	PA; Note 4 (Standard,Select); QL (1 unit per 1 day)
Elect/Caloric/H2o		
<i>calcium acetate oral</i>	Tier 1	
CHILDREN'S IRON		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
CYTRA-3	Tier 1	
CYTRA-K	Tier 1	
ELIPHOS	Tier 1	
EPIFLUR		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ETHEDENT		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
FER-IN-SOL		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
FER-IRON		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)

Drug Name	Drug Status	Additional Information
<i>ferrous sulfate oral drops</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
FLUOR-A-DAY (WITH XYLITOL) ORAL TABLET,CHEWABLE 0.25 MG F (0.55 MG)-236.79MG, 0.5 MG F (1.1 MG)-236.79 MG		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
FLUORABON		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
FLUORITAB		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
FLURA-DROPS		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
FOSRENOL	Tier 3	
FOSTEUM	LA	
GLUCAGEN	Tier 3	QL (1 unit per 1 fill)
GLUCAGEN HYPOKIT	Tier 2	QL (1 kit per 1 fill)
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 2	QL (1 kit per 1 fill)
ICAR-C PLUS	Tier 3	
K-PHOS-NEUTRAL	Tier 3	
KAOCHLOR ORAL TABLET, EFFERVESCENT	Tier 3	
KAYEXALATE	Tier 3	

Drug Name	Drug Status	Additional Information
KIONEX ORAL POWDER	Tier 1	
KIONEX ORAL SUSPENSION	Tier 1	
LUDENT FLUORIDE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
LURIDE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
MARLEXATE	Tier 1	
MICRO-K ORAL CAPSULE, EXTENDED RELEASE 8 MEQ	Tier 3	
NAFRINSE		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
NEOPHE	LA	
PHENYLENE	LA	
PHENYLENE 75	LA	
PHOSLO	Tier 3	
<i>potassium chloride oral capsule, extended release 10 meq</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>potassium chloride oral capsule, extended release 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>potassium chloride oral tablet extended release 20 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	Tier 1	

Drug Name	Drug Status	Additional Information
<i>potassium citrate oral tablet extended release 10 meq, 15 meq, 5 meq</i>	Tier 1	
PROGLYCEM	Tier 3	
RENAF		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
RENAGEL	Tier 3	
RENVELA ORAL POWDER IN PACKET	Tier 3	
RENVELA ORAL TABLET	Tier 3	
<i>sevelamer carbonate</i>	Tier 1	
SHOHL'S MODIFIED	Tier 3	
SLOESTEROL	LA	
SODIPHLUOR		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>sodium citrate-citric acid</i>	Tier 1	
<i>sodium fluoride oral drops</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>sodium fluoride oral tablet 0.5 mg (fluor) (1.1 mg)</i>	Tier 1	
<i>sodium fluoride oral tablet 1 mg fluoride (2.2 mg)</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)

Drug Name	Drug Status	Additional Information
<i>sodium fluoride oral tablet, chewable 0.25 mg fluorid (0.55 mg)</i>		Note 1 (Lowest Generic Copay Applies); Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>sodium fluoride oral tablet, chewable 0.5 mg fluoride (1.1 mg), 1 mg fluoride (2.2 mg)</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
SODIUM POLYSTYRENE (SORB FREE)	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>sodium polystyrene sulfonate oral suspension</i>	Tier 1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	Tier 1	
<i>sodium polystyrene sulfonate rectal enema 50 gram/200 ml</i>	Tier 2	
SPS	Tier 1	
SSKI	Tier 2	
TRICITRATES	Tier 1	
UROCIT-K 10	Tier 3	
UROCIT-K 15	Tier 3	
UROCIT-K 5	Tier 3	
VELPHORO	Tier 3	
VP-GSTN	LA	
Gastrointestinal		
ACIPHEX	Tier 3	PA; Note 4 (Standard, Select); QL (1 tab per 1 day)
ACIPHEX SPRINKLE	Tier 3	PA; Note 4 (Standard); QL (1 cap per 1 Day)
ACTIGALL	Tier 3	

Drug Name	Drug Status	Additional Information
ALOPHEN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
AMITIZA	Tier 2	ST; Note 3 (90 day supply not allowed); Note 5 (Standard,Select); QL (2 caps per 1 day)
<i>amoxicil-clarithromy-lansopraz</i>	Tier 3	
ANALPRAM-HC	Tier 3	
ANASPAZ	Tier 3	
ANTIVERT ORAL TABLET 12.5 MG, 25 MG	Tier 3	
ANUSOL-HC RECTAL CREAM	Tier 3	
ANZEMET ORAL	Tier 3	Note 3 (90 day supply not allowed); QL (10 tabs per 1 fill)
<i>apriso</i>	Tier 3	ST; Note 5 (Standard,Select); QL (4 caps per 1 day)
ASACOL	Tier 2	
ASACOL HD	Tier 2	QL (6 tabs per 1 day)
AXID ORAL SOLUTION	Tier 3	
<i>balsalazide</i>	Tier 1	ST; Note 5 (Standard,Select); QL (9 caps per 1 day)
BENTYL ORAL CAPSULE	Tier 3	
BENTYL ORAL TABLET	Tier 3	
BUPHENYL	Tier 5	PA; SD (Specialty Distribution through Medco Mail)
CANASA	Tier 2	QL (1 suppository per 1 day)
CARAFATE ORAL SUSPENSION	Tier 2	
CARAFATE ORAL TABLET	Tier 3	

Drug Name	Drug Status	Additional Information
CESAMET	Tier 3	QL (2 caps per 1 day)
CESINEX	LA	
CHENODAL	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select)
<i>chlordiazepoxide-clidinium</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg</i>	Tier 1	
<i>cimetidine oral tablet 800 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>cimetidine hcl oral</i>	Tier 1	
CIMZIA	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 kit per 30 per Months)
CIMZIA POWDER FOR RECONST	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 Kit per 30 per Months)
CIMZIA STARTER KIT	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 kit per 30 Per Years)
COLAZAL	Tier 3	ST; Note 5 (Standard,Select); QL (9 caps per 1 day)
COLYTE WITH FLAVOR PACKS	Tier 3	
COMPAZINE RECTAL	Tier 3	

Drug Name	Drug Status	Additional Information
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
CUVPOSA	Tier 3	PA; Note 4 (Standard)
CYTOTEC	Tier 3	
DELZICOL	Tier 2	QL (12 caps per 1 day)
DEXILANT	Tier 3	PA; Note 4 (Standard,Select); QL (1 cap per 1 day)
DICLEGIS	Tier 3	QL (60 tabs per 1 fill)
<i>dicyclomine oral capsule</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>dicyclomine oral tablet</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
DIPENTUM	Tier 3	ST; Note 5 (Standard,Select); QL (4 caps per 1 day)
<i>diphenoxylate-atropine</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>dronabinol</i>	Tier 3	PA; Note 4 (Standard); QL (2 caps per 1 day)
EMEND ORAL	Tier 3	QL (3 caps per 1 fill)
<i>esomeprazole strontium</i>	Tier 6	
<i>famotidine oral tablet 10 mg</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
FIRST-LANSOPRAZOLE	Tier 2	
FIRST-OMEPRAZOLE	Tier 2	
FULYZAQ	Tier 3	PA; Note 4 (Standard,Select); QL (2 tabs per 1 day)

Drug Name	Drug Status	Additional Information
GATTEX 30-VIAL	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (1 box per 30 fills)
GATTEX ONE-VIAL	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (1 box per 30 fills)
GAVILAX ORAL POWDER IN PACKET 8.5 GRAM		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
GIAZO	Tier 3	PA; Note 4 (Standard,Select); QL (6 tabs per 1 day)
GOLYTELY ORAL RECON SOLN	Tier 3	Note 3 (90 day supply not allowed)
HALFLYTELY-BISACODYL W-FLAV PK	Tier 3	Note 3 (90 day supply not allowed); QL (1 kit per 1 fill)
HELIDAC	Tier 3	
<i>hydrocortisone rectal cream</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating</i>	Tier 1	
KRISTALOSE	Tier 3	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	
LEVSIN ORAL	Tier 3	
LIALDA	Tier 2	QL (4 tabs per 1 day)
LIBRAX (WITH CLIDINIUM)	Tier 3	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	

Drug Name	Drug Status	Additional Information
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	Tier 1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	Tier 3	ST; Note 5 (Standard,Select); QL (1 cap per 1 day)
LIPICHOL 540	LA	
LOMOTIL	Tier 3	Note 3 (90 day supply not allowed)
LOTRONEX	Tier 2	Note 3 (90 day supply not allowed)
LOVAZA	Tier 3	ST; Note 5 (Standard); QL (4 cap per 1 day)
MARINOL	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (2 caps per 1 day)
<i>mesalamine rectal</i>	Tier 1	
<i>metoclopramide hcl injection solution</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>metoclopramide hcl oral solution</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>metoclopramide hcl oral tablet 10 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>metoclopramide hcl oral tablet 5 mg</i>	Tier 1	
METAZOLV ODT	Tier 6	
MIRALAX ORAL POWDER IN PACKET	Tier 1	
<i>misoprostol</i>	Tier 1	
MOTOFEN	Tier 3	
MOVIPREP	Tier 3	
NEXIUM	Tier 2	QL (1 cap per 1 day)
NEXIUM PACKET	Tier 2	
<i>nizatidine</i>	Tier 1	
NULYTELY WITH FLAVOR PACKS	Tier 3	
OMECLAMOX-PAK	Tier 6	
<i>omega-3 acid ethyl esters</i>	Tier 3	ST; Note 5 (Standard); QL (4 caps per 1 day)

Drug Name	Drug Status	Additional Information
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 40 mg</i>	Tier 1	
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>omeprazole oral tablet,delayed release (dr/ec)</i>	Tier 1	
<i>ondansetron</i>	Tier 1	Note 3 (90 day supply not allowed); QL (60 tabs per 1 fill)
<i>ondansetron hcl oral solution</i>	Tier 1	Note 3 (90 day supply not allowed); QL (50 ml per 1 fill)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 3	Note 3 (90 day supply not allowed); QL (1 tab per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	Note 3 (90 day supply not allowed); QL (60 tabs per 1 fill)
<i>opium tincture oral tincture</i>	Tier 3	
OSMOPREP	Tier 3	
PAMINE	Tier 3	
PAMINE FORTE	Tier 3	
PANCREAZE	Tier 3	ST; Note 5 (Standard)
<i>pantoprazole oral</i>	Tier 1	
<i>paregoric</i>	Tier 3	
<i>peg 3350-electrolytes</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>peg-electrolyte soln</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 2	QL (16 caps per 1 day)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	Tier 2	QL (8 tabs per 1 day)
PEPCID	Tier 3	
PERTZYE	Tier 3	ST; Note 5 (Standard)
<i>polyethylene glycol 3350 oral</i>	Tier 1	

Drug Name	Drug Status	Additional Information
PREPARATION CLEANSING		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
PREVACID	Tier 6	
PREVACID 24HR	Tier 1	Note 1 (Requires doctors prescription); QL (2 caps per 1 day)
PREVACID SOLUTAB	Tier 3	PA; Note 4 (Standard,Select); QL (1 tab per 1 day); AL
PREVPAC	Tier 3	
PRILOSEC ORAL CAPSULE,DELAYED RELEASE(DR/EC)	Tier 3	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	Tier 6	
PRILOSEC OTC	Tier 1	Note 1 (Requires doctors prescription,Lowest Generic Copay Applies)
<i>prochlorperazine</i>	Tier 1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	Tier 1	
<i>prochlorperazine maleate oral</i>	Tier 1	
PROCTOCORT RECTAL CREAM	Tier 3	
PROCTOCREAM-HC	Tier 3	
PROCTOFOAM HC	Tier 3	
PROCTOZONE-HC	Tier 1	
<i>propantheline</i>	Tier 1	
PROTONIX ORAL	Tier 3	
PYLERA	Tier 3	
<i>rabeprazole</i>	Tier 3	PA; Note 4 (Standard); QL (1 tab per 1 day)
<i>ranitidine hcl oral capsule</i>	Tier 1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)

Drug Name	Drug Status	Additional Information
RAVICTI	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (20 bottles per 30 Days)
RECTIV	Tier 3	QL (30 grams per 1 fill)
REGLAN ORAL	Tier 3	
ROBINUL ORAL	Tier 3	
ROBINUL FORTE	Tier 3	
SANCUSO	Tier 3	Note 3 (90 day supply not allowed); QL (1 patch per 1 fill)
SMOOTHLAX ORAL POWDER	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>sodium phenylbutyrate</i>	Tier 5	PA; SD (Specialty Distribution through Medco Mail); Note 4 (Standard,Select)
SUCLEAR	Tier 3	
SUCRAID	Tier 5	SD (Specialty Distribution)
<i>sucrafate oral tablet</i>	Tier 1	
SUPREP	Tier 3	
TIGAN ORAL CAPSULE 300 MG	Tier 3	
TRANSDERM-SCOP	Tier 3	
TRILYTE WITH FLAVOR PACKETS	Tier 1	
<i>trimethobenzamide oral</i>	Tier 1	
ULTRESA	Tier 3	ST; Note 5 (Standard)
URSO 250	Tier 3	
URSO FORTE	Tier 3	
<i>ursodiol oral capsule</i>	Tier 1	
<i>ursodiol oral tablet</i>	Tier 3	
VASCAZEN	LA	
VASCEPA	Tier 2	ST; Note 5 (Standard); QL (4 caps per 1 Day)
VIOKACE	Tier 3	ST; Note 5 (Standard)
VSL#3	LA	
VSL#3 DS	LA	

Drug Name	Drug Status	Additional Information
VSL#3 JUNIOR	LA	
Z-PRAM	Tier 3	
ZANTAC ORAL TABLET	Tier 3	
ZANTAC 25 EFFERDOSE	Tier 6	
ZEGERID	Tier 6	PA; Note 4 (Standard,Select); QL (1 cap per 1 day)
ZEGERID OTC	Tier 1	Note 1 (Requires doctors prescription); QL (1 cap per 1 day)
ZENPEP	Tier 2	
ZOFRAN (AS HYDROCHLORIDE) ORAL SOLUTION	Tier 3	Note 3 (90 day supply not allowed); QL (50 ml per 1 fill)
ZOFRAN (AS HYDROCHLORIDE) ORAL TABLET	Tier 3	Note 3 (90 day supply not allowed); QL (60 tabs per 1 fill)
ZOFRAN ODT	Tier 3	Note 3 (90 day supply not allowed); QL (60 tabs per 1 fill)
ZUPLENZ	Tier 6	Note 3 (90 day supply not allowed); QL (10 EA per 1 fill)
ZYPRAM	Tier 6	
Herbals		
TEARS AGAIN HYDRATE	LA	
VP-PRECIP	LA	
Hormones		
ACTIVELLA ORAL TABLET 0.5-0.1 MG	Tier 3	QL (1 tab per 1 day)
ACTIVELLA ORAL TABLET 1-0.5 MG	Tier 2	QL (1 tab per 1 day)
ALORA	Tier 3	QL (1 box per 1 fill)
ANADROL-50	Tier 3	
ANDRODERM	Tier 6	Note 3 (90 day supply not allowed)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ ACTUATION (1 %)	Tier 2	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (150 grams per 1 fill)

Drug Name	Drug Status	Additional Information
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	Tier 2	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (1 pump per 1 fill)
ANDROGEL TRANSDERMAL GEL IN PACKET	Tier 2	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (1 pack per 1 Day)
ANDROID	Tier 2	Note 3 (90 day supply not allowed)
<i>androxy</i>	Tier 1	
ANGELIQ	Tier 3	
AXIRON	Tier 6	Note 3 (90 day supply not allowed); QL (1 pump per 1 fill)
AYGESTIN	Tier 3	
BRAVELLE	LA	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
<i>budesonide oral</i>	Tier 1	
<i>cabergoline</i>	Tier 1	
<i>calcitonin (salmon)</i>	Tier 1	Note 3 (90 day supply not allowed)
CENESTIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG	Tier 3	QL (1 tab per 1 day)
CENESTIN ORAL TABLET 1.25 MG	Tier 3	QL (2 tabs per 1 day)
CERVIDIL	Tier 3	
CETROTIDE	LA	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)

Drug Name	Drug Status	Additional Information
<i>chorionic gonadotropin, human</i>	LA	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 3 (90 day supply not allowed); Note 4 (Standard,Select)
CLIMARA	Tier 3	QL (1 box per 1 fill)
CLIMARA PRO	Tier 3	QL (1 box per 1 fill)
<i>clomiphene citrate</i>	LA	
COMBIPATCH	Tier 3	QL (8 patches per 1 month)
CORTEF	Tier 3	
CORTIFOAM	Tier 2	
<i>cortisone</i>	Tier 1	
COVARYX	Tier 1	
COVARYX H.S.	Tier 1	
CRINONE VAGINAL GEL 4 %	Tier 3	
<i>danazol oral</i>	Tier 3	
DDAVP NASAL	Tier 3	
DDAVP ORAL	Tier 3	
DELATESTRYL	Tier 3	Note 3 (90 day supply not allowed); QL (5 ml per 1 fill)
DEPO-TESTOSTERONE	Tier 3	Note 3 (90 day supply not allowed); QL (4 ml per 1 fill)
<i>desmopressin nasal</i>	Tier 1	
<i>desmopressin oral</i>	Tier 1	
<i>dexamethasone</i>	Tier 1	
DIVIGEL	Tier 3	
DUAVEE	Tier 2	QL (1 tab per 1 day)
EEMT	Tier 1	
EEMT HS	Tier 1	
EGRIFTA	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)

Drug Name	Drug Status	Additional Information
ELESTRIN	Tier 3	QL (1 GM per 1 fill)
ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG	Tier 3	QL (1 tab per 1 day)
ENJUVIA ORAL TABLET 1.25 MG	Tier 3	QL (2 tabs per 1 day)
ENTOCORT EC	Tier 3	
ESTRACE ORAL	Tier 3	
ESTRACE VAGINAL	Tier 3	
<i>estradiol oral</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>estradiol transdermal</i>	Tier 1	QL (1 box per 1 fill)
<i>estradiol-norethindrone acet</i>	Tier 1	
ESTRASORB	Tier 3	QL (2 packs per 1 day)
ESTRING	Tier 3	
ESTROGEL	Tier 3	QL (50 grams per 1 fill)
<i>estrogens-methyltestosterone</i>	Tier 1	
<i>estropipate</i>	Tier 1	
EVAMIST	Tier 3	QL (1 bottle per 1 fill)
FEMHRT 1/5	Tier 3	QL (1 tab per 1 day)
FEMHRT LOW DOSE	Tier 3	QL (1 tab per 1 day)
FEMRING	Tier 3	QL (1 ring per 90 days)
<i>fludrocortisone</i>	Tier 1	
FOLLISTIM AQ	LA	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
FORTESTA	Tier 6	Note 3 (90 day supply not allowed); QL (60 grams per 1 fill)
FORTICAL	Tier 1	

Drug Name	Drug Status	Additional Information
<i>ganirelix</i>	LA	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
GENOTROPIN	Tier 6	
GENOTROPIN MINIQUICK	Tier 6	
GONAL-F	LA	PA; Note 4 (Standard,Select)
GONAL-F RFF	LA	PA; Note 4 (Standard,Select)
GONAL-F RFF PEN	LA	
GONAL-F RFF REDIRECT	LA	
HUMATROPE	Tier 6	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
INCRELEX	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
JINTELI	Tier 1	
LUVERIS	LA	
MEDROL	Tier 3	
MEDROL (PAK)	Tier 3	
<i>medroxyprogesterone oral</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
MENEST	Tier 3	
MENOPUR	LA	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
MENOSTAR	Tier 3	QL (1 box per 1 fill)
<i>methylgonovine oral</i>	Tier 1	
<i>methylprednisolone</i>	Tier 1	
MIACALCIN INJECTION	Tier 3	PA; Note 4 (Standard)
MIACALCIN NASAL	Tier 3	
MIMVEY	Tier 1	QL (1 tab per 1 day)

