

Washington State DSHS Outpatient Drug Coverage List
Effective 01-01-2009

Class	Sub-Class	Drug Name	Generic Name	PA Required?	Strength/Dose/Form
Allergy/Cold/ENT	Antihistamines, 1st gen	Actifed Cold and Allergy	chlorpheniramine/phenylephrine	Generic preferred	
Allergy/Cold/ENT	Antihistamines, 1st gen	Atarax	hydroxyzine	Generic preferred	--
Allergy/Cold/ENT	Antihistamines, 1st gen	Benadryl Allergy	diphenhydramine	Generic preferred	25,50; 12.5/5 mL
Allergy/Cold/ENT	Antihistamines, 1st gen	Bromfed	brompheniramine/phenylephrine	Prior Authorization	12/15 ER
Allergy/Cold/ENT	Antihistamines, 1st gen	Bromfed-DM	brompheniramine/dextrometh/ps	Generic preferred	2/10/30/5 mL
Allergy/Cold/ENT	Antihistamines, 1st gen	Bromfed-PD	brompheniramine/phenylephrine	Prior Authorization	6/7.5 ER
Allergy/Cold/ENT	Antihistamines, 1st gen	brompheniramine	null	Covered w/o PA	12 CH; 12/5 mL
Allergy/Cold/ENT	Antihistamines, 1st gen	carbinoxamine	null	Covered w/o PA	4; 4/5 mL
Allergy/Cold/ENT	Antihistamines, 1st gen	chlorpheniramine	null	Covered w/o PA	4
Allergy/Cold/ENT	Antihistamines, 1st gen	chlorpheniramine/pseudoeph	null	Covered w/o PA	12/100 ER
Allergy/Cold/ENT	Antihistamines, 1st gen	Chlor-Trimeton	chlorpheniramine	Generic preferred	4
Allergy/Cold/ENT	Antihistamines, 1st gen	clemastine	null	Covered w/o PA	1,2; 0.5/5 mL
Allergy/Cold/ENT	Antihistamines, 1st gen	cyproheptadine	null	Covered w/o PA	4; 2 mg/5 mL syrup
Allergy/Cold/ENT	Antihistamines, 1st gen	Deconamine SR	chlorpheniramine/pseudoeph	Generic preferred	8/120 ER
Allergy/Cold/ENT	Antihistamines, 1st gen	dexchlorpheniramine	null	Prior Authorization	2/5 mL
Allergy/Cold/ENT	Antihistamines, 1st gen	Dimetapp Cold & Allergy S	brompheniramine/phenylephrine	Generic preferred	1/2.5/5 mL
Allergy/Cold/ENT	Antihistamines, 1st gen	diphenhydramine	null	Covered w/o PA	25,50; 12.5/5 mL; IM; IV
Allergy/Cold/ENT	Antihistamines, 1st gen	hydroxyzine	null	Covered w/o PA	10,25,50,100; 10/5 mL sol; IM
Allergy/Cold/ENT	Antihistamines, 1st gen	Palgic	carbinoxamine	Covered w/o PA	4; 4/5 mL
Allergy/Cold/ENT	Antihistamines, 1st gen	pseudoeph/triprolidine	null	Covered w/o PA	30/1.25/5 mL
Allergy/Cold/ENT	Antihistamines, 1st gen	Rondec DM Syrup	chlorpheniramine/phenylephrine/	Generic preferred	4/12.5/15/5 mL
Allergy/Cold/ENT	Antihistamines, 1st gen	Rondec Syrup	chlorpheniramine/phenylephrine	Generic preferred	4/12.5/5 mL
Allergy/Cold/ENT	Antihistamines, 1st gen	Semprex-D	acrivastine/pseudoeph	Covered w/o PA	
Allergy/Cold/ENT	Antihistamines, 1st gen	Tavist Allergy	clemastine	Generic preferred	1
Allergy/Cold/ENT	Antihistamines, 1st gen	Vistaril	hydroxyzine	Generic preferred	25,50
Allergy/Cold/ENT	Antihistamines, 1st gen	Xyzal	levocetirizine	Prior Authorization	5; 2.5/5 mL
Allergy/Cold/ENT	Antihistamines, 2nd gen	Alavert	loratadine	Generic preferred	10 ODT
Allergy/Cold/ENT	Antihistamines, 2nd gen	Allegra	fexofenadine	Prior Authorization	30,60,180; 30 ODT; 6/mL susp
Allergy/Cold/ENT	Antihistamines, 2nd gen	Allegra-D 12 Hour	fexofenadine/pseudoeph	Prior Authorization	60/120 ER
Allergy/Cold/ENT	Antihistamines, 2nd gen	Allegra-D 24 Hour	fexofenadine/pseudoeph	Prior Authorization	180/240 ER
Allergy/Cold/ENT	Antihistamines, 2nd gen	cetirizine	null	Prior Authorization	5,10; 5,10 CH; 1/mL
Allergy/Cold/ENT	Antihistamines, 2nd gen	Clarinet	desloratadine	Prior Authorization	5
Allergy/Cold/ENT	Antihistamines, 2nd gen	Clarinet	desloratadine	Expedited Auth.	0.5/mL
Allergy/Cold/ENT	Antihistamines, 2nd gen	Clarinet Reditabs	desloratadine	Prior Authorization	2.5,5 ODT
Allergy/Cold/ENT	Antihistamines, 2nd gen	Clarinet-D 12 Hour	desloratadine/pseudoeph	Prior Authorization	2.5/120 ER

Allergy/Cold/ENT	Antihistamines, 2nd gen	Clarinet-D 24 Hour	desloratadine/pseudoeph	Prior Authorization	5/240 ER
Allergy/Cold/ENT	Antihistamines, 2nd gen	Claritin	loratadine	Generic preferred	10; 1/mL
Allergy/Cold/ENT	Antihistamines, 2nd gen	Claritin Reditab	loratadine	Generic preferred	10 ODT
Allergy/Cold/ENT	Antihistamines, 2nd gen	Claritin-D 12 Hour	loratadine/pseudoeph	Generic preferred	5/120 ER
Allergy/Cold/ENT	Antihistamines, 2nd gen	Claritin-D 24 Hour	loratadine/pseudoeph	Generic preferred	10/240 ER
Allergy/Cold/ENT	Antihistamines, 2nd gen	fexofenadine	null	Prior Authorization	30,60,180
Allergy/Cold/ENT	Antihistamines, 2nd gen	loratadine	null	Covered w/o PA	10; 10 ODT; 1/mL sol
Allergy/Cold/ENT	Antihistamines, 2nd gen	loratadine/pseudoeph	null	Covered w/o PA	5/120, 10/240 ER
Allergy/Cold/ENT	Antihistamines, 2nd gen	Zyrtec	cetirizine	Prior Authorization	5,10; 5,10 CH; 1/mL
Allergy/Cold/ENT	Antihistamines, 2nd gen	Zyrtec-D 12 Hour	cetirizine/pseudoeph	Prior Authorization	5/120 ER
Allergy/Cold/ENT	Antitussives/Expectorant	Benadryl Allergy	diphenhydramine	Generic preferred	25,50; 12.5/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	benzonatate	null	Covered w/o PA	100,200
Allergy/Cold/ENT	Antitussives/Expectorant	Bromfed-DM	brompheniramine/dextrometh/ps	Generic preferred	2/10/30/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	codeine phosphate	null	Covered w/o PA	30,60 sol tab; SC; IM
Allergy/Cold/ENT	Antitussives/Expectorant	codeine sulfate	null	Covered w/o PA	15,30,60
Allergy/Cold/ENT	Antitussives/Expectorant	codeine/guaifenesin	null	Covered w/o PA	10/300; 10/100/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	Delsym	dextromethorphan	Covered w/o PA	30/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	dextromethorphan	null	Covered w/o PA	10/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	dextromethorphan/guaif	null	Covered w/o PA	30/600 ER; 10/100/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	diphenhydramine	null	Covered w/o PA	25,50; 12.5/5 mL; IM; IV
Allergy/Cold/ENT	Antitussives/Expectorant	Entex HC	guaif/hydrocodone/phenylephrine	Prior Authorization	100/5/7.5/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	Entex Liquid	guaifenesin/phenylephrine	Generic preferred	null
Allergy/Cold/ENT	Antitussives/Expectorant	guaifenesin	null	Covered w/o PA	100/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	guaifenesin/pseudoeph	null	Covered w/o PA	200/30; 600/60 ER
Allergy/Cold/ENT	Antitussives/Expectorant	Guiatuss	guaifenesin	Generic preferred	100/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	Hycodan	hydrocodone/homatropine	Generic preferred	5/1.5; 5/1.5/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	hydrocodone/homatrop	null	Covered w/o PA	5/1.5/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	Mucinex	guaifenesin	Covered w/o PA	600,1200 ER
Allergy/Cold/ENT	Antitussives/Expectorant	promethazine/codeine	null	Covered w/o PA	6.25/10/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	Robitussin AC	codeine/guaifenesin	Generic preferred	--
Allergy/Cold/ENT	Antitussives/Expectorant	Robitussin Chest Cong	guaifenesin	Generic preferred	100/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	Robitussin Cough DM	dextromethorphan/guaifenesin	Generic preferred	10/100/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	Rondec DM Syrup	chlorpheniramine/phenylephrine/	Generic preferred	4/12.5/15/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	Silphen DM	dextromethorphan	Generic preferred	10/5 mL
Allergy/Cold/ENT	Antitussives/Expectorant	Tessalon Perles	benzonatate	Generic preferred	100,200
Allergy/Cold/ENT	Antitussives/Expectorant	TussiCaps	chlorpheniramine/hydrocodone	Prior Authorization	4/5,8/10 ER
Allergy/Cold/ENT	Antitussives/Expectorant	Tussionex PennKinetic	chlorpheniramine/hydrocodone	Prior Authorization	8/10/5 mL ER susp
Allergy/Cold/ENT	Decongestants	Actifed Cold and Allergy	chlorpheniramine/phenylephrine	Generic preferred	
Allergy/Cold/ENT	Decongestants	Allegra-D 12 Hour	fexofenadine/pseudoephedrine	Prior Authorization	60/120 ER
Allergy/Cold/ENT	Decongestants	Allegra-D 24 Hour	fexofenadine/pseudoephedrine	Prior Authorization	180/240 ER

Allergy/Cold/ENT	Decongestants	Bromfed	brompheniramine/phenylephrine	Prior Authorization	12/15 ER
Allergy/Cold/ENT	Decongestants	Bromfed-DM	brompheniramine/dextrometh/ps	Generic preferred	2/10/30/5 mL
Allergy/Cold/ENT	Decongestants	Bromfed-PD	brompheniramine/phenylephrine	Prior Authorization	6/7.5 ER
Allergy/Cold/ENT	Decongestants	chlorpheniramine/pseudoeph	null	Covered w/o PA	12/100 ER
Allergy/Cold/ENT	Decongestants	Clarinet-D 12 Hour	desloratadine/pseudoeph	Prior Authorization	2.5/120 ER
Allergy/Cold/ENT	Decongestants	Clarinet-D 24 Hour	desloratadine/pseudoeph	Prior Authorization	5/240 ER
Allergy/Cold/ENT	Decongestants	Claritin-D 12 Hour	loratadine/pseudoeph	Generic preferred	5/120 ER
Allergy/Cold/ENT	Decongestants	Claritin-D 24 Hour	loratadine/pseudoeph	Generic preferred	10/240 ER
Allergy/Cold/ENT	Decongestants	Deconamine SR	chlorpheniramine/pseudoeph	Generic preferred	8/120 ER
Allergy/Cold/ENT	Decongestants	Dimetapp Cold & Allergy S	brompheniramine/phenylephrine	Generic preferred	1/2.5/5 mL
Allergy/Cold/ENT	Decongestants	Entex HC	guaif/hydrocodone/phenylephrine	Prior Authorization	100/5/7.5/5 mL
Allergy/Cold/ENT	Decongestants	Entex Liquid	guaifenesin/phenylephrine	Generic preferred	null
Allergy/Cold/ENT	Decongestants	ephedrine	null	Prior Authorization	25,50; SC; IM; IV
Allergy/Cold/ENT	Decongestants	guaifenesin/pseudoeph	null	Covered w/o PA	200/30; 600/60 ER
Allergy/Cold/ENT	Decongestants	loratadine/pseudoeph	null	Covered w/o PA	5/120, 10/240 ER
Allergy/Cold/ENT	Decongestants	pseudoephedrine	null	Covered w/o PA	30,60; 120 ER; 15 CH; 15,30/5 mL sol
Allergy/Cold/ENT	Decongestants	pseudoeph/triprolidine	null	Covered w/o PA	30/1.25/5 mL
Allergy/Cold/ENT	Decongestants	Rondec DM Syrup	chlorpheniramine/phenylephrine/	Generic preferred	4/12.5/15/5 mL
Allergy/Cold/ENT	Decongestants	Rondec Syrup	chlorpheniramine/phenylephrine	Generic preferred	4/12.5/5 mL
Allergy/Cold/ENT	Decongestants	Semprex-D	acrivastine/pseudoephedrine	Covered w/o PA	
Allergy/Cold/ENT	Decongestants	Sudafed	pseudoephedrine	Generic preferred	30; 120,240 ER; 15 CH; 15/5mL sol
Allergy/Cold/ENT	Decongestants	Sudafed PE	phenylephrine	Prior Authorization	10
Allergy/Cold/ENT	Decongestants/Combos	Rondec DM Drops	chlorpheniramine/phenylephrine/	Generic preferred	--
Allergy/Cold/ENT	Decongestants/Combos	Rondec DM Syrup	chlorpheniramine/phenylephrine/	Generic preferred	4/12.5/15/5 mL
Allergy/Cold/ENT	Decongestants/Combos	Rondec Drops	chlorpheniramine/phenylephrine	Generic preferred	--
Allergy/Cold/ENT	Decongestants/Combos	Rondec Syrup	chlorpheniramine/phenylephrine	Generic preferred	4/12.5/5 mL
Allergy/Cold/ENT	Decongestants/Combos	Zyrtec-D 12 Hour	cetirizine/pseudoeph	Prior Authorization	5/120 ER
Allergy/Cold/ENT	Nasal Sprays	Afrin	oxymetazoline nasal	Covered w/o PA	0.05%
Allergy/Cold/ENT	Nasal Sprays	Astelin	azelastine nasal	Covered w/o PA	137 mcg/spray
Allergy/Cold/ENT	Nasal Sprays	Atrovent nasal	ipratropium nasal	Covered w/o PA	0.03,0.06% spray
Allergy/Cold/ENT	Nasal Sprays	ipratropium nasal	null	Covered w/o PA	0.03,0.06% spray
Allergy/Cold/ENT	Nasal Sprays	NasalCrom	cromolyn nasal	Covered w/o PA	5.2/spray
Allergy/Cold/ENT	Nasal Sprays	Neo-Synephrine nasal	phenylephrine nasal	Prior Authorization	0.125%,0.25%,0.5%,1%
Allergy/Cold/ENT	Nasal Sprays	oxymetazoline nasal	null	Covered w/o PA	0.05%
Allergy/Cold/ENT	Nasal Sprays	Patanase	olopatadine nasal	Covered w/o PA	665 mcg/spray
Allergy/Cold/ENT	Nasal Sprays	phenylephrine nasal	null	Covered w/o PA	0.25%,1% drops, spray
Allergy/Cold/ENT	Nasal Steroids	Beconase AQ	beclomethasone nasal	Non-preferred	42 mcg/spray
Allergy/Cold/ENT	Nasal Steroids	Flonase	fluticasone prop nasal	Non-preferred	50 mcg/spray

Allergy/Cold/ENT	Nasal Steroids	flunisolide nasal	null	Non-preferred	25,29 mcg/spray
Allergy/Cold/ENT	Nasal Steroids	fluticasone prop nasal	null	Non-preferred	50 mcg/spray
Allergy/Cold/ENT	Nasal Steroids	Nasacort AQ	triamcinolone nasal	Covered w/o PA	55 mcg/spray
Allergy/Cold/ENT	Nasal Steroids	Nasarel	flunisolide nasal	Non-preferred	29 mcg/spray
Allergy/Cold/ENT	Nasal Steroids	Nasonex	mometasone nasal	Expedited Auth.	50 mcg/spray
Allergy/Cold/ENT	Nasal Steroids	Omnaris	ciclesonide nasal	Non-preferred	50 mcg/spray
Allergy/Cold/ENT	Nasal Steroids	Rhinocort Aqua	budesonide nasal	Non-preferred	32 mcg/spray
Allergy/Cold/ENT	Nasal Steroids	Veramyst	fluticasone furoate nasal	Non-preferred	27.5 mcg/spray
Allergy/Cold/ENT	Otics	A/B Otic	antipyrine/benzocaine otic	Covered w/o PA	5.4%/1.4% sol
Allergy/Cold/ENT	Otics	acetic acid otic	null	Covered w/o PA	2% sol
Allergy/Cold/ENT	Otics	acetic acid/hydrocort otic	null	Covered w/o PA	2%/1% sol
Allergy/Cold/ENT	Otics	antipyrine/benzocaine otic	null	Covered w/o PA	5.4%/1.4% sol
Allergy/Cold/ENT	Otics	Auralgan (original form)	antipyrine/benzocaine otic	Prior Authorization	--
Allergy/Cold/ENT	Otics	Cipro HC Otic	ciprofloxacin/hydrocortisone otic	Covered w/o PA	0.2%/1% susp
Allergy/Cold/ENT	Otics	Ciprodex Otic	ciprofloxacin/dexamethasone otic	Covered w/o PA	0.3%/0.1% susp
Allergy/Cold/ENT	Otics	Cortisporin Otic	neo/poly B/hydrocortisone otic	Generic preferred	sol
Allergy/Cold/ENT	Otics	Floxin Otic	ofloxacin otic	Covered w/o PA	0.3% sol
Allergy/Cold/ENT	Otics	neo/poly B/hydrocort otic	null	Covered w/o PA	sol, susp
Allergy/Cold/ENT	Otics	ofloxacin otic	null	Covered w/o PA	0.3% sol
Allergy/Cold/ENT	Vertigo/Motion Sickness	Antivert	meclizine	Generic preferred	12.5,25,50
Allergy/Cold/ENT	Vertigo/Motion Sickness	dimenhydrinate	null	Covered w/o PA	50; 12.5/5 mL; IM; IV
Allergy/Cold/ENT	Vertigo/Motion Sickness	Dramamine	dimenhydrinate	Generic preferred	50; 50 CH
Allergy/Cold/ENT	Vertigo/Motion Sickness	meclizine	null	Covered w/o PA	12.5,25; 25 CH
Allergy/Cold/ENT	Vertigo/Motion Sickness	Scopace	scopolamine	Prior Authorization	0.4
Allergy/Cold/ENT	Vertigo/Motion Sickness	scopolamine	null	Covered w/o PA	IM; IV; SC
Allergy/Cold/ENT	Vertigo/Motion Sickness	Transderm Scop	scopolamine transdermal	Prior Authorization	1.5 mg patch
Analgesics	Migraine	acetamin/dichloralphen/isc	null	Prior Authorization	325/100/65
Analgesics	Migraine	Amerge	naratriptan	Prior Authorization	1,2.5
Analgesics	Migraine	Axert	almotriptan	Prior Authorization	6.25,12.5
Analgesics	Migraine	butorphanol nasal	null	Quantity limits	1/spray
Analgesics	Migraine	Cafergot	ergotamine/caffeine	Generic preferred	1/100
Analgesics	Migraine	D.H.E. 45	dihydroergotamine	Covered w/o PA	IV
Analgesics	Migraine	Depakene	valproic acid	Generic preferred	250; 250/5 mL
Analgesics	Migraine	Depakote	divalproex sodium	Covered w/o PA	125,250,500
Analgesics	Migraine	Depakote ER	divalproex sodium	Covered w/o PA	250,500 ER
Analgesics	Migraine	Depakote Sprinkles	divalproex sodium	Covered w/o PA	125
Analgesics	Migraine	divalproex sodium	null	Covered w/o PA	125,250,500
Analgesics	Migraine	Duradrin	acetamin/dichloralphen/isometh	Not Covered	325/100/65
Analgesics	Migraine	ergotamine/caffeine	null	Covered w/o PA	1/100
Analgesics	Migraine	Frova	frovatriptan	Prior Authorization	2.5