Drug Name	Drug Status	Additional Information
MYALEPT	Tier 4	PA; Note 4 (Standard,Select)
NORDITROPIN FLEXPRO	Tier 6	
NORDITROPIN NORDIFLEX SUBCUTANEOUS PEN INJECTOR 30 MG/3 ML (10 MG/ML)	Tier 6	
NOVAREL	LA	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 3 (90 day supply not allowed); Note 4 (Standard,Select)
NUTROPIN	Tier 6	PA; Note 4 (Standard,Select)
NUTROPIN AQ	Tier 6	
NUTROPIN AQ NUSPIN	Tier 6	
<i>octreotide acetate</i>	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
OGEN 2.5	Tier 3	
OMNITROPE	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
ORAPRED	Tier 3	
ORAPRED ODT	Tier 3	
ORTHO-PREFEST	Tier 3	
OVIDREL	LA	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
OXANDRIN	Tier 3	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>prednisone oral tablet 50 mg</i>	Tier 1	

Drug Name	Drug Status	Additional Information
<i>prednisone oral tablets,dose pack</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
PREFEST	Tier 3	QL (1 tab per 1 day)
PREGNYL	LA	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
PRELONE	Tier 3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	
PREMARIN VAGINAL	Tier 2	
PREMPHASE	Tier 2	
PREMPRO	Tier 2	
PREPIDIL	Tier 3	
PROMETRIUM	Tier 2	QL (2 caps per 1 day)
PROVERA	Tier 3	
RAYOS	Tier 3	ST; Note 5 (Standard,Select)
REPRONEX	LA	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
SAIZEN	Tier 6	
SAIZEN CLICK.EASY	Tier 6	
SANDOSTATIN INJECTION SOLUTION 1,000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
SEROPHENE	LA	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 6	

Drug Name	Drug Status	Additional Information
SIGNIFOR	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (2 amps per 1 day)
SOMATULINE DEPOT	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
STIMATE	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
STRIANT	Tier 6	Note 3 (90 day supply not allowed); QL (2 units per 1 day)
SYNAREL	Tier 2	
TESTIM	Tier 2	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (150 grams per 1 fill)
<i>testosterone transdermal gel</i>	Tier 3	PA; Note 4 (Standard,Select); QL (150 grams per 1 fill)
<i>testosterone transdermal gel in metered-dose pump 1.25 gram/ actuation (1 %)</i>	Tier 3	PA; Note 4 (Standard,Select); QL (150 grams per 1 fill)
<i>testosterone transdermal gel in packet</i>	Tier 3	PA; Note 4 (Standard,Select); QL (1 Pack per 1 day)
<i>testosterone cypionate</i>	Tier 3	Note 3 (90 day supply not allowed); QL (4 ML per 1 fill)
<i>testosterone enanthate</i>	Tier 3	
TEV-TROPIN	Tier 6	
UCERIS	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
VAGIFEM	Tier 3	

Drug Name	Drug Status	Additional Information
VIVELLE	Tier 2	QL (1 box per 1 fill)
VIVELLE-DOT	Tier 3	QL (8 patches per 1 month)
VOGELXO	Tier 6	
ZORBTIVE	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
Immunosuppressant		
ACTEMRA SUBCUTANEOUS	Tier 5	PA; Note 4 (Standard,Select); QL (1 syringe per 1 month)
ASTAGRAF XL	Tier 5	SD (Specialty Distribution through Medco Mail)
<i>azathioprine</i>	Tier 1	
CELLCEPT ORAL CAPSULE	Tier 5	SD (Specialty Distribution through Medco Mail)
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	Tier 4	SD (Specialty Distribution through Medco Mail)
CELLCEPT ORAL TABLET	Tier 5	SD (Specialty Distribution through Medco Mail)
<i>cyclosporine oral capsule</i>	Tier 4	SD (Specialty Distribution through Medco Mail)
<i>cyclosporine modified</i>	Tier 4	SD (Specialty Distribution through Medco Mail)
ELIDEL	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (60 grams per 1 fill)
GENGRAF	Tier 4	SD (Specialty Distribution through Medco Mail)

Drug Name	Drug Status	Additional Information
HECORIA	Tier 5	SD (Specialty Distribution through Medco Mail)
IMURAN	Tier 3	Note 3 (90 day supply not allowed)
<i>mycophenolate mofetil</i>	Tier 4	SD (Specialty Distribution through Medco Mail)
<i>mycophenolate sodium</i>	Tier 5	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed)
MYFORTIC	Tier 5	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed)
NEORAL	Tier 4	SD (Specialty Distribution through Medco Mail)
PROGRAF INTRAVENOUS	Tier 4	SD (Specialty Distribution through Medco Mail)
PROGRAF ORAL	Tier 5	SD (Specialty Distribution through Medco Mail)
PROTOPIC	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (60 grams per 1 fill)
RAPAMUNE ORAL SOLUTION	Tier 4	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed)
RAPAMUNE ORAL TABLET 0.5 MG	Tier 5	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed)

Drug Name	Drug Status	Additional Information
RAPAMUNE ORAL TABLET 1 MG, 2 MG	Tier 4	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed)
SANDIMMUNE ORAL	Tier 4	SD (Specialty Distribution through Medco Mail)
<i>sirolimus</i>	Tier 4	SD (Specialty Distribution through Medco Mail); Note 3 (90 day supply not allowed)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (1 syringe per 1 fill)
<i>tacrolimus</i>	Tier 4	
ZORTRESS	Tier 5	SD (Specialty Distribution through Medco Mail)
Miscellaneous Medical Supplies, Devices, Non-Drug		
ACCU-CHEK COMPACT PLUS CARE	Tier 6	
ADVOCATE BLOOD GLUCOSE MONITOR	Tier 6	
AEROCHAMBER MV	Tier 2	QL (2 spacers per 1 fill)
BD AUTOSHIELD PEN NEEDLE NEEDLE 29 X 3/16 ", 29 X 5/16 "	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE	Tier 2	
BD GLASPAK TB SYRINGE	Tier 2	
BD INSULIN PEN NEEDLE UF MINI	Tier 2	
BD INSULIN PEN NEEDLE UF ORIG	Tier 2	
BD INSULIN PEN NEEDLE UF SHORT	Tier 2	

Drug Name	Drug Status	Additional Information
BD INSULIN SYRINGE	Tier 2	
BD INSULIN SYRINGE HALF UNIT	Tier 2	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 0.3 ML 28, 0.3 ML 28 X 1/2", 1 ML 28 X 1/2", 1/2 ML 28 X 1/2"	Tier 2	
BD INSULIN SYRINGE SAFETY-LOK	Tier 2	
BD INSULIN SYRINGE SLIP TIP	Tier 2	
BD INSULIN SYRINGE ULT-FINE II	Tier 2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 X 1/2", 1 ML 29 X 1/2"	Tier 2	
BD INTEGRA INSULIN SYRINGE	Tier 2	
BD INTEGRA SYRINGE	Tier 2	
BD LUER-LOK SYRINGE	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE	Tier 2	
BD SAFETYGLIDE NEEDLE	Tier 2	
BD SAFETYGLIDE SHIELDING REG	Tier 2	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 X 5/8", 10 ML 22 X 1 1/2", 3 ML 22 X 1 1/2"	Tier 2	
BD SLIP TIP SYRINGE	Tier 2	
BD SYRINGE	Tier 2	
BD SYRINGE-DUAL CANNULA	Tier 2	
FREESTYLE FREEDOM LITE	Tier 3	PA; Note 4 (Standard,Select)
MICROCHAMBER	Tier 2	
NOVOPEN 3	Tier 3	
NOVOPEN JR	Tier 3	
ONE TOUCH VERIO IQ METER KIT	Tier 2	QL (1 EA per 365 days)
OPTICHAMBER ADVANTAGE	Tier 3	
PRODIGY AUTOCODE METER	Tier 3	PA; Note 4 (Standard); QL (1 unit per 365 days)

Drug Name	Drug Status	Additional Information
PRODIGY AUTOCODE PRO	Tier 3	PA; QL (1 unit per 365 days)
PRODIGY POCKET METER KIT	Tier 3	PA; Note 4 (Standard); QL (1 EA per 365 days)
PRODIGY POCKET PRO	Tier 3	PA; Note 4 (Standard); QL (1 unit per 365 days)
PRODIGY VOICE GLUCOSE METER KIT	Tier 3	PA; Note 4 (Standard); QL (1 unit per 365 days)
PRODIGY VOICE PRO	Tier 3	PA; Note 4 (Standard); QL (1 unit per 365 days)
Muscle Relaxants		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG	Tier 6	QL (1 EA per 1 Day)
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 30 MG	Tier 6	QL (1 EA per 1 day)
<i>baclofen oral tablet 10 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>baclofen oral tablet 20 mg</i>	Tier 1	
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>carisoprodol-aspirin</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>chlorzoxazone</i>	Tier 1	
COMFORT PAC-CYCLOBENZAPRINE	Tier 6	
COMFORT PAC-TIZANIDINE	Tier 6	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); Note 3 (90 day supply not allowed)
<i>cyclobenzaprine oral tablet 7.5 mg</i>	Tier 1	Note 3 (90 day supply not allowed)
DANTRIUM ORAL	Tier 3	
<i>dantrolene</i>	Tier 1	
FLEXERIL	Tier 3	
LIORESAL	Tier 3	
LORZONE ORAL TABLET 375 MG, 750 MG	Tier 6	

Drug Name	Drug Status	Additional Information
<i>metaxalone</i>	Tier 3	Note 3 (90 day supply not allowed); QL (56 tabs per 1 fill)
<i>methocarbamol</i>	Tier 1	
<i>orphenadrine citrate oral</i>	Tier 1	
ORPHENADRINE COMPOUND	Tier 3	
ORPHENADRINE COMPOUND-DS	Tier 3	
PARAFON FORTE DSC	Tier 3	
ROBAXIN ORAL	Tier 3	
SKELAXIN	Tier 3	Note 3 (90 day supply not allowed); QL (56 tabs per 1 fill)
SOMA	Tier 6	
<i>tizanidine oral tablet</i>	Tier 1	
ZANAFLEX ORAL CAPSULE	Tier 6	
ZANAFLEX ORAL TABLET	Tier 3	
Pre-Natal Vitamins		
CITRANATAL 90 DHA (ALGAL OIL)	Tier 3	
CITRANATAL 90 DHA (NEW FORMULA)	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35-1-50-300 MG	Tier 3	
CITRANATAL B-CALM (FE GLUC)	Tier 3	
CITRANATAL DHA (NEW FORMULA)	Tier 3	
CITRANATAL HARMONY ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 3	
CITRANATAL HARMONY (IRON FUM)	Tier 3	
CITRANATAL RX (NEW FORMULA)	Tier 3	
DUET DHA BALANCED ORAL COMBO PACK, TABLET & CAP, DR	Tier 3	
LEVOMEFOLATE DHA	Tier 3	
MYNATAL	Tier 1	
NATAFORT (NEW FORMULA 2011)	Tier 3	

Drug Name	Drug Status	Additional Information
NEEVO	Tier 3	
NEEVO DHA	Tier 3	
NEEVODHA (WITH ALGAL OIL)	Tier 3	
NESTABS	Tier 3	
O-CAL PRENATAL	Tier 3	
OBTREX	Tier 3	
PREFERA-OB ONE	Tier 3	
PRENATABS FA	Tier 3	
PRENATABS RX	Tier 3	
PRENATAL VITAMIN ORAL TABLET	Tier 1	
PRENATE DHA	Tier 3	
PRENATE ELITE	Tier 3	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG	Tier 3	
PREQUE 10 ORAL TABLET 15 MG IRON -0.5 MG-25 MG	Tier 3	
SELECT-OB + DHA	Tier 3	
TRICARE PRENATAL DHA ONE	Tier 3	
TRINATE	Tier 1	
ULTIMATE OB DHA	Tier 1	
VINATE DHA	Tier 3	
VINATE DHA RF	Tier 3	
VINATE PN CARE	Tier 1	
VITAPEARL	Tier 3	
VIVA DHA	Tier 3	
Psychotherapeutic Drugs		
ABILIFY ORAL SOLUTION 1 MG/ML	Tier 3	ST; Note 5 (Standard,Select); QL (30 ML per 1 day)
ABILIFY ORAL TABLET	Tier 3	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)
ABILIFY DISCMELT	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 Day)
<i>alprazolam oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed); AL

Drug Name	Drug Status	Additional Information
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i>	Tier 1	Note 3 (90 day supply not allowed); QL (2 tabs per 1 day); AL
<i>alprazolam oral tablet extended release 24 hr 3 mg</i>	Tier 1	Note 3 (90 day supply not allowed); AL
<i>alprazolam oral tablet, disintegrating</i>	Tier 3	Note 3 (90 day supply not allowed); AL
<i>amitriptyline oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>amitriptyline oral tablet 150 mg</i>	Tier 1	
<i>amitriptyline-chlordiazepoxide</i>	Tier 3	
<i>amoxapine</i>	Tier 1	
ANAFRANIL	Tier 3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	Tier 6	Note 3 (90 day supply not allowed); QL (1 tab per 1 Day)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG, 522 MG	Tier 6	Note 3 (90 day supply not allowed); QL (1 tab per 1 day)
ATIVAN ORAL	Tier 3	Note 3 (90 day supply not allowed)
BRINTELLIX	Tier 3	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)
BRISDELLE	Tier 6	
BUDEPRION SR	Tier 1	QL (6 tabs per 1 day)
BUDEPRION XL	Tier 1	QL (1 tab per 1 day)
<i>bupropion hcl oral tablet</i>	Tier 1	QL (6 tabs per 1 day)
<i>bupropion hcl oral tablet extended release 100 mg, 200 mg</i>	Tier 1	QL (6 tabs per 1 day)

Drug Name	Drug Status	Additional Information
<i>bupropion hcl oral tablet extended release 150 mg</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (6 tabs per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr</i>	Tier 1	QL (1 tab per 1 day)
<i>bupirone oral tablet 10 mg, 5 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>bupirone oral tablet 15 mg, 30 mg, 7.5 mg</i>	Tier 1	
CELEXA ORAL TABLET 10 MG, 20 MG	Tier 3	QL (1.5 tabs per 1 day)
CELEXA ORAL TABLET 40 MG	Tier 3	QL (1 tab per 1 day)
<i>chlordiazepoxide hcl</i>	Tier 1	Note 3 (90 day supply not allowed); AL
<i>chlorpromazine oral</i>	Tier 1	
<i>citalopram oral solution</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (1.5 tabs per 1 day)
<i>citalopram oral tablet 40 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (1 tabs per 1 day)
<i>clomipramine</i>	Tier 1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier 1	PA; Note 4 (Standard,Select); QL (4 tabs per 1 day)
<i>clorazepate dipotassium</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>clozapine oral tablet 100 mg</i>	Tier 1	Note 3 (90 day supply not allowed); QL (9 tabs per 1 day)
<i>clozapine oral tablet 200 mg</i>	Tier 1	Note 3 (90 day supply not allowed); QL (4 tabs per 1 day)

Drug Name	Drug Status	Additional Information
<i>clozapine oral tablet 25 mg, 50 mg</i>	Tier 1	Note 3 (90 day supply not allowed); QL (3 tabs per 1 day)
<i>clozapine oral tablet,disintegrating 100 mg</i>	Tier 1	QL (9 tabs per 1 day)
<i>clozapine oral tablet,disintegrating 12.5 mg</i>	Tier 1	QL (1 tab per 1 day)
<i>clozapine oral tablet,disintegrating 25 mg</i>	Tier 1	QL (3 tabs per 1 day)
CLOZARIL ORAL TABLET 100 MG	Tier 3	QL (9 tabs per 1 day)
CLOZARIL ORAL TABLET 25 MG	Tier 3	QL (3 tabs per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard); QL (1 tab per 1 day); AL
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard); QL (2 tabs per 1 day); AL
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 3	PA; Note 4 (Standard,Select); QL (2 caps per 1 Day)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	Tier 3	PA; Note 4 (Standard,Select)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60 MG	Tier 3	PA; Note 4 (Standard,Select); QL (1 cap per 1 day)
DAYTRANA	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard); QL (1 patch per 1 day); AL
<i>desipramine oral</i>	Tier 1	
<i>desvenlafaxine</i>	Tier 3	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)
<i>desvenlafaxine fumarate</i>	Tier 3	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)

Drug Name	Drug Status	Additional Information
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	Tier 1	Note 3 (90 day supply not allowed); QL (1 cap per 1 day); AL
<i>dexmethylphenidate oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed); QL (2 tab per 1 day)
<i>dexmethylphenidate oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed); QL (2 tabs per 1 day)
<i>diazepam oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>doxepin oral</i>	Tier 1	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg</i>	Tier 3	PA; Note 4 (Standard); QL (2 caps per 1 day)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	Tier 3	PA; Note 4 (Standard); QL (1 cap per 1 Day)
<i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>	Tier 3	PA; Note 4 (Standard); QL (1 cap per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	Tier 3	
EMSAM	Tier 3	QL (1 patch per 1 day)
EQUETRO	Tier 3	
<i>escitalopram oxalate oral solution</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg</i>	Tier 1	QL (1.5 tab per 1 day)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	Tier 1	QL (1 tab per 1 day)
FANAPT ORAL TABLET	Tier 3	ST; Note 5 (Standard); QL (2 tabs per 1 day)
FANAPT ORAL TABLETS,DOSE PACK	Tier 3	ST; Note 5 (Standard); QL (8 tabs per 1 fill)
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG	Tier 3	QL (9 tabs per 1 day)
FAZACLO ORAL TABLET,DISINTEGRATING 12.5 MG	Tier 3	QL (1 tab per 1 day)

Drug Name	Drug Status	Additional Information
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG	Tier 3	QL (6 tabs per 1 day)
FAZACLO ORAL TABLET,DISINTEGRATING 200 MG	Tier 3	QL (4 tabs per 1 day)
FAZACLO ORAL TABLET,DISINTEGRATING 25 MG	Tier 3	QL (3 tabs per 1 day)
FETZIMA	Tier 3	PA; Note 4 (Standard,Select); QL (1 caps per 1 day)
<i>fluoxetine oral capsule 10 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (1 cap per 1 day)
<i>fluoxetine oral capsule 20 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (4 caps per 1 day)
<i>fluoxetine oral capsule 40 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (2 caps per 1 day)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	Tier 1	QL (1 cap per 1 day)
<i>fluoxetine oral tablet 10 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (1 tab per 1 day)
<i>fluoxetine oral tablet 20 mg</i>	Tier 1	QL (4 tabs per 1 day)
<i>fluoxetine oral tablet 60 mg</i>	Tier 3	QL (1 tab per 1 day)
<i>fluphenazine hcl oral concentrate</i>	Tier 1	
<i>fluphenazine hcl oral tablet</i>	Tier 1	
<i>fluvoxamine oral capsule,extended release 24hr</i>	Tier 1	QL (2 caps per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	Tier 1	QL (3 tab per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	Tier 1	QL (1 tab per 1 day)
FOCALIN	Tier 3	Note 3 (90 day supply not allowed); QL (2 tabs per 1 day)

Drug Name	Drug Status	Additional Information
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard); QL (1 cap per 1 day); AL
FORFIVO XL	Tier 6	QL (1 tab per 1 day)
GEODON ORAL	Tier 3	QL (2 caps per 1 day)
<i>haloperidol</i>	Tier 1	
<i>haloperidol lactate oral</i>	Tier 1	
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 3	
INTUNIV ER	Tier 3	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	Tier 3	ST; Note 5 (Standard); QL (2 tabs per 1 day)
KAPVAY	Tier 3	PA; Note 4 (Standard,Select); QL (2 tabs per 1 day)
KHEDEZLA	Tier 3	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)
LATUDA	Tier 2	ST; Note 5 (Standard); QL (1 tab per 1 day)
LEXAPRO ORAL SOLUTION	Tier 3	
LEXAPRO ORAL TABLET 10 MG	Tier 3	QL (1.5 tabs per 1 day)
LEXAPRO ORAL TABLET 20 MG, 5 MG	Tier 3	QL (1 tab per 1 day)
<i>lithium carbonate oral capsule</i>	Tier 1	
<i>lithium carbonate oral tablet</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
LITHOBID	Tier 3	

Drug Name	Drug Status	Additional Information
<i>lorazepam oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>loxapine succinate</i>	Tier 1	
LOXITANE	Tier 3	
LUVOX CR	Tier 3	QL (2 caps per 1 day)
<i>maprotiline</i>	Tier 1	
METADATE CD	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard); QL (1 cap per 1 day)
METADATE ER	Tier 1	Note 3 (90 day supply not allowed); QL (3 tabs per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5 ML	Tier 3	QL (30 ML per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5 ML	Tier 3	QL (60 ML per 1 day)
METHYLIN ORAL TABLET,CHEWABLE 10 MG, 2.5 MG, 5 MG	Tier 2	PA; Note 4 (Standard,Select)
METHYLIN ORAL TABLET,CHEWABLE 10 MG, 2.5 MG, 5 MG	Tier 3	PA; Note 4 (Standard,Select); QL (6 tabs per 1 day)
<i>methylphenidate oral capsule, er biphasic 30-70</i>	Tier 1	Note 3 (90 day supply not allowed); QL (1 cap per 1 day); AL
<i>methylphenidate oral capsule,er biphasic 50-50 20 mg, 40 mg</i>	Tier 1	PA; Note 4 (Standard,Select); QL (1 cap per 1 day); AL
<i>methylphenidate oral capsule,er biphasic 50-50 30 mg</i>	Tier 1	PA; Note 4 (Standard,Select); QL (2 caps per 1 day); AL
<i>methylphenidate oral solution 10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>methylphenidate oral solution 5 mg/5 ml</i>	Tier 1	QL (60 ML per 1 day)
<i>methylphenidate oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed); QL (3 tabs per 1 day)
<i>methylphenidate oral tablet extended release 20 mg</i>	Tier 1	QL (3 tabs per 1 day)

Drug Name	Drug Status	Additional Information
<i>methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	Tier 1	PA; Note 3 (90 day supply not allowed); QL (1 tab per 1 day); AL
<i>methylphenidate oral tablet extended release 24hr 36 mg</i>	Tier 1	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (2 tab per 1 day); AL
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet, disintegrating</i>	Tier 3	QL (1 tab per 1 day)
<i>modafinil</i>	Tier 1	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)
NARDIL	Tier 2	
NAVANE ORAL CAPSULE 2 MG, 20 MG	Tier 3	
<i>nefazodone</i>	Tier 3	
NIRAVAM	Tier 3	Note 3 (90 day supply not allowed); AL
NORPRAMIN ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	Tier 3	
<i>nortriptyline oral capsule 10 mg, 25 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>nortriptyline oral capsule 50 mg, 75 mg</i>	Tier 1	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	Tier 3	QL (1 tab per 1 day)
<i>olanzapine oral tablet</i>	Tier 1	QL (1 tab per 1 day)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 tab per 1 day)
OLEPTRO ER	Tier 3	QL (1 tab per 1 day)
ORAP	Tier 3	
<i>oxazepam</i>	Tier 1	Note 3 (90 day supply not allowed); AL
PAMELOR	Tier 3	
PARNATE	Tier 3	

Drug Name	Drug Status	Additional Information
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (1 tab per 1 day)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (2 tabs per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	Note 3 (90 day supply not allowed); QL (2 tabs per 1 day)
PAXIL ORAL SUSPENSION	Tier 3	QL (30 ML per 1 day)
PAXIL ORAL TABLET 10 MG, 20 MG	Tier 3	QL (1 tab per 1 day)
PAXIL ORAL TABLET 30 MG, 40 MG	Tier 3	QL (2 tabs per 1 day)
PAXIL CR	Tier 3	QL (2 tabs per 1 day)
<i>perphenazine</i>	Tier 1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-25 mg</i>	Tier 1	
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 6	QL (1 tab per 1 day)
PEXEVA ORAL TABLET 30 MG	Tier 6	QL (2 tabs per 1 day)
PRISTIQ	Tier 3	PA; Note 4 (Standard); QL (1 tab per 1 day)
<i>protriptyline</i>	Tier 1	
PROVIGIL	Tier 3	QL (1 tab per 1 day)
PROZAC ORAL CAPSULE 10 MG	Tier 3	QL (1 cap per 1 day)
PROZAC ORAL CAPSULE 20 MG	Tier 3	QL (4 caps per 1 day)
PROZAC ORAL CAPSULE 40 MG	Tier 3	QL (2 caps per 1 day)
PROZAC WEEKLY	Tier 3	QL (4 caps per 1 month)
<i>quetiapine oral tablet 100 mg, 25 mg, 300 mg, 50 mg</i>	Tier 1	QL (3 tabs per 1 day)
<i>quetiapine oral tablet 200 mg</i>	Tier 1	QL (4 tabs per 1 day)
<i>quetiapine oral tablet 400 mg</i>	Tier 1	QL (2 tabs per 1 day)

Drug Name	Drug Status	Additional Information
QUILLIVANT XR	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (1 bottle per 1 fill)
REMERON	Tier 3	
REMERON SOLTAB	Tier 3	QL (1 EA per 1 day)
RISPERDAL ORAL SOLUTION	Tier 3	ST
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	Tier 3	ST; Note 5 (Standard); QL (2 tabs per 1 day)
RISPERDAL ORAL TABLET 4 MG	Tier 3	ST; Note 5 (Standard); QL (4 tabs per 1 day)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG, 1 MG, 2 MG	Tier 3	ST; Note 5 (Standard); QL (2 tabs per 1 day)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 3 MG	Tier 3	ST; Note 5 (Standard); QL (3 EA per 1 day)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 4 MG	Tier 3	ST; Note 5 (Standard); QL (4 tabs per 1 day)
<i>risperidone oral solution</i>	Tier 1	ST; Note 5 (Standard)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 2 mg</i>	Tier 1	ST; Note 5 (Standard); QL (2 tabs per 1 day)
<i>risperidone oral tablet 1 mg</i>	Tier 1	ST; Note 5 (Standard); QL (2 tab per 1 day)
<i>risperidone oral tablet 3 mg</i>	Tier 1	ST; Note 5 (Standard); QL (3 tabs per 1 day)
<i>risperidone oral tablet 4 mg</i>	Tier 1	ST; Note 5 (Standard); QL (4 tabs per 1 day)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	ST; Note 5 (Standard); QL (2 tabs per 1 day)
<i>risperidone oral tablet,disintegrating 3 mg</i>	Tier 1	ST; Note 5 (Standard); QL (3 tabs per 1 day)
<i>risperidone oral tablet,disintegrating 4 mg</i>	Tier 1	ST; Note 5 (Standard); QL (4 tabs per 1 day)

Drug Name	Drug Status	Additional Information
RITALIN	Tier 3	Note 3 (90 day supply not allowed); QL (3 tabs per 1 day)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 40 MG	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (1 cap per 1 day); AL
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 30 MG	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (2 caps per 1 day); AL
RITALIN SR	Tier 3	Note 3 (90 day supply not allowed); QL (3 tabs per 1 day)
SAPHRIS	Tier 3	ST; Note 5 (Standard); QL (2 tabs per 1 day)
SARAFEM ORAL TABLET 10 MG, 20 MG	Tier 3	QL (1 tab per 1 day)
SEROQUEL ORAL TABLET 100 MG, 50 MG	Tier 3	QL (3 tabs per 1 day)
SEROQUEL ORAL TABLET 200 MG	Tier 3	QL (4 tabs per 1 day)
SEROQUEL ORAL TABLET 25 MG	Tier 3	QL (6 tabs per 1 day)
SEROQUEL ORAL TABLET 300 MG, 400 MG	Tier 3	QL (2 tabs per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	Tier 3	PA; Note 4 (Standard,Select); QL (1 tab per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	Tier 3	PA; Note 4 (Standard,Select); QL (2 tabs per 1 day)
<i>sertraline oral concentrate</i>	Tier 1	QL (10 ML per 1 day)
<i>sertraline oral tablet 100 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (2 tabs per 1 day)
<i>sertraline oral tablet 25 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (1 tab per 1 day)

Drug Name	Drug Status	Additional Information
<i>sertraline oral tablet 50 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (1.5 tabs per 1 day)
STRATTERA	Tier 2	QL (1 cap per 1 day)
SURMONTIL	Tier 3	
SYMBYAX	Tier 3	QL (1 cap per 1 day)
<i>thioridazine</i>	Tier 1	
<i>thiothixene</i>	Tier 1	
TOFRANIL	Tier 3	
TOFRANIL-PM	Tier 3	
TRANXENE T-TAB	Tier 3	Note 3 (90 day supply not allowed)
<i>tranylcypromine</i>	Tier 1	
<i>trazodone</i>	Tier 1	
<i>trifluoperazine</i>	Tier 1	
<i>trimipramine</i>	Tier 3	
VALIUM	Tier 3	Note 3 (90 day supply not allowed)
<i>venlafaxine oral capsule,extended release 24hr</i>	Tier 1	QL (1 cap per 1 day)
<i>venlafaxine oral tablet 100 mg, 25 mg</i>	Tier 1	QL (3 tabs per 1 day)
<i>venlafaxine oral tablet 37.5 mg</i>	Tier 1	QL (4 tabs per 1 day)
<i>venlafaxine oral tablet 50 mg</i>	Tier 1	QL (6 tabs per 1 day)
<i>venlafaxine oral tablet 75 mg</i>	Tier 1	QL (5 tabs per 1 day)
<i>venlafaxine oral tablet extended release 24hr</i>	Tier 3	QL (1 tab per 1 day)
VERSACLOZ	Tier 3	ST; Note 5 (Standard)
VIIIBRYD ORAL TABLET	Tier 3	PA; Note 4 (Standard); QL (1 tab per 1 day)
VIIIBRYD ORAL TABLETS,DOSE PACK	Tier 3	PA; Note 4 (Standard); QL (1 pack per 365 days)
VIVACTIL	Tier 3	
VYVANSE	Tier 2	Note 3 (90 day supply not allowed); QL (1 cap per 1 Day); AL

Drug Name	Drug Status	Additional Information
WELLBUTRIN	Tier 3	QL (6 tabs per 1 day)
WELLBUTRIN SR	Tier 3	QL (2 tabs per 1 day)
WELLBUTRIN XL	Tier 3	QL (1 tab per 1 day)
XANAX	Tier 3	Note 3 (90 day supply not allowed); AL
XANAX XR	Tier 3	Note 3 (90 day supply not allowed); QL (2 tabs per 1 day); AL
<i>ziprasidone hcl</i>	Tier 1	QL (2 caps per 1 day)
ZOLOFT ORAL CONCENTRATE	Tier 3	QL (10 ML per 1 day)
ZOLOFT ORAL TABLET 100 MG	Tier 3	QL (2 tabs per 1 day)
ZOLOFT ORAL TABLET 25 MG	Tier 3	QL (1 tab per 1 day)
ZOLOFT ORAL TABLET 50 MG	Tier 3	QL (1.5 tabs per 1 day)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	Tier 3	QL (1 tab per 1 day)
ZYPREXA ORAL TABLET 2.5 MG	Tier 3	QL (2 tabs per 1 day)
ZYPREXA ZYDIS	Tier 3	QL (1 tab per 1 day)
Sedative/Hypnotics		
AMBIEN	Tier 3	Note 3 (90 day supply not allowed); QL (2 tabs per 1 day); AL
AMBIEN CR	Tier 3	ST; Note 3 (90 day supply not allowed); Note 5 (Standard,Select); QL (1 tab per 1 day); AL
BUTISOL	Tier 3	
DORAL	Tier 3	
EDLUAR SUBLINGUAL TABLET 10 MG	Tier 6	QL (1 tab per 1 Day); AL
EDLUAR SUBLINGUAL TABLET 5 MG	Tier 6	QL (2 tabs per 1 Day); AL
<i>estazolam</i>	Tier 1	AL

Drug Name	Drug Status	Additional Information
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 day); AL
<i>eszopiclone oral tablet 3 mg</i>	Tier 3	ST; Note 5 (Standard); AL
<i>flurazepam</i>	Tier 1	AL
HALCION ORAL TABLET 0.25 MG	Tier 3	Note 3 (90 day supply not allowed); AL
HETLIOZ	Tier 5	PA; Note 4 (Standard,Select)
INTERMEZZO	Tier 6	QL (1 tab per 1 Day); AL
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	Tier 3	ST; Note 3 (90 day supply not allowed); Note 5 (Standard,Select); QL (1 tab per 1 day); AL
<i>phenobarbital</i>	Tier 1	Note 3 (90 day supply not allowed)
RESTORIL ORAL CAPSULE 15 MG, 30 MG	Tier 3	AL
RESTORIL ORAL CAPSULE 22.5 MG, 7.5 MG	Tier 3	QL (1 cap per 1 day); AL
ROZEREM	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 day); AL
SILENOR	Tier 6	QL (1 tab per 1 Day); AL
SONATA	Tier 3	QL (1 cap per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	AL
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	Tier 3	QL (1 cap per 1 day); AL
<i>triazolam</i>	Tier 1	Note 3 (90 day supply not allowed); AL
XYREM	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select)
<i>zolpidem oral tablet</i>	Tier 1	Note 3 (90 day supply not allowed); QL (2 tabs per 1 day); AL

Drug Name	Drug Status	Additional Information
<i>zolpidem oral tablet,ext release multiphase</i>	Tier 3	ST; Note 3 (90 day supply not allowed); Note 5 (Standard); QL (1 tab per 1 day); AL
ZOLPIMIST	Tier 6	
Skin Preps		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	Tier 6	
ACANYA	Tier 6	
<i>acetic acid irrigation</i>	Tier 1	
<i>acitretin oral capsule 10 mg, 25 mg</i>	Tier 1	QL (2 caps per 1 day)
<i>acitretin oral capsule 17.5 mg</i>	Tier 1	
ACLOVATE TOPICAL CREAM	Tier 3	
ACLOVATE TOPICAL OINTMENT	Tier 3	
ACZONE	Tier 3	
<i>adapalene topical cream</i>	Tier 3	
<i>adapalene topical gel 0.1 %</i>	Tier 3	
<i>alclometasone</i>	Tier 1	
ALDARA	Tier 3	QL (12 packs per 1 fill)
ALTABAX	Tier 3	
<i>aluminum acetate topical</i>	Tier 1	
<i>aluminum chloride topical</i>	Tier 1	
AMNESTEEM	Tier 3	PA; Note 3 (90 day supply not allowed); Note 4 (Standard,Select); QL (2 caps per 1 day)
ATRALIN	Tier 3	ST; Note 5 (Standard); QL (50 grams per 1 fill)
AVITA TOPICAL CREAM	Tier 3	QL (50 grams per 1 fill)
AVITA TOPICAL GEL	Tier 3	ST; Note 5 (Standard); QL (50 grams per 1 fill)
AZELEX	Tier 2	
BENZACLIN	Tier 3	QL (50 grams per 1 fill)
BENZACLIN PUMP	Tier 6	QL (50 grams per 1 fill)

Drug Name	Drug Status	Additional Information
<i>betamethasone valerate topical cream</i>	Tier 1	
<i>betamethasone valerate topical lotion</i>	Tier 1	
<i>betamethasone valerate topical ointment</i>	Tier 1	
<i>betamethasone, augmented topical cream</i>	Tier 1	
<i>betamethasone, augmented topical lotion</i>	Tier 1	
<i>betamethasone, augmented topical ointment</i>	Tier 1	
<i>calcipotriene topical cream</i>	Tier 3	ST; Note 5 (Standard)
<i>calcipotriene topical ointment</i>	Tier 3	ST; Note 5 (Standard)
<i>calcipotriene topical solution</i>	Tier 3	ST; Note 5 (Standard)
CALCITRENE	Tier 3	ST; Note 5 (Standard)
CAPEX	Tier 2	
CLARAVIS	Tier 1	PA; Note 4 (Standard,Select); QL (2 caps per 1 day)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 3	QL (50 grams per 1 fill)
<i>clobetasol topical cream</i>	Tier 1	
<i>clobetasol topical ointment</i>	Tier 1	
<i>clobetasol-coal tar</i>	Tier 6	
<i>clobetasol-emollient topical cream</i>	Tier 1	
CLOBEX	Tier 3	
CLODERM	Tier 3	
CONDYLOX	Tier 3	
CUTIVATE	Tier 3	
DERMA-SMOOTH/FS BODY OIL	Tier 2	
DERMA-SMOOTH/FS SCALP OIL	Tier 2	
DERMATOP	Tier 3	
DERMAZENE	Tier 3	
DESONATE	Tier 3	
<i>desonide topical cream</i>	Tier 1	
<i>desonide topical ointment</i>	Tier 1	

Drug Name	Drug Status	Additional Information
DESONIL TOPICAL COMBO PACK,OINTMENT AND CREAM	Tier 6	
DESOWEN TOPICAL CREAM	Tier 3	
DESOWEN TOPICAL KIT,LOTION & CREAM,EMOLLIENT	Tier 3	
DESOWEN TOPICAL OINTMENT	Tier 3	
DIFFERIN TOPICAL CREAM	Tier 3	
DIFFERIN TOPICAL GEL	Tier 3	ST; Note 5 (Standard)
DIFFERIN TOPICAL LOTION	Tier 3	ST; Note 5 (Standard)
DIPROLENE	Tier 3	
DIPROLENE AF	Tier 3	
DOVONEX	Tier 3	ST; Note 5 (Standard)
DRYSOL DAB-O-MATIC	Tier 3	
DUAC	Tier 3	
ELIMITE	Tier 3	
ELOCON	Tier 3	
EPIDUO	Tier 3	ST; Note 5 (Standard); QL (1 tube/pump per 1 fill)
EURAX	Tier 2	
FABIOR	Tier 3	ST
FINACEA	Tier 3	
FLECTOR	Tier 6	QL (2 patches per 1 day)
<i>fluocinolone topical oil</i>	Tier 1	
<i>fluocinolone-shower cap</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>fluocinonide topical gel</i>	Tier 1	
<i>fluocinonide topical ointment</i>	Tier 1	
FLUOCINONIDE-E	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>fluticasone topical cream</i>	Tier 1	
<i>fluticasone topical lotion</i>	Tier 3	
<i>fluticasone topical ointment</i>	Tier 1	
GRANULEX	Tier 3	

Drug Name	Drug Status	Additional Information
<i>halobetasol propionate</i>	Tier 1	
HALOG	Tier 3	
HALONATE	Tier 6	
HALONATE PAC	Tier 6	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone butyr-emollient</i>	Tier 1	
<i>hydrocortisone butyrate</i>	Tier 1	
<i>hydrocortisone valerate</i>	Tier 1	
<i>hydrocortisone-pramoxine topical</i>	Tier 1	
HYLATOPIC	Tier 3	
<i>imiquimod</i>	Tier 1	QL (12 packets per 1 fill)
<i>iodoquinol-hc</i>	Tier 3	
KENALOG TOPICAL	Tier 3	
KLARON	Tier 3	
LAC-HYDRIN	Tier 3	
LATISSE	Tier 6	
<i>lindane topical lotion</i>	Tier 1	Note 3 (90 day supply not allowed); QL (60 ml per 1 fill)
<i>lindane topical shampoo</i>	Tier 2	Note 3 (90 day supply not allowed); QL (60 ml per 1 fill)
LOCOID TOPICAL CREAM	Tier 3	
LOCOID TOPICAL LOTION	Tier 3	
LOCOID TOPICAL OINTMENT	Tier 3	
LOCOID LIPOCREAM	Tier 3	
LUXIQ	Tier 3	
<i>methoxsalen rapid</i>	Tier 1	
METROCREAM	Tier 3	
METROGEL TOPICAL GEL 1 %	Tier 3	ST; Note 5 (Standard)
METROGEL TOPICAL GEL WITH PUMP	Tier 3	ST; Note 5 (Standard)
METROLOTION	Tier 3	

Drug Name	Drug Status	Additional Information
<i>metronidazole topical cream</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>metronidazole topical gel 0.75 %</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>metronidazole topical gel 1 %</i>	Tier 3	Note 3 (90 day supply not allowed)
<i>metronidazole topical lotion</i>	Tier 1	Note 3 (90 day supply not allowed)
MIRVASO	Tier 3	ST; Note 5 (Standard)
<i>mometasone</i>	Tier 1	
MOMEXIN	Tier 6	QL (1 pack per 1 fill)
MYORISAN	Tier 3	PA; Note 4 (Standard,Select); QL (2 caps per 1 day)
NATROBA	Tier 3	
NEUAC	Tier 3	
NEUAC KIT	Tier 3	
NORITATE	Tier 3	
OLUX	Tier 3	
OLUX-E	Tier 3	
OVACE TOPICAL CLEANSER	Tier 3	
OVACE PLUS TOPICAL LOTION	Tier 3	
OVIDE	Tier 3	QL (1 bottle per 1 fill)
OXSORALEN	Tier 2	
OXSORALEN ULTRA	Tier 3	
PANDEL	Tier 3	
PEDIADERM HC	Tier 6	
PENNSAID TOPICAL DROPS	Tier 6	QL (150 ML per 1 fill)
<i>permethrin topical cream</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>permethrin topical liquid</i>	Tier 1	Note 3 (90 day supply not allowed)
PODOCON	Tier 3	
<i>podofilox</i>	Tier 1	
PRAMOSONE	Tier 3	