Analgesics	Migraine	Imitrex	sumatriptan	Quantity limits	25,50,100; SC
Analgesics	Migraine	Imitrex Nasal	sumatriptan nasal	Quantity limits	5,20 mg/spray
Analgesics	Migraine	Maxalt	rizatriptan	Prior Authorization	5,10
Analgesics	Migraine	Maxalt-MLT	rizatriptan	Prior Authorization	5,10 ODT
Analgesics	Migraine	Midrin	acetamin/dichloralphen/isometh	Not Covered	325/100/65
Analgesics	Migraine	Migranal	dihydroergotamine nasal	Quantity limits	0.5/spray
Analgesics	Migraine	Relpax	eletriptan	Quantity limits	20,40
Analgesics	Migraine	Stavzor	valproic acid	Covered w/o PA	125,250,500
Analgesics	Migraine	sumatriptan	null	Covered w/o PA	25,50,100
Analgesics	Migraine	Topamax	topiramate	Expedited Auth.	25,50,100,200; 15,25 sprinkles
Analgesics	Migraine	Treximet	sumatriptan/naproxen sod	Prior Authorization	85/500
Analgesics	Migraine	valproic acid	null	Covered w/o PA	250; 250/5 mL
Analgesics	Migraine	Zomig	zolmitriptan	Quantity limits	2.5,5
Analgesics	Migraine	Zomig Nasal	zolmitriptan nasal	Quantity limits	5 mg/spray
Analgesics	Migraine	Zomig-ZMT	zolmitriptan	Quantity limits	2.5,5 ODT
Analgesics	Muscle Relaxants	Amrix	cyclobenzaprine	Non-preferred	15,30 ER
Analgesics	Muscle Relaxants	baclofen	null	Covered w/o PA	10,20
Analgesics	Muscle Relaxants	carisoprodol	null	Prior Authorization	350
Analgesics	Muscle Relaxants	cyclobenzaprine	null	Covered w/o PA	5,10
Analgesics	Muscle Relaxants	Dantrium	dantrolene	Non-preferred	25,50,100; IV
Analgesics	Muscle Relaxants	dantrolene	null	Non-preferred	25,50,100
Analgesics	Muscle Relaxants	Fexmid	cyclobenzaprine	Non-preferred	7.5
Analgesics	Muscle Relaxants	Flexeril	cyclobenzaprine	Generic preferred	5,10
Analgesics	Muscle Relaxants	Lioresal Intrathecal	baclofen intrathecal	Covered w/o PA	IT
Analgesics	Muscle Relaxants	methocarbamol	null	Covered w/o PA	500,750
Analgesics	Muscle Relaxants	Norflex	orphenadrine	Non-preferred	IM; IV
Analgesics	Muscle Relaxants	orphenadrine	null	Non-preferred	100 ER; IM; IV
Analgesics	Muscle Relaxants	Parafon Forte DSC	chlorzoxazone	Non-preferred	500
Analgesics	Muscle Relaxants	Robaxin	methocarbamol	Generic preferred	500,750; IM; IV
Analgesics	Muscle Relaxants	Skelaxin	metaxalone	Non-preferred	800
Analgesics	Muscle Relaxants	Soma	carisoprodol	Prior Authorization	250,350
Analgesics	Muscle Relaxants	tizanidine	null	Covered w/o PA	2,4 tab
Analgesics	Muscle Relaxants	Zanaflex	tizanidine	Generic preferred	2,4 tab
Analgesics	Muscle Relaxants	Zanaflex	tizanidine	Non-preferred	2,4,6 cap
Analgesics	Muscle Relaxants, comb	aspirin/caffeine/orphenadr	null	Covered w/o PA	385/30/25
Analgesics	Muscle Relaxants, comb	aspirin/carisoprodol	null	Prior Authorization	325/200
Analgesics	Muscle Relaxants, comb	aspirin/carisoprodol/codein	null	Prior Authorization	325/200/16
Analgesics	Muscle Relaxants, comb	Soma Compound	aspirin/carisoprodol	Prior Authorization	325/200
Analgesics	Muscle Relaxants, comb	Soma Compound w codein	aspirin/carisoprodol/codeine	Prior Authorization	325/200/16
Analgesics	Narcotics	Actiq	fentanyl oral transmucosal	Prior Authorization	200,400,600,800,1200,1600 mcg

Analgesics	Narcotics	Avinza	morphine sulfate	Non-Preferred	30,60,90,120 ER
Analgesics	Narcotics	Buprenex	buprenorphine	Prior Authorization	IM; IV
Analgesics	Narcotics	buprenorphine	null	Prior Authorization	IM; IV
Analgesics	Narcotics	butorphanol	null	Covered w/o PA	IM; IV
Analgesics	Narcotics	butorphanol nasal	null	Quantity limits	1/spray
Analgesics	Narcotics	codeine phosphate	null	Covered w/o PA	30,60 sol tab; SC; IM
Analgesics	Narcotics	codeine sulfate	null	Covered w/o PA	15,30,60
Analgesics	Narcotics	Darvon	propoxyphene HCl	Generic preferred	65
Analgesics	Narcotics	Darvon-N	propoxyphene napsylate	Generic preferred	100
Analgesics	Narcotics	Demerol	meperidine	Generic preferred	50,100; 10/mL; SC; IM; IV
Analgesics	Narcotics	Dilaudid	hydromorphone	Generic preferred	2,4,8; 1/mL; 3 supp; SC; IM; IV
Analgesics	Narcotics	Dilaudid-HP	hydromorphone	Covered w/o PA	SC; IM; IV
Analgesics	Narcotics	Dolophine	methadone	Generic preferred	5,10
Analgesics	Narcotics	Duragesic	fentanyl transdermal	Non-preferred	12,25,50,75,100 mcg/h patch
Analgesics	Narcotics	ETH-Oxydose	oxycodone	Generic preferred	20/mL
Analgesics	Narcotics	fentanyl oral transmuc	null	Prior Authorization	200,400,600,800,1200,1600 mcg
Analgesics	Narcotics	fentanyl transdermal	null	Non-preferred	12,25,50,75,100 mcg/h patch
Analgesics	Narcotics	Fentora	fentanyl buccal	Prior Authorization	100,200,400,600,800 mcg buc
Analgesics	Narcotics	hydromorphone	null	Covered w/o PA	2,4,8; 1/mL; 3 supp; SC; IM; IV
Analgesics	Narcotics	Kadian	morphine sulfate	Non-preferred	10,20,30,50,60,80,100,200 ER
Analgesics	Narcotics	Levo-Dromoran	levorphanol	Non-preferred	2
Analgesics	Narcotics	levorphanol	null	Non-preferred	2
Analgesics	Narcotics	meperidine	null	Covered w/o PA	50,100; 10/mL; SC; IM; IV
Analgesics	Narcotics	methadone	null	Covered w/o PA	5,10,40; 5,10/5 mL sol; 10/mL intensol; SC; IM; IV
Analgesics	Narcotics	Methadose	methadone	Generic preferred	5,10,40; 10/mL conc
Analgesics	Narcotics	morphine sulfate	null	Covered w/o PA	15,30; 10,15,30 sol tab; 15,30,60,100,200 ER; 2,4,20/mL sol; 5,10,20,30 supp; SC; IM; IV
Analgesics	Narcotics	MS Contin	morphine sulfate	Generic preferred	15,30,60,100,200 ER
Analgesics	Narcotics	nalbuphine	null	Prior Authorization	SC; IM; IV
Analgesics	Narcotics	Nubain	nalbuphine	Prior Authorization	--
Analgesics	Narcotics	Opana	oxymorphone	Prior Authorization	5,10; SC; IM; IV
Analgesics	Narcotics	Opana ER	oxymorphone	Non-preferred	5,7.5,10,15,20,30,40 ER
Analgesics	Narcotics	Oramorph SR	morphine sulfate	Generic preferred	15,30,60,100 ER
Analgesics	Narcotics	oxycodone	null	Covered w/o PA	5,15,30; 5/5 mL; 20/mL
Analgesics	Narcotics	oxycodone	null	Non-preferred	10,20,40,80 ER;
Analgesics	Narcotics	OxyContin	oxycodone	Non-Preferred	10,15,20,30,40,60,80 ER
Analgesics	Narcotics	OxyFast	oxycodone	Generic preferred	20/mL
Analgesics	Narcotics	OxyIR	oxycodone	Generic preferred	5

Analgesics	Narcotics	pentazocine/naloxone	null	Expedited Auth.	50/0.5
Analgesics	Narcotics	propoxyphene HCl	null	Covered w/o PA	32,65
Analgesics	Narcotics	Roxanol	morphine sulfate	Generic preferred	20 mg/mL sol
Analgesics	Narcotics	Roxicodone	oxycodone	Generic preferred	5,15,30; 5/5 mL; 20/mL
Analgesics	Narcotics	Stadol	butorphanol	Generic preferred	IM; IV
Analgesics	Narcotics	Talwin	pentazocine lactate	Prior Authorization	SC; IM; IV
Analgesics	Narcotics	Talwin NX	pentazocine/naloxone	Expedited Auth.	50/0.5
Analgesics	Narcotics, combos	acetamin/caffeine/dihydrocod	null	Prior Authorization	712.8/60/32
Analgesics	Narcotics, combos	acetaminophen/codeine	null	Covered w/o PA	300/15,300/30,300/60; 120/12/5mL
Analgesics	Narcotics, combos	acetaminophen/hydrocodone	null	Covered w/o PA	500/2.5; 325,500/5; 325,500,650,750/7.5; 325,500,650,660/10; 500/7.5/15 mL
Analgesics	Narcotics, combos	acetaminophen/oxycodone	null	Covered w/o PA	325/5, 325/7.5, 325/10, 500/5, 500/7.5, 650/10
Analgesics	Narcotics, combos	acetaminophen/pentazocine	null	Covered w/o PA	650/25
Analgesics	Narcotics, combos	acetaminophen/propoxyphene	null	Covered w/o PA	650/65
Analgesics	Narcotics, combos	acetamin/propoxyphene napsylate	null	Covered w/o PA	650/100
Analgesics	Narcotics, combos	aspirin/butalbital/caff/codeine	null	Covered w/o PA	325/50/40/30
Analgesics	Narcotics, combos	aspirin/codeine	null	Covered w/o PA	325/30 (#3),325/60 (#4)
Analgesics	Narcotics, combos	aspirin/oxycodone	null	Covered w/o PA	325/4.8355
Analgesics	Narcotics, combos	Balacet 325	acetamin/propoxyphene napsylate	Generic preferred	325/100
Analgesics	Narcotics, combos	Combunox	ibuprofen/oxycodone	Prior Authorization	400/5
Analgesics	Narcotics, combos	Darvocet A500	acetamin/propoxyphene napsylate	Generic preferred	500/100
Analgesics	Narcotics, combos	Darvocet N 100	acetamin/propoxyphene napsylate	Generic preferred	650/100
Analgesics	Narcotics, combos	Darvocet N 50	acetamin/propoxyphene napsylate	Generic preferred	325/50
Analgesics	Narcotics, combos	Endocet 10/325	acetaminophen/oxycodone	Generic preferred	325/10
Analgesics	Narcotics, combos	Endocet 10/650	acetaminophen/oxycodone	Generic preferred	650/10
Analgesics	Narcotics, combos	Endocet 5/325	acetaminophen/oxycodone	Generic preferred	325/5
Analgesics	Narcotics, combos	Endocet 7.5/325	acetaminophen/oxycodone	Generic preferred	325/7.5
Analgesics	Narcotics, combos	Endocet 7.5/500	acetaminophen/oxycodone	Generic preferred	500/7.5
Analgesics	Narcotics, combos	Fioricet with Codeine	acetamin/butalbital/caff/codeine	Generic preferred	325/50/40/30 caps
Analgesics	Narcotics, combos	Fiorinal with Codeine	aspirin/butalbital/caff/codeine	Generic preferred	325/50/40/30
Analgesics	Narcotics, combos	hydrocodone/ibuprofen	null	Expedited Auth.	7.5/200
Analgesics	Narcotics, combos	Ibudone	hydrocodone/ibuprofen	Prior Authorization	5/200,10/200
Analgesics	Narcotics, combos	ibuprofen/oxycodone	null	Prior Authorization	400/5
Analgesics	Narcotics, combos	Lorcet 10/650	acetaminophen/hydrocodone	Generic preferred	650/10
Analgesics	Narcotics, combos	Lorcet Plus	acetaminophen/hydrocodone	Generic preferred	650/7.5
Analgesics	Narcotics, combos	Lortab 10/500	acetaminophen/hydrocodone	Generic preferred	500/10

Analgesics	Narcotics, combos	Lortab 5/500	acetaminophen/hydrocodone	Generic preferred	500/5
Analgesics	Narcotics, combos	Lortab 7.5/500	acetaminophen/hydrocodone	Generic preferred	500/7.5
Analgesics	Narcotics, combos	Lortab Elixir	acetaminophen/hydrocodone	Generic preferred	500/7.5/15 mL
Analgesics	Narcotics, combos	Magnacet	acetaminophen/oxycodone	Covered w/o PA	400/2.5, 400/5, 400/7.5, 400/10
Analgesics	Narcotics, combos	Maxidone	acetaminophen/hydrocodone	Generic preferred	750/10
Analgesics	Narcotics, combos	Norco 10/325	acetaminophen/hydrocodone	Generic preferred	325/10
Analgesics	Narcotics, combos	Norco 5/325	acetaminophen/hydrocodone	Generic preferred	325/5
Analgesics	Narcotics, combos	Norco 7.5/325	acetaminophen/hydrocodone	Generic preferred	325/7.5
Analgesics	Narcotics, combos	Panlor DC	acetamin/caffeine/dihydrocodeine	Prior Authorization	356.4/30/16
Analgesics	Narcotics, combos	Panlor SS	acetamin/caffi/dihydrocodeine	Prior Authorization	712.8/60/32
Analgesics	Narcotics, combos	Percocet 10/325	acetaminophen/oxycodone	Generic preferred	325/10
Analgesics	Narcotics, combos	Percocet 10/650	acetaminophen/oxycodone	Generic preferred	650/10
Analgesics	Narcotics, combos	Percocet 2.5/325	acetaminophen/oxycodone	Generic preferred	325/2.5
Analgesics	Narcotics, combos	Percocet 5/325	acetaminophen/oxycodone	Generic preferred	325/5
Analgesics	Narcotics, combos	Percocet 7.5/325	acetaminophen/oxycodone	Generic preferred	325/7.5
Analgesics	Narcotics, combos	Percocet 7.5/500	acetaminophen/oxycodone	Generic preferred	500/7.5
Analgesics	Narcotics, combos	Percodan	aspirin/oxycodone	Generic preferred	325/4.8355
Analgesics	Narcotics, combos	Primalev	acetaminophen/oxycodone	Covered w/o PA	300/2.5,300/5,300/7.5,300/10
Analgesics	Narcotics, combos	Reprexain	hydrocodone/ibuprofen	Prior Authorization	2.5/200,5/200,7.5/200,10/200
Analgesics	Narcotics, combos	Roxicet	acetaminophen/oxycodone	Generic preferred	325/5, 500/5; 325/5/5 mL
Analgesics	Narcotics, combos	Synalgos-DC	aspirin/caffeine/dihydrocodeine	Prior Authorization	356.4/30/16
Analgesics	Narcotics, combos	Talacen	acetaminophen/pentazocine	Expedited Auth.	650/25
Analgesics	Narcotics, combos	Tylenol #3	acetaminophen/codeine	Generic preferred	300/30
Analgesics	Narcotics, combos	Tylox	acetaminophen/oxycodone	Generic preferred	500/5
Analgesics	Narcotics, combos	Vicodin	acetaminophen/hydrocodone	Generic preferred	500/5
Analgesics	Narcotics, combos	Vicodin ES	acetaminophen/hydrocodone	Generic preferred	750/7.5
Analgesics	Narcotics, combos	Vicodin HP	acetaminophen/hydrocodone	Generic preferred	660/10
Analgesics	Narcotics, combos	Vicoprofen	hydrocodone/ibuprofen	Expedited Auth. & C	7.5/200
Analgesics	Narcotics, combos	Zamicet	acetaminophen/hydrocodone	Generic preferred	325/10/15 mL
Analgesics	Narcotics, combos	Zerlor	acetaminophen/caffeine/dihydrocod	Prior Authorization	712.8/60/32
Analgesics	Narcotics, combos	Zydone 10/400	acetaminophen/hydrocodone	Generic preferred	400/10
Analgesics	Narcotics, combos	Zydone 5/400	acetaminophen/hydrocodone	Generic preferred	400/5
Analgesics	Narcotics, combos	Zydone 7.5/400	acetaminophen/hydrocodone	Generic preferred	400/7.5
Analgesics	NSAIDs	Advil	ibuprofen	Prior Authorization	100,200
Analgesics	NSAIDs	Advil	ibuprofen	Generic preferred	50/1.25 mL; 100/5 mL
Analgesics	NSAIDs	Aleve	naproxen sodium	Prior Authorization	220
Analgesics	NSAIDs	Anaprox	naproxen sodium	Generic preferred	275
Analgesics	NSAIDs	Anaprox DS	naproxen sodium	Generic preferred	550
Analgesics	NSAIDs	Ansaid	flurbiprofen	Generic preferred	50,100
Analgesics	NSAIDs	Arthrotec	diclofenac/misoprostol	Generic preferred	50/0.2,75/0.2

Analgesics	NSAIDs	Cataflam	diclofenac potassium	Generic preferred	50
Analgesics	NSAIDs	Celebrex	celecoxib	Non-preferred Expedited	50,100,200,400
Analgesics	NSAIDs	Clinoril	sulindac	Generic preferred	150,200
Analgesics	NSAIDs	Combunox	ibuprofen/oxycodone	Prior Authorization	400/5
Analgesics	NSAIDs	Daypro	oxaprozin	Generic preferred	600
Analgesics	NSAIDs	diclofenac potassium	null	Expedited Auth.	50
Analgesics	NSAIDs	diclofenac sodium	null	Expedited Auth.	25,50,75; 100 ER
Analgesics	NSAIDs	diflunisal	null	Expedited Auth.	250,500
Analgesics	NSAIDs	Dolobid	diflunisal	Generic preferred	250,500
Analgesics	NSAIDs	EC-Naprosyn	naproxen	Generic preferred	375,500
Analgesics	NSAIDs	etodolac	null	Expedited Auth.	200,300,400,500; 400,500,600 ER
Analgesics	NSAIDs	Feldene	piroxicam	Generic preferred	10,20
Analgesics	NSAIDs	fenoprofen	null	Expedited Auth.	600
Analgesics	NSAIDs	Flector	diclofenac epolamine topical	Non-preferred Expedited	1.3% patch
Analgesics	NSAIDs	flurbiprofen	null	Expedited Auth.	50,100
Analgesics	NSAIDs	ibuprofen	null	Prior Authorization	100,200
Analgesics	NSAIDs	ibuprofen	null	Expedited Auth.	400,600,800
Analgesics	NSAIDs	ibuprofen	null	Covered w/o PA	20,40/mL susp
Analgesics	NSAIDs	ibuprofen/oxycodone	null	Expedited Auth.	400/5
Analgesics	NSAIDs	Indocin	indomethacin	Generic preferred	5/mL
Analgesics	NSAIDs	Indocin	indomethacin	Prior Authorization	IV
Analgesics	NSAIDs	indomethacin	null	Expedited Auth.	25,50; 75 ER; 50 PR
Analgesics	NSAIDs	ketoprofen	null	Expedited Auth.	50,75;100,150,200 ER
Analgesics	NSAIDs	ketorolac	null	Expedited Auth.	10; IM; IV
Analgesics	NSAIDs	meclofenamate	null	Expedited Auth.	50,100
Analgesics	NSAIDs	meloxicam	null	Expedited Auth.	7.5,15
Analgesics	NSAIDs	Mobic	meloxicam	Generic preferred	7.5,15; 7.5/5 mL
Analgesics	NSAIDs	Motrin	ibuprofen	Prior Authorization	100,200
Analgesics	NSAIDs	Motrin	ibuprofen	Generic preferred	400,600,800
Analgesics	NSAIDs	Motrin	ibuprofen	Covered w/o PA	50/1.25 mL,100/5 mL susp
Analgesics	NSAIDs	nabumetone	null	Expedited Auth.	500,750
Analgesics	NSAIDs	Naprelan	naproxen sodium	Generic preferred	375,500 ER
Analgesics	NSAIDs	Naprosyn	naproxen	Generic preferred	250,375,500; 125/5 mL
Analgesics	NSAIDs	naproxen	null	Expedited Auth.	250,375,500; 125/5 mL
Analgesics	NSAIDs	naproxen sodium	null	Expedited Auth.	220,275,550
Analgesics	NSAIDs	oxaprozin	null	Expedited Auth.	600
Analgesics	NSAIDs	piroxicam	null	Expedited Auth.	10,20
Analgesics	NSAIDs	Ponstel	mefenamic acid	Non-preferred Expedited	250
Analgesics	NSAIDs	Prevacid NapraPAC	lansoprazole/naproxen	Prior Authorization	15/375,15/500
Analgesics	NSAIDs	Relafen	nabumetone	Generic preferred	--

Analgesics	NSAIDs	salsalate	null	Expedited Auth.	500,750
Analgesics	NSAIDs	sulindac	null	Expedited Auth.	150,200
Analgesics	NSAIDs	tolmetin	null	Expedited Auth.	200,400,600
Analgesics	NSAIDs	Toradol	ketorolac	Generic preferred	--
Analgesics	NSAIDs	Treximet	sumatriptan/naproxen sodium	Prior Authorization	85/500
Analgesics	NSAIDs	Voltaren	diclofenac sodium	Generic preferred	25,50,75
Analgesics	NSAIDs	Voltaren Gel	diclofenac topical	Non-preferred Expe	1% gel
Analgesics	NSAIDs	Voltaren-XR	diclofenac sodium	Generic preferred	100 ER
Analgesics	Other Analgesics	acetaminophen	null	Covered w/o PA	325,500,650; 80,160 CH; 100/mL; 120,160/5 mL; 500/15 mL; 120,325,650 supp
Analgesics	Other Analgesics	acetamin/butalbital/caffien	null	Covered w/o PA	325/50/40
Analgesics	Other Analgesics	acetamin/butalbital/caff/co	null	Covered w/o PA	325/50/40/30 caps
Analgesics	Other Analgesics	acetaminophen/tramadol	null	Covered w/o PA	325/37.5
Analgesics	Other Analgesics	aspirin/butalbital/caffeine	null	Covered w/o PA	325/50/40
Analgesics	Other Analgesics	capsaicin topical	null	Covered w/o PA	0.025,0.075% crm
Analgesics	Other Analgesics	Cymbalta	duloxetine	Expedited Auth.	20,30,60
Analgesics	Other Analgesics	Emla	lidocaine/prilocaine topical	Generic preferred	2.5%/2.5% crm
Analgesics	Other Analgesics	Esgic	acetaminophen/butalbital/caffien	Generic preferred	325/50/40
Analgesics	Other Analgesics	Esgic-Plus	acetaminophen/butalbital/caffien	Generic preferred	500/50/40
Analgesics	Other Analgesics	Fioricet	acetaminophen/butalbital/caffien	Generic preferred	325/50/40
Analgesics	Other Analgesics	Fiorinal	aspirin/butalbital/caffeine	Generic preferred	325/50/40
Analgesics	Other Analgesics	Lidoderm	lidocaine topical	Covered w/o PA	5% patch
Analgesics	Other Analgesics	LidoSite	lidocaine/epinephrine iontophore	Prior Authorization	10%/0.1% patch
Analgesics	Other Analgesics	Phrenilin	acetaminophen/butalbital	Generic preferred	325/50
Analgesics	Other Analgesics	Phrenilin Forte	acetaminophen/butalbital	Generic preferred	650/50
Analgesics	Other Analgesics	Prialt	ziconotide intrathecal	Prior Authorization	IT
Analgesics	Other Analgesics	Synera	lidocaine/tetracaine topical	Prior Authorization	70/70 patch
Analgesics	Other Analgesics	tramadol	null	Covered w/o PA	50
Analgesics	Other Analgesics	Tylenol	acetaminophen	Generic preferred	325,500; 80,160 CH; 100/mL; 160/5 mL
Analgesics	Other Analgesics	Ultracet	acetaminophen/tramadol	Generic preferred	325/37.5
Analgesics	Other Analgesics	Ultram	tramadol	Generic preferred	50
Analgesics	Other Analgesics	Ultram ER	tramadol	Prior Authorization	100,200,300 ER
Analgesics	Other Analgesics	Zostrix	capsaicin topical	Generic preferred	0.025% crm
Analgesics	Other Analgesics	Zostrix-HP	capsaicin topical	Prior Authorization	0.075% crm
Analgesics	Salicylates	aspirin	null	Covered w/o PA	81,165,325,500,650; 81 CH; 120,200,300,600 PR
Analgesics	Salicylates	choline magnesium trisalicy	null	Covered w/o PA	5,007,501,000
Analgesics	Salicylates	diflunisal	null	Expedited Auth.	250,500

Analgesics	Salicylates	Dolobid	diflunisal	Generic preferred	250,500
Analgesics	Salicylates	salsalate	null	Expedited Auth.	500,750
Anesthesia	Topical Anesthetics	Analpram-HC	hydrocortisone/pramoxine topica	Generic preferred	1%/1% crm; 2.5%/1% crm,lot
Anesthesia	Topical Anesthetics	Anbesol	benzocaine topical	Prior Authorization	10%,20% gel,sol
Anesthesia	Topical Anesthetics	Aveeno Anti-Itch	calamine/camphor/pramoxine to	Prior Authorization	3%/0.47%/1% crm,lot
Anesthesia	Topical Anesthetics	Emla	lidocaine/prilocaine topical	Generic preferred	2.5%/2.5% crm
Anesthesia	Topical Anesthetics	lidocaine topical	null	Covered w/o PA	2% jelly; 3% crm,lot; 2,4% sol; 5% oint
Anesthesia	Topical Anesthetics	Lidoderm	lidocaine topical	Covered w/o PA	5% patch
Anesthesia	Topical Anesthetics	LidoSite	lidocaine/epinephrine iontophore	Prior Authorization	10%/0.1% patch
Anesthesia	Topical Anesthetics	Neosporin Pain Relief Crm	neomycin/polymyxin B/pramoxin	Prior Authorization	3.5%/10,000 units/1%/g crm
Anesthesia	Topical Anesthetics	Neosporin Pain Relief Oint	bacitracin/neomycin/polymyxin B	Prior Authorization	500 u/3.5%/10,000 u/1%/g oint
Anesthesia	Topical Anesthetics	Orajel	benzocaine topical	Prior Authorization	7.5% gel,sol,swab; 10% gel,swab; 15% gel; 20% dental crm,gel,sol
Anesthesia	Topical Anesthetics	Pramosone	hydrocortisone/pramoxine topica	Generic preferred	1%/1%, 2.5%/1% crm,lot,oint
Anesthesia	Topical Anesthetics	Synera	lidocaine/tetracaine topical	Prior Authorization	70/70 patch
Anesthesia	Topical Anesthetics	Tronolane Cream	pramoxine topical	Prior Authorization	1% crm
Anesthesia	Topical Anesthetics	Xylocaine topical	lidocaine topical	Generic preferred	2% jelly; 2,4% sol
Anesthesia	Topical Anesthetics	Zingo	lidocaine intradermal system	Prior Authorization	null
Anesthesia	Topical/Local Anesth	Emla	lidocaine/prilocaine topical	Generic preferred	2.5%/2.5% crm
Anesthesia	Topical/Local Anesth	LidaMantle	lidocaine topical	Generic preferred	3% crm,lot
Anesthesia	Topical/Local Anesth	LidaMantle HC	hydrocortisone/lidocaine topical	Generic preferred	0.5%/3% crm,lot
Anesthesia	Topical/Local Anesth	lidocaine	null	Covered w/o PA	SC; IM; IV; INJ
Anesthesia	Topical/Local Anesth	lidocaine topical	null	Covered w/o PA	2% jelly; 3% crm,lot; 2,4% sol; 5% oint
Anesthesia	Topical/Local Anesth	lidocaine/prilocaine topical	null	Covered w/o PA	2.5%/2.5% crm
Anesthesia	Topical/Local Anesth	Tucks Hemorrhoidal Oint	mineral oil/pramoxine/zinc oxide	Prior Authorization	46.6%/1%/12.5% oint
Anesthesia	Topical/Local Anesth	Xylocaine	lidocaine	Prior Authorization	SC; IM; IV; INJ
Antimicrobials	Aminoglycosides	amikacin	null	Covered w/o PA	IM; IV
Antimicrobials	Aminoglycosides	Amikin	amikacin	Generic preferred	IM; IV
Antimicrobials	Aminoglycosides	gentamicin	null	Covered w/o PA	IM; IV
Antimicrobials	Aminoglycosides	Humatin	paromomycin	Covered w/o PA	--
Antimicrobials	Aminoglycosides	kanamycin	null	Covered w/o PA	IM; IV
Antimicrobials	Aminoglycosides	Neo-Fradin	neomycin sulfate	Prior Authorization	125/5 mL sol
Antimicrobials	Aminoglycosides	neomycin sulfate	null	Covered w/o PA	500
Antimicrobials	Aminoglycosides	paromomycin	null	Covered w/o PA	250
Antimicrobials	Aminoglycosides	streptomycin	null	Covered w/o PA	IM
Antimicrobials	Aminoglycosides	TOBI	tobramycin inhaled	Covered w/o PA	300 mg/5 mL neb
Antimicrobials	Aminoglycosides	tobramycin	null	Covered w/o PA	IM; IV

Antimicrobials	Anti-Fungals	Abelcet	amphotericin B lipid complex	Covered w/o PA	IV
Antimicrobials	Anti-Fungals	AmBisome	amphotericin B liposomal	Covered w/o PA	IV
Antimicrobials	Anti-Fungals	Amphocin	amphotericin B deoxycholate	Generic preferred	--
Antimicrobials	Anti-Fungals	Amphotec	amphotericin B cholesteryl sulfat	Covered w/o PA	IV
Antimicrobials	Anti-Fungals	amphotericin B deoxych	null	Covered w/o PA	IV
Antimicrobials	Anti-Fungals	Ancobon	flucytosine	Prior Authorization	250,500
Antimicrobials	Anti-Fungals	Cancidas	caspofungin	Covered w/o PA	IV
Antimicrobials	Anti-Fungals	clotrimazole	null	Covered w/o PA	10 troche
Antimicrobials	Anti-Fungals	Diflucan	fluconazole	Generic preferred	50,100,150,200; 10,40/mL; IV
Antimicrobials	Anti-Fungals	Eraxis	anidulafungin	Prior Authorization	IV
Antimicrobials	Anti-Fungals	fluconazole	null	Covered w/o PA	50,100,150,200; 10,40/mL; IV
Antimicrobials	Anti-Fungals	Grifulvin V	griseofulvin microsize	Generic preferred	500; 125/5 mL
Antimicrobials	Anti-Fungals	griseofulvin microsize	null	Covered w/o PA	125/5 mL
Antimicrobials	Anti-Fungals	Gris-PEG	griseofulvin ultramicrosize	Covered w/o PA	125,250
Antimicrobials	Anti-Fungals	itraconazole	null	Expedited Auth.	100
Antimicrobials	Anti-Fungals	ketoconazole	null	Covered w/o PA	200
Antimicrobials	Anti-Fungals	Lamisil	terbinafine	Expedited Auth.	250; 125, 187.5 mg granule pkt
Antimicrobials	Anti-Fungals	Mycamine	micafungin	Prior Authorization	IV
Antimicrobials	Anti-Fungals	Mycelex	clotrimazole	Generic preferred	10 troche
Antimicrobials	Anti-Fungals	Noxafil	posaconazole	Prior Authorization	40/mL
Antimicrobials	Anti-Fungals	nystatin	null	Covered w/o PA	500,000 units; 100,000 units/mL
Antimicrobials	Anti-Fungals	Sporanox	itraconazole	Expedited Auth.	100; 10/mL
Antimicrobials	Anti-Fungals	terbinafine	null	Expedited Auth.	250
Antimicrobials	Anti-Fungals	Vfend	voriconazole	Covered w/o PA	50,200; 40/mL susp; IV
Antimicrobials	Anti-Malarials	Aralen	chloroquine phosphate	Generic preferred	250,500
Antimicrobials	Anti-Malarials	chloroquine phosphate	null	Covered w/o PA	250,500
Antimicrobials	Anti-Malarials	Daraprim	pyrimethamine	Covered w/o PA	25
Antimicrobials	Anti-Malarials	Fansidar	pyrimethamine/sulfadoxine	Prior Authorization	25/500
Antimicrobials	Anti-Malarials	hydroxychloroquine	null	Covered w/o PA	200
Antimicrobials	Anti-Malarials	Lariam	mefloquine	Prior Authorization	250
Antimicrobials	Anti-Malarials	Malarone	atovaquone/proguanil	Prior Authorization	62.5/25,250/100
Antimicrobials	Anti-Malarials	mefloquine	null	Covered w/o PA	250
Antimicrobials	Anti-Malarials	Plaquenil	hydroxychloroquine	Generic preferred	200
Antimicrobials	Anti-Malarials	primaquine	null	Prior Authorization	15
Antimicrobials	Anti-Malarials	Qualaquin	quinine sulfate	Prior Authorization	324
Antimicrobials	Anti-Parasitics	Albenza	albendazole	Covered w/o PA	200
Antimicrobials	Anti-Parasitics	Alinia	nitazoxanide	Prior Authorization	500; 100/5 mL
Antimicrobials	Anti-Parasitics	Biltricide	praziquantel	Covered w/o PA	600
Antimicrobials	Anti-Parasitics	Humatin	paromomycin	Covered w/o PA	--
Antimicrobials	Anti-Parasitics	mebendazole	null	Covered w/o PA	100 CH

Antimicrobials	Anti-Parasitics	Mepron	atovaquone	Covered w/o PA	750/5 mL
Antimicrobials	Anti-Parasitics	paromomycin	null	Covered w/o PA	250
Antimicrobials	Anti-Parasitics	Pentam	pentamidine	Generic preferred	IM; IV
Antimicrobials	Anti-Parasitics	pentamidine	null	Covered w/o PA	IM; IV
Antimicrobials	Anti-Parasitics	Stromectol	ivermectin	Covered w/o PA	3,6
Antimicrobials	Anti-Parasitics	Vermox	mebendazole	Generic preferred	--
Antimicrobials	Anti-Tuberculars	dapsone	null	Covered w/o PA	25,100
Antimicrobials	Anti-Tuberculars	ethambutol	null	Covered w/o PA	100,400
Antimicrobials	Anti-Tuberculars	isoniazid	null	Covered w/o PA	100,300; 50/5 mL; IM
Antimicrobials	Anti-Tuberculars	Myambutol	ethambutol	Generic preferred	100,400
Antimicrobials	Anti-Tuberculars	Mycobutin	rifabutin	Covered w/o PA	150
Antimicrobials	Anti-Tuberculars	Priftin	rifapentine	Covered w/o PA	150
Antimicrobials	Anti-Tuberculars	pyrazinamide	null	Covered w/o PA	500
Antimicrobials	Anti-Tuberculars	Rifadin	rifampin	Generic preferred	150,300; IV
Antimicrobials	Anti-Tuberculars	Rifamate	isoniazid/rifampin	Covered w/o PA	150/300
Antimicrobials	Anti-Tuberculars	rifampin	null	Covered w/o PA	150,300; IV
Antimicrobials	Anti-Tuberculars	Rifater	isoniazid/pyrazinamide/rifampin	Covered w/o PA	50/300/120
Antimicrobials	Anti-Tuberculars	Seromycin	cycloserine	Covered w/o PA	250
Antimicrobials	Anti-Tuberculars	streptomycin	null	Covered w/o PA	IM
Antimicrobials	Anti-Tuberculars	Trecator	ethionamide	Covered w/o PA	250
Antimicrobials	Anti-Tuberculars	vitamin B6 (common name)	pyridoxine	Prior Authorization	25,50,100; IM; IV
Antimicrobials	Anti-Virals, CMV	Cytovene	ganciclovir	Covered w/o PA	IV
Antimicrobials	Anti-Virals, CMV	foscarnet	null	Covered w/o PA	IV
Antimicrobials	Anti-Virals, CMV	Foscavir	foscarnet	Covered w/o PA	IV
Antimicrobials	Anti-Virals, CMV	ganciclovir	null	Covered w/o PA	250,500; IV
Antimicrobials	Anti-Virals, CMV	Valcyte	valganciclovir	Covered w/o PA	450
Antimicrobials	Anti-Virals, CMV	Vistide	cidofovir	Covered w/o PA	IV
Antimicrobials	Anti-Virals, hepatitis	Baraclude	entecavir	Covered w/o PA	0.5,1; 0.05/mL
Antimicrobials	Anti-Virals, hepatitis	Copegus	ribavirin	Expedited Auth.	200
Antimicrobials	Anti-Virals, hepatitis	Epivir HBV	lamivudine	Covered w/o PA	100; 5/mL sol
Antimicrobials	Anti-Virals, hepatitis	Hepsera	adefovir	Covered w/o PA	10
Antimicrobials	Anti-Virals, hepatitis	Intron A	interferon alfa 2b	Expedited Auth.	SC; IM; IV; intra-lesional
Antimicrobials	Anti-Virals, hepatitis	Pegasys	peginterferon alfa 2a	Covered w/o PA	SC
Antimicrobials	Anti-Virals, hepatitis	PEG-Intron	peginterferon alfa 2b	Non-preferred	SC
Antimicrobials	Anti-Virals, hepatitis	Rebetol	ribavirin	Expedited Auth.	200; 40/mL sol
Antimicrobials	Anti-Virals, hepatitis	Ribasphere	ribavirin	Expedited Auth.	200,400,600 tab; 200 cap
Antimicrobials	Anti-Virals, hepatitis	ribavirin	null	Expedited Auth.	200 tab; 200 cap
Antimicrobials	Anti-Virals, hepatitis	Roferon A	interferon alfa 2a	Expedited Auth.	--
Antimicrobials	Anti-Virals, hepatitis	Tyzeka	telbivudine	Covered w/o PA	600
Antimicrobials	Anti-Virals, HIV	3TC (common name)	lamivudine	Covered w/o PA	150,300; 10/mL