Drug Name	Drug Status	Additional Information
REGRANEX	Tier 3	
RETIN-A	Tier 3	QL (50 grams per 1 fill)
RETIN-A MICRO	Tier 3	ST; Note 5 (Standard); QL (50 grams per 1 fill)
RETIN-A MICRO PUMP	Tier 3	ST; Note 5 (Standard); QL (50 grams per 1 fill)
ROSADAN TOPICAL CREAM	Tier 1	
ROSADAN TOPICAL GEL	Tier 3	
ROSADAN TOPICAL KIT, CLEANSER & GEL	Tier 6	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	Tier 6	
SALEX TOPICAL SHAMPOO	Tier 3	
SANTYL	Tier 3	
<i>selenium sulfide topical shampoo</i>	Tier 1	
<i>selenium sulfide topical suspension 2.5 %</i>	Tier 1	
SELRX	Tier 6	
SORIATANE ORAL CAPSULE 10 MG	Tier 2	QL (2 caps per 1 Day)
SORIATANE ORAL CAPSULE 17.5 MG, 25 MG	Tier 2	QL (2 caps per 1 day)
SYNALAR	Tier 3	
SYNALAR CREAM KIT	Tier 3	
SYNALAR OINTMENT KIT	Tier 3	
SYNALAR TS	Tier 6	
TAZORAC	Tier 3	ST; Note 5 (Standard)
TEMOVATE TOPICAL CREAM	Tier 3	
TEMOVATE TOPICAL OINTMENT	Tier 3	
TEMOVATE TOPICAL SOLUTION	Tier 3	
TOPICORT TOPICAL CREAM	Tier 3	
TOPICORT TOPICAL GEL	Tier 3	
TOPICORT TOPICAL OINTMENT	Tier 3	

Drug Name	Drug Status	Additional Information
TOPICORT TOPICAL SPRAY, NON-AEROSOL	Tier 6	
TRETIN-X TOPICAL COMBO PACK	Tier 6	
TRETIN-X TOPICAL CREAM 0.0375 %	Tier 3	ST; Note 5 (Standard); QL (50 grams per 1 fill)
TRETIN-X (GEL)	Tier 6	
<i>tretinoin topical cream 0.025 %</i>	Tier 1	QL (50 grams per 1 fill)
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin topical gel 0.01 %</i>	Tier 1	
<i>tretinoin topical gel 0.025 %</i>	Tier 1	QL (50 grams per 1 fill)
<i>tretinoin microspheres topical gel 0.04 %</i>	Tier 1	ST; Note 5 (Standard); QL (50 grams per 1 fill)
<i>tretinoin microspheres topical gel 0.1 %</i>	Tier 1	ST; Note 5 (Standard)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>triamcinolone acetonide topical ointment 0.5 %</i>	Tier 1	
ULESFIA	Tier 3	QL (3 bottles per 1 fill)
ULTRAVATE	Tier 3	
ULTRAVATE PAC	Tier 6	
ULTRAVATE X	Tier 6	
VANOS	Tier 3	ST; Note 5 (Standard)
VANOXIDE-HC TOPICAL SUSPENSION	Tier 3	
VECTICAL	Tier 3	ST; Note 5 (Standard)
VELTIN	Tier 3	ST; Note 5 (Standard)
VERDESO	Tier 3	
VOLTAREN TOPICAL	Tier 3	QL (200 grams per 1 fill)
WESTCORT TOPICAL OINTMENT	Tier 3	
XERAC AC	Tier 2	

Drug Name	Drug Status	Additional Information
ZENATANE ORAL CAPSULE 10 MG, 40 MG	Tier 3	PA; Note 4 (Standard,Select); QL (2 caps per 1 day)
ZENATANE ORAL CAPSULE 20 MG	Tier 3	PA; Note 4 (Standard,Select); QL (2 caps per 2 days)
ZIANA	Tier 3	ST; Note 5 (Standard)
ZITHRANOL	Tier 3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	Tier 6	
ZYCLARA TOPICAL CREAM IN PACKET	Tier 6	
Smoking Deterrents		
BUPROBAN		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
CHANTIX ORAL TABLET 0.5 MG		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
CHANTIX ORAL TABLET 1 MG		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (2 tabs per 1 day)
CHANTIX CONTINUING MONTH BOX		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (2 tabs per 1 day)

Drug Name	Drug Status	Additional Information
CHANTIX CONTINUING MONTH PAK		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (2 tabs per 1 day)
CHANTIX STARTING MONTH BOX		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (2 tabs per 1 day)
CHANTIX STARTING MONTH PAK		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (2 tabs per 1 day)
NICODERM CQ		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (1 patch per 1 day)
NICORELIEF BUCCAL GUM	LA	
NICORETTE BUCCAL GUM	LA	QL (24 pieces per 1 day)
NICORETTE BUCCAL LOZENGE	LA	QL (20 lozenges per 1 day)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)

Drug Name	Drug Status	Additional Information
NICOTROL		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (16 cartridges per 1 day)
NICOTROL NS		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy); QL (12 bottles per 30 days)
NTS STEP 1		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
ZYBAN	LA	QL (2 tablets per 1 day)
Thyroid Preps		
ARMOUR THYROID	Tier 3	
CYTOMEL	Tier 3	
LEVOTHROID	Tier 2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
<i>levothyroxine oral tablet 300 mcg</i>	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
<i>liothyronine oral</i>	Tier 1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	

Drug Name	Drug Status	Additional Information
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	Tier 3	
NATURE-THROID ORAL TABLET 16.25 MG	Tier 1	Note 1 (Lowest Generic Copay Applies)
NP THYROID ORAL TABLET 30 MG	Tier 1	
<i>propylthiouracil</i>	Tier 1	
SYNTHROID	Tier 2	
TAPAZOLE	Tier 3	
THYROLAR-1	Tier 3	
THYROLAR-1/2	Tier 3	
THYROLAR-1/4	Tier 3	
THYROLAR-2	Tier 3	
THYROLAR-3	Tier 3	
TIROSINT	Tier 3	QL (1 cap per 1 day)
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
WESTHROID ORAL TABLET 130 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 3	
WESTHROID ORAL TABLET 195 MG	Tier 1	Note 1 (Lowest Generic Copay Applies)
Unclassified Drug Products		
<i>acamprosate</i>	Tier 3	QL (6 tabs per 1 day)
ACTONEL ORAL TABLET 150 MG	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 month)
ACTONEL ORAL TABLET 30 MG, 5 MG	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 day)
ACTONEL ORAL TABLET 35 MG	Tier 3	ST; Note 5 (Standard); QL (4 tabs per 1 month)
<i>alendronate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 tab per 1 day)
<i>alendronate oral tablet 35 mg</i>	Tier 1	QL (4 tabs per 1 month)

Drug Name	Drug Status	Additional Information
<i>alendronate oral tablet 40 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); QL (4 tabs per 1 month)
<i>alfuzosin</i>	Tier 1	QL (1 tab per 1 day)
ANTABUSE	Tier 3	
<i>anthralin</i>	Tier 1	
APPTRIM ORAL CAPSULE 40.5-101 MG	LA	
ARCALYST	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select)
ATELVIA	Tier 3	PA; Note 4 (Standard); QL (4 tabs per 1 month)
AVAILNEX	LA	
AVODART	Tier 3	ST; Note 5 (Standard); QL (1 cap per 1 day)
BERINERT	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select)
BINOSTO	Tier 6	QL (4 tabs per 1 fill)
BONIVA ORAL	Tier 3	PA; Note 4 (Standard); QL (1 tab per 1 month)
<i>buprenorphine sublingual</i>	Tier 1	PA; Note 4 (Standard,Select); QL (3 tabs per 1 day)
<i>buprenorphine-naloxone</i>	Tier 1	PA; Note 4 (Standard,Select); QL (3 tabs per 1 day)
<i>calcipotriene-betamethasone</i>	Tier 3	ST; Note 5 (Standard)
CAMPRAL	Tier 3	QL (6 tabs per 1 day)
CAPHOSOL	Tier 3	
CARBAGLU	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select)

Drug Name	Drug Status	Additional Information
CAVERJECT	Tier 3	Note 3 (90 day supply not allowed); QL (6 units per 1 fill)
CAVERJECT IMPULSE	Tier 3	QL (6 syringes per 1 fill)
<i>chloral hydrate</i>	Tier 1	
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	QL (6 tabs per 1 month)
CIALIS ORAL TABLET 2.5 MG	Tier 2	
<i>cialis oral tablet 2.5 mg</i>	Tier 6	
CINRYZE	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select)
<i>cyclopentolate (bulk)</i>	Tier 1	
CYSTADANE	Tier 5	SD (Specialty Distribution)
CYSTAGON	Tier 4	PA; SD (Specialty Distribution); Note 4 (Standard,Select)
DETROL ORAL TABLET 1 MG, 2 MG	Tier 3	ST; Note 5 (Standard)
DETROL LA	Tier 3	ST; Note 5 (Standard); QL (1 cap per 1 day)
DIDRONEL	Tier 3	
<i>disulfiram</i>	Tier 1	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 15 MG	Tier 3	ST; Note 5 (Standard,Select); QL (2 tabs per 1 day)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	Tier 3	ST; Note 5 (Standard,Select); QL (1 tab per 1 day)
<i>doxercalciferol oral</i>	Tier 3	ST; Note 5 (Standard)
<i>doxycycline hyclate oral tablet 20 mg</i>	LA	
EDEX	Tier 3	Note 3 (90 day supply not allowed); QL (6 syringes per 1 fill)
ENABLEX	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 day)
ENTERAGAM	LA	

Drug Name	Drug Status	Additional Information
EVISTA	Tier 3	
EXJADE	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 3 (90 day supply not allowed); Note 4 (Standard,Select)
FERRIPROX	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select)
<i>finasteride oral tablet 5 mg</i>	Tier 1	
FIRAZYR	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (3 syringes per 1 month)
<i>flavoxate</i>	Tier 1	
FLOMAX	Tier 3	
FORTEO	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
FOSAMAX ORAL TABLET 10 MG, 5 MG	Tier 3	QL (1 tab per 1 day)
FOSAMAX ORAL TABLET 35 MG, 70 MG	Tier 3	QL (4 tabs per 1 month)
FOSAMAX PLUS D	Tier 3	PA; QL (4 tabs per 1 month)
FOSTEUM PLUS	LA	
FOVEX	LA	
GABADONE	LA	
GELCLAIR	Tier 3	
GELNIQUE	Tier 3	ST; Note 5 (Standard,Select); QL (30 packets per 1 fill)
HECTOROL ORAL	Tier 3	ST; Note 5 (Standard,Select)
HYPERTENSA ORAL CAPSULE 14-47 MG	LA	

Drug Name	Drug Status	Additional Information
<i>ibandronate oral</i>	Tier 3	PA; Note 4 (Standard); QL (1 tab per 30 days)
ILARIS (PF)	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (1 EA per 1 fill)
JALYN	Tier 3	ST; Note 5 (Standard); QL (1 cap per 1 Day)
KALYDECO	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (2 tabs per 1 day)
KUVAN ORAL POWDER IN PACKET	Tier 5	PA; Note 4 (Standard,Select)
KUVAN ORAL TABLET,SOLUBLE	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select)
<i>leucovorin calcium oral</i>	Tier 1	
LEVITRA	Tier 3	ST; Note 3 (90 day supply not allowed); Note 5 (Standard,Select); QL (6 tabs per 1 month)
LIMBREL	LA	
LIMBREL250	LA	
LIMBREL500	LA	
LIMBREL525	LA	
LISTER-V	LA	
LUKOID GLA FOR ASTHMA	LA	
LUNGLAID FOR ASTHMA	LA	
MEGACE	Tier 3	
MEGACE ES	Tier 3	
MUSE	Tier 3	QL (6 pellets per 1 fill)
MYRBETRIQ	Tier 2	ST; Note 5 (Standard); QL (1 tab per 1 Day)
NAPRODERM	Tier 3	
ORALONE	LA	

Drug Name	Drug Status	Additional Information
ORFADIN	Tier 5	SD (Specialty Distribution)
OSPHENA	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 day)
<i>oxybutynin chloride oral syrup</i>	Tier 1	
<i>oxybutynin chloride oral tablet</i>	Tier 1	Note 1 (Lowest Generic Copay Applies); Note 3 (90 day supply not allowed)
<i>oxybutynin chloride oral tablet extended release 24hr</i>	Tier 1	Note 3 (90 day supply not allowed)
OXYTROL	Tier 6	
OXYTROL FOR WOMEN	Tier 1	Note 1 (Requires doctors prescription); QL (1 box per 1 fill)
<i>paricalcitol</i>	Tier 1	ST; Note 5 (Standard)
PERCURA	LA	
PERIOGARD	LA	
PERIOSTAT	LA	
<i>polyethylene glycol 3350</i>	Tier 1	
PREFLIN	LA	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (240 caps per 30 months)
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 75 MG	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (750 caps per 30 months)
PROSCAR	Tier 3	
PROTEOLIN	LA	
PROTEOLIN DS	LA	
PULMOZYME	Tier 4	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select); QL (60 units per 1 fill)

Drug Name	Drug Status	Additional Information
<i>raloxifene</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
RAPAFLO	Tier 3	QL (1 cap per 1 day)
<i>risedronate</i>	Tier 3	ST; Note 5 (Standard)
SANCTURA	Tier 3	QL (2 tabs per 1 day)
SANCTURA XR	Tier 3	QL (1 cap per 1 day)
SAVELLA ORAL TABLET	Tier 3	PA; Note 4 (Standard); QL (2 tabs per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK	Tier 3	PA; Note 4 (Standard); QL (2 tabs per 1 day)
SENSIPAR	Tier 3	ST; Note 5 (Standard,Select)
SENTRA AM	LA	
SENTRA PM ORAL CAPSULE 290-40-15-45.5 MG	LA	
SKELID	Tier 3	QL (2 tabs per 1 Day)
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %</i>	Tier 1	
SOMAVERT	Tier 5	PA; SD (Distribution through Aetna RX/Call 1-866-782-2779); Note 4 (Standard,Select)
STAXYN	Tier 3	ST; Note 5 (Standard,Select); QL (6 tabs per 1 month)
STENDRA	Tier 3	ST; Note 5 (Standard,Select); QL (6 tabs per 1 month)
SUBOXONE SUBLINGUAL FILM 12-3 MG	Tier 3	PA; Note 4 (Standard,Select); QL (2 film per 1 day)

Drug Name	Drug Status	Additional Information
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	Tier 3	PA; Note 4 (Standard,Select); QL (3 films per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG	Tier 3	PA; Note 4 (Standard,Select); QL (3 film per 1 day)
SUBOXONE SUBLINGUAL TABLET	Tier 3	PA; Note 4 (Standard,Select); QL (3 films per 1 day)
SUBOXONE SUBLINGUAL TABLET	Tier 3	PA; Note 4 (Standard,Select); QL (3 tabs per 1 day)
SUBUTEX	Tier 3	PA; Note 4 (Standard,Select)
<i>sulfisoxazole</i>	Tier 1	
SYPRINE	Tier 3	
TACLONEX TOPICAL OINTMENT	Tier 3	ST; Note 5 (Standard)
<i>tamsulosin</i>	Tier 1	Note 1 (Lowest Generic Copay Applies)
THERAMINE ORAL CAPSULE 62.5-100 MG	LA	
<i>tolterodine oral capsule,extended release 24hr</i>	Tier 3	ST; Note 5 (Standard); QL (1 cap per 1 day)
<i>tolterodine oral tablet</i>	Tier 1	ST; Note 5 (Standard)
TOVIAZ	Tier 3	ST; Note 5 (Standard); QL (1 tab per 1 day)
TOZAL	LA	
<i>tropium oral capsule,extended release 24hr</i>	Tier 1	QL (1 cap per 1 day)
<i>tropium oral tablet</i>	Tier 1	QL (2 tabs per 1 day)
UROXATRAL	Tier 3	QL (1 tab per 1 day)
VAYACOG	LA	
VAYARIN	LA	
VESICARE	Tier 2	ST; QL (1 tab per 1 day)

Drug Name	Drug Status	Additional Information
VIAGRA	Tier 3	ST; Note 3 (90 day supply not allowed); Note 5 (Standard,Select); QL (6 tabs per 1 month)
ZAVESCA	Tier 5	PA; SD (Specialty Distribution); Note 4 (Standard,Select); QL (3 caps per 1 day)
ZEMPLAR ORAL	Tier 3	ST; Note 5 (Standard,Select); QL (1 cap per 1 day)
ZUBSOLV	Tier 3	PA; Note 4 (Standard,Select)
ZYTAZE	LA	
Vitamins		
ALZ-NAC	LA	
CALAFOL RX	LA	
CALCIFEROL	Tier 1	
<i>calcitriol oral capsule</i>	Tier 1	
CARDIOTEK-RX (BIOPERINE)	LA	
CEREFOLIN	LA	
CEREFOLIN NAC	LA	
CEREFOLIN NAC (ALGAL OIL)	LA	
CHILDREN'S VITAMIN D		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>cholecalciferol (vitamin d3) oral capsule 1,000 unit, 400 unit</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)

Drug Name	Drug Status	Additional Information
<i>cholecalciferol (vitamin d3) oral drops 400 unit/ml</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>cholecalciferol (vitamin d3) oral tablet 1,000 unit, 400 unit</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>cholecalciferol (vitamin d3) oral tablet, chewable 400 unit</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>cyanocobalamin (vitamin b-12) injection</i>	Tier 3	
D-VI-SOL		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
D-VITA		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
DELTA D3		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
DEPLIN	LA	
DEPLIN (ALGAL OIL)	LA	
ENLYTE	LA	

Drug Name	Drug Status	Additional Information
<i>ergocalciferol (vitamin d2) oral tablet 400 unit</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
FA-8		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
FOLASTIN	LA	
FOLBEE AR	LA	
FOLBIC	LA	
FOLBIC RF	LA	
<i>folic acid oral capsule 20 mg</i>	Tier 1	
<i>folic acid oral capsule 5 mg</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>folic acid oral tablet 1 mg</i>		Note 1 (Lowest Generic Copay Applies); Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>folic acid oral tablet 400 mcg, 800 mcg</i>		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
<i>folic acid-vit b6-vit b12 oral tablet 2.5-25-2 mg</i>	LA	
FOLTANX	LA	
FOLTANX RF	LA	
FOLTANX ORAL TABLET 2.5-25-2 MG	LA	

Drug Name	Drug Status	Additional Information
L-METHYL-B6-B12	LA	
L-METHYL-MC	LA	
L-METHYL-MC NAC	LA	
L-METHYLFOLATE	LA	
L-METHYLFOLATE CA P-5-P ME-CBL	LA	
L-METHYLFOLATE FORMULA	LA	
L-METHYLFOLATE FORTE	LA	
<i>levomefolate calcium oral tablet 7.5 mg</i>	LA	
LMTHF-PYRIDOXINE-CY ANOCOBALAMN	LA	
MACUTEK	LA	
MEPHYTON	Tier 2	
METAFOLBIC	LA	
METAFOLBIC PLUS	LA	
METAFOLBIC PLUS RF	LA	
METANX	LA	
METANX (ALGAL OIL)	LA	
NASCOBAL	Tier 3	
<i>niacin oral capsule, extended release</i>	Tier 1	Note 3 (90 day supply not allowed)
<i>niacin oral tablet extended release</i>	Tier 1	Note 3 (90 day supply not allowed)
NICOMIDE	Tier 3	
PODIAPN	LA	
POLY-VI-FLOR ORAL TABLET,CHEWABLE	Tier 2	
PROBARIMIN QT	LA	
QUFLORA PEDIATRIC	Tier 3	
ROCALTROL	Tier 3	
TRI-VI-FLOR ORAL DROPS,SUSPENSION BIPHASIC 0.25 MG/ML FLUORIDE	Tier 2	
TRI-VI-FLOR ORAL DROPS,SUSPENSION BIPHASIC 0.5 MG/ML FLUORIDE	Tier 3	
VASCULERA	LA	
VIRT-CAPS	Tier 3	
VIRT-VITE FORTE	LA	
VITA-RESPA	LA	