Antimicrobials	Anti-Virals, HIV	Aptivus	tipranavir	Covered w/o PA	250; 100/mL
Antimicrobials	Anti-Virals, HIV	Atripla	efavirenz/emtricitabine/tenofovir	Covered w/o PA	600/200/300
Antimicrobials	Anti-Virals, HIV	Combivir	lamivudine/zidovudine	Covered w/o PA	150/300
Antimicrobials	Anti-Virals, HIV	Crixivan	indinavir	Covered w/o PA	100,200,333,400
Antimicrobials	Anti-Virals, HIV	ddl (common name)	didanosine	Covered w/o PA	125,200,250,400; 2,4 g pwdr
Antimicrobials	Anti-Virals, HIV	didanosine	null	Covered w/o PA	200,250,400
Antimicrobials	Anti-Virals, HIV	Emtriva	emtricitabine	Covered w/o PA	200; 10/mL
Antimicrobials	Anti-Virals, HIV	Epivir	lamivudine	Covered w/o PA	150,300; 10/mL sol
Antimicrobials	Anti-Virals, HIV	Epzicom	abacavir/lamivudine	Covered w/o PA	600/300
Antimicrobials	Anti-Virals, HIV	Fuzeon	enfuvirtide	Covered w/o PA	SC
Antimicrobials	Anti-Virals, HIV	Intelence	etravirine	Covered w/o PA	100
Antimicrobials	Anti-Virals, HIV	Invirase	saquinavir	Covered w/o PA	200,500
Antimicrobials	Anti-Virals, HIV	Isentress	raltegravir	Covered w/o PA	400
Antimicrobials	Anti-Virals, HIV	Kaletra	lopinavir/ritonavir	Covered w/o PA	100/25, 200/50; 400/100/5 mL
Antimicrobials	Anti-Virals, HIV	Lexiva	fosamprenavir	Covered w/o PA	700; 50/mL
Antimicrobials	Anti-Virals, HIV	Norvir	ritonavir	Covered w/o PA	100; 80 mg/mL sol
Antimicrobials	Anti-Virals, HIV	Prezista	darunavir	Covered w/o PA	400,600
Antimicrobials	Anti-Virals, HIV	Rescriptor	delavirdine	Covered w/o PA	100,200
Antimicrobials	Anti-Virals, HIV	Retrovir	zidovudine	Covered w/o PA	100,300; 50/5 mL; IV
Antimicrobials	Anti-Virals, HIV	Reyataz	atazanavir	Covered w/o PA	100,150,200,300
Antimicrobials	Anti-Virals, HIV	Selzentry	maraviroc	Prior Authorization	150,300
Antimicrobials	Anti-Virals, HIV	Sustiva	efavirenz	Covered w/o PA	50,200,600
Antimicrobials	Anti-Virals, HIV	Trizivir	abacavir/lamivudine/zidovudine	Covered w/o PA	300/150/300
Antimicrobials	Anti-Virals, HIV	Truvada	emtricitabine/tenofovir	Covered w/o PA	200/300
Antimicrobials	Anti-Virals, HIV	Videx	didanosine	Covered w/o PA	2,4 g pwdr
Antimicrobials	Anti-Virals, HIV	Videx EC	didanosine	Covered w/o PA	125,200,250,400
Antimicrobials	Anti-Virals, HIV	Viracept	nelfinavir	Covered w/o PA	250,625; 50/g pwdr
Antimicrobials	Anti-Virals, HIV	Viramune	nevirapine	Covered w/o PA	200; 50/5 mL
Antimicrobials	Anti-Virals, HIV	Viread	tenofovir	Covered w/o PA	300
Antimicrobials	Anti-Virals, HIV	Zerit	stavudine	Covered w/o PA	15,20,30,40; 1/mL
Antimicrobials	Anti-Virals, HIV	Ziagen	abacavir	Covered w/o PA	300; 20/mL
Antimicrobials	Anti-Virals, HIV	zidovudine	null	Covered w/o PA	100,300; 50/5 mL
Antimicrobials	Anti-Virals, others	acyclovir	null	Covered w/o PA	200,400,800; 200/5 mL; IV
Antimicrobials	Anti-Virals, others	amantadine	null	Covered w/o PA	100; 50/5 mL
Antimicrobials	Anti-Virals, others	famciclovir	null	Covered w/o PA	125,250,500
Antimicrobials	Anti-Virals, others	Famvir	famciclovir	Covered w/o PA	125,250,500
Antimicrobials	Anti-Virals, others	Flumadine	rimantadine	Generic preferred	100; 50/5 mL
Antimicrobials	Anti-Virals, others	Relenza	zanamivir	Covered w/o PA	5/inh DPI
Antimicrobials	Anti-Virals, others	rimantadine	null	Covered w/o PA	100
Antimicrobials	Anti-Virals, others	Symmetrel	amantadine	Generic preferred	100; 50/5 mL

Antimicrobials	Anti-Virals, others	Synagis	palivizumab	Prior Authorization	IM
Antimicrobials	Anti-Virals, others	Tamiflu	oseltamivir	Covered w/o PA	30,45,75; 60/5 mL
Antimicrobials	Anti-Virals, others	Valtrex	valacyclovir	Covered w/o PA	500, 1000
Antimicrobials	Anti-Virals, others	Zovirax	acyclovir	Generic preferred	200,400,800; 200/5 mL; IV
Antimicrobials	Cephalosporins, 1st gen	Ancef	cefazolin	Generic preferred	--
Antimicrobials	Cephalosporins, 1st gen	cefadroxil	null	Covered w/o PA	500,1000; 250,500/5 mL susp
Antimicrobials	Cephalosporins, 1st gen	cefazolin	null	Covered w/o PA	IM; IV
Antimicrobials	Cephalosporins, 1st gen	cephalexin	null	Covered w/o PA	250,500; 125,250/5 mL
Antimicrobials	Cephalosporins, 1st gen	Duricef	cefadroxil	Generic preferred	--
Antimicrobials	Cephalosporins, 1st gen	Keflex	cephalexin	Generic preferred	250,333,500,750; 125,250/5 mL
Antimicrobials	Cephalosporins, 1st gen	Kefzol	cefazolin	Generic preferred	--
Antimicrobials	Cephalosporins, 2nd gen	Ceclor	cefaclor	Generic preferred	--
Antimicrobials	Cephalosporins, 2nd gen	cefaclor	null	Covered w/o PA	250,500; 375,500 ER; 125,187,250,375/5 mL susp
Antimicrobials	Cephalosporins, 2nd gen	cefotetan	null	Covered w/o PA	IM; IV
Antimicrobials	Cephalosporins, 2nd gen	cefoxitin	null	Covered w/o PA	INJ
Antimicrobials	Cephalosporins, 2nd gen	cefprozil	null	Covered w/o PA	250,500; 125,250/5 mL susp
Antimicrobials	Cephalosporins, 2nd gen	Ceftin	cefuroxime axetil	Generic preferred	250,500; 125,250/5 mL
Antimicrobials	Cephalosporins, 2nd gen	cefuroxime axetil	null	Covered w/o PA	250,500; 125,250/5 mL
Antimicrobials	Cephalosporins, 2nd gen	cefuroxime sodium	null	Covered w/o PA	IM; IV
Antimicrobials	Cephalosporins, 2nd gen	Cefzil	cefprozil	Generic preferred	250,500; 125,250/5 mL susp
Antimicrobials	Cephalosporins, 2nd gen	Mefoxin	cefoxitin	Generic preferred	--
Antimicrobials	Cephalosporins, 2nd gen	Zinacef	cefuroxime sodium	Generic preferred	IM; IV
Antimicrobials	Cephalosporins, 3rd gen	Cedax	ceftibuten	Covered w/o PA	400; 90/5 mL susp
Antimicrobials	Cephalosporins, 3rd gen	cefdinir	null	Covered w/o PA	300; 125,250/5 mL
Antimicrobials	Cephalosporins, 3rd gen	cefotaxime	null	Covered w/o PA	IM; IV
Antimicrobials	Cephalosporins, 3rd gen	cefpodoxime	null	Covered w/o PA	100,200; 50,100/5 mL susp
Antimicrobials	Cephalosporins, 3rd gen	ceftazidime sodium	null	Covered w/o PA	IM; IV
Antimicrobials	Cephalosporins, 3rd gen	ceftriaxone	null	Covered w/o PA	IM; IV
Antimicrobials	Cephalosporins, 3rd gen	Claforan	cefotaxime	Covered w/o PA	IM; IV
Antimicrobials	Cephalosporins, 3rd gen	Fortaz	ceftazidime sodium	Generic preferred	IM; IV
Antimicrobials	Cephalosporins, 3rd gen	Omnicef	cefdinir	Covered w/o PA	300; 125,250/5 mL
Antimicrobials	Cephalosporins, 3rd gen	Rocephin	ceftriaxone	Covered w/o PA	IM; IV
Antimicrobials	Cephalosporins, 3rd gen	Spectracef	cefditoren	Covered w/o PA	200
Antimicrobials	Cephalosporins, 3rd gen	Suprax	cefixime	Covered w/o PA	400; 100,200/5 mL
Antimicrobials	Cephalosporins, 3rd gen	Tazicef	ceftazidime sodium	Generic preferred	IM; IV
Antimicrobials	Cephalosporins, 3rd gen	Vantin	cefpodoxime	Covered w/o PA	100,200; 50,100/5 mL susp
Antimicrobials	Cephalosporins, 4th gen	cefepime	null	Covered w/o PA	IM; IV
Antimicrobials	Cephalosporins, 4th gen	Maxipime	cefepime	Covered w/o PA	IM; IV

Antimicrobials	Macrolides	azithromycin	null	Covered w/o PA	250,500,600; 100,200/5 mL; 1 g pwrdr pkt; IV
Antimicrobials	Macrolides	Biaxin	clarithromycin	Generic preferred	250,500; 125,250/5 mL
Antimicrobials	Macrolides	Biaxin XL	clarithromycin	Non-preferred	500 ER
Antimicrobials	Macrolides	clarithromycin	null	Covered w/o PA	250,500; 125,250/5 mL
Antimicrobials	Macrolides	E.E.S.	erythromycin ethyl succinate	Generic preferred	400; 200,400/5 mL
Antimicrobials	Macrolides	Eryc	erythromycin base	Generic preferred	250
Antimicrobials	Macrolides	EryPed	erythromycin ethyl succinate	Generic preferred	199 CH; 100/2.5mL; 200,400/5mL
Antimicrobials	Macrolides	Ery-Tab	erythromycin base	Generic preferred	250,333,500
Antimicrobials	Macrolides	Erythrocin	erythromycin stearate	Generic preferred	250,500
Antimicrobials	Macrolides	Erythrocin IV	erythromycin lactobionate	Generic preferred	IV
Antimicrobials	Macrolides	erythromycin base	null	Covered w/o PA	250,333,500
Antimicrobials	Macrolides	erythromycin ethyl succ	null	Covered w/o PA	400; 200,400/5 mL
Antimicrobials	Macrolides	erythromycin lactobionate	null	Covered w/o PA	IV
Antimicrobials	Macrolides	erythromycin stearate	null	Covered w/o PA	250,500
Antimicrobials	Macrolides	erythromycin/sulfisox	null	Covered w/o PA	200/600 per 5 mL
Antimicrobials	Macrolides	Pediazole	erythromycin/sulfisoxazole	Generic preferred	200/600 per 5 mL
Antimicrobials	Macrolides	Zithromax	azithromycin	Generic preferred	250,500,600; 100,200/5 mL; 1 g pwrdr pkt; IV
Antimicrobials	Macrolides	Zmax	azithromycin	Non-preferred	2 g/60 mL ER
Antimicrobials	Other Antimicrobials	Azactam	aztreonam	Covered w/o PA	IM; IV
Antimicrobials	Other Antimicrobials	chloramphenicol	null	Covered w/o PA	IV
Antimicrobials	Other Antimicrobials	Cleocin	clindamycin	Generic preferred	75,150,300; 75/5 mL; IM; IV
Antimicrobials	Other Antimicrobials	clindamycin	null	Covered w/o PA	150,300; IM; IV
Antimicrobials	Other Antimicrobials	colistimethate	null	Covered w/o PA	IM; IV
Antimicrobials	Other Antimicrobials	Coly-Mycin M	colistimethate	Generic preferred	IM; IV
Antimicrobials	Other Antimicrobials	Cubicin	daptomycin	Covered w/o PA	IV
Antimicrobials	Other Antimicrobials	Doribax	doripenem	Covered w/o PA	IV
Antimicrobials	Other Antimicrobials	Flagyl	metronidazole	Generic preferred	250,375,500; IV
Antimicrobials	Other Antimicrobials	Flagyl ER	metronidazole	Generic preferred	750
Antimicrobials	Other Antimicrobials	Furadantin	nitrofurantoin	Generic preferred	5/mL
Antimicrobials	Other Antimicrobials	Hiprex	methenamine hippurate	Generic preferred	1 g
Antimicrobials	Other Antimicrobials	Invanz	ertapenem	Covered w/o PA	IM; IV
Antimicrobials	Other Antimicrobials	Ketek	telithromycin	Prior Authorization	300,400
Antimicrobials	Other Antimicrobials	Lamprene	clofazimine	Covered w/o PA	50
Antimicrobials	Other Antimicrobials	Macrobid	nitrofurantoin	Generic preferred	100 ER
Antimicrobials	Other Antimicrobials	Macrochantin	nitrofurantoin	Generic preferred	25,50,100
Antimicrobials	Other Antimicrobials	Mandelamine	methenamine mandelate	Generic preferred	0.5,1 g
Antimicrobials	Other Antimicrobials	Merrem	meropenem	Covered w/o PA	IV
Antimicrobials	Other Antimicrobials	methenamine hippurate	null	Covered w/o PA	1 g

Antimicrobials	Other Antimicrobials	methenamine mandelate	null	Covered w/o PA	0.5,1 g
Antimicrobials	Other Antimicrobials	metronidazole	null	Covered w/o PA	250,375,500; IV
Antimicrobials	Other Antimicrobials	Monurol	fosfomycin	Covered w/o PA	3 g packet
Antimicrobials	Other Antimicrobials	nitrofurantoin	null	Covered w/o PA	25,50,100; 100 ER
Antimicrobials	Other Antimicrobials	Primaxin	imipenem/cilastatin	Covered w/o PA	IM; IV
Antimicrobials	Other Antimicrobials	Primsol	trimethoprim	Generic preferred	50/5 mL sol
Antimicrobials	Other Antimicrobials	Tindamax	tinidazole	Covered w/o PA	250,500
Antimicrobials	Other Antimicrobials	trimethoprim	null	Covered w/o PA	100,200
Antimicrobials	Other Antimicrobials	Tygacil	tigecycline	Covered w/o PA	IV
Antimicrobials	Other Antimicrobials	Urex	methenamine hippurate	Generic preferred	1 g
Antimicrobials	Other Antimicrobials	Vancocin Pulvules	vancomycin HCl	Expedited Auth.	125,250
Antimicrobials	Other Antimicrobials	vancomycin HCl	null	Covered w/o PA	IV
Antimicrobials	Other Antimicrobials	Xifaxan	rifaximin	Quantity limits	200
Antimicrobials	Other Antimicrobials	Yodoxin	iodoquinol	Prior Authorization	210,650
Antimicrobials	Other Antimicrobials	Zyvox	linezolid	Expedited Auth.	600; 100/5 mL; IV
Antimicrobials	Penicillins	amoxicillin	null	Covered w/o PA	250,500,875; 125,200,250,400 CH; 125,200,250,400/5 mL
Antimicrobials	Penicillins	amoxicillin/clavulanate	null	Covered w/o PA	250/125, 500/125, 875/125; 200/28.5,400/57 CH; 200/28.5/5 mL, 400/57/5 mL, 600/42.9/5 mL
Antimicrobials	Penicillins	Amoxil	amoxicillin	Generic preferred	500; 50/mL; 250,400/5 mL
Antimicrobials	Penicillins	ampicillin	null	Covered w/o PA	250,500; 125,250/5mL susp;IM;IV
Antimicrobials	Penicillins	ampicillin/sulbactam	null	Covered w/o PA	IM; IV
Antimicrobials	Penicillins	Augmentin	amoxicillin/clavulanate	Generic preferred	250/125, 500/125, 875/125; 125/31.25, 200/28.5, 250/62.5, 400/57 CH; 125/31.25/5 mL, 200/28.5/5 mL, 250/62.5/5 mL, 400/57/5 mL
Antimicrobials	Penicillins	Augmentin ES-600	amoxicillin/clavulanate	Covered w/o PA	600/42.9/5 mL
Antimicrobials	Penicillins	Augmentin XR	amoxicillin/clavulanate	Covered w/o PA	1000/62.5 ER
Antimicrobials	Penicillins	Bicillin LA	penicillin G benzathine	Covered w/o PA	IM
Antimicrobials	Penicillins	dicloxacillin	null	Covered w/o PA	250,500
Antimicrobials	Penicillins	nafcillin	null	Covered w/o PA	IV
Antimicrobials	Penicillins	oxacillin	null	Covered w/o PA	IM; IV
Antimicrobials	Penicillins	penicillin G potassium aq	null	Covered w/o PA	IM; IV
Antimicrobials	Penicillins	penicillin G procaine	null	Covered w/o PA	IM
Antimicrobials	Penicillins	penicillin G sodium aq	null	Covered w/o PA	IM; IV
Antimicrobials	Penicillins	penicillin VK	null	Covered w/o PA	250,500; 125,250/5 mL
Antimicrobials	Penicillins	piperacillin	null	Covered w/o PA	IM; IV
Antimicrobials	Penicillins	Timentin	ticarcillin/clavulanate	Covered w/o PA	IV