Drug Name	Drug Status	Additional Information
VITACIRC-B	LA	
VITAMIN D2		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
VITAMIN D3 ORAL CAPSULE 1,000 UNIT, 400 UNIT		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
VITAMIN D3 ORAL TABLET 1,000 UNIT, 400 UNIT		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)
VITAMIN D3 ORAL TABLET,CHEWABLE 400 UNIT		Note 2 (Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy)

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ACCOLATE	12	AEROCHAMBER MV	77	ALYACEN 7/7/7 (28)	52
ACCU-CHEK AVIVA	62	AEROSPAN	12	ALZ-NAC	95
ACCU-CHEK COMFORT CURVE TEST	62	AFEDITAB CR	39	<i>amantadine hcl</i>	32
ACCU-CHEK COMPACT PLUS CARE	77	AFINITOR	27	AMARYL	24
ACCU-CHEK SMARTVIEW TEST STRIP	62	AFINITOR DISPERZ	27	AMBIEN	85
ACCUNEB	12	AFLURIA 2013-2014	38	AMBIEN CR	85
ACCUPRIL	42	AFLURIA 2013-2014 (PF)	38	AMERGE	3
ACCURETIC	42	AFLURIA 2014-2015	38	AMETHIA	52
<i>acebutolol</i>	42	AFLURIA 2014-2015 (PF)	38	AMETHIA LO	52
ACEON	42	AGGRENOX	32	AMETHYST	52
<i>acetaminophen-codeine</i>	3	AGRYLIN	33	<i>amiloride</i>	63
ACETASOL HC	63	ALAMAST	63	<i>amiloride-hydrochlorothiazide</i>	63
<i>acetazolamide</i>	63	ALAVERT	23	<i>aminocaproic acid</i>	39
<i>acetic acid</i>	63, 86	ALAVERT D-12 ALLERGY-SINUS	22	<i>amiodarone</i>	39
<i>acetic acid-aluminum acetate</i>	63	ALAWAY	23	AMITIZA	68
<i>acetylcysteine</i>	12	ALBENZA	26	<i>amitriptyline</i>	79
ACID JELLY	26	<i>albuterol sulfate</i>	12	<i>amitriptyline-chlordiazepoxide</i>	79
ACIPHEX	67	<i>alclometasone</i>	86	<i>amlodipine</i>	39
ACIPHEX SPRINKLE	67	ALDACTAZIDE	63	<i>amlodipine-benazepril</i>	42
<i>acitretin</i>	86	ALDACTONE	63	AMNESTEEM	86
ACLOVATE	86	ALDARA	86	<i>amoxapine</i>	79
ACTEMRA	76	<i>alendronate</i>	91, 92	<i>amoxicil-clarithromy-lansopraz</i>	68
ACTICLATE	13	<i>alfuzosin</i>	92	<i>amoxicillin</i>	13
ACTIGALL	67	ALINIA	26	<i>amoxicillin-pot clavulanate</i>	13, 14
ACTIMMUNE	27	ALKERAN	27	AMPHETAMINE SALT COMBO	37
ACTIQ	3	ALLEGRA	23	<i>ampicillin</i>	14
ACTIVELLA	72	ALLEGRA ALLERGY	23	AMPYRA	47
ACTONEL	91	ALLEGRA ODT	23	AMRIX	78
ACTOPLUS MET	24	ALLEGRA-D 12 HOUR	22	AMTURNIDE	42
ACTOPLUS MET XR	24	ALLEGRA-D 24 HOUR	22	ANADROL-50	72
ACTOS	24	ALLERGY RELIEF (LORATADINE)	23	ANAFRANIL	79
ACULAR	63	ALLI	32	<i>anagrelide</i>	33
ACULAR LS	63	<i>allopurinol</i>	10	ANALPRAM-HC	68
ACUVAIL (PF)	63	ALOCRIAL	63	ANAPROX	10
<i>acyclovir</i>	33	ALOMIDE	64	ANAPROX DS	10
ACZONE	86	ALOPHEN	68	ANASPAZ	68
ADALAT CC	39	ALORA	72	<i>anastrozole</i>	27
<i>adapalene</i>	86	ALPHAGAN P	64	ANCOBON	21
ADCIRCA	42	<i>alprazolam</i>	79	ANDRODERM	72
ADDERALL	37			ANDROGEL	72
ADDERALL XR	37			ANDROID	72
<i>adefovir</i>	33			<i>androxy</i>	72
				ANGELIQ	72
				ANORO ELLIPTA	12

ANSAID	10	<i>atovaquone-proguanil</i>	26	BAYER CHILDRENS ASPIRIN	4
ANTABUSE	92	ATRALIN	86	BD AUTOSHIELD PEN NEEDLE	77
ANTARA	42	ATRIPLA	33	BD ECLIPSE LUER-LOK	77
<i>anthralin</i>	92	<i>atropine</i>	64	BD GLASPAK TB SYRINGE	77
<i>antipyrine-benzocaine</i>	64	ATROVENT	64	BD INSULIN PEN NEEDLE UF MINI	77
ANTIVERT	68	ATROVENT HFA	12	BD INSULIN PEN NEEDLE UF ORIG	77
ANUSOL-HC	68	AUBAGIO	47	BD INSULIN PEN NEEDLE UF SHORT	77
ANZEMET	68	AUGMENTIN	14	BD INSULIN SYRINGE	77
APIDRA	24	AUGMENTIN XR	14	BD INSULIN SYRINGE HALF UNIT	77
APIDRA SOLOSTAR	24	AUVI-Q	37	BD INSULIN SYRINGE MICRO-FINE	77
APLENZIN	79	AVAILNEX	92	BD INSULIN SYRINGE SAFETY-LOK	77
APOKYN	32	AVALIDE	42	BD INSULIN SYRINGE SLIP TIP	77
APPTRIM	92	AVANDAMET	24	BD INSULIN SYRINGE ULT-FINE II	77
<i>apraclonidine</i>	64	AVANDARYL	24	BD INSULIN SYRINGE ULTRA-FINE	77
APRI	52	AVANDIA	24	BD INTEGRA INSULIN SYRINGE	77
<i>apriso</i>	68	AVAPRO	42	BD INTEGRA SYRINGE	77
APTIOM	47	AVAR	14	BD LUER-LOK SYRINGE	77
APTIVUS	33	AVAR-E	14	BD SAFETYGLIDE INSULIN SYRINGE	77
<i>aptivus</i>	33	AVAR-E GREEN	14	BD SAFETYGLIDE NEEDLE	77
ARALEN	26	AVC VAGINAL	26	BD SAFETYGLIDE SHIELDING REG	77
ARANELLE (28)	52	AVELOX	14	BD SAFETYGLIDE SYRINGE	77
ARANESP (IN POLYSORBATE)	51	AVIANE	52	BD SLIP TIP SYRINGE	77
ARAVA	10	AVIDOXY	14	BD SYRINGE	77
ARCALYST	92	AVIDOXY DK	14	BD SYRINGE-DUAL CANNULA	77
ARCAPTA NEOHALER	12	AVINZA	4	BECONASE AQ	64
ARICEPT	37	AVITA	86	BELVIQ	32
ARICEPT ODT	37	AVODART	92	<i>benazepril</i>	42
ARIMIDEX	27	AVONEX	48	<i>benazepril-hydrochlorothiazide</i>	42
ARIXTRA	20	AXERT	4	BENICAR	42
ARMOUR THYROID	91	AXID	68	BENICAR HCT	42
AROMASIN	27	AXIRON	72	BENTYL	68
ARTHROTEC 50	10	AYGESTIN	72	BENZAACLIN	86
ARTHROTEC 75	10	AZASITE	14	BENZAACLIN PUMP	86
ASACOL	68	<i>azathioprine</i>	76	BENZAMYCIN	14
ASACOL HD	68	<i>azelastine</i>	64	BENZAMYCINPAK	14
ASMANEX TWISTHALER	12	AZELEX	86	<i>benzonatate</i>	62
ASPIR-81	3	AZILECT	32	<i>benzphetamine</i>	32
<i>aspirin</i>	3, 4	<i>azithromycin</i>	14	<i>benztropine</i>	32
ASPIRIN CHILDRENS	4	AZOPT	64	BEPREVE	23
ASPIRIN LOW DOSE	4	AZOR	42		
ASPIRIN LOW-STRENGTH	4	AZULFIDINE	14		
ASPIR-LOW	3	AZULFIDINE EN-TABS	14		
ASPIR-TRIN	3	AZURETTE (28)	52		
ASTAGRAF XL	76	BABY ASPIRIN	4		
ASTELIN	64	<i>bacitracin</i>	14		
ASTEPRO	64	<i>bacitracin-polymyxin b</i>	14		
ATACAND	42	<i>baclofen</i>	78		
ATACAND HCT	42	BACTRIM	14		
ATELVIA	92	BACTRIM DS	14		
<i>atenolol</i>	42	BACTROBAN	14		
<i>atenolol-chlorthalidone</i>	42	BACTROBAN NASAL	14		
ATIVAN	79	<i>balsalazide</i>	68		
<i>atorvastatin</i>	42	BALZIVA (28)	52		
<i>atovaquone</i>	26	BANZEL	48		
		BARACLUDE	33		
		BAYER ADVANCED	4		
		BAYER ASPIRIN	4		
		BAYER CHEWABLE ASPIRIN	4		

BERINERT	92	<i>butorphanol tartrate</i>		CAYSTON	14
BESIVANCE	14		4	CAZIAN (28)	53
BETAGAN	64	BUTRANS	5	CEDAX	14
<i>betamethasone valerate</i>		BYDUREON	24	CEENU	28
	87	BYETTA	24	<i>cefaclor</i>	14, 15
<i>betamethasone, augmented</i>		BYSTOLIC	43	<i>cefadroxil</i>	15
	87	<i>cabergoline</i>	72	<i>cefdinir</i>	15
BETAPACE	42	CADUET	43	<i>cefpodoxil</i>	15
BETAPACE AF	43	CAFCIT	48	CEFTIN	15
BETASERON	48	CAFERGOT	5	<i>cefuroxime axetil</i>	15
<i>betaxolol</i>	64	CALAFOL RX	95	CELEBREX	10
<i>bethanechol chloride</i>		CALAN	39	CELEXA	80
	37	CALAN SR	39	CELLCEPT	76
BETHKIS	14	CALCIFEROL	95	CELONTIN	48
BETIMOL	64	<i>calcipotriene</i>	87	CENESTIN	72
BETOPTIC S	64	<i>calcipotriene-betamethasone</i>		<i>cephalexin</i>	15
BEYAZ	53		92	CEREFOLIN	95
BIAXIN	14	<i>calcitonin (salmon)</i>	72	CEREFOLIN NAC	95
BIAXIN XL	14	CALCITRENE	87	CEREFOLIN NAC (ALGAL OIL)	
<i>bicalutamide</i>	27	<i>calcitriol</i>	95		95
BIDIL	43	<i>calcium acetate</i>	65	CERISA	15
BILTRICIDE	26	CAMBIA	5	CERVIDIL	72
BINOSTO	92	CAMPRAL	92	CESAMET	68
<i>bisoprolol fumarate</i>	43	CAMRESE	53	CESIA (28)	53
<i>bisoprolol-hydrochlorothiazide</i>		CAMRESE LO	53	CESINEX	68
	43	CANASA	68	CETACAINE	9
BLEPH-10	14	<i>candesartan</i>	43	CETACAINE ANESTHETIC	
BLEPHAMIDE	14	<i>candesartan-hydrochlorothiazid</i>			9
BLEPHAMIDE S.O.P.			43	<i>cetirizine</i>	23
	14	<i>capecitabine</i>	28	CETRAXAL	15
BONIVA	92	CAPEX	87	CETROTIDE	72
BONTRIL SR	32	CAPHOSOL	92	CHANTIX	90
BOSULIF	27, 28	CAPRELSA	28	CHANTIX CONTINUING MONTH	
BP 10-1	14	<i>captopril</i>	43	BOX	90
BRAVELLE	72	<i>captopril-hydrochlorothiazide</i>		CHANTIX CONTINUING MONTH	
BREO ELLIPTA	12		43	PAK	90
BREVICON (28)	53	CARAFATE	68	CHANTIX STARTING MONTH BOX	
BRIELLYN	53	CARBAGLU	92		90
BRILINTA	33	<i>carbamazepine</i>	48	CHANTIX STARTING MONTH PAK	
<i>brimonidine</i>	64	CARBATROL	48		90
BRINTELLIX	79	<i>carbidopa</i>	32	CHATEAL	53
BRISDELLE	79	<i>carbidopa-levodopa</i>	32	CHENODAL	68
BROMFED DM	62	CARDENE SR	39	CHILD ASPIRIN	5
<i>bromocriptine</i>	32	CARDIOTEK-RX (BIOPERINE)		CHILDREN'S ALLEGRA ALLERGY	
BROVANA	12		95		23
BUDEPRION SR	79	CARDIZEM	40	CHILDREN'S ASPIRIN	
BUDEPRION XL	79	CARDIZEM CD	40		5
<i>budesonide</i>	12, 64, 72	CARDIZEM LA	40	CHILDREN'S CETIRIZINE	
<i>bumetanide</i>	63	CARDURA	43		23
BUPHENYL	68	CARDURA XL	43	CHILDREN'S IRON	
<i>buprenorphine</i>	92	<i>carisoprodol</i>	78		65
<i>buprenorphine-naloxone</i>		<i>carisoprodol-aspirin</i>		CHILDREN'S VITAMIN D	
	92		78		95
BUPROBAN	90	<i>carteolol</i>	64	CHILDREN'S ZYRTEC ALLERGY	
<i>bupropion hcl</i>	79, 80	CARTIA XT	40		23
<i>buspiron</i>	80	<i>carvedilol</i>	43	<i>chloral hydrate</i>	92
<i>butalbital-acetaminop-caf-cod</i>		CASODEX	28	<i>chlordiazepoxide hcl</i>	
	4	CATAFLAM	5		80
<i>butalbital-acetaminophen</i>		CATAPRES	43	<i>chlordiazepoxide-clidinium</i>	
	4	CATAPRES-TTS-1	43		68
<i>butalbital-acetaminophen-caff</i>		CATAPRES-TTS-2	43	<i>chloroquine phosphate</i>	
	4	CATAPRES-TTS-3	43		26
<i>butalbital-aspirin-caffeine</i>		CAVERJECT	92	<i>chlorothiazide</i>	63
	4	CAVERJECT IMPULSE		<i>chlorpromazine</i>	80
BUTISOL	85		92	<i>chlorpropamide</i>	24

<i>chlorthalidone</i>	63	CLIMARA PRO	73	CONTOUR TEST STRIPS	62
<i>chlorzoxazone</i>	78	CLINDACIN PAC	15	CONZIP	5
<i>cholecalciferol (vitamin d3)</i>	95, 96	CLINDAGEL	15	COPAXONE	48
<i>cholestyramine (with sugar)</i>	43	<i>clindamycin hcl</i>	15	COPEGUS	33
<i>choline,magnesium salicylate</i>	5	<i>clindamycin phosphate</i>	15, 16	CORDARONE	40
<i>chorionic gonadotropin, human</i>	73	<i>clindamycin-benzoyl peroxide</i>	87	COREG	43
CIALIS	92	CLINDAREACH	16	COREG CR	43
<i>cialis</i>	92	CLINDESSE	16	CORGARD	43
CICLODAN KIT	21	CLINORIL	10	CORTEF	73
<i>ciclopirox</i>	21	<i>clobetasol</i>	87	CORTIFOAM	73
<i>cilostazol</i>	33	<i>clobetasol-coal tar</i>	87	<i>cortisone</i>	73
CILOXAN	15	<i>clobetasol-emollient</i>	87	CORTISPORIN	16
<i>cimetidine</i>	68	CLOBEX	87	CORTISPORIN-TC	16
<i>cimetidine hcl</i>	68	CLODERM	87	CORZIDE	43
CIMZIA	68	<i>clomiphene citrate</i>	73	COSOPT	64
CIMZIA POWDER FOR RECONST	68	<i>clomipramine</i>	80	COSOPT (PF)	64
CIMZIA STARTER KIT	68	<i>clonazepam</i>	48	COUMADIN	20
CINRYZE	92	<i>clonidine</i>	43	COVARYX	73
CIPRO	15	<i>clonidine hcl</i>	43, 80	COVARYX H.S.	73
CIPRO HC	15	<i>clopidogrel</i>	33	COZAAR	43
CIPRO XR	15	<i>clorazepate dipotassium</i>	80	<i>cpm-pseudoephed-hydrocodone</i>	62
CIPRODEX	15	CLORPRES	43	CREON	69
<i>ciprofloxacin</i>	15	<i>clotrimazole</i>	21	CRESTOR	43
<i>citalopram</i>	80	<i>clozapine</i>	80	CRINONE	73
CITRANATAL 90 DHA (ALGAL OIL)	78	CLOZARIL	80	CRIXIVAN	33
CITRANATAL 90 DHA (NEW FORMULA)	78	CNL 8 NAIL	21	<i>cromolyn</i>	12, 64
CITRANATAL ASSURE	78	COARTEM	27	CRYSSELLE (28)	53
CITRANATAL B-CALM (FE GLUC)	78	<i>codeine sulfate</i>	5	CUPRIMINE	10
CITRANATAL DHA (NEW FORMULA)	78	<i>codeine-guaifenesin</i>	62	CUTIVATE	87
CITRANATAL HARMONY	78	COLAZAL	68	CUVPOSA	69
CITRANATAL HARMONY (IRON FUM)	78	<i>colchicine-probenecid</i>	10	CYCLAFEM 1/35 (28)	53
CITRANATAL RX (NEW FORMULA)	78	COLCRYS	10	CYCLESSA (28)	53
CLARAVIS	87	COLESTID	43	<i>cyclobenzaprine</i>	78
CLARIFOAM EF	15	<i>colestipol</i>	43	CYCLOGYL	64
CLARINEX	23	COLY-MYCIN S	16	CYCLOMYDRIL	64
CLARINEX-D 12 HOUR	23	COLYTE WITH FLAVOR PACKS	68	<i>cyclopentolate</i>	64
CLARINEX-D 24 HOUR	23	COMBIGAN	64	<i>cyclopentolate (bulk)</i>	92
<i>clarithromycin</i>	15	COMBIPATCH	73	<i>cyclophosphamide</i>	28
CLARITIN	23	COMBIVENT	12	CYCLOSET	24
CLARITIN REDITABS	23	COMBIVENT RESPIMAT	12	<i>cyclosporine</i>	76
CLARITIN-D 12 HOUR	23	COMBIVIR	33	<i>cyclosporine modified</i>	76
CLARITIN-D 24 HOUR	23	COMETRIQ	28	CYMBALTA	80
<i>clemastine</i>	23	COMFORT PAC-CYCLOBENZAPRINE	78	<i>cyproheptadine</i>	23
CLEOCIN	15	COMFORT PAC-IBUPROFEN	10	CYSTADANE	92
CLEOCIN T	15	COMFORT PAC-MELOXICAM	10	CYSTAGON	92
CLIMARA	73	COMFORT PAC-NAPROXEN	10	CYSTARAN	64
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		COMPAZINE	68	CYTOTEC	69
		COMPLERA	33	CYTRA-3	65
		COMTAN	32	CYTRA-K	65
		CONCERTA	80	D.H.E.45	5
		CONDYLOX	87	DALIRESP	12
				<i>danazol</i>	73
				DANTRIUM	78
				<i>dantrolene</i>	78
				<i>dapsone</i>	16
				DARAPRIM	27

DASETTA 1/35 (28)	53	DIAMOX SEQUELS	63	<i>doxycycline monohydrate</i>	16
DASETTA 7/7/7 (28)	53	DIASTAT	48	<i>dronabinol</i>	69
DAYPRO	10	<i>diazepam</i>	81	<i>drosiprone-ethinyl estradiol</i>	53
<i>daysee</i>	53	DIBENZYLINE	38	DRYSOL DAB-O-MATIC	87
DAYTRANA	80	DICLEGIS	69	DUAC	87
DDAVP	73	<i>diclofenac potassium</i>	5	DUAVEE	73
DELATESTRYL	73	<i>diclofenac sodium</i>	10, 28, 64	DUET DHA BALANCED	78
DELTA D3	96	<i>diclofenac-misoprostol</i>	10	DUETACT	24
DELZICOL	69	<i>dicloxacillin</i>	16	DUEXIS	10
DEMADEX	63	<i>dicyclomine</i>	69	DULERA	12
DEMEROL	5	<i>didanosine</i>	33	<i>duloxetine</i>	81
DEMSER	43	DIDREX	32	DUONEB	12
DENAVIR	33	DIDRONEL	92	DURAGESIC	5
DEPAKENE	48	<i>diethylpropion</i>	32	DUREZOL	64
DEPAKOTE	48	DIFFERIN	87	DUTOPROL	43
DEPAKOTE ER	48	DIFICID	16	D-VI-SOL	96
DEPAKOTE SPRINKLES	48	DIFLUCAN	21	D-VITA	96
DEPEN TITRATABS	10	<i>diflunisal</i>	5	DYAZIDE	63
DEPLIN	96	DIGOX	40	DYLIX	12
DEPLIN (ALGAL OIL)	96	<i>digoxin</i>	40	DYMISTA	64
DEPO-PROVERA	53	<i>dihydroergotamine</i>	5	DYNACIN	16
DEPO-SUBQ PROVERA 104	53	DILACOR XR	40	DYRENIUM	63
DEPO-TESTOSTERONE	73	DILANTIN	48	E.C. PRIN	5
DERMA-SMOOTH/FS BODY OIL	87	DILANTIN EXTENDED	48	E.E.S. 200	16
DERMA-SMOOTH/FS SCALP OIL	87	DILANTIN INFATABS	48	E.E.S. 400	16
DERMATOP	87	DILANTIN-125	48	E.E.S. GRANULES	16
DERMAZENE	87	DILATRATE-SR	40	EC ASPIRIN	5
<i>desipramine</i>	80	DILAUDID	5	EC-NAPROSYN	10
<i>desloratadine</i>	23	DILT-CD	40	<i>econazole</i>	21
<i>desmopressin</i>	73	DILTIA XT	40	ECOTRIN	5
DESOGEN	53	<i>diltiazem hcl</i>	40	ECOTRIN LOW STRENGTH	5
<i>desogestrel-ethinyl estradiol</i>	53	DILTZAC ER	40	ECOZA	21
DESONATE	87	DIOVAN	43	EDARBI	43
<i>desonide</i>	87	DIOVAN HCT	43	EDARBYCLOR	43
DESONIL	87	DIPENTUM	69	EDECRIN	63
DESOWEN	87	<i>diphenoxylate-atropine</i>	69	EDEX	92
DESOPYN	37	DIPROLENE	87	EDLUAR	85
<i>desvenlafaxine</i>	80	DIPROLENE AF	87	EDURANT	33
<i>desvenlafaxine fumarate</i>	80	<i>dipyridamole</i>	33	EEMT	73
DETROL	92	<i>disopyramide phosphate</i>	40	EEMT HS	73
DETROL LA	92	<i>disulfiram</i>	92	EFFEXOR XR	81
<i>dexamethasone</i>	73	DITROPAN XL	92	EFFIENT	33
<i>dexamethasone sodium phosphate</i>	64	DIURIL	63	EFUDEX	28
<i>dexchlorpheniramine maleate</i>	23	<i>divalproex</i>	48	EGRIFTA	73
DEXEDRINE SPANSULE	37	DIVIGEL	73	ELDEPRYL	32
DEXILANT	69	DOLOPHINE	5	ELESTAT	23
<i>dexmethylphenidate</i>	81	<i>donepezil</i>	38	ELESTRIN	73
<i>dextroamphetamine</i>	38	DORAL	85	ELIDEL	76
<i>dextroamphetamine-amphetamine</i>	38	DORYX	16	ELIMITE	87
DIABETA	24	<i>dorzolamide</i>	64	ELINEST	53
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		DOVONEX	87	ELIQUIS	20
		<i>doxazosin</i>	43	ELIXOPHYLLIN	12
		<i>doxepin</i>	81	ELLA	53
		<i>doxercalciferol</i>	92	ELMIRON	5
		<i>doxycycline hyclate</i>	16, 92	ELOCON	87
				EMCYT	28
				EMEND	69
				EMLA	9
				EMOQUETTE	54

EMSAM	81	<i>estrogens-methyltestosterone</i>	73	FER-IRON	65
EMTRIVA	34	<i>estropipate</i>	73	FERRIPROX	93
ENABLEX	92	ESTROSTEP FE-28	54	<i>ferrous sulfate</i>	66
<i>enalapril maleate</i>	43	<i>eszopiclone</i>	86	FETZIMA	81
<i>enalapril-hydrochlorothiazide</i>	43	<i>ethambutol</i>	16	FIBRICOR	44
ENBREL	10	ETHEDENT	65	FINACEA	87
ENBREL SURECLICK	10	<i>ethosuximide</i>	48	<i>finasteride</i>	93
ENJUVA	73	<i>etodolac</i>	10	FIORICET	6
ENLYTE	96	<i>etoposide</i>	28	FIORINAL	6
<i>enoxaparin</i>	20	EURAX	87	FIORINAL-CODEINE #3	6
ENPRESSE	54	EVAMIST	73	FIRAZYR	93
ENSKYCE	54	EVISTA	93	FIRST-LANSOPRAZOLE	69
ENTERAGAM	92	EVOCLIN	16	FIRST-OMEPRAZOLE	69
ENTERIC COATED ASPIRIN	6	EVOXAC	38	FLAGYL	16
ENTOCORT EC	73	EVZIO	21	FLAGYL ER	16
EPANED	43	EXALGO ER	6	<i>flavoxate</i>	93
EPIDUO	87	EXELDERM	21	<i>flecainide</i>	40
EPIFLUR	65	EXELON	38	FLECTOR	87
<i>epinephrine</i>	38	<i>exemestane</i>	28	FLEXERIL	78
<i>epinephrine (pf)</i>	38	EXFORGE	43	FLOMAX	93
EPIPEN	38	EXFORGE HCT	43	FLONASE	64
EPIPEN 2-PAK	38	EXJADE	93	FLOVENT DISKUS	12
EPIPEN JR	38	EXTAVIA	49	FLOVENT HFA	12
EPIPEN JR 2-PAK	38	EXTINA	21	FLUARIX 2013-2014 (PF)	38
EPIVIR	34	EXTRA STRENGTH BAYER	6	FLUARIX QUAD 2013-2014 (PF)	38
EPIVIR HBV	34	FA-8	96	FLUBLOK 2013-2014 (PF)	38
EPOGEN	51	FABIOR	87	FLUBLOK 2013-2014 (PF)	38
<i>eprosartan</i>	43	FACTIVE	16	<i>fluconazole</i>	21
EPZICOM	34	FALMINA (28)	54	<i>fludrocortisone</i>	73
EQUETRO	81	<i>famciclovir</i>	34	FLULAVAL 2013-2014	38
<i>ergocalciferol (vitamin d2)</i>	96	<i>famotidine</i>	69	FLULAVAL 2014-2015	38
<i>ergoloid</i>	43	FAMVIR	34	FLULAVAL QUAD 2013-2014	38
<i>ergotamine-caffeine</i>	6	FANAPT	81	FLULAVAL QUAD 2014-2015	39
ERIVEDGE	28	FARESTON	28	FLUMADINE	34
ERRIN	54	FARXIGA	24	<i>flunisolide</i>	64
ERTACZO	21	FAZACLO	81	<i>fluocinolone</i>	87
ERY-TAB	16	FC FEMALE CONDOM	54	<i>fluocinolone-shower cap</i>	87
ERYTHROCIN (AS STEARATE)	16	FELBATOL	49	<i>fluocinonide</i>	87
<i>erythromycin</i>	16	FELDENE	10	FLUOCINONIDE-E	87
<i>erythromycin ethylsuccinate</i>	16	<i>felodipine</i>	40	FLUORABON	66
<i>erythromycin stearate</i>	16	FEM PH	27	FLUOR-A-DAY (WITH XYLITOL)	66
<i>erythromycin with ethanol</i>	16	FEMARA	28	FLUORITAB	66
<i>erythromycin-benzoyl peroxide</i>	16	FEMCAP	54	<i>fluorometholone</i>	64
<i>escitalopram oxalate</i>	81	FEMCON FE	54	FLUOROPLEX	28
<i>esomeprazole strontium</i>	69	FEMHRT 1/5	73	<i>fluorouracil</i>	28
ESTARYLLA	54	FEMHRT LOW DOSE	73	<i>fluoxetine</i>	81
<i>estazolam</i>	85	FEMRING	73	<i>fluphenazine hcl</i>	81
ESTRACE	73	<i>fenofibrate</i>	43	FLURA-DROPS	66
<i>estradiol</i>	73	<i>fenofibrate micronized</i>	43	<i>flurazepam</i>	86
<i>estradiol-norethindrone acet</i>	73	<i>fenofibrate nanocrystallized</i>	44	<i>flurbiprofen</i>	10
ESTRASORB	73	<i>fenofibric acid</i>	44	<i>flurbiprofen sodium</i>	64
ESTRING	73	<i>fenofibric acid (choline)</i>	44	<i>flutamide</i>	28
ESTROGEL	73	FENOGLIDE	44	<i>fluticasone</i>	64, 87
2015 Coventry Health Prescription Drug List		<i>fenopropfen</i>	10		
		<i>fentanyl</i>	6		
		<i>fentanyl citrate</i>	6		
		FENTORA	6		
		FER-IN-SOL	65		

<i>fluvastatin</i>	44	<i>fosinopril-hydrochlorothiazide</i>	44	GLUCOTROL XL	25
FLUVIRIN 2013-2014	39	FOSRENOL	66	GLUCOVANCE	25
FLUVIRIN 2013-2014 (PF)	39	FOSTEUM	66	GLUMETZA	25
FLUVIRIN 2014-2015	39	FOSTEUM PLUS	93	<i>glyburide</i>	25
FLUVIRIN 2014-2015 (PF)	39	FOVEX	93	<i>glyburide micronized</i>	25
<i>fluvoxamine</i>	81	FRAGMIN	20	<i>glyburide-metformin</i>	25
FLUZONE 2013-2014	39	FREESTYLE FREEDOM LITE	77	GLYNASE	25
FLUZONE 2013-2014 (PF)	39	FREESTYLE INSULINX TEST STRIPS	62	GLYSET	25
FLUZONE 2014-2015	39	FREESTYLE LITE STRIPS	62	GOLYTELY	69
FLUZONE 2014-2015 (PF)	39	FREESTYLE TEST	62	GONAL-F	74
FLUZONE HIGH-DOSE 2014-15 (PF)	39	FROVA	6	GONAL-F RFF	74
FLUZONE INTRADERM 2013-14 (PF)	39	FULYZAQ	69	GONAL-F RFF PEN	74
FLUZONE INTRADERM 2014-15 (PF)	39	FURADANTIN	16	GONAL-F RFF REDI-JECT	74
FLUZONE PEDI 2013-2014 (PF)	39	<i>furosemide</i>	63	GRALISE	49
FLUZONE QUAD 2013-2014 (PF)	39	FUZEON	34	GRALISE 30-DAY STARTER PACK	49
FLUZONE QUAD 2014-2015	39	FYCOMPA	49	GRANIX	51
FLUZONE QUAD 2014-2015 (PF)	39	GABADONE	93	GRANULEX	87
FLUZONE QUAD PEDI 2013-14 (PF)	39	<i>gabapentin</i>	49	GRIFULVIN V	21
FLUZONE QUAD PEDI 2014-15 (PF)	39	GABITRIL	49	<i>griseofulvin microsize</i>	21
FML FORTE	64	<i>galantamine</i>	38	<i>griseofulvin ultramicrosize</i>	21
FML LIQUIFILM	64	GAMMAGARD LIQUID	39	GRIS-PEG (ULTRAMICROSIZED)	21
FML S.O.P.	64	GAMMAKED	39	<i>guanfacine</i>	44
FOCALIN	81	GAMUNEX-C	39	GYNAZOLE-1	22
FOCALIN XR	82	<i>ganirelix</i>	74	HALCION	86
FOLASTIN	96	GARAMYCIN	16	HALFLYTELY-BISACODYL W-FLAV	69
FOLBEE AR	96	<i>gatifloxacin</i>	16	PK	69
FOLBIC	96	GATTEX 30-VIAL	69	HALFPRIN	6
FOLBIC RF	96	GATTEX ONE-VIAL	69	<i>halobetasol propionate</i>	88
<i>folic acid</i>	96	GAVILAX	69	HALOG	88
<i>folic acid-vit b6-vit b12</i>	96	GELCLAIR	93	HALONATE	88
FOLLISTIM AQ	73	GELNIQUE	93	HALONATE PAC	88
FOLTANX	96	<i>gemfibrozil</i>	44	<i>haloperidol</i>	82
FOLTANX RF	96	GENERESS FE	54	<i>haloperidol lactate</i>	82
FOLTX	96	GENGRAF	76	HECTORIA	76
<i>fondaparinux</i>	20	GENOTROPIN	74	HECTOROL	93
FORADIL AEROLIZER	12	GENOTROPIN MINIQUICK	74	HELIDAC	69
FORFIVO XL	82	<i>gentamicin</i>	16	HEMANGEOL	44
FORTAMET	24	GEODON	82	<i>heparin (porcine)</i>	20
FORTEO	93	GIANVI (28)	54	HEPSERA	34
FORTESTA	73	GIAZO	69	HETLIOZ	86
FORTICAL	73	GILDAGIA	54	HEXALEN	28
FOSAMAX	93	GILDESS	54	HIPREX	16
FOSAMAX PLUS D	93	GILDESS FE	54	HIZENTRA	39
<i>fosinopril</i>	44	GILENYA	49	HORIZANT	49
		GILOTRIF	28	HUMALOG	25
		GLEEVEC	28	HUMALOG KWIKPEN	25
		<i>glimepiride</i>	24	HUMALOG MIX 50-50	25
		<i>glipizide</i>	24	HUMALOG MIX 50-50 KWIKPEN	25
		<i>glipizide-metformin</i>	24	HUMALOG MIX 75-25	25
		GLUCAGEN	66	HUMALOG MIX 75-25 KWIKPEN	25
		GLUCAGEN HYPOKIT	66	HUMATROPE	74
		GLUCAGON EMERGENCY KIT (HUMAN)	66		
		GLUCOPHAGE	24		
		GLUCOPHAGE XR	25		
		GLUCOTROL	25		

HUMIRA	10	IMITREX STATDOSE KIT REFILL	6	JUBLIA	22
HUMIRA CROHN'S DIS START PCK	10	IMPLANON	54	JUNEL 1.5/30 (21)	55
HUMIRA PEN	11	IMURAN	76	JUNEL 1/20 (21)	55
HUMIRA PSORIASIS STARTER PACK	11	INCIVEK	34	JUNEL FE 1.5/30 (28)	55
HUMULIN 70/30	25	INCRELEX	74	JUNEL FE 1/20 (28)	55
HUMULIN 70/30 KWIKPEN	25	<i>indapamide</i>	63	JUVISYNC	25
HUMULIN 70/30 PEN	25	INDERAL LA	44	JUXTAPID	44
HUMULIN N	25	INDOCIN	11	KADIAN	7
HUMULIN N KWIKPEN	25	<i>indomethacin</i>	11	KALETRA	34
HUMULIN N PEN	25	INFERGEN	34	KALYDECO	93
HUMULIN R	25	INLYTA	29	KAOCHLOR	66
HUMULIN R U-500 "CONCENTRATED"	25	INNOPRAN XL	44	KAPVAY	82
HYCANTIN	28	INSPRA	63	KARBINAL ER	23
<i>hydralazine</i>	44	INTELENCE	34	KARIVA (28)	55
HYDREA	28	INTERMEZZO	86	KAYEXALATE	66
<i>hydrochlorothiazide</i>	63	INTRON A	29	KAZANO	25
<i>hydrocodone-acetaminophen</i>	6	INTROVALE	54	KEFLEX	17
<i>hydrocodone-homatropine</i>	62	INTUNIV ER	82	KELNOR 1/35 (28)	55
<i>hydrocodone-ibuprofen</i>	6	INVEGA	82	KENALOG	88
<i>hydrocortisone</i>	69, 74, 88	INVIRASE	34	KEPPRA	49
<i>hydrocortisone butyrate</i>	88	INVOKAMET	25	KEPPRA XR	49
<i>hydrocortisone butyr-emollient</i>	88	INVOKANA	25	KERLONE	44
<i>hydrocortisone valerate</i>	88	<i>iodoquinol-hc</i>	88	KETEK	17
<i>hydrocortisone-acetic acid</i>	64	IOPIDINE	64	<i>ketoconazole</i>	22
<i>hydrocortisone-pramoxine</i>	88	<i>ipratropium bromide</i>	12, 64	KETODAN KIT	22
<i>hydromorphone</i>	6	<i>ipratropium-albuterol</i>	13	KETONE URINE TEST	62
<i>hydroxychloroquine</i>	27	IPRIVASK	21	<i>ketoprofen</i>	11
<i>hydroxyurea</i>	29	IRBESARTAN	44	<i>ketorolac</i>	7, 64
<i>hydroxyzine hcl</i>	23	<i>irbesartan-hydrochlorothiazide</i>	44	KHEDEZLA	82
<i>hydroxyzine pamoate</i>	23	ISENTRESS	34	KINERET	11
HYLATOPIC	88	ISOCHRON	40	KIONEX	66
<i>hyoscyamine sulfate</i>	69	<i>isometh-dichloral-acetaminophn</i>	6	KLARON	88
HYPERRHO S/D	39	<i>isoniazid</i>	16, 17	KLONOPIN	49
HYPERTENSA	93	ISOPTIN SR	40	KOMBIGLYZE XR	25
HYZAAR	44	ISOPTO ATROPINE	64	KORLYM	25
<i>ibandronate</i>	93	ISOPTO CARBACHOL	64	K-PHOS-NEUTRAL	66
<i>ibuprofen</i>	11	ISOPTO CARPINE	64	KRISTALOSE	69
ICAR-C PLUS	66	ISOPTO HYOSCINE	64	KURVELO	55
ICLUSIG	29	ISORDIL	40	KUVAN	93
ILARIS (PF)	93	ISORDIL TITRADOSE	40	KYNAMRO	44
ILEVRO	64	<i>isosorbide dinitrate</i>	40	<i>l norgest&e estradiol-e estrad</i>	55
ILOTYCIN	16	<i>isosorbide mononitrate</i>	40	<i>labetalol</i>	44
IMBRUVICA	29	<i>isoxsuprine</i>	44	LAC-HYDRIN	88
IMDUR	40	<i>itraconazole</i>	22	LACRISERT	64
<i>imipramine hcl</i>	82	JAKAFI	29	<i>lactulose</i>	69
<i>imipramine pamoate</i>	82	JALYN	93	LAMICTAL	49
<i>imiquimod</i>	88	JANUMET	25	LAMICTAL ODT	49
IMITREX	6	JANUMET XR	25	LAMICTAL ODT STARTER (BLUE)	49
2015 Coventry Health Prescription Drug List		JANUVIA	25	LAMICTAL ODT STARTER (GREEN)	49
		JARDIANCE	25	LAMICTAL ODT STARTER (ORANGE)	49
		JENCYCLA	54	LAMICTAL XR	49
		JENTADUETO	25	LAMISIL	22
		JINTELI	74	<i>lamivudine</i>	34
		<i>jolessa</i>	54	<i>lamivudine-zidovudine</i>	34
		JOLIVETTE	54	<i>lamotrigine</i>	50
				LANOXIN	40, 41