Antimicrobials	Penicillins	Trimox	amoxicillin	Generic preferred	250,500; 125,250 CH; 125,250/5 mL
Antimicrobials	Penicillins	Unasyn	ampicillin/sulbactam	Covered w/o PA	IM; IV
Antimicrobials	Penicillins	Zosyn	piperacillin/tazobactam	Covered w/o PA	IV
Antimicrobials	Quinolones	Avelox	moxifloxacin	Covered w/o PA	400; IV
Antimicrobials	Quinolones	Cipro	ciprofloxacin	Generic preferred	100,250,500,750; 250,500/5mL;IV
Antimicrobials	Quinolones	Cipro XR	ciprofloxacin	Covered w/o PA	500,1000 ER
Antimicrobials	Quinolones	ciprofloxacin	null	Covered w/o PA	100,250,500,750; 500,1000 ER;IV
Antimicrobials	Quinolones	Factive	gemifloxacin	Prior Authorization	320
Antimicrobials	Quinolones	Floxin	ofloxacin	Generic preferred	200,300,400
Antimicrobials	Quinolones	Levaquin	levofloxacin	Covered w/o PA	250,500,750; 25 mg/mL sol; IV
Antimicrobials	Quinolones	Maxaquin	lomefloxacin	Covered w/o PA	--
Antimicrobials	Quinolones	Noroxin	norfloxacin	Covered w/o PA	400
Antimicrobials	Quinolones	ofloxacin	null	Covered w/o PA	200,300,400
Antimicrobials	Quinolones	Proquin XR	ciprofloxacin	Prior Authorization	500 ER
Antimicrobials	Quinolones	Tequin	gatifloxacin	Covered w/o PA	--
Antimicrobials	Sulfonamides	Bactrim	trimethoprim/sulfamethoxazole	Generic preferred	80/400, 160/800 (DS tab)
Antimicrobials	Sulfonamides	erythromycin/sulfisox	null	Covered w/o PA	200/600 per 5 mL
Antimicrobials	Sulfonamides	Gantrisin	sulfisoxazole	Covered w/o PA	100/mL
Antimicrobials	Sulfonamides	Pediazole	erythromycin/sulfisoxazole	Generic preferred	200/600 per 5 mL
Antimicrobials	Sulfonamides	Septra	trimethoprim/sulfamethoxazole	Generic preferred	80/400, 160/800 (DS tab); 40/200/5 mL
Antimicrobials	Sulfonamides	sulfadiazine	null	Covered w/o PA	500
Antimicrobials	Sulfonamides	Sulfatrim	trimethoprim/sulfamethoxazole	Covered w/o PA	40/200/5 mL
Antimicrobials	Sulfonamides	sulfisoxazole	null	Covered w/o PA	500
Antimicrobials	Sulfonamides	trimethoprim/sulfamethox	null	Covered w/o PA	80/400,160/800; 40/200/5 mL; IV
Antimicrobials	Tetracyclines	Adoxa	doxycycline	Generic preferred	50,75,100,150
Antimicrobials	Tetracyclines	Declomycin	demeclocycline	Generic preferred	150,300
Antimicrobials	Tetracyclines	demeclocycline	null	Covered w/o PA	150,300
Antimicrobials	Tetracyclines	Doryx	doxycycline	Generic preferred	75,100,150
Antimicrobials	Tetracyclines	doxycycline	null	Covered w/o PA	20,50,75,100; 75,100 ER; IV
Antimicrobials	Tetracyclines	Minocin	minocycline	Generic preferred	50,100
Antimicrobials	Tetracyclines	minocycline	null	Covered w/o PA	50,75,100
Antimicrobials	Tetracyclines	Oracea	doxycycline	Covered w/o PA	40
Antimicrobials	Tetracyclines	Periostat	doxycycline	Generic preferred	20
Antimicrobials	Tetracyclines	Solodyn	minocycline	Prior Authorization	45,90,135 ER
Antimicrobials	Tetracyclines	Sumycin	tetracycline	Generic preferred	250,500; 125/5 mL
Antimicrobials	Tetracyclines	tetracycline	null	Covered w/o PA	250,500; 125/5 mL
Antimicrobials	Tetracyclines	Vibramycin	doxycycline	Generic preferred	50,100; 25,50/5 mL
Asthma/COPD/Pulr	Bronchodilators	AccuNeb	albuterol inhaled	Non-preferred	0.63,1.25/3 mL neb

Asthma/COPD/Pulr	Bronchodilators	Advair Diskus	fluticasone/salmeterol inhaled	Covered w/o PA	100/50,250/50,500/50mcg/spr DPI
Asthma/COPD/Pulr	Bronchodilators	Advair HFA	fluticasone/salmeterol inhaled	Covered w/o PA	45/21,115/21,230/21 mcg/spr MDI
Asthma/COPD/Pulr	Bronchodilators	albuterol	null	Covered w/o PA	2,4; 4,8 ER; 2/5 mL
Asthma/COPD/Pulr	Bronchodilators	albuterol inhaled	null	Covered w/o PA	89 mcg/spray MDI; 0.63,1.25,2.5/3 mL,5/mL neb
Asthma/COPD/Pulr	Bronchodilators	albuterol/ipratropium inh	null	Covered w/o PA	3/0.5/3 mL neb
Asthma/COPD/Pulr	Bronchodilators	Alupent	metaproterenol inhaled	Covered w/o PA	--
Asthma/COPD/Pulr	Bronchodilators	Atrovent HFA	ipratropium inhaled	Covered w/o PA	17 mcg/spray MDI
Asthma/COPD/Pulr	Bronchodilators	Brovana	arformoterol inhaled	Non-preferred	15 mcg/2 mL neb
Asthma/COPD/Pulr	Bronchodilators	Combivent	albuterol/ipratropium inhaled	Covered w/o PA	120/21 mcg/spray MDI
Asthma/COPD/Pulr	Bronchodilators	DuoNeb	albuterol/ipratropium inhaled	Covered w/o PA	3/0.5/3 mL neb
Asthma/COPD/Pulr	Bronchodilators	Foradil Aerolizer	formoterol inhaled	Covered w/o PA	12 mcg cap DPI
Asthma/COPD/Pulr	Bronchodilators	ipratropium inhaled	null	Covered w/o PA	500 mcg/2.5 mL neb
Asthma/COPD/Pulr	Bronchodilators	Maxair Autohaler	pirbuterol inhaled	Non-preferred	0.2 mg/spray MDI
Asthma/COPD/Pulr	Bronchodilators	metaproterenol	null	Covered w/o PA	10,20; 10/5 mL
Asthma/COPD/Pulr	Bronchodilators	metaproterenol inhaled	null	Covered w/o PA	10,15/2.5 mL neb
Asthma/COPD/Pulr	Bronchodilators	Perforomist	formoterol inhaled	Non-preferred	20 mcg/2 mL neb
Asthma/COPD/Pulr	Bronchodilators	ProAir HFA	albuterol inhaled	Non-preferred	90 mcg/spray MDI
Asthma/COPD/Pulr	Bronchodilators	Proventil HFA	albuterol inhaled	Non-preferred	90 mcg/spray MDI
Asthma/COPD/Pulr	Bronchodilators	S2	epinephrine, racemic inhaled	Covered w/o PA	2.25% neb
Asthma/COPD/Pulr	Bronchodilators	Serevent Diskus	salmeterol inhaled	Covered w/o PA	50 mcg INH
Asthma/COPD/Pulr	Bronchodilators	Spiriva HandiHaler	tiotropium inhaled	Covered w/o PA	18 mcg/cap DPI
Asthma/COPD/Pulr	Bronchodilators	Symbicort	budesonide/formoterol inhaled	Covered w/o PA	80/4.5,160/4.5 mcg/spray MDI
Asthma/COPD/Pulr	Bronchodilators	terbutaline	null	Covered w/o PA	2.5,5; SC; IV
Asthma/COPD/Pulr	Bronchodilators	Ventolin HFA	albuterol inhaled	Covered w/o PA	90 mcg/spray MDI
Asthma/COPD/Pulr	Bronchodilators	VoSpire ER	albuterol	Generic preferred	4,8 ER
Asthma/COPD/Pulr	Bronchodilators	Xopenex	levalbuterol inhaled	Covered w/o PA	0.31,0.63,1.25/3 mL neb
Asthma/COPD/Pulr	Bronchodilators	Xopenex HFA	levalbuterol inhaled	Covered w/o PA	45 mcg/spray MDI
Asthma/COPD/Pulr	Inhaled Steroids	Advair Diskus	fluticasone/salmeterol inhaled	Covered w/o PA	100/50,250/50,500/50mcg/spr DPI
Asthma/COPD/Pulr	Inhaled Steroids	Advair HFA	fluticasone/salmeterol inhaled	Covered w/o PA	45/21,115/21,230/21 mcg/spr MDI
Asthma/COPD/Pulr	Inhaled Steroids	AeroBid	flunisolide inhaled	Covered w/o PA	250 mcg/spray MDI
Asthma/COPD/Pulr	Inhaled Steroids	Alvesco	ciclesonide inhaled	Non-preferred	80,160 mcg/spray MDI
Asthma/COPD/Pulr	Inhaled Steroids	Asmanex Twisthaler	mometasone inhaled	Covered w/o PA	110,220 mcg/spray DPI
Asthma/COPD/Pulr	Inhaled Steroids	Azmacort	triamcinolone inhaled	Covered w/o PA	75 mcg/spray MDI
Asthma/COPD/Pulr	Inhaled Steroids	Flovent Diskus	fluticasone inhaled	Covered w/o PA	50 mcg INH
Asthma/COPD/Pulr	Inhaled Steroids	Flovent HFA	fluticasone inhaled	Covered w/o PA	44,110,220 mcg/spray MDI
Asthma/COPD/Pulr	Inhaled Steroids	Pulmicort Flexhaler	budesonide inhaled	Covered w/o PA	90,180 mcg/spray DPI
Asthma/COPD/Pulr	Inhaled Steroids	Pulmicort Respules	budesonide inhaled	Covered w/o PA	0.25,0.5,1 mg/2 mL neb
Asthma/COPD/Pulr	Inhaled Steroids	QVAR	beclomethasone inhaled	Covered w/o PA	40,80 mcg/spray MDI
Asthma/COPD/Pulr	Inhaled Steroids	Symbicort	budesonide/formoterol inhaled	Covered w/o PA	80/4.5,160/4.5 mcg/spray MDI

Asthma/COPD/Pulr	Other Asthma	Accolate	zafirlukast	Covered w/o PA	10,20
Asthma/COPD/Pulr	Other Asthma	aminophylline	null	Covered w/o PA	100,200; IV
Asthma/COPD/Pulr	Other Asthma	cromolyn inhaled	null	Covered w/o PA	20/2 mL neb
Asthma/COPD/Pulr	Other Asthma	Elixophyllin	theophylline	Covered w/o PA	80/15 mL
Asthma/COPD/Pulr	Other Asthma	Intal	cromolyn inhaled	Covered w/o PA	800 mcg/spray MDI
Asthma/COPD/Pulr	Other Asthma	Singulair	montelukast	Covered w/o PA	10; 4,5 CH; 4 mg granule pkt
Asthma/COPD/Pulr	Other Asthma	Theo-24	theophylline	Generic preferred	100,200,300,400 ER
Asthma/COPD/Pulr	Other Asthma	theophylline	null	Covered w/o PA	100,200,300,400,450,600 ER; 80/15 mL; IV
Asthma/COPD/Pulr	Other Asthma	Tilade	nedocromil inhaled	Covered w/o PA	--
Asthma/COPD/Pulr	Other Asthma	Uniphyll	theophylline	Generic preferred	400,600 ER
Asthma/COPD/Pulr	Other Asthma	Xolair	omalizumab	Prior Authorization	SC
Asthma/COPD/Pulr	Other Asthma	Zyflo	zileuton	Covered w/o PA	--
Asthma/COPD/Pulr	Other Asthma	Zyflo CR	zileuton	Prior Authorization	600 ER
Asthma/COPD/Pulr	Other Pulmonary	acetylcysteine	null	Covered w/o PA	100 mg/mL (10%), 200 mg/mL (20%) sol
Asthma/COPD/Pulr	Other Pulmonary	Aralast	alpha1-proteinase inhibitor	Covered w/o PA	IV
Asthma/COPD/Pulr	Other Pulmonary	Cafcit	caffeine citrate	Covered w/o PA	20 mg/mL; IV
Asthma/COPD/Pulr	Other Pulmonary	caffeine/sodium benz	null	Prior Authorization	IM; IV
Asthma/COPD/Pulr	Other Pulmonary	Curosurf	poractant alfa	Prior Authorization	intratracheal
Asthma/COPD/Pulr	Other Pulmonary	epoprostenol	null	Covered w/o PA	IV
Asthma/COPD/Pulr	Other Pulmonary	Flolan	epoprostenol	Covered w/o PA	IV
Asthma/COPD/Pulr	Other Pulmonary	Infasurf	calfactant	Prior Authorization	intratracheal
Asthma/COPD/Pulr	Other Pulmonary	Letairis	ambrisentan	Prior Authorization	5,10
Asthma/COPD/Pulr	Other Pulmonary	Prolastin	alpha1-proteinase inhibitor	Covered w/o PA	IV
Asthma/COPD/Pulr	Other Pulmonary	Pulmozyme	dornase alfa inhaled	Expedited Auth.	1/mL neb
Asthma/COPD/Pulr	Other Pulmonary	Revatio	sildenafil	Prior Authorization	20
Asthma/COPD/Pulr	Other Pulmonary	Survanta Intratracheal	beractant	Prior Authorization	intratracheal
Asthma/COPD/Pulr	Other Pulmonary	Tracleer	bosentan	Prior Authorization	62.5,125
Asthma/COPD/Pulr	Other Pulmonary	Ventavis	iloprost inhaled	Prior Authorization	20 mcg/2 mL neb
Asthma/COPD/Pulr	Other Pulmonary	Zemaira	alpha1-proteinase inhibitor	Covered w/o PA	IV
Cardiovascular	A2RB	Atacand	candesartan	Expedited Auth.	4,8,16,32
Cardiovascular	A2RB	Atacand HCT	candesartan/hydrochlorothiazide	Expedited Auth.	16/12.5,32/12.5
Cardiovascular	A2RB	Avalide	hydrochlorothiazide/irbesartan	Expedited Auth.	12.5/150,12.5/300,25/300
Cardiovascular	A2RB	Avapro	irbesartan	Expedited Auth.	75,150,300
Cardiovascular	A2RB	Azor	amlodipine/olmesartan	Expedited Auth.	5/20,10/20,5/40,10/40
Cardiovascular	A2RB	Benicar	olmesartan	Expedited Auth.	5,20,40
Cardiovascular	A2RB	Benicar HCT	hydrochlorothiazide/olmesartan	Expedited Auth.	12.5/20,12.5/40,25/40
Cardiovascular	A2RB	Cozaar	losartan	Expedited Auth.	25,50,100
Cardiovascular	A2RB	Diovan	valsartan	Expedited Auth.	40,80,160,320

Cardiovascular	A2RB	Diovan HCT	hydrochlorothiazide/valsartan	Expedited Auth.	12.5/80,12.5/160,12.5/320,25/160,25/320
Cardiovascular	A2RB	Exforge	amlodipine/valsartan	Expedited Auth.	5/160,10/160,5/320,10/320
Cardiovascular	A2RB	Hyzaar	hydrochlorothiazide/losartan	Expedited Auth.	12.5/50,12.5/100,25/100
Cardiovascular	A2RB	Micardis	telmisartan	Expedited Auth.	20,40,80
Cardiovascular	A2RB	Micardis HCT	telmisartan/hydrochlorothiazide	Expedited Auth.	40/12.5,80/12.5,80/25
Cardiovascular	A2RB	Teveten	eprosartan	Expedited Auth.	400,600
Cardiovascular	A2RB	Teveten HCT	eprosartan/hydrochlorothiazide	Expedited Auth.	600/12.5,600/25
Cardiovascular	ACEI	Accupril	quinapril	Non-preferred	5,10,20,40
Cardiovascular	ACEI	Accuretic	hydrochlorothiazide/quinapril	Prior Authorization	12.5/10,12.5/20,25/20
Cardiovascular	ACEI	Aceon	perindopril	Non-preferred	2,4,8
Cardiovascular	ACEI	Altace	ramipril	Non-preferred	1.25,2.5,5,10
Cardiovascular	ACEI	amlodipine/benazepril	null	Expedited Auth.	2.5/10,5/10,5/20,10/20
Cardiovascular	ACEI	benazepril	null	Covered w/o PA	5,10,20,40
Cardiovascular	ACEI	benazepril/HCTZ	null	Covered w/o PA	5/6.25,10/12.5,20/12.5,20/25
Cardiovascular	ACEI	Capoten	captopril	Generic preferred	12.5,25,50,100
Cardiovascular	ACEI	Capozide	captopril/hydrochlorothiazide	Generic preferred	25/15,25/25,50/15,50/25
Cardiovascular	ACEI	captopril	null	Covered w/o PA	12.5,25,50,100
Cardiovascular	ACEI	captopril/HCTZ	null	Covered w/o PA	25/15,25/25,50/15,50/25
Cardiovascular	ACEI	enalapril	null	Covered w/o PA	2.5,5,10,20
Cardiovascular	ACEI	enalapril/HCTZ	null	Prior Authorization	5/12.5,10/25
Cardiovascular	ACEI	fosinopril	null	Non-preferred	10,20,40
Cardiovascular	ACEI	fosinopril/HCTZ	null	Prior Authorization	10/12.5,20/12.5
Cardiovascular	ACEI	Lexxel	enalapril/felodipine	Prior Authorization	--
Cardiovascular	ACEI	lisinopril	null	Covered w/o PA	2.5,5,10,20,30,40
Cardiovascular	ACEI	lisinopril/HCTZ	null	Prior Authorization	12.5/10,12.5/20,25/20
Cardiovascular	ACEI	Lotensin	benazepril	Generic preferred	5,10,20,40
Cardiovascular	ACEI	Lotensin HCT	benazepril/hydrochlorothiazide	Generic preferred	5/6.25,10/12.5,20/12.5,20/25
Cardiovascular	ACEI	Lotrel	amlodipine/benazepril	Expedited Auth.	2.5/10,5/10,5/20,5/40,10/20,10/40
Cardiovascular	ACEI	Mavik	trandolapril	Non-preferred	1,2,4
Cardiovascular	ACEI	moexipril	null	Non-preferred	7.5,15
Cardiovascular	ACEI	moexipril/HCTZ	null	Prior Authorization	12.5/7.5,12.5/15,25/15
Cardiovascular	ACEI	Monopril	fosinopril	Non-preferred	10,20,40
Cardiovascular	ACEI	Monopril-HCT	fosinopril/hydrochlorothiazide	Prior Authorization	10/12.5,20/12.5
Cardiovascular	ACEI	Prinivil	lisinopril	Generic preferred	2.5,5,10,20,40
Cardiovascular	ACEI	Prinzide	hydrochlorothiazide/lisinopril	Prior Authorization	12.5/10,12.5/20,25/20
Cardiovascular	ACEI	quinapril	null	Non-preferred	5,10,20,40
Cardiovascular	ACEI	quinapril/HCTZ	null	Prior Authorization	12.5/10,12.5/20,25/20
Cardiovascular	ACEI	ramipril	null	Expedited Auth.	1.25,2.5,5,10

Cardiovascular	ACEI	Tarka	trandolapril/verapamil	Prior Authorization	2/180 ER,1/240 ER,2/240 ER,4/240 ER
Cardiovascular	ACEI	trandolapril	null	Non-preferred	1,2,4
Cardiovascular	ACEI	Uniretic	hydrochlorothiazide/moexipril	Prior Authorization	12.5/7.5,12.5/15,25/15
Cardiovascular	ACEI	Univasc	moexipril	Non-preferred	7.5,15
Cardiovascular	ACEI	Vaseretic	enalapril/hydrochlorothiazide	Prior Authorization	5/12.5,10/25
Cardiovascular	ACEI	Vasotec	enalapril	Generic preferred	2.5,5,10,20
Cardiovascular	ACEI	Zestoretic	hydrochlorothiazide/lisinopril	Prior Authorization	12.5/20,25/20,12.5/10
Cardiovascular	ACEI	Zestril	lisinopril	Generic preferred	2.5,5,10,20,30,40
Cardiovascular	Anti-Arrhythmics	amiodarone	null	Covered w/o PA	200
Cardiovascular	Anti-Arrhythmics	Betapace	sotalol	Generic preferred	80,120,160,240
Cardiovascular	Anti-Arrhythmics	Betapace AF	sotalol AF	Generic preferred	80,120,160
Cardiovascular	Anti-Arrhythmics	Cardizem	diltiazem	Generic preferred	30,60,90,120
Cardiovascular	Anti-Arrhythmics	Cordarone	amiodarone	Generic preferred	200
Cardiovascular	Anti-Arrhythmics	diltiazem	null	Covered w/o PA	30,60,90,120; 60,90,120 ER (12h); 120,180,240,300,360,420 ER (24h); IV
Cardiovascular	Anti-Arrhythmics	disopyramide	null	Covered w/o PA	100,150
Cardiovascular	Anti-Arrhythmics	epinephrine	null	Covered w/o PA	SC; IM; IV; INJ
Cardiovascular	Anti-Arrhythmics	flecainide	null	Covered w/o PA	50,100,150
Cardiovascular	Anti-Arrhythmics	mexiletine	null	Covered w/o PA	150,200,250
Cardiovascular	Anti-Arrhythmics	Norpace	disopyramide	Generic preferred	100,150
Cardiovascular	Anti-Arrhythmics	Norpace CR	disopyramide	Generic preferred	100,150 ER
Cardiovascular	Anti-Arrhythmics	Pacerone	amiodarone	Generic preferred	200,400
Cardiovascular	Anti-Arrhythmics	procainamide	null	Covered w/o PA	250,375,500; 250,500,750 ER;
Cardiovascular	Anti-Arrhythmics	propafenone	null	Covered w/o PA	150,225,300
Cardiovascular	Anti-Arrhythmics	quinidine gluconate	null	Covered w/o PA	324 ER
Cardiovascular	Anti-Arrhythmics	quinidine sulfate	null	Covered w/o PA	200,300; 300 ER
Cardiovascular	Anti-Arrhythmics	Rythmol	propafenone	Generic preferred	150,225,300
Cardiovascular	Anti-Arrhythmics	Rythmol SR	propafenone	Covered w/o PA	225,325,425 ER
Cardiovascular	Anti-Arrhythmics	sotalol	null	Covered w/o PA	80,120,160,240
Cardiovascular	Anti-Arrhythmics	sotalol AF	null	Covered w/o PA	80,120,160
Cardiovascular	Anti-Arrhythmics	Tambocor	flecainide	Generic preferred	50,100,150
Cardiovascular	Anticoag/Thrombolyt	Arixtra	fondaparinux	Covered w/o PA	SC
Cardiovascular	Anticoag/Thrombolyt	Coumadin	warfarin	Generic preferred	1,2,2.5,3,4,5,6,7.5,10; IV
Cardiovascular	Anticoag/Thrombolyt	Fragmin	dalteparin	Covered w/o PA	SC
Cardiovascular	Anticoag/Thrombolyt	heparin	null	Covered w/o PA	SC; IV
Cardiovascular	Anticoag/Thrombolyt	Innohep	tinzaparin	Covered w/o PA	SC
Cardiovascular	Anticoag/Thrombolyt	Jantoven	warfarin	Generic preferred	1,2,2.5,3,4,5,6,7.5,10
Cardiovascular	Anticoag/Thrombolyt	Lovenox	enoxaparin	Covered w/o PA	SC

Cardiovascular	Anticoag/Thrombolyt	warfarin	null	Covered w/o PA	1,2,2.5,3,4,5,6,7.5,10
Cardiovascular	Anti-Platelets	Aggrenox	aspirin/dipyridamole	Expedited Auth.	25/200 ER
Cardiovascular	Anti-Platelets	Agrylin	anagrelide	Covered w/o PA	0.5,1
Cardiovascular	Anti-Platelets	anagrelide	null	Covered w/o PA	0.5,1
Cardiovascular	Anti-Platelets	aspirin	null	Covered w/o PA	81,165,325,500,650; 81 CH; 120,200,300,600 PR
Cardiovascular	Anti-Platelets	cilostazol	null	Prior Authorization	50,100
Cardiovascular	Anti-Platelets	dipyridamole	null	Covered w/o PA	25,50,75
Cardiovascular	Anti-Platelets	dipyridamole	null	Prior Authorization	IV
Cardiovascular	Anti-Platelets	Integrilin	eptifibatide	Covered w/o PA	IV
Cardiovascular	Anti-Platelets	Persantine	dipyridamole	Generic preferred	25,50,75
Cardiovascular	Anti-Platelets	Persantine	dipyridamole	Prior Authorization	IV
Cardiovascular	Anti-Platelets	Plavix	clopidogrel	Expedited Auth.	75,300
Cardiovascular	Anti-Platelets	Pletal	cilostazol	Prior Authorization	50,100
Cardiovascular	Anti-Platelets	Ticlid	ticlopidine	Prior Authorization	250
Cardiovascular	Anti-Platelets	ticlopidine	null	Prior Authorization	250
Cardiovascular	Beta-Blockers	acebutolol	null	Covered w/o PA	200,400
Cardiovascular	Beta-Blockers	atenolol	null	Covered w/o PA	25,50,100
Cardiovascular	Beta-Blockers	Betapace	sotalol	Generic preferred	80,120,160,240
Cardiovascular	Beta-Blockers	Betapace AF	sotalol AF	Generic preferred	80,120,160
Cardiovascular	Beta-Blockers	betaxolol	null	Non-preferred	10,20
Cardiovascular	Beta-Blockers	bisoprolol	null	Covered w/o PA	5,10
Cardiovascular	Beta-Blockers	Bystolic	nebivolol	Non-preferred	2.5,5,10
Cardiovascular	Beta-Blockers	carvedilol	null	Expedited Auth.	3.125,6.25,12.5,25
Cardiovascular	Beta-Blockers	Coreg	carvedilol	Non-preferred	3.125,6.25,12.5,25
Cardiovascular	Beta-Blockers	Coreg CR	carvedilol	Non-preferred	10,20,40,80 ER
Cardiovascular	Beta-Blockers	Corgard	nadolol	Generic preferred	20,40,80,120,160
Cardiovascular	Beta-Blockers	Inderal	propranolol	Generic preferred	10,20,40,60,80; IV
Cardiovascular	Beta-Blockers	Inderal LA	propranolol	Non-preferred	60,80,120,160 ER
Cardiovascular	Beta-Blockers	InnoPran XL	propranolol	Non-preferred	80,120 ER
Cardiovascular	Beta-Blockers	Kerlone	betaxolol	Non-preferred	10,20
Cardiovascular	Beta-Blockers	labetalol	null	Covered w/o PA	100,200,300; IV
Cardiovascular	Beta-Blockers	Levitol	penbutolol	Non-preferred	20
Cardiovascular	Beta-Blockers	Lopressor	metoprolol	Generic preferred	50,100; IV
Cardiovascular	Beta-Blockers	metoprolol	null	Covered w/o PA	25,50,100; IV
Cardiovascular	Beta-Blockers	metoprolol	null	Expedited Auth.	25,50,100,200 ER;
Cardiovascular	Beta-Blockers	nadolol	null	Covered w/o PA	20,40,80,120,160
Cardiovascular	Beta-Blockers	pindolol	null	Covered w/o PA	5,10
Cardiovascular	Beta-Blockers	propranolol	null	Covered w/o PA	10,20,40,60,80; 20,40/5 mL; IV
Cardiovascular	Beta-Blockers	propranolol ER	null	Non-preferred	60,80,120,160 ER;

Cardiovascular	Beta-Blockers	Sectral	acebutolol	Generic preferred	200
Cardiovascular	Beta-Blockers	sotalol	null	Covered w/o PA	80,120,160,240
Cardiovascular	Beta-Blockers	sotalol AF	null	Covered w/o PA	80,120,160
Cardiovascular	Beta-Blockers	Tenormin	atenolol	Generic preferred	25,50,100
Cardiovascular	Beta-Blockers	timolol	null	Covered w/o PA	5,10,20
Cardiovascular	Beta-Blockers	Toprol-XL	metoprolol	Non-preferred	25,50,100,200 ER
Cardiovascular	Beta-Blockers	Trandate	labetalol	Generic preferred	100,200,300; IV
Cardiovascular	Beta-Blockers	Zebeta	bisoprolol	Generic preferred	5,10
Cardiovascular	Beta-Blockers, combo	atenolol/chlorthalidone	null	Covered w/o PA	50/25,100/25
Cardiovascular	Beta-Blockers, combo	bendroflumethiazide/nadolol	null	Covered w/o PA	5/40,5/80
Cardiovascular	Beta-Blockers, combo	bisoprolol/HCTZ	null	Covered w/o PA	2.5/6.25,5/6.25,10/6.25
Cardiovascular	Beta-Blockers, combo	Corzide	bendroflumethiazide/nadolol	Covered w/o PA	5/40,5/80
Cardiovascular	Beta-Blockers, combo	Lopressor HCT	hydrochlorothiazide/metoprolol	Generic preferred	25/50,25/100,50/100
Cardiovascular	Beta-Blockers, combo	metoprolol/HCTZ	null	Covered w/o PA	25/50,25/100,50/100
Cardiovascular	Beta-Blockers, combo	propranolol/HCTZ	null	Covered w/o PA	25/40,25/80
Cardiovascular	Beta-Blockers, combo	Tenoretic	atenolol/chlorthalidone	Generic preferred	50/25,100/25
Cardiovascular	Beta-Blockers, combo	Timolide 10-25	hydrochlorothiazide/timolol	Covered w/o PA	25/10
Cardiovascular	Beta-Blockers, combo	Ziac	bisoprolol/hydrochlorothiazide	Generic preferred	2.5/6.25,5/6.25,10/6.25
Cardiovascular	CCB, dihydropyridines	Adalat CC	nifedipine	Generic preferred	30,60,90 ER
Cardiovascular	CCB, dihydropyridines	amlodipine	null	Covered w/o PA	2.5,5,10
Cardiovascular	CCB, dihydropyridines	amlodipine/benazepril	null	Expedited Auth.	2.5/10,5/10,5/20,10/20
Cardiovascular	CCB, dihydropyridines	Azor	amlodipine/olmesartan	Expedited Auth.	5/20,10/20,5/40,10/40
Cardiovascular	CCB, dihydropyridines	Caduet	amlodipine/atorvastatin	Covered w/o PA	2.5/10,2.5/20,2.5/40,5/10,5/20,5/40,5/80,10/10,10/20,10/40,10/80
Cardiovascular	CCB, dihydropyridines	Cardene	nicardipine	Prior Authorization	IV
Cardiovascular	CCB, dihydropyridines	Cardene SR	nicardipine	Generic preferred	30,45,60 ER
Cardiovascular	CCB, dihydropyridines	Dynacirc CR	isradipine	Non-preferred	5,10 ER
Cardiovascular	CCB, dihydropyridines	Exforge	amlodipine/valsartan	Expedited Auth.	5/160,10/160,5/320,10/320
Cardiovascular	CCB, dihydropyridines	felodipine	null	Covered w/o PA	2.5,5,10 ER
Cardiovascular	CCB, dihydropyridines	isradipine	null	Non-preferred	2.5,5
Cardiovascular	CCB, dihydropyridines	Lexxel	enalapril/felodipine	Prior Authorization	--
Cardiovascular	CCB, dihydropyridines	Lotrel	amlodipine/benazepril	Expedited Auth.	2.5/10,5/10,5/20,5/40,10/20,10/40
Cardiovascular	CCB, dihydropyridines	nicardipine	null	Covered w/o PA	20,30
Cardiovascular	CCB, dihydropyridines	nifedipine	null	Covered w/o PA	30,60,90 ER
Cardiovascular	CCB, dihydropyridines	nifedipine	null	Non-preferred	10,20
Cardiovascular	CCB, dihydropyridines	nimodipine	null	Covered w/o PA	30
Cardiovascular	CCB, dihydropyridines	Nimotop	nimodipine	Generic preferred	30
Cardiovascular	CCB, dihydropyridines	nisoldipine	null	Non-preferred	20,30,40 ER
Cardiovascular	CCB, dihydropyridines	Norvasc	amlodipine	Generic preferred	2.5,5,10
Cardiovascular	CCB, dihydropyridines	Plendil	felodipine	Generic preferred	2.5,5,10 ER

Cardiovascular	CCB, dihydropyridines	Procardia	nifedipine	Non-preferred	10,20
Cardiovascular	CCB, dihydropyridines	Procardia XL	nifedipine	Generic preferred	30,60,90 ER
Cardiovascular	CCB, dihydropyridines	Sular	nisoldipine	Non-preferred	8.5,17,25.5,34 ER
Cardiovascular	CCB, others	Calan	verapamil	Generic preferred	40,80,120
Cardiovascular	CCB, others	Calan SR	verapamil	Generic preferred	120,180,240 ER
Cardiovascular	CCB, others	Cardizem	diltiazem	Generic preferred	30,60,90,120
Cardiovascular	CCB, others	Cardizem CD	diltiazem	Generic preferred	120,180,240,300,360 ER
Cardiovascular	CCB, others	Cardizem LA	diltiazem	Non-preferred	120,180,240,300,360,420 ER
Cardiovascular	CCB, others	Cartia XT	diltiazem	Generic preferred	120,180,240,300 ER
Cardiovascular	CCB, others	Covera-HS	verapamil	Non-preferred	180,240 ER
Cardiovascular	CCB, others	Dilacor XR	diltiazem	Generic preferred	120,180,240 ER
Cardiovascular	CCB, others	Dilt-CD	diltiazem	Generic preferred	120,180,240,300 ER
Cardiovascular	CCB, others	Diltia XT	diltiazem	Generic preferred	120,180,240 ER
Cardiovascular	CCB, others	diltiazem	null	Covered w/o PA	30,60,90,120; 60,90,120 ER (12h); 120,180,240,300,360,420 ER (24h); IV
Cardiovascular	CCB, others	Isoptin SR	verapamil	Generic preferred	120,180,240 ER
Cardiovascular	CCB, others	Tarka	trandolapril/verapamil	Prior Authorization	2/180 ER,1/240 ER,2/240 ER,4/240 ER
Cardiovascular	CCB, others	Taztia XT	diltiazem	Generic preferred	120,180,240,300,360 ER
Cardiovascular	CCB, others	Tiazac	diltiazem	Generic preferred	120,180,240,300,360,420 ER
Cardiovascular	CCB, others	verapamil	null	Covered w/o PA	40,80,120; 120,180,240 ER (12h); 120,180,240,360 ER (24h AM); 100,200,300 ER (24h PM); IV
Cardiovascular	CCB, others	Verelan	verapamil	Generic preferred	120,180,240,360 ER
Cardiovascular	CCB, others	Verelan PM	verapamil	Generic preferred	100,200,300 ER
Cardiovascular	Cholesterol Lowering	Advicor	niacin/lovastatin	Prior Authorization	500 ER/20,750 ER/20,1000 ER/20,1000 ER/40
Cardiovascular	Cholesterol Lowering	Altprev	lovastatin	Non-preferred	10,20,40,60 ER
Cardiovascular	Cholesterol Lowering	Antara	fenofibrate micronized	Covered w/o PA	43,130
Cardiovascular	Cholesterol Lowering	Caduet	amlodipine/atorvastatin	Covered w/o PA	2.5/10,2.5/20,2.5/40,5/10,5/20,5/40,5/80,10/10,10/20,10/40,10/80
Cardiovascular	Cholesterol Lowering	cholestyramine	null	Covered w/o PA	pwdr
Cardiovascular	Cholesterol Lowering	Colestid	colestipol	Generic preferred	1 g tab; 5 g/pkt, 5 g/scoop granules
Cardiovascular	Cholesterol Lowering	colestipol	null	Covered w/o PA	1 g tab; 5 g/pkt, 5 g/scoop granules
Cardiovascular	Cholesterol Lowering	Crestor	rosuvastatin	Covered w/o PA	5,10,20,40
Cardiovascular	Cholesterol Lowering	fenofibrate	null	Covered w/o PA	54,160
Cardiovascular	Cholesterol Lowering	fenofibrate micronized	null	Covered w/o PA	67,134,200

Cardiovascular	Cholesterol Lowering	Fenoglide	fenofibrate	Covered w/o PA	40,120
Cardiovascular	Cholesterol Lowering	gemfibrozil	null	Covered w/o PA	600
Cardiovascular	Cholesterol Lowering	Lescol	fluvastatin	Non-preferred	20,40
Cardiovascular	Cholesterol Lowering	Lescol XL	fluvastatin	Non-preferred	80 ER
Cardiovascular	Cholesterol Lowering	Lipitor	atorvastatin	Non-preferred	10,20,40,80
Cardiovascular	Cholesterol Lowering	Lipofen	fenofibrate	Covered w/o PA	50,150
Cardiovascular	Cholesterol Lowering	Lofibra capsules	fenofibrate micronized	Generic preferred	67,134,200
Cardiovascular	Cholesterol Lowering	Lofibra tablets	fenofibrate	Generic preferred	54,160
Cardiovascular	Cholesterol Lowering	Lopid	gemfibrozil	Generic preferred	600
Cardiovascular	Cholesterol Lowering	lovastatin	null	Covered w/o PA	10,20,40
Cardiovascular	Cholesterol Lowering	Lovaza	omega-3-acid ethyl esters	Covered w/o PA	1 g
Cardiovascular	Cholesterol Lowering	Mevacor	lovastatin	Generic preferred	10,20,40
Cardiovascular	Cholesterol Lowering	niacin	null	Covered w/o PA	50,100,250,500; 125,250,400,500,750,1000 ER
Cardiovascular	Cholesterol Lowering	Niaspan	niacin	Generic preferred	500,750,1000 ER
Cardiovascular	Cholesterol Lowering	nicotinic acid (common name)	niacin	Covered w/o PA	50,100,250,500; 125,250,400,500,750,1000 ER
Cardiovascular	Cholesterol Lowering	Pravachol	pravastatin	Generic preferred	10,20,40,80
Cardiovascular	Cholesterol Lowering	pravastatin	null	Covered w/o PA	10,20,40,80
Cardiovascular	Cholesterol Lowering	Questran	cholestyramine	Generic preferred	pwdr; 4 g pwdr pkt
Cardiovascular	Cholesterol Lowering	Simcor	niacin/simvastatin	Prior Authorization	500 ER/20,750 ER/20,1000 ER/20
Cardiovascular	Cholesterol Lowering	simvastatin	null	Covered w/o PA	5,10,20,40,80
Cardiovascular	Cholesterol Lowering	Slo-Niacin	niacin	Generic preferred	250,500,750 ER
Cardiovascular	Cholesterol Lowering	Tricor	fenofibrate	Covered w/o PA	48,145
Cardiovascular	Cholesterol Lowering	Triglide	fenofibrate	Prior Authorization	50,160
Cardiovascular	Cholesterol Lowering	vitamin B3 (common name)	niacin	Covered w/o PA	50,100,250,500; 125,250,400,500,750,1000 ER
Cardiovascular	Cholesterol Lowering	Vytorin	ezetimibe/simvastatin	Covered w/o PA	10/10, 10/20, 10/40, 10/80
Cardiovascular	Cholesterol Lowering	WelChol	colesevelam	Covered w/o PA	625
Cardiovascular	Cholesterol Lowering	Zetia	ezetimibe	Covered w/o PA	10
Cardiovascular	Cholesterol Lowering	Zocor	simvastatin	Generic preferred	5,10,20,40,80
Cardiovascular	Diuretics 1, Loop	bumetanide	null	Covered w/o PA	0.5,1,2; IM; IV
Cardiovascular	Diuretics 1, Loop	Bumex	bumetanide	Generic preferred	--
Cardiovascular	Diuretics 1, Loop	Demadex	toremide	Generic preferred	5,10,20,100; IV
Cardiovascular	Diuretics 1, Loop	Edecrin	ethacrynic acid	Prior Authorization	25; IV
Cardiovascular	Diuretics 1, Loop	furosemide	null	Covered w/o PA	20,40,80; 10/mL; 40/5 mL; IM; IV
Cardiovascular	Diuretics 1, Loop	Lasix	furosemide	Generic preferred	20,40,80
Cardiovascular	Diuretics 1, Loop	toremide	null	Covered w/o PA	5,10,20,100
Cardiovascular	Diuretics 2, Thiazide	Accuretic	hydrochlorothiazide/quinapril	Prior Authorization	12.5/10,12.5/20,25/20