LANOXIN PEDIATRIC	41	LIMBREL250	93	LORYNA (28)	56
LANTUS	25	LIMBREL500	93	LORZONE	78
LANTUS SOLOSTAR	25	LIMBREL525	93	<i>losartan</i>	44
LASIX	63	<i>lindane</i>	88	<i>losartan-hydrochlorothiazide</i>	45
LASTACAPT	23	LINZESS	70	LOSEASONIQUE	56
<i>latanoprost</i>	64	LIORESAL	78	LOTEMAX	64
LATISSE	88	<i>liothyronine</i>	91	LOTENSIN	45
LATUDA	82	LIPICHOL 540	70	LOTENSIN HCT	45
LAZANDA	7	LIPITOR	44	LOTREL	45
LEENA 28	55	LIPOFEN	44	LOTRISONE	22
<i>leflunomide</i>	11	LIPTRUZET	44	LOTRONEX	70
LESCOL	44	<i>lisinopril</i>	44	<i>lovastatin</i>	45
LESCOL XL	44	<i>lisinopril-hydrochlorothiazide</i>	44	LOVAZA	70
LESSINA	55	LISTER-V	93	LOVENOX	21
LETAIRIS	44	LITE COAT ASPIRIN	7	LOW-OGESTREL (28)	56
<i>letrozole</i>	29			<i>loxapine succinate</i>	82
<i>leucovorin calcium</i>	93	<i>lithium carbonate</i>	82	LOXITANE	82
LEUKERAN	29	<i>lithium citrate</i>	82	LUDENT FLUORIDE	66
LEUKINE	51	LITHOBID	82		66
<i>leuprolide</i>	29	LIVALO	44	LUFYLLIN	13
<i>levabuterol hcl</i>	13	L-METHYL-B6-B12	97	LUKAID GLA FOR ASTHMA	93
LEVAQUIN	17	L-METHYLFOLATE	97	LUMIGAN	64
LEVEMIR	25	L-METHYLFOLATE CA P-5-P	97	LUNESTA	86
LEVEMIR FLEXPEN	25	ME-CBL	97	LUNGLAID FOR ASTHMA	93
LEVEMIR FLEXTOUCH	25	L-METHYLFOLATE FORMULA	97	LURIDE	66
<i>levetiracetam</i>	50	L-METHYLFOLATE FORTE	97	LUTERA (28)	56
LEVITRA	93	L-METHYL-MC	97	LUVERIS	74
<i>levobunolol</i>	64	L-METHYL-MC NAC	97	LUVOX CR	82
<i>levocetirizine</i>	23		97	LUXIQ	88
<i>levofloxacin</i>	17	LMTHF-PYRIDOXINE-CYANOCOBALAMN	97	LUZU	22
<i>levomefolate calcium</i>	97	LAMN	97	LYRICA	50
LEVOMEFOLATE DHA	78	LO LOESTRIN FE	56	LYSODREN	29
LEVONEST (28)	55	LO MINASTRIN FE	56	LYSTEDA	39
<i>levonorgestrel</i>	56	LOCROID	88	LYZA	56
<i>levonorgestrel-ethinyl estrad</i>	56	LOCROID LIPOCREAM	88	MACROBID	17
LEVORA 0.15/30 (28)	56	LO-DOSE ASPIRIN	7	MACRODANTIN	17
LEVORA-28	56	LODOSYN	32	MACUTEK	97
LEVOTHROID	91	LOESTRIN 1.5/30 (21)	56	MALARONE	27
<i>levothyroxine</i>	91	LOESTRIN 1/20 (21)	56	MALARONE PEDIATRIC	27
LEVOXYL	91	LOESTRIN 24 FE	56	<i>maprotiline</i>	82
LEVSIN	69	LOESTRIN FE 1.5/30 (28)	56	MARINOL	70
LEVULAN	29	LOESTRIN FE 1/20 (28)	56	MARLEXATE	66
LEXAPRO	82		56	MARLISSA	56
LEXIVA	34	LOFIBRA	44	MATULANE	29
LIALDA	69	LOMOTIL	70	MAVIK	45
LIBRAX (WITH CLIDINIUM)	69	<i>lomustine</i>	29	MAXAIR AUTOHALER	13
<i>lidocaine</i>	9	LO-OVRAL (28)	56	MAXALT	7
<i>lidocaine hcl-hydrocortison ac</i>	69, 70	LOPID	44	MAXALT-MLT	7
LIDOCAINE VISCOUS	9	LOPRESSOR	44	MAXITROL	17
<i>lidocaine-prilocaine</i>	9	LOPRESSOR HCT	44	MAXZIDE	63
LIDODERM	9	LOPROX	22	MAXZIDE-25MG	63
LIDORX	9	<i>loratadine</i>	23, 24	<i>meclofenamate</i>	11
LIMBREL	93	<i>lorazepam</i>	82	MEDROL	74
		LORTAB	7	MEDROL (PAK)	74
				<i>medroxyprogesterone</i>	56, 74
				MEGACE	93
				MEGACE ES	93
				<i>megestrol</i>	29

MEKINIST	29	MICARDIS HCT	45	<i>mupirocin calcium</i>	17
<i>meloxicam</i>	11	MICONAZOLE-3	22	MUSE	93
MENEST	74	MICROCHAMBER	77	MYALEPT	74
MENOPUR	74	MICROGESTIN 1.5/30 (21)	57	MYAMBUTOL	17
MENOSTAR	74	.....	57	MYCOBUTIN	17
MENTAX	22	MICROGESTIN 1/20 (21)	57	<i>mycophenolate mofetil</i>	76
<i>meperidine</i>	7	MICROGESTIN FE 1.5/30 (28)	57	<i>mycophenolate sodium</i>	76
MEPHYTON	97	.....	57	MYFORTIC	76
MEPRON	27	MICROGESTIN FE 1/20 (28)	57	MYLERAN	30
<i>mercaptopurine</i>	29	.....	57	MYNATAL	78
<i>mesalamine</i>	70	MICRO-K	66	MYORISAN	88
MESTINON	38	MICROZIDE	63	MYRBETRIQ	93
METADATE CD	82	MIDAMOR	63	MYSOLINE	50
METADATE ER	82	<i>midodrine</i>	38	MYZILRA	57
METAFOLBIC	97	MIDRIN	7	<i>nabumetone</i>	11
METAFOLBIC PLUS	97	MIGRANAL	7	<i>nadolol</i>	45
METAFOLBIC PLUS RF	97	MIMVEY	74	NAFRINSE	66
.....	97	MINASTRIN 24 FE	57	NAFTIN	22
METANX	97	MINIPRESS	45	NALFON	11
METANX (ALGAL OIL)	97	MINIPRIN	7	<i>naltrexone</i>	21
.....	97	MINITRAN	41	NAMENDA	50
<i>metaproterenol</i>	13	MINOCIN	17	NAMENDA TITRATION PAK	50
<i>metaxalone</i>	78	MINOCIN KIT WITH WIPES	17	NAMENDA XR	50
<i>metformin</i>	25, 26	<i>minocycline</i>	17	NAPRELAN CR	11
<i>methadone</i>	7	<i>minoxidil</i>	45	NAPRODERM	93
<i>methamphetamine</i>	38	MIRALAX	70	NAPROSYN	11
<i>methazolamide</i>	63	MIRAPEX	32	<i>naproxen</i>	11
<i>methenamine hippurate</i>	17	MIRAPEX ER	32	<i>naproxen sodium</i>	11
<i>methenamine mandelate</i>	17	MIRCETTE (28)	57	<i>naratriptan</i>	7
.....	17	MIRENA	57	NARDIL	83
<i>methimazole</i>	91	<i>mirtazapine</i>	83	NASACORT	64
<i>methocarbamol</i>	78	MIRVASO	88	<i>nasacort aq</i>	64
<i>methotrexate sodium</i>	29	<i>misoprostol</i>	70	NASCOBAL	97
.....	29	MOBIC	11	NASONEX	64
<i>methotrexate sodium (pf)</i>	29	<i>modafinil</i>	83	NATACYN	22
.....	29	MODERIBA DOSE PACK	34	NATAFORT (NEW FORMULA 2011)	78
<i>methoxsalen rapid</i>	88	MODICON (28)	57	NATAZIA	57
<i>methyl dopa</i>	45	<i>moexipril</i>	45	<i>nateglinide</i>	26
<i>methyl dopa-hydrochlorothiazide</i>	45	<i>moexipril-hydrochlorothiazide</i>	45	NATROBA	88
.....	45	.....	45	NATURE-THROID	91
<i>methylergonovine</i>	74	<i>mometasone</i>	88	NAVANE	83
METHYLIN	82	MOMEXIN	88	NEBUPENT	27
<i>methylphenidate</i>	82, 83	MONODOX	17	NECON 0.5/35 (28)	57
<i>methylprednisolone</i>	74	MONOKET	41	NECON 1/35 (28)	57
<i>metipranolol</i>	64	MONO-LINYAH	57	NECON 1/50 (28)	57
<i>metoclopramide hcl</i>	70	MONONESSA (28)	57	NECON 10/11 (28)	57
<i>metolazone</i>	63	<i>montelukast</i>	13	NEEVO	79
<i>metoprolol succinate</i>	45	MORGIDOX	17	NEEVO DHA	79
.....	45	MORGIDOX 1X100	17	NEEVODHA (WITH ALGAL OIL)	79
<i>metoprolol ta-hydrochlorothiaz</i>	45	.....	17	<i>nefazodone</i>	83
.....	45	MORGIDOX 2X100	17	<i>neomycin</i>	17
<i>metoprolol tartrate</i>	45	.....	17	<i>neomycin-polymyxin-dexameth</i>	17
METOSOLV ODT	70	<i>morphine</i>	7	NEOPHE	66
METROCREAM	88	MOTOFEN	70	NEORAL	76
METROGEL	88	MOTRIN	11	NEOSPORIN	(NEO-POLYM-GRAMICID)
METROGEL VAGINAL	17	MOVIPREP	70	.....	17
.....	17	MOXATAG	17	NEO-SYNALAR	17
METROLOTION	88	MOXEZA	17		
<i>metronidazole</i>	17, 88	<i>moxifloxacin</i>	17		
MEVACOR	45	MS CONTIN	7		
<i>mexiletine</i>	41	MULTAQ	41		
MIACALCIN	74	<i>mupirocin</i>	17		
MICARDIS	45				

NEO-SYNALAR KIT	17	NORINYL 1+35 (28)	58	<i>olanzapine</i>	83
NEPTAZANE	63	NORINYL 1+50 (28)	58	OLEPTRO ER	83
NESINA	26		58	OLUX	88
NESTABS	79	NORITATE	88	OLUX-E	88
NEUAC	88	NOROXIN	17	OLYSIO	35
NEUAC KIT	88	NORPACE	41	OMECLAMOX-PAK	70
NEULASTA	52	NORPACE CR	41	<i>omega-3 acid ethyl esters</i>	70
NEUPOGEN	52	NORPRAMIN	83	<i>omeprazole</i>	70
NEUPRO	32	NOR-QD	58	OMNARIS	64
NEURONTIN	50	NORTHERA	38	OMNITROPE	74
NEVANAC	64	NORTREL 0.5/35 (28)	58	<i>ondansetron</i>	70
<i>nevirapine</i>	34, 35	NORTREL 1/35 (21)	58	<i>ondansetron hcl</i>	70
NEXAVAR	30	NORTREL 1/35 (28)	58	ONE TOUCH ULTRA TEST	62
NEXIUM	70	NORTREL 7/7/7 (28)	58	ONE TOUCH VERIO	62
NEXIUM PACKET	70	<i>nortriptyline</i>	83	ONE TOUCH VERIO IQ METER	77
NEXPLANON	57	NORVASC	41	ONFI	50
NEXT CHOICE	58	NORVIR	35	ONGLYZA	26
NEXT CHOICE ONE DOSE	58	NOVA MAX GLUCOSE TEST	62	ONMEL	22
<i>niacin</i>	45, 97	NOVAREL	74	ONSOLIS	8
NIASPAN EXTENDED-RELEASE	45	NOVOLIN 70/30	26	OPANA	8
<i>nicardipine</i>	41	NOVOLIN R	26	OPANA ER	8
NICODERM CQ	90	NOVOLOG	26	<i>opium tincture</i>	70
NICOMIDE	97	NOVOLOG FLEXPEN	26	OPSUMIT	45
NICORELIEF	90	NOVOLOG MIX 70-30	26	OPTICHAMBER ADVANTAGE	77
NICORETTE	90	NOVOLOG MIX 70-30 FLEXPEN	26	OPTIPRANOLOL	64
<i>nicotine</i>	90	NOVOPEN 3	77	OPTIVAR	24
NICOTROL	91	NOVOPEN JR	77	ORACEA	18
NICOTROL NS	91	NOXAFIL	22	ORALONE	93
NIFEDIAC CC	41	NP THYROID	91	ORAP	83
NIFEDICAL XL	41	NTS STEP 1	91	ORAPRED	74
<i>nifedipine</i>	41	NUCYNTA	7	ORAPRED ODT	74
NILANDRON	30	NUCYNTA ER	7	ORAVIG	22
<i>nimodipine</i>	41	NUDEXTA	50	ORENCIA	11
NIRAVAM	83	NULYTELY WITH FLAVOR PACKS	70	ORENITRAM	45
<i>nisoldipine</i>	41	NUTROPIN	74	ORFADIN	94
NITRO-BID	41	NUTROPIN AQ	74	<i>orphenadrine citrate</i>	78
NITRO-DUR	41	NUTROPIN AQ NUSPIN	74	ORPHENADRINE COMPOUND	78
<i>nitrofurantoin</i>	17		74	ORPHENADRINE COMPOUND-DS	78
<i>nitrofurantoin macrocrystal</i>	17	NUVARING	58	ORSYTHIA	58
<i>nitrofurantoin monohyd/m-cryst</i>	17	NUVIGIL	83	ORTHO ALL-FLEX FITTING SET	58
<i>nitroglycerin</i>	41	NYMALIZE	41	ORTHO DIAPHRAGM ALL-FLEX 65	59
NITROLINGUAL	41	<i>nystatin</i>	22	ORTHO DIAPHRAGM ALL-FLEX 70	59
NITROMIST	41	<i>nystatin-triamcinolone</i>	22	ORTHO DIAPHRAGM ALL-FLEX 75	59
NITROSTAT	41	OBTREX	79	ORTHO DIAPHRAGM ALL-FLEX 80	59
NITRO-TIME	41	O-CAL PRENATAL	79	ORTHO EVRA	59
<i>nizatidine</i>	70	OCELLA	58	ORTHO MICRONOR	59
NORA-BE	58	<i>octreotide acetate</i>	74	ORTHO TRI-CYCLEN (28)	59
NORDITROPIN FLEXPRO	74	OCUDOX	64	ORTHO TRI-CYCLEN LO (28)	59
NORDITROPIN NORDIFLEX	74	OCUFEN	64		
<i>noreth-ethinyl estradiol-iron</i>	58	OCUFLOX	17		
<i>norethindrone (contraceptive)</i>	58	<i>ofloxacin</i>	17, 18		
<i>norgestimate-ethinyl estradiol</i>	58	OGEN 2.5	74		
<i>norgestrel-ethinyl estradiol</i>	58	OGESTREL (28)	58		

ORTHO-CEPT (28)	59	PAXIL	83	PLAN B ONE-STEP	
ORTHO-CYCLEN (28)		PAXIL CR	83		59
	59	PCE	18	PLAQUENIL	27
ORTHO-NOVUM 1/35 (28)		PEDIADERM HC	88	PLAVIX	33
	59	PEDIPIROX-4	22	PLETAL	33
ORTHO-NOVUM 7/7/7 (21)		<i>peg 3350-electrolytes</i>		PLEXION	18
	59		70	PLEXION CLEANSING CLOTHS	
ORTHO-NOVUM 7/7/7 (28)		PEGANONE	50		18
	59	PEGASYS	35	PNEUMOVAX 23	39
ORTHO-PREFEST	74	PEGASYS CONVENIENCE PACK		PODIAPN	97
OSENI	26		35	PODOCON	88
OSMOPREP	70	PEGASYS PROCLICK		<i>podofilox</i>	88
OSPHENA	94		35	<i>polyethylene glycol 3350</i>	
OTEZLA	11	<i>peg-electrolyte soln</i>	70		70, 94
OTEZLA STARTER		PEGINTRON	35	<i>polymyxin b sulf-trimethoprim</i>	
	11	PEGINTRON REDIPEN			18
OTREXUP (PF)	11		35	POLYTRIM	18
OVACE	88	<i>penicillin v potassium</i>		POLY-VI-FLOR	97
OVACE PLUS	88		18	POMALYST	30
OVCON-35 (28)	59	PENLAC	22	PONSTEL	8
OVCON-50 (28)	59	PENNSAID	88	PORTIA	59
OVIDE	88	PENTASA	70	<i>potassium chloride</i>	66
OVIDREL	74	<i>pentoxifylline</i>	39	<i>potassium citrate</i>	67
OXANDRIN	74	PEPCID	70	POTIGA	50
<i>oxaprozin</i>	11	PERCOCET	8	PRADAXA	21
<i>oxazepam</i>	83	PERCODAN	8	<i>pramipexole</i>	32
<i>oxcarbazepine</i>	50	PERCURA	94	PRAMOSONE	88
OXECTA	8	PERFOROMIST	13	PRANDIMET	26
OXISTAT	22	<i>perindopril erbumine</i>		PRANDIN	26
OXSORALEN	88		45	PRAVACHOL	45
OXSORALEN ULTRA		PERIOGARD	94	<i>pravastatin</i>	45
	88	PERIOSTAT	94	<i>prazosin</i>	45
OXTELLAR XR	50	<i>permethrin</i>	88	PRECISION XTRA TEST	
<i>oxybutynin chloride</i>	94	<i>perphenazine</i>	83		62
<i>oxycodone</i>	8	<i>perphenazine-amitriptyline</i>		PRECOSE	26
<i>oxycodone-acetaminophen</i>			83	PRED FORTE	65
	8	PERSANTINE	33	PRED MILD	65
OXYCONTIN	8	PERTZYE	70	PRED-G	18
<i>oxymorphone</i>	8	PEXEVA	83	PRED-G S.O.P.	18
OXYTROL	94	<i>phenazopyridine</i>	10	<i>prednisolone acetate</i>	
OXYTROL FOR WOMEN		<i>phendimetrazine tartrate</i>			65
	94		32	<i>prednisolone sodium phosphate</i>	
PAMELOR	83	<i>phenobarbital</i>	86		65
PAMINE	70	<i>phentermine</i>	32	<i>prednisone</i>	74, 75
PAMINE FORTE	70	PHENYLENE	66	PREFERA-OB ONE	
PANCREAZE	70	PHENYLENE 75	66		79
PANDEL	88	PHENYTEK	50	PREFEST	75
PANRETIN	30	<i>phenytoin</i>	50	PREFLIN	94
<i>pantoprazole</i>	70	<i>phenytoin sodium extended</i>		PREGNYL	75
<i>papaverine</i>	45		50	PRELONE	75
PARAFON FORTE DSC		PHILITH	59	PREMARIN	75
	78	PHOSLO	66	PREMPHASE	75
PARAGARD T 380A		PHOSPHOLINE IODIDE		PREMPRO	75
	59		64	PRENATABS FA	79
PARCOPA	32	PICATO	30	PRENATABS RX	79
<i>paregoric</i>	70	<i>pilocarpine hcl</i>	65	PRENATAL VITAMIN	
<i>paricalcitol</i>	94	<i>pindolol</i>	45		79
PARLODEL	32	<i>pioglitazone</i>	26	PRENATE DHA	79
PARNATE	83	<i>pioglitazone-glimepiride</i>		PRENATE ELITE	79
<i>paromomycin</i>	27		26	PRENATE ESSENTIAL	
<i>paroxetine hcl</i>	83	<i>pioglitazone-metformin</i>			79
PASER	18		26	PREPARATION CLEANSING	
PATADAY	24	PIRMELLA	59		71
PATANASE	64	<i>piroxicam</i>	11	PREPIDIL	75
PATANOL	24			PREQUE 10	79