Cardiovascular	Diuretics 2, Thiazide	Aldactazide	hydrochlorothiazide/spironolactone	Generic preferred	25/25,50/50
Cardiovascular	Diuretics 2, Thiazide	amiloride/HCTZ	null	Covered w/o PA	
Cardiovascular	Diuretics 2, Thiazide	Atacand HCT	candesartan/hydrochlorothiazide	Expedited Auth.	16/12.5,32/12.5
Cardiovascular	Diuretics 2, Thiazide	Avalide	hydrochlorothiazide/irbesartan	Expedited Auth.	12.5/150,12.5/300,25/300
Cardiovascular	Diuretics 2, Thiazide	benazepril/HCTZ	null	Covered w/o PA	5/6.25,10/12.5,20/12.5,20/25
Cardiovascular	Diuretics 2, Thiazide	Benicar HCT	hydrochlorothiazide/olmesartan	Expedited Auth.	12.5/20,12.5/40,25/40
Cardiovascular	Diuretics 2, Thiazide	Capozide	captopril/hydrochlorothiazide	Generic preferred	25/15,25/25,50/15,50/25
Cardiovascular	Diuretics 2, Thiazide	captopril/HCTZ	null	Covered w/o PA	25/15,25/25,50/15,50/25
Cardiovascular	Diuretics 2, Thiazide	chlorothiazide	null	Covered w/o PA	250,500
Cardiovascular	Diuretics 2, Thiazide	chlorthalidone	null	Covered w/o PA	25,50,100
Cardiovascular	Diuretics 2, Thiazide	Clorpres	chlorthalidone/clonidine	Covered w/o PA	15/0.1,15/0.2,15/0.3
Cardiovascular	Diuretics 2, Thiazide	Diovan HCT	hydrochlorothiazide/valsartan	Expedited Auth.	12.5/80,12.5/160,12.5/320,25/160,25/320
Cardiovascular	Diuretics 2, Thiazide	Diuril	chlorothiazide	Generic preferred	250/5 mL; IV
Cardiovascular	Diuretics 2, Thiazide	Dyazide	hydrochlorothiazide/triamterene	Generic preferred	25/37.5
Cardiovascular	Diuretics 2, Thiazide	enalapril/HCTZ	null	Prior Authorization	5/12.5,10/25
Cardiovascular	Diuretics 2, Thiazide	fosinopril/HCTZ	null	Prior Authorization	10/12.5,20/12.5
Cardiovascular	Diuretics 2, Thiazide	Hydra-Zide	hydralazine/hydrochlorothiazide	Generic preferred	25/25,50/50,100/50
Cardiovascular	Diuretics 2, Thiazide	hydrochlorothiazide	null	Covered w/o PA	12.5,25,50,100; 50/5 mL
Cardiovascular	Diuretics 2, Thiazide	Hyzaar	hydrochlorothiazide/losartan	Expedited Auth.	12.5/50,12.5/100,25/100
Cardiovascular	Diuretics 2, Thiazide	indapamide	null	Covered w/o PA	1.25,2.5
Cardiovascular	Diuretics 2, Thiazide	lisinopril/HCTZ	null	Prior Authorization	12.5/10,12.5/20,25/20
Cardiovascular	Diuretics 2, Thiazide	Lotensin HCT	benazepril/hydrochlorothiazide	Generic preferred	5/6.25,10/12.5,20/12.5,20/25
Cardiovascular	Diuretics 2, Thiazide	Maxzide	hydrochlorothiazide/triamterene	Generic preferred	50/75,25/37.5
Cardiovascular	Diuretics 2, Thiazide	methyclothiazide	null	Covered w/o PA	5
Cardiovascular	Diuretics 2, Thiazide	metolazone	null	Covered w/o PA	2.5,5,10
Cardiovascular	Diuretics 2, Thiazide	Micardis HCT	telmisartan/hydrochlorothiazide	Expedited Auth.	40/12.5,80/12.5,80/25
Cardiovascular	Diuretics 2, Thiazide	Microzide	hydrochlorothiazide	Generic preferred	12.5
Cardiovascular	Diuretics 2, Thiazide	moexipril/HCTZ	null	Prior Authorization	12.5/7.5,12.5/15,25/15
Cardiovascular	Diuretics 2, Thiazide	Monopril-HCT	fosinopril/hydrochlorothiazide	Prior Authorization	10/12.5,20/12.5
Cardiovascular	Diuretics 2, Thiazide	Prinzide	hydrochlorothiazide/lisinopril	Prior Authorization	12.5/10,12.5/20,25/20
Cardiovascular	Diuretics 2, Thiazide	quinapril/HCTZ	null	Prior Authorization	12.5/10,12.5/20,25/20
Cardiovascular	Diuretics 2, Thiazide	spironolactone/HCTZ	null	Covered w/o PA	25/25,50/50
Cardiovascular	Diuretics 2, Thiazide	Teveten HCT	eprosartan/hydrochlorothiazide	Expedited Auth.	600/12.5,600/25
Cardiovascular	Diuretics 2, Thiazide	triamterene/HCTZ	null	Covered w/o PA	25/37.5,25/50,50/75
Cardiovascular	Diuretics 2, Thiazide	Uniretic	hydrochlorothiazide/moexipril	Prior Authorization	12.5/7.5,12.5/15,25/15
Cardiovascular	Diuretics 2, Thiazide	Vaseretic	enalapril/hydrochlorothiazide	Prior Authorization	5/12.5,10/25
Cardiovascular	Diuretics 2, Thiazide	Zaroxolyn	metolazone	Generic preferred	2.5,5,10
Cardiovascular	Diuretics 2, Thiazide	Zestoretic	hydrochlorothiazide/lisinopril	Prior Authorization	12.5/20,25/20,12.5/10
Cardiovascular	Diuretics 3, others	acetazolamide	null	Covered w/o PA	125,250; IV

Cardiovascular	Diuretics 3, others	Aldactazide	hydrochlorothiazide/spironolactone	Generic preferred	25/25,50/50
Cardiovascular	Diuretics 3, others	Aldactone	spironolactone	Generic preferred	25,50,100
Cardiovascular	Diuretics 3, others	amiloride	null	Covered w/o PA	5
Cardiovascular	Diuretics 3, others	amiloride/HCTZ	null	Covered w/o PA	
Cardiovascular	Diuretics 3, others	Diamox	acetazolamide	Generic preferred	--
Cardiovascular	Diuretics 3, others	Diamox Sequels	acetazolamide	Covered w/o PA	500 ER
Cardiovascular	Diuretics 3, others	Dyazide	hydrochlorothiazide/triamterene	Generic preferred	25/37.5
Cardiovascular	Diuretics 3, others	Dyrenium	triamterene	Generic preferred	50,100
Cardiovascular	Diuretics 3, others	mannitol	null	Prior Authorization	IV
Cardiovascular	Diuretics 3, others	Maxzide	hydrochlorothiazide/triamterene	Generic preferred	50/75,25/37.5
Cardiovascular	Diuretics 3, others	Midamor	amiloride	Generic preferred	5
Cardiovascular	Diuretics 3, others	Osmitrol	mannitol	Prior Authorization	IV
Cardiovascular	Diuretics 3, others	spironolactone	null	Covered w/o PA	25,50,100
Cardiovascular	Diuretics 3, others	spironolactone/HCTZ	null	Covered w/o PA	25/25,50/50
Cardiovascular	Diuretics 3, others	triamterene/HCTZ	null	Covered w/o PA	25/37.5,25/50,50/75
Cardiovascular	Inotropes/Pressors	digoxin	null	Covered w/o PA	0.125,0.25; 0.05/mL; IM; IV
Cardiovascular	Inotropes/Pressors	Lanoxicaps	digoxin	Covered w/o PA	--
Cardiovascular	Inotropes/Pressors	Lanoxin	digoxin	Generic preferred	0.125,0.25; IM; IV
Cardiovascular	Inotropes/Pressors	midodrine	null	Covered w/o PA	2.5,5,10
Cardiovascular	Inotropes/Pressors	Orvaten	midodrine	Generic preferred	2.5,5,10
Cardiovascular	Inotropes/Pressors	ProAmatine	midodrine	Generic preferred	2.5,5,10
Cardiovascular	Nitrates	BiDil	hydralazine/isosorbide dinitrate	Prior Authorization	37.5/20
Cardiovascular	Nitrates	Dilatrate-SR	isosorbide dinitrate	Generic preferred	40 ER
Cardiovascular	Nitrates	Imdur	isosorbide mononitrate	Generic preferred	30,60,120 ER
Cardiovascular	Nitrates	ISMO	isosorbide mononitrate	Generic preferred	20
Cardiovascular	Nitrates	Isordil	isosorbide dinitrate	Generic preferred	--
Cardiovascular	Nitrates	Isordil Titradose	isosorbide dinitrate	Generic preferred	5,10,20,30,40
Cardiovascular	Nitrates	isosorbide dinitrate	null	Covered w/o PA	5,10,20,30; 40 ER; 2.5,5,10 SL
Cardiovascular	Nitrates	isosorbide mononitrate	null	Covered w/o PA	10,20; 30,60,120 ER
Cardiovascular	Nitrates	Monoket	isosorbide mononitrate	Generic preferred	10,20
Cardiovascular	Nitrates	Nitro-Bid	nitroglycerin topical	Generic preferred	2% oint
Cardiovascular	Nitrates	Nitro-Dur	nitroglycerin transdermal	Generic preferred	0.1,0.2,0.3,0.4,0.6,0.8/h patch
Cardiovascular	Nitrates	nitroglycerin	null	Covered w/o PA	0.3,0.4,0.6 SL; 2.5,6.5,9 ER; IV
Cardiovascular	Nitrates	nitroglycerin topical	null	Covered w/o PA	2% oint
Cardiovascular	Nitrates	nitroglycerin transderm	null	Covered w/o PA	0.1,0.2,0.4,0.6 mg/h
Cardiovascular	Nitrates	Nitrolingual	nitroglycerin translingual	Covered w/o PA	0.4/spray
Cardiovascular	Nitrates	NitroQuick	nitroglycerin	Generic preferred	0.3,0.4,0.6 SL
Cardiovascular	Nitrates	Nitrostat	nitroglycerin	Generic preferred	0.3,0.4,0.6 SL
Cardiovascular	Other Anti-HTN	eplerenone	null	Covered w/o PA	25,50
Cardiovascular	Other Anti-HTN	hydralazine	null	Covered w/o PA	10,25,50,100; IM; IV

Cardiovascular	Other Anti-HTN	Hydra-Zide	hydralazine/hydrochlorothiazide	Generic preferred	25/25,50/50,100/50
Cardiovascular	Other Anti-HTN	Inspira	eplerenone	Covered w/o PA	25,50
Cardiovascular	Other Anti-HTN	minoxidil	null	Covered w/o PA	2.5,10
Cardiovascular	Other Anti-HTN	reserpine	null	Covered w/o PA	0.1,0.25
Cardiovascular	Other Anti-HTN	Tekturna	aliskiren	Prior Authorization	150,300
Cardiovascular	Other Anti-HTN, adren	Aldomet	methyldopa	Generic preferred	--
Cardiovascular	Other Anti-HTN, adren	Cardura	doxazosin	Generic preferred	1,2,4,8
Cardiovascular	Other Anti-HTN, adren	Catapres	clonidine	Generic preferred	0.1,0.2,0.3
Cardiovascular	Other Anti-HTN, adren	Catapres-TTS	clonidine transdermal	Covered w/o PA	0.1,0.2,0.3/24h patch
Cardiovascular	Other Anti-HTN, adren	clonidine	null	Covered w/o PA	0.1,0.2,0.3
Cardiovascular	Other Anti-HTN, adren	Clorpres	chlorthalidone/clonidine	Covered w/o PA	15/0.1,15/0.2,15/0.3
Cardiovascular	Other Anti-HTN, adren	doxazosin	null	Covered w/o PA	1,2,4,8
Cardiovascular	Other Anti-HTN, adren	guanabenz	null	Covered w/o PA	4,8
Cardiovascular	Other Anti-HTN, adren	guanfacine	null	Covered w/o PA	1,2
Cardiovascular	Other Anti-HTN, adren	Hytrin	terazosin	Generic preferred	1,2,5,10
Cardiovascular	Other Anti-HTN, adren	methyldopa	null	Covered w/o PA	125,250,500
Cardiovascular	Other Anti-HTN, adren	Minipress	prazosin	Generic preferred	1,2,5
Cardiovascular	Other Anti-HTN, adren	prazosin	null	Covered w/o PA	1,2,5
Cardiovascular	Other Anti-HTN, adren	Tenex	guanfacine	Generic preferred	1,2
Cardiovascular	Other Anti-HTN, adren	terazosin	null	Covered w/o PA	1,2,5,10
Cardiovascular	Other Cardiovascular	BiDil	hydralazine/isosorbide dinitrate	Prior Authorization	37.5/20
Cardiovascular	Other Cardiovascular	eplerenone	null	Covered w/o PA	25,50
Cardiovascular	Other Cardiovascular	epoprostenol	null	Covered w/o PA	IV
Cardiovascular	Other Cardiovascular	Flolan	epoprostenol	Covered w/o PA	IV
Cardiovascular	Other Cardiovascular	Indocin	indomethacin	Generic preferred	5/mL
Cardiovascular	Other Cardiovascular	Indocin	indomethacin	Prior Authorization	IV
Cardiovascular	Other Cardiovascular	indomethacin	null	Expedited Auth.	25,50; 75 ER; 50 PR
Cardiovascular	Other Cardiovascular	Inspira	eplerenone	Covered w/o PA	25,50
Cardiovascular	Other Cardiovascular	Letairis	ambrisentan	Prior Authorization	5,10
Cardiovascular	Other Cardiovascular	Ranexa	ranolazine	Prior Authorization	500,1000 ER
Cardiovascular	Other Cardiovascular	Revatio	sildenafil	Prior Authorization	20
Cardiovascular	Other Cardiovascular	Tracleer	bosentan	Prior Authorization	62.5,125
Cardiovascular	Other Cardiovascular	Ventavis	iloprost inhaled	Prior Authorization	20 mcg/2 mL neb
Dermatologic	Acne	Accutane	isotretinoin	Expedited Auth.	10,20,40
Dermatologic	Acne	Aczone	dapsone topical	Covered w/o PA	5% gel
Dermatologic	Acne	Adoxa	doxycycline	Generic preferred	50,75,100,150
Dermatologic	Acne	Akne-Mycin	erythromycin topical	Covered w/o PA	2% oint
Dermatologic	Acne	Amnesteem	isotretinoin	Expedited Auth.	10,20,40
Dermatologic	Acne	Atralin	tretinoin topical	Generic preferred	0.05% gel
Dermatologic	Acne	Avita	tretinoin topical	Age Restriction app	0.025% crm, gel

Dermatologic	Acne	Azelex	azelaic acid topical	Covered w/o PA	20% crm
Dermatologic	Acne	Benzac AC	benzoyl peroxide topical	Generic preferred	2%,5%,10% gel,wash
Dermatologic	Acne	Benzac W	benzoyl peroxide topical	Generic preferred	5,10% wash
Dermatologic	Acne	BenzaClin	benzoyl peroxide/clindamycin top	Covered w/o PA	5%/1% gel
Dermatologic	Acne	Benzamycin	benzoyl peroxide/erythromycin to	Generic preferred	5%/3% gel
Dermatologic	Acne	benzoyl peroxide top	null	Covered w/o PA	5,6.5,8.5,10% crm; 2.5,4.5,5,6.5,8.5,10% gel; 5,10% lot; 4.5,6.5% pads; 2.5,4,4.5,5,6.5,8,8.5,10% wash
Dermatologic	Acne	benzoyl perox/erythromyc	null	Covered w/o PA	5%/3% gel
Dermatologic	Acne	Brevoxyl	benzoyl peroxide topical	Generic preferred	4%,8% gel,lot,wash
Dermatologic	Acne	Claravis	isotretinoin	Expedited Auth.	10,20,30,40
Dermatologic	Acne	Cleocin T	clindamycin topical	Generic preferred	1% gel, lot, sol
Dermatologic	Acne	Clindagel	clindamycin topical	Prior Authorization	1% gel
Dermatologic	Acne	ClindaMax	clindamycin topical	Generic preferred	1% gel, lot
Dermatologic	Acne	clindamycin topical	null	Covered w/o PA	1% gel, lot, sol
Dermatologic	Acne	Desquam-E	benzoyl peroxide topical	Generic preferred	5%/10% gel
Dermatologic	Acne	Desquam-X	benzoyl peroxide topical	Generic preferred	5,10% gel
Dermatologic	Acne	Differin	adapalene topical	Covered w/o PA	0.1% crm; 0.1,0.3% gel
Dermatologic	Acne	Doryx	doxycycline	Generic preferred	75,100,150
Dermatologic	Acne	doxycycline	null	Covered w/o PA	20,50,75,100; 75,100 ER; IV
Dermatologic	Acne	Duac	benzoyl peroxide/clindamycin top	Covered w/o PA	5%/1% gel
Dermatologic	Acne	erythromycin top	null	Covered w/o PA	2% sol, gel
Dermatologic	Acne	Evoclin	clindamycin topical	Prior Authorization	1% foam
Dermatologic	Acne	Finacea	azelaic acid topical	Covered w/o PA	15% gel
Dermatologic	Acne	Klaron	sulfacetamide topical	Covered w/o PA	10% lot
Dermatologic	Acne	MetroCream	metronidazole topical	Generic preferred	0.75% crm
Dermatologic	Acne	MetroGel	metronidazole topical	Covered w/o PA	1% gel
Dermatologic	Acne	MetroLotion	metronidazole topical	Generic preferred	0.75% lot
Dermatologic	Acne	metronidazole topical	null	Covered w/o PA	0.75% crm, gel, lot
Dermatologic	Acne	Noritrate	metronidazole topical	Covered w/o PA	1% crm
Dermatologic	Acne	Oracea	doxycycline	Covered w/o PA	40
Dermatologic	Acne	Ovace	sulfacetamide topical	Generic preferred	10% crm,foam,gel,wash
Dermatologic	Acne	Plexion	sulfacetamide/sulfur topical	Covered w/o PA	10%/5% cloths,crm,susp,wash
Dermatologic	Acne	Retin-A	tretinoin topical	Age Restriction app	0.025,0.05,0.1% crm; 0.01,0.025% gel; 0.05% sol
Dermatologic	Acne	Retin-A Micro	tretinoin topical	Age Restriction app	0.04,0.1% gel
Dermatologic	Acne	Rosac	sulfacetamide/sulfur topical	Generic preferred	10%/5% crm
Dermatologic	Acne	Rosaniil	sulfacetamide/sulfur topical	Prior Authorization	10%/5% wash