PREVACID	71	<i>propranolol</i>	45	REBIF TITRATION PACK	51
PREVACID 24HR	71	<i>propranolol-hydrochlorothiazid</i>	45	RECLIPSEN (28)	59
PREVACID SOLUTAB	71	<i>propylthiouracil</i>	91	RECTIV	71
PREVALITE	45	PROSCAR	94	REGIMEX	32
PREVIFEM	59	PROSTIGMIN	38	REGLAN	71
PREVPAC	71	PROTEOLIN	94	REGRANEX	89
PREZISTA	35	PROTEOLIN DS	94	RELAGARD	27
PRIFTIN	18	PROTONIX	71	RELENZA DISKHALER	35
PRILOSEC	71	PROTOPIC	76	RELISTOR	21
PRILOSEC OTC	71	<i>protriptyline</i>	83	RELPAX	8
<i>primaquine</i>	27	PROVENTIL HFA	13	REMERON	84
<i>primidone</i>	50	PROVERA	75	REMERON SOLTAB	84
PRIMLEV	8	PROVIGIL	83	RENAF	67
PRINIVIL	45	PROZAC	83	RENAGEL	67
PRINZIDE	45	PROZAC WEEKLY	83	REVELA	67
PRISTIQ	83	PULMICORT	13	<i>repaglinide</i>	26
PROAIR HFA	13	PULMICORT FLEXHALER	13	REPRONEX	75
PROBARIMIN QT	97	PULMOZYME	94	REQUIP	32
<i>probenecid</i>	11	PURINETHOL	30	REQUIP XL	32
PROCARDIA	41	PURIXAN	30	RESCRIPTOR	35
PROCARDIA XL	41	PYLERA	71	RESCULA	65
PROCENTRA	38	<i>pyrazinamide</i>	18	<i>reserpine</i>	45
<i>prochlorperazine</i>	71	<i>pyridostigmine bromide</i>	38	RESTASIS	65
<i>prochlorperazine edisylate</i>	71	QNASL	65	RESTORIL	86
<i>prochlorperazine maleate</i>	71	QSYMIA	32	RETIN-A	89
PROCRIT	52	QUALAQUIN	27	RETIN-A MICRO	89
PROCTOCORT	71	QUARTETTE	59	RETIN-A MICRO PUMP	89
PROCTOCREAM-HC	71	QUASENSE	59	RETROVIR	35
PROCTOFOAM HC	71	QUDEXY XR	50	REVATIO	46
PROCTOZONE-HC	71	QUESTRAN	45	REVIA	21
PROCYSBI	94	QUESTRAN LIGHT	45	REVLIMID	30
PRODIGY AUTOCODE METER	77	<i>quetiapine</i>	83	REYATAZ	35
PRODIGY AUTOCODE PRO	78	QUFLORA PEDIATRIC	97	REZIRA	62
PRODIGY POCKET METER	78	QUILLIVANT XR	84	RHINOCORT AQUA	65
PRODIGY POCKET PRO	78	<i>quinapril</i>	45	RHOGAM ULTRA-FILTERED PLUS	39
PRODIGY VOICE GLUCOSE METER	78	<i>quinapril-hydrochlorothiazide</i>	45	RIBAPAK DOSE PACK	35
PRODIGY VOICE PRO	78	<i>quinidine gluconate</i>	41	RIBASPHERE	36
PROGLYCEM	67	<i>quinidine sulfate</i>	41	<i>ribavirin</i>	36
PROGRAF	76	QUIXIN	18	RIDAURA	11
PROLENSA	65	QVAR	13	<i>rifabutin</i>	18
PROMACTA	52	<i>rabeprazole</i>	71	RIFADIN	18
<i>promethazine</i>	24	<i>raloxifene</i>	94	RIFAMATE	18
PROMETHAZINE VC	23	<i>ramipril</i>	45	<i>rifampin</i>	18
PROMETHAZINE VC-CODEINE	62	RANEXA	41	RIFATER	18
<i>promethazine-codeine</i>	62	<i>ranitidine hcl</i>	71	RILUTEK	51
<i>promethazine-dm</i>	62	RAPAFLO	94	<i>riluzole</i>	51
<i>promethazine-phenyleph-codeine</i>	62	RAPAMUNE	76, 77	<i>rimantadine</i>	36
PROMETRIUM	75	RAVICTI	71	<i>risedronate</i>	94
<i>propafenone</i>	41	RAYOS	75	RISPERDAL	84
<i>propranoline</i>	71	RAZADYNE	38	RISPERDAL M-TAB	84
2015 Coventry Health Prescription Drug List		RAZADYNE ER	38	<i>risperidone</i>	84
		<i>reality latex condoms</i>	59	RITALIN	84
		REBETOL	35	RITALIN LA	84
		REBIF (WITH ALBUMIN)	50	RITALIN SR	84
		REBIF REBIDOSE	50	<i>rizatriptan</i>	8
				ROBAXIN	78
				ROBINUL	71

ROBINUL FORTE	71	<i>sirolimus</i>	77	STRIANT	75
ROCALTROL	97	SIRTURO	18	STRIBILD	36
<i>ropinirole</i>	32	SIVEXTRO	18	STRIVERDI RESPIMAT	13
ROSDAN	89	SKELAXIN	78	STROMECTOL	27
ROSANIL	18	SKELID	94	SUBOXONE	94, 95
ROZEREM	86	SLOESTEROL	67	SUBSYS	8
RYBIX ODT	8	SMOOTHLAX	71	SUBUTEX	95
RYTHMOL	41	SODIPHLUOR	67	SUCLEAR	71
RYTHMOL SR	41	<i>sodium chloride</i>	94	SUCRAID	71
SABRIL	51	<i>sodium citrate-citric acid</i>	67	<i>sucralfate</i>	71
SAIZEN	75	<i>sodium fluoride</i>	67	SULAR	41
SAIZEN CLICK.EASY	75	<i>sodium phenylbutyrate</i>	71	<i>sulfacetamide sodium</i>	18
SALAGEN	38	SODIUM POLYSTYRENE (SORB	67	<i>sulfacetamide sodium-sulfur</i>	18
SALEX	89	FREE)	67	<i>sulfacetamide sod-sulfur-urea</i>	18
<i>salsalate</i>	11	<i>sodium polystyrene sulfonate</i>	67	<i>sulfacetamide-prednisolone</i>	18
SAMSCA	63	SOLARAZE	30	<i>sulfacetamide-sulfur-cleansr23</i>	18
SANCTURA	94	SOLIA	60	<i>sulfadiazine</i>	18
SANCTURA XR	94	SOLODYN	18	<i>sulfamethoxazole-trimethoprim</i>	18
SANCUSO	71	SOLTAMOX	30	SULFAMILYLON	18
SANDIMMUNE	77	SOMA	78	<i>sulfasalazine</i>	18
SANDOSTATIN	75	SOMATULINE DEPOT	75	SULFAZINE	19
SANTYL	89	SOMAVERT	94	SULFAZINE EC	19
SAPHRIS	84	SONATA	86	<i>sulfisoxazole</i>	95
SARAFEM	84	SORIATANE	89	<i>sulindac</i>	12
SAVELLA	94	<i>sotalol</i>	46	SUMADAN	19
SEASONALE CONTRACEPTIVE	59	SOTALOL AF	46	SUMADAN XLT	19
SEASONIQUE	60	SOVALDI	36	<i>sumatriptan</i>	8
SECTRAL	46	SPECTRACEF	18	<i>sumatriptan succinate</i>	8, 9
SELECT-OB + DHA	79	SPIRIVA WITH HANDIHALER	13	SUMAVEL DOSEPRO	9
<i>selegiline hcl</i>	32	<i>spironolactone</i>	63	SUMAXIN CP	19
<i>selenium sulfide</i>	89	<i>spironolacton-hydrochlorothiaz</i>	63	SUPRAX	19
SELRX	89	SPORANOX	22	SUPRENZA	32
SELZENTRY	36	SPORANOX PULSEPAK	22	SUPREP	71
SEMPREX-D	23	SPRINTEC (28)	60	SURMONTIL	85
SENSIPAR	94	SPRIX	8	SUSTIVA	36
SENTRA AM	94	SPRYCEL	30	SUTENT	30
SENTRA PM	94	SPS	67	SYEDA	60
SEPTRA DS	18	SRONYX	60	SYLATRON	30
SEREVENT DISKUS	13	SSKI	67	SYLATRON 4-PACK	30
SEROMYCIN	18	ST. JOSEPH ASPIRIN	8	SYMBICORT	13
SEROPHENE	75	ST. JOSEPH LOW-DOSE ASPIRIN	8	SYMBYAX	85
SEROQUEL	84	STALEVO 100	32	SYMLIN	26
SEROQUEL XR	84	STALEVO 125	32	SYMLINPEN 120	26
SEROSTIM	75	STALEVO 150	32	SYMLINPEN 60	26
<i>sertraline</i>	84, 85	STALEVO 200	32	SYNAGIS	36
<i>sevelamer carbonate</i>	67	STALEVO 50	32	SYNALAR	89
SHOHL'S MODIFIED	67	STALEVO 75	32	SYNALAR CREAM KIT	89
SIGNIFOR	75	STARLIX	26	SYNALAR OINTMENT KIT	89
<i>sildenafil</i>	46	<i>stavudine</i>	36	SYNALAR TS	89
SILENOR	86	STAVZOR	51	SYNALGOS-DC	9
SILVADENE	18	STAXYN	94	SYNAREL	75
<i>silver sulfadiazine</i>	18	STELARA	77	SYNERA	10
SIMBRINZA	65	STENDRA	94	SYNTHROID	91
SIMCOR	46	STIMATE	75		
SIMPONI	11, 12	STIVARGA	30		
<i>simvastatin</i>	46	STRATTERA	85		
SINEMET	32				
SINEMET CR	32				
SINGULAIR	13				

SYPRINE	95	THYROLAR-1/2	91	<i>tretinoin microspheres</i>	89
TABLOID	30	THYROLAR-1/4	91	TRETIN-X	89
TACLONEX	95	THYROLAR-2	91	TRETIN-X (GEL)	89
<i>tacrolimus</i>	77	THYROLAR-3	91	TREXIMET	9
TAFINLAR	30	<i>tiagabine</i>	51	<i>triamcinolone acetonide</i>	65, 89
TAMBOCOR	41	TIAZAC	41	<i>triamterene-hydrochlorothiazid</i>	63
TAMIFLU	36	<i>ticlopidine</i>	33	<i>triazolam</i>	86
<i>tamoxifen</i>	31	TIGAN	71	TRIBENZOR	46
<i>tamsulosin</i>	95	TIKOSYN	41	TRICARE PRENATAL DHA ONE	79
TANZEUM	26	TILIA FE	60	TRICITRATES	67
TAPAZOLE	91	<i>timolol maleate</i>	46, 65	TRICOR	46
TARCEVA	31	TIMOPTIC	65	TRI-ESTARYLLA	60
TARGRETIN	31	TIMOPTIC-XE	65	<i>trifluoperazine</i>	85
TARKA	46	TINDAMAX	27	<i>trifluridine</i>	36
TASIGNA	31	TIROSINT	91	TRIGLIDE	46
TASMAR	32	TIVICAY	36	<i>trihexyphenidyl</i>	32
TAZORAC	89	<i>tizanidine</i>	78	TRI-LEGEST FE	60
TAZTIA XT	41	TOBI	19	TRILEPTAL	51
TEARS AGAIN HYDRATE	72	TOBI PODHALER	19	TRI-LINYAH	60
TECFIDERA	51	TOBRADEX	19	TRILIPIX	46
TEGRETOL	51	TOBRADEX ST	19	TRILYTE WITH FLAVOR PACKETS	71
TEGRETOL XR	51	<i>tobramycin in 0.225 % nacl</i>	19	<i>trimethobenzamide</i>	71
TEKAMLO	46	TOBREX	19	<i>trimethoprim</i>	19
TEKURNA	46	TODAY CONTRACEPTIVE SPONGE	60	<i>trimipramine</i>	85
TEKURNA HCT	46	TOFRANIL	85	TRINATE	79
<i>telmisartan</i>	46	TOFRANIL-PM	85	TRINESSA (28)	60
<i>telmisartan-hydrochlorothiazid</i>	46	<i>tolazamide</i>	26	TRI-NORINYL (28)	60
<i>temazepam</i>	86	<i>tolbutamide</i>	26	TRIOXIN	19
TEMODAR	31	<i>tolmetin</i>	12	TRI-PREVIFEM (28)	60
TEMOVATE	89	<i>tolterodine</i>	95	TRI-SPRINTEC (28)	60
<i>temozolomide</i>	31	TOPAMAX	51	TRI-VI-FLOR	97
TENEX	46	TOPICORT	89	TRIVORA (28)	60
TENORETIC 100	46	<i>topiramate</i>	51	TRIZIVIR	36
TENORETIC 50	46	TOPROL XL	46	TROKENDI XR	51
TENORMIN	46	<i>torseamide</i>	63	<i>trospium</i>	95
TERAZOL 3	22	TOVIAZ	95	TRUETEST TEST STRIPS	62
TERAZOL 7	22	TOZAL	95	TRUETRACK TEST	62
<i>terazosin</i>	46	TRACLEER	46	TRUSOPT	65
<i>terbinafine</i>	22	TRADJENTA	26	TRUVADA	36
TERBINEX	22	<i>tramadol</i>	9	<i>tudorza pressair</i>	13
<i>terconazole</i>	22	<i>tramadol-acetaminophen</i>	9	TUSSICAPS	62
TESSALON PERLES	62	TRANDATE	46	TUSSIONEX PENNKINETIC ER	62
TESTIM	75	<i>trandolapril</i>	46	TWYNSTA	46
<i>testosterone</i>	75	<i>trandolapril-verapamil</i>	46	TYKERB	31
<i>testosterone cypionate</i>	75	TRANSDERM-SCOP	71	TYLENOL	9
<i>testosterone enanthate</i>	75	TRANXENE T-TAB	85	TYLENOL-CODEINE #3	9
<i>tetracycline</i>	19	<i>tranylcypromine</i>	85	TYLENOL-CODEINE #4	9
TEVETEN	46	TRAVATAN Z	65	TYLOX	9
TEVETEN HCT	46	<i>travoprost (benzalkonium)</i>	65	TYVASO	47
TEV-TROPIN	75	<i>trazodone</i>	85	TYVASO REFILL KIT	47
THALOMID	19	TRECTOR	19	TYVASO STARTER KIT	47
THEO-24	13	TRENTAL	39		
THEOCHRON	13	TREPADONE (WITH BROMELAIN)	12		
<i>theophylline</i>	13	<i>tretinoin</i>	89		
THERAMINE	95	<i>tretinoin (chemotherapy)</i>	31		
<i>thioridazine</i>	85				
<i>thiothixene</i>	85				
THYROLAR-1	91				

TYZEKA	36	<i>verapamil</i>	42	VYTORIN 10-40	47
UCERIS	75	VERDESO	89	VYTORIN 10-80	47
ULESFIA	89	VEREGEN	36	VYVANSE	85
ULORIC	12	VERELAN	42	<i>warfarin</i>	21
ULTIMATE OB DHA	79	VERELAN PM	42	WELCHOL	47
ULTRACET	9	VERSACLOZ	85	WELLBUTRIN	85
ULTRAM	9	VESICARE	95	WELLBUTRIN SR	85
ULTRAM ER	9	VESTURA (28)	61	WELLBUTRIN XL	85
ULTRAVATE	89	VEXOL	65	WERA (28)	61
ULTRAVATE PAC	89	VFEND	22	WESTCORT	89
ULTRAVATE X	89	VIAGRA	95	WESTHROID	91
ULTRESA	71	VIBRAMYCIN	19	WIDE-SEAL DIAPHRAGM 60	61
UNIRETIC	47	VICODIN	9	WIDE-SEAL DIAPHRAGM 65	61
UNITHROID	91	VICODIN ES	9	WIDE-SEAL DIAPHRAGM 70	61
UNIVASC	47	VICODIN HP	9	WIDE-SEAL DIAPHRAGM 75	61
URECHOLINE	38	VICOPROFEN	9	WIDE-SEAL DIAPHRAGM 80	61
UROCIT-K 10	67	VICTOZA 2-PAK	26	WIDE-SEAL DIAPHRAGM 85	61
UROCIT-K 15	67	VICTOZA 3-PAK	26	WIDE-SEAL DIAPHRAGM 90	61
UROCIT-K 5	67	VICTRELIS	37	WIDE-SEAL DIAPHRAGM 95	61
UROXATRAL	95	VIDEX 2 GRAM PEDIATRIC	37	WINRHO SDF	39
URSO 250	71	VIDEX 4 GRAM PEDIATRIC	37	WYMZYA FE	61
URSO FORTE	71	VIDEX EC	37	XALATAN	65
<i>ursodiol</i>	71	VIGAMOX	19	XALKORI	31
VAGIFEM	75	VIIBRYD	85	XANAX	85
VAGINAL CONTRACEPTIVE FILM	60	VIMOVO	12	XANAX XR	85
VAGINAL CONTRACEPTIVE FOAM	60	VIMPAT	51	XARELTO	21
<i>valacyclovir</i>	36	VINATE DHA	79	XARTEMIS XR	9
VALCHLOR	31	VINATE DHA RF	79	XELJANZ	12
VALCYTE	36	VINATE PN CARE	79	XELODA	31
VALIUM	85	VIKACE	71	XENAZINE	51
<i>valproic acid</i>	51	VIORELE (28)	61	XENICAL	32
<i>valproic acid (as sodium salt)</i>	51	VIRACEPT	37	XERAC AC	89
<i>valsartan</i>	47	VIRAMUNE	37	XIFAXAN	19
<i>valsartan-hydrochlorothiazide</i>	47	VIRAMUNE XR	37	XODOL 10/300	9
VALTREX	36	VIREAD	37	XODOL 5/300	9
VANOCIN	19	VIROPTIC	37	XODOL 7.5/300	9
<i>vancomycin</i>	19	VIRT-CAPS	97	XOLEGEL	22
VANDAZOLE	19	VIRT-VITE FORTE	97	XOPENEX	13
VANOS	89	VISTARIL	24	XOPENEX CONCENTRATE	13
VANOXIDE-HC	89	VITACIRC-B	97	XOPENEX HFA	13
VASCAZEN	71	VITAMIN D2	97	XTANDI	31
VASCEPA	71	VITAMIN D3	97	XULANE	61
VASCULERA	97	VITAPEARL	79	XYREM	86
VASERETIC	47	VITA-RESPA	97	XYZAL	24
VASOTEC	47	VITUZ	62	YASMIN (28)	61
VAYACOG	95	VIVA DHA	79	YAZ (28)	61
VAYARIN	95	VIVACTIL	85	YODOXIN	27
VAYAROL	47	VIVELLE	76	ZADITOR	24
VCF CONTRACEPTIVE FILM	60	VIVELLE-DOT	76	<i>zafirlukast</i>	13
VECAMYL	47	VOGELXO	76	ZAMICET	9
VECTICAL	89	VOLTAREN	65, 89	ZANAFLEX	78
VELIVET TRIPHASIC REGIMEN (28)	60	VOLTAREN-XR	12	ZANTAC	72
VELPHORO	67	<i>voriconazole</i>	22	ZANTAC 25 EFFERDOSE	72
VELTIN	89	VOSOL-HC	65	ZARAH	61
<i>venlafaxine</i>	85	VOSPIRE ER	13	ZARONTIN	51
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VENTOLIN HFA	13	VP-GSTN	67		
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		VYTORIN 10-20	47		

ZAROXOLYN	63	ZYMAXID	20
ZAVESCA	95	ZYPRAM	72
ZEBETA	47	ZYPREXA	85
ZEGERID	72	ZYPREXA ZYDIS	85
ZEGERID OTC	72	ZYRTEC	24
ZELAPAR	32	ZYRTEC-D	23
ZELBORAF	31	ZYTAZE	95
ZEMPLAR	95	ZYTIGA	32
ZENATANE	90	ZYVOX	20
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ZEOSA	62		
ZERIT	37		
ZESTORETIC	47		
ZESTRIL	47		
ZETIA	47		
ZETONNA	65		
ZIAC	47		
ZIAGEN	37		
ZIANA	90		
<i>zidovudine</i>	37		
ZIOPTAN (PF)	65		
<i>ziprasidone hcl</i>	85		
ZIPSOR	9		
ZIRGAN	37		
ZITHRANOL	90		
ZITHROMAX	19		
ZITHROMAX TRI-PAK			
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ZMAX	20		
ZOCOR	47		
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ZOFRAN ODT	72		
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ZOLINZA	31		
<i>zolmitriptan</i>	9		
ZOLOFT	85		
<i>zolpidem</i>	86		
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<i>zonisamide</i>	51		
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ZORBTIVE	76		
ZORTRESS	77		
ZORVOLEX	12		
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ZOVIA 1/50E (28)	62		
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Z-PRAM	72		
ZUBSOLV	95		
ZUPLENZ	72		
ZUTRIPRO	62		
ZYBAN	91		
ZYCLARA	90		
ZYDELIG	32		
ZYFLO CR	13		
ZYKADIA	32		
ZYLET	20		
ZYLOPRIM	12		