Dermatologic	Acne	Rosula	sulfacetamide/sulfur topical	Generic preferred	10%/5% gel; 10%/4%,10%/5% wash
Dermatologic	Acne	Solodyn	minocycline	Prior Authorization	45,90,135 ER
Dermatologic	Acne	Sotret	isotretinoin	Expedited Auth.	10,20,30,40
Dermatologic	Acne	sulfacetamide topical	null	Covered w/o PA	10% lot
Dermatologic	Acne	sulfacetamide/sulfur top	null	Covered w/o PA	10%/5% crm,lot
Dermatologic	Acne	Sulfacet-R	sulfacetamide/sulfur topical	Generic preferred	10%/5% lot
Dermatologic	Acne	Tazorac	tazarotene topical	Covered w/o PA	0.05,0.1% gel
Dermatologic	Acne	tretinoin topical	null	Age Restriction app	0.025,0.05,0.1% crm; 0.01,0.025% gel
Dermatologic	Acne	Triaz	benzoyl peroxide topical	Covered w/o PA	3,6,9% gel,pads,wash
Dermatologic	Acne	Ziana	clindamycin/tretinoin topical	Prior Authorization	1.2/0.025% gel
Dermatologic	Acne	ZoDerm	benzoyl peroxide topical	Prior Authorization	4.5,6.5,8.5% crm,gel,pads,wash
Dermatologic	Anti-Bacterials, derm.	Altabax	retapamulin topical	Prior Authorization	1% oint
Dermatologic	Anti-Bacterials, derm.	bacitracin topical	null	Covered w/o PA	500 units/g oint
Dermatologic	Anti-Bacterials, derm.	bacitracin/neo/poly B top	null	Covered w/o PA	crm,oint
Dermatologic	Anti-Bacterials, derm.	bacitracin/poly B top	null	Covered w/o PA	500 units/10,000 units/g oint
Dermatologic	Anti-Bacterials, derm.	Bactroban	mupirocin topical	Quantity limits	2% crm,oint
Dermatologic	Anti-Bacterials, derm.	Bactroban Nasal	mupirocin topical	Quantity limits	2% oint
Dermatologic	Anti-Bacterials, derm.	Carmol Scalp Treatment	sulfacetamide topical	Prior Authorization	10% lot
Dermatologic	Anti-Bacterials, derm.	Castellani Paint Modified	phenol topical	Prior Authorization	1.5% sol
Dermatologic	Anti-Bacterials, derm.	Centany	mupirocin topical	Quantity limits	2% oint
Dermatologic	Anti-Bacterials, derm.	gentamicin topical	null	Covered w/o PA	0.1% crm,oint
Dermatologic	Anti-Bacterials, derm.	mupirocin topical	null	Quantity limits	2% oint
Dermatologic	Anti-Bacterials, derm.	Neosporin Ointment	bacitracin/neomycin/polymyxin B	Generic preferred	400units/3.5 mg/5,000units/g oint
Dermatologic	Anti-Bacterials, derm.	Neosporin Pain Relief Crm	neomycin/polymyxin B/pramoxin	Prior Authorization	3.5%/10,000 units/1%/g crm
Dermatologic	Anti-Bacterials, derm.	Neosporin Pain Relief Oint	bacitracin/neomycin/polymyxin B	Prior Authorization	500units/3.5%/10,000units/1%/g oint
Dermatologic	Anti-Bacterials, derm.	Polysporin	bacitracin/polymyxin B topical	Generic preferred	500 units/10,000 units/g oint
Dermatologic	Anti-Bacterials, derm.	Silvadene	silver sulfadiazine topical	Generic preferred	1% crm
Dermatologic	Anti-Bacterials, derm.	silver sulfadiazine top	null	Covered w/o PA	1%
Dermatologic	Anti-Bacterials, derm.	Sulfamylon	mafenide topical	Prior Authorization	8.5% crm; 50 g powdr pkt
Dermatologic	Anti-Bacterials, derm.	Triple Antibiotic Oint	bacitracin/neomycin/polymyxin B	Prior Authorization	400 units/1%/3.5 mg/10,000 units/g oint
Dermatologic	Anti-Fungal/Dermatoph	Castellani Paint Modified	phenol topical	Prior Authorization	1.5% sol
Dermatologic	Anti-Fungal/Dermatoph	ciclopirox topical	null	Covered w/o PA	0.77% crm,gel,susp; 8% sol
Dermatologic	Anti-Fungal/Dermatoph	clotrimazole topical	null	Covered w/o PA	1% crm,sol
Dermatologic	Anti-Fungal/Dermatoph	econazole topical	null	Covered w/o PA	1% crm
Dermatologic	Anti-Fungal/Dermatoph	Értaczo	sertaconazole topical	Prior Authorization	2% crm
Dermatologic	Anti-Fungal/Dermatoph	Exelderm	sulconazole topical	Covered w/o PA	1% crm,sol

Dermatologic	Anti-Fungal/Dermatoph	Extina	ketoconazole topical	Prior Authorization	2% foam
Dermatologic	Anti-Fungal/Dermatoph	Fungoid Tincture	miconazole topical	Prior Authorization	2% sol
Dermatologic	Anti-Fungal/Dermatoph	gentian violet topical	null	Prior Authorization	1%,2% sol
Dermatologic	Anti-Fungal/Dermatoph	Grifulvin V	griseofulvin microsize	Generic preferred	500; 125/5 mL
Dermatologic	Anti-Fungal/Dermatoph	griseofulvin microsize	null	Covered w/o PA	125/5 mL
Dermatologic	Anti-Fungal/Dermatoph	Gris-PEG	griseofulvin ultramicrosize	Covered w/o PA	125,250
Dermatologic	Anti-Fungal/Dermatoph	ketoconazole topical	null	Covered w/o PA	2% crm, shmp
Dermatologic	Anti-Fungal/Dermatoph	Lamisil	terbinafine	Expedited Auth.	250; 125, 187.5 mg granule pkt
Dermatologic	Anti-Fungal/Dermatoph	Lamisil AT	terbinafine topical	Covered w/o PA	1% crm,gel,spray
Dermatologic	Anti-Fungal/Dermatoph	Loprox	ciclopirox topical	Generic preferred	0.77% crm,gel,susp; 1% shmp
Dermatologic	Anti-Fungal/Dermatoph	Lotrimin AF	clotrimazole topical	Generic preferred	1% crm,lot,sol
Dermatologic	Anti-Fungal/Dermatoph	Lotrimin AF spray	miconazole topical	Generic preferred	2% pwdr,spray pwdr,spray sol
Dermatologic	Anti-Fungal/Dermatoph	Mentax	butenafine topical	Covered w/o PA	1% crm
Dermatologic	Anti-Fungal/Dermatoph	Micatin	miconazole topical	Generic preferred	2% crm,pwdr,spray pwdr,spr,sol
Dermatologic	Anti-Fungal/Dermatoph	miconazole topical	null	Covered w/o PA	2% crm
Dermatologic	Anti-Fungal/Dermatoph	Monistat-Derm	miconazole topical	Generic preferred	2% crm
Dermatologic	Anti-Fungal/Dermatoph	Mycelex topical	clotrimazole topical	Generic preferred	--
Dermatologic	Anti-Fungal/Dermatoph	Mycostatin topical	nystatin topical	Generic preferred	100,000 units/g crm,oint,pwdr
Dermatologic	Anti-Fungal/Dermatoph	Naftin	naftifine topical	Covered w/o PA	1% cream, gel
Dermatologic	Anti-Fungal/Dermatoph	Nizoral topical	ketoconazole topical	Generic preferred	2% shmp
Dermatologic	Anti-Fungal/Dermatoph	Nyamyc	nystatin topical	Generic preferred	100,000 units/g pwdr
Dermatologic	Anti-Fungal/Dermatoph	nystatin topical	null	Covered w/o PA	100,000 units/g crm,oint,pwdr
Dermatologic	Anti-Fungal/Dermatoph	nystatin/triamcinolone top	null	Covered w/o PA	100,000 units/1 mg crm, oint
Dermatologic	Anti-Fungal/Dermatoph	Oxistat	oxiconazole topical	Covered w/o PA	1% crm,lot
Dermatologic	Anti-Fungal/Dermatoph	Pedi-Dri	nystatin topical	Generic preferred	100,000 units/g pwdr
Dermatologic	Anti-Fungal/Dermatoph	Penlac Nail Lacquer	ciclopirox topical	Prior Authorization	8% sol
Dermatologic	Anti-Fungal/Dermatoph	selenium sulfide top	null	Covered w/o PA	1%,2.5% lot,shmp
Dermatologic	Anti-Fungal/Dermatoph	Selsun	selenium sulfide topical	Prior Authorization	1%,2.5% lot,shmp
Dermatologic	Anti-Fungal/Dermatoph	Spectazole	econazole topical	Generic preferred	--
Dermatologic	Anti-Fungal/Dermatoph	terbinafine	null	Expedited Auth.	250
Dermatologic	Anti-Fungal/Dermatoph	terbinafine topical	null	Covered w/o PA	1% crm
Dermatologic	Anti-Fungal/Dermatoph	Tinactin	tolnaftate topical	Generic preferred	1% cream, powder, solution
Dermatologic	Anti-Fungal/Dermatoph	tolnaftate topical	null	Covered w/o PA	1% cream, powder, solution
Dermatologic	Anti-Fungal/Dermatoph	Vusion	miconazole/petrolatum/zinc oxide	Prior Authorization	0.25%/81.35%/15% oint
Dermatologic	Anti-Fungal/Dermatoph	Xolegel	ketoconazole topical	Prior Authorization	2% gel
Dermatologic	Anti-Parasitics, derm.	Elimite	permethrin topical	Generic preferred	5% crm
Dermatologic	Anti-Parasitics, derm.	Eurax	crotamiton topical	Covered w/o PA	10% crm,lot
Dermatologic	Anti-Parasitics, derm.	Kwell	lindane topical	Prior Authorization	--
Dermatologic	Anti-Parasitics, derm.	lindane topical	null	Prior Authorization	1% crm; 1% shmp
Dermatologic	Anti-Parasitics, derm.	Nix	permethrin topical	Generic preferred	1% crm rinse

Dermatologic	Anti-Parasitics, derm.	Ovide	malathion topical	Covered w/o PA	0.5% lot
Dermatologic	Anti-Parasitics, derm.	permethrin topical	null	Covered w/o PA	1% lot; 5% crm
Dermatologic	Anti-Parasitics, derm.	Rid	pyrethrin topical	Generic preferred	0.33% shmp,foam
Dermatologic	Anti-Virals, derm.	Abreva	docosanol topical	Prior Authorization	10% crm
Dermatologic	Anti-Virals, derm.	Aldara	imiquimod topical	Covered w/o PA	5% crm
Dermatologic	Anti-Virals, derm.	Condylox	podofilox topical	Generic preferred	0.5% gel,sol
Dermatologic	Anti-Virals, derm.	Denavir	penciclovir topical	Covered w/o PA	10 mg/gm crm
Dermatologic	Anti-Virals, derm.	podofilox topical	null	Covered w/o PA	0.5% sol
Dermatologic	Anti-Virals, derm.	podophyllin topical	null	Prior Authorization	11.5%,20%,25%,40%,50% sol
Dermatologic	Anti-Virals, derm.	Zovirax Cream	acyclovir topical	Covered w/o PA	5% crm
Dermatologic	Anti-Virals, derm.	Zovirax Ointment	acyclovir topical	Covered w/o PA	5% oint
Dermatologic	Other Dermatologics	8-MOP	methoxsalen	Covered w/o PA	10
Dermatologic	Other Dermatologics	ammonium lactate top	null	Covered w/o PA	12% lotion, cream
Dermatologic	Other Dermatologics	Avage	tazarotene topical	Prior Authorization	0.1% crm
Dermatologic	Other Dermatologics	Aveeno Soothing Bath	oatmeal topical, colloidal	Prior Authorization	pwdr pkt
Dermatologic	Other Dermatologics	Benoquin	monobenzone topical	Prior Authorization	20% crm
Dermatologic	Other Dermatologics	Botox Cosmetic	botulinum toxin type A	Not Covered	IM
Dermatologic	Other Dermatologics	Burow's solution, modified	aluminum acetate topical	Prior Authorization	1:40 sol
Dermatologic	Other Dermatologics	capsaicin topical	null	Covered w/o PA	0.025,0.075% crm
Dermatologic	Other Dermatologics	Carac	fluorouracil topical	Covered w/o PA	0.5% crm
Dermatologic	Other Dermatologics	Carmol HC	hydrocortisone/urea topical	Generic preferred	1%/10% crm
Dermatologic	Other Dermatologics	Carmol Scalp Treatment	sulfacetamide topical	Prior Authorization	10% lot
Dermatologic	Other Dermatologics	Carmol-40	urea topical	Generic preferred	40% crm,gel,lot
Dermatologic	Other Dermatologics	Claripel	hydroquinone topical	Not Covered	4% crm
Dermatologic	Other Dermatologics	Desitin	zinc oxide topical	Prior Authorization	10% crm; 40% oint
Dermatologic	Other Dermatologics	Di-Dak-Sol	sodium hypochlorite topical	Prior Authorization	0.0125% sol
Dermatologic	Other Dermatologics	Domeboro	aluminum acetate topical	Prior Authorization	efferv tab; pwdr pkt
Dermatologic	Other Dermatologics	Drysol	aluminum chloride topical	Generic preferred	20% sol
Dermatologic	Other Dermatologics	Duofilm	salicylic acid topical	Generic preferred	17% sol
Dermatologic	Other Dermatologics	Efudex	fluorouracil topical	Covered w/o PA	5% crm; 2%,5% sol
Dermatologic	Other Dermatologics	Elidel	pimecrolimus topical	Prior Authorization	1% crm
Dermatologic	Other Dermatologics	Fluoroplex	fluorouracil topical	Covered w/o PA	1% crm
Dermatologic	Other Dermatologics	fluorouracil topical	null	Covered w/o PA	5% crm; 2%,5% sol
Dermatologic	Other Dermatologics	hydroquinone topical	null	Not Covered	4% crm,gel; 3% gel,sol
Dermatologic	Other Dermatologics	Keralac	urea topical	Covered w/o PA	50% crm,gel,oint; 35% lot
Dermatologic	Other Dermatologics	Lac-Hydrin	ammonium lactate topical	Generic preferred	12% lot,crm
Dermatologic	Other Dermatologics	Lactinol	lactic acid topical	Generic preferred	10% lot
Dermatologic	Other Dermatologics	Lactinol-E	lactic acid topical	Generic preferred	10% crm
Dermatologic	Other Dermatologics	Lazerformalyde	formaldehyde topical	Prior Authorization	10% sol
Dermatologic	Other Dermatologics	Levulan Kerastick	aminolevulinic acid topical	Prior Authorization	20% sol

Dermatologic	Other Dermatologics	Lustra	hydroquinone topical	Not Covered	4% crm
Dermatologic	Other Dermatologics	minoxidil topical	null	Not Covered	2%,5% sol
Dermatologic	Other Dermatologics	Oxsoralen topical	methoxsalen topical	Prior Authorization	1% lot
Dermatologic	Other Dermatologics	Oxsoralen-Ultra	methoxsalen	Prior Authorization	10
Dermatologic	Other Dermatologics	Panretin	alitretinoin	Covered w/o PA	0.1% gel
Dermatologic	Other Dermatologics	Propecia	finasteride	Prior Authorization	1
Dermatologic	Other Dermatologics	Protopic	tacrolimus topical	Prior Authorization	0.03%,0.1% oint
Dermatologic	Other Dermatologics	Regranex	becaplermin topical	Prior Authorization	100 mcg gel
Dermatologic	Other Dermatologics	Renova	tretinoin topical	Prior Authorization	0.02% crm
Dermatologic	Other Dermatologics	Rogaine	minoxidil topical	Not Covered	2%,5% sol
Dermatologic	Other Dermatologics	Sal-Acid Plaster	salicylic acid topical	Prior Authorization	40% plaster
Dermatologic	Other Dermatologics	Salactic	salicylic acid topical	Prior Authorization	17% sol
Dermatologic	Other Dermatologics	Sal-Plant	salicylic acid topical	Prior Authorization	17% gel
Dermatologic	Other Dermatologics	selenium sulfide top	null	Covered w/o PA	1%,2.5% lot,shmp
Dermatologic	Other Dermatologics	Selsun	selenium sulfide topical	Prior Authorization	1%,2.5% lot,shmp
Dermatologic	Other Dermatologics	Solage	mequinol/tretinoin topical	Prior Authorization	2%/0.01% sol
Dermatologic	Other Dermatologics	Solaraze	diclofenac topical	Covered w/o PA	3% gel
Dermatologic	Other Dermatologics	Targretin gel	bexarotene topical	Prior Authorization	1% gel
Dermatologic	Other Dermatologics	Thalomid	thalidomide	Prior Authorization	50,100,200
Dermatologic	Other Dermatologics	tretinoin topical	null	Age Restriction app	0.025,0.05,0.1% crm; 0.01,0.025% gel
Dermatologic	Other Dermatologics	Tri-Luma	fluocinolone/hydroquinone/tretinoin	Not Covered	0.01%/4%/0.05% crm
Dermatologic	Other Dermatologics	urea topical	null	Covered w/o PA	40% crm,lot,paste
Dermatologic	Other Dermatologics	Vanamide	urea topical	Generic preferred	40% crm
Dermatologic	Other Dermatologics	Vaniqa	eflornithine topical	Not Covered	13.9% cream
Dermatologic	Other Dermatologics	Veregen	sinecatechins	Prior Authorization	15% oint
Dermatologic	Other Dermatologics	Xerac AC	aluminum chloride topical	Prior Authorization	6.25% sol
Dermatologic	Other Dermatologics	zinc oxide topical	null	Prior Authorization	20%, 40% oint
Dermatologic	Other Dermatologics	Zonalon	doxepin topical	Generic preferred	5% crm
Dermatologic	Other Dermatologics	Zostrix	capsaicin topical	Generic preferred	0.025% crm
Dermatologic	Other Dermatologics	Zostrix-HP	capsaicin topical	Prior Authorization	0.075% crm
Dermatologic	Psoriasis	Amevive	alefacept	Non-preferred	IM; IV
Dermatologic	Psoriasis	calcipotriene top	null	Covered w/o PA	0.005% sol
Dermatologic	Psoriasis	cyclosporine mod	null	Covered w/o PA	25,100; 100/mL
Dermatologic	Psoriasis	Dovonex	calcipotriene topical	Covered w/o PA	0.005% crm,sol
Dermatologic	Psoriasis	Enbrel	etanercept	Expedited Auth.	SC
Dermatologic	Psoriasis	Gengraf	cyclosporine modified	Covered w/o PA	25,100; 100/mL
Dermatologic	Psoriasis	Humira	adalimumab	Expedited Auth.	SC
Dermatologic	Psoriasis	methotrexate	null	Covered w/o PA	2.5; IM; IV; IT; intra-arterial
Dermatologic	Psoriasis	Neoral	cyclosporine modified	Covered w/o PA	25,100; 100/mL

Dermatologic	Psoriasis	Raptiva	efalizumab	Non-preferred	SC
Dermatologic	Psoriasis	Rheumatrex Dose Pack	methotrexate	Covered w/o PA	2.5
Dermatologic	Psoriasis	Soriatane	acitretin	Expedited Auth.	10,25
Dermatologic	Psoriasis	Taclonex	betamethasone dipropionate/calc	Prior Authorization	0.064%/0.005% oint,susp
Dermatologic	Psoriasis	Tazorac	tazarotene topical	Covered w/o PA	0.05,0.1% gel
Dermatologic	Psoriasis	Trexall	methotrexate	Covered w/o PA	5,7.5,10,15
Dermatologic	Psoriasis	Vanos	fluocinonide topical	Prior Authorization	0.1% crm
Dermatologic	Psoriasis	Zetar	coal tar topical	Prior Authorization	1% shmp
Dermatologic	Steroids I, Highest Pot.	betamethasone diprop aug	null	Covered w/o PA	0.05% crm,gel,lot,oint
Dermatologic	Steroids I, Highest Pot.	clobetasol topical	null	Quantity limits	0.05% crm,foam,gel,oint,sol
Dermatologic	Steroids I, Highest Pot.	Clobex	clobetasol topical	Prior Authorization	0.05% lot,shmp,spray
Dermatologic	Steroids I, Highest Pot.	Diprolene	betamethasone dipropionate aug	Generic preferred	0.05% oint,gel,lot
Dermatologic	Steroids I, Highest Pot.	Embeline	clobetasol topical	Generic preferred	0.05% crm,gel,oint,sol
Dermatologic	Steroids I, Highest Pot.	halobetasol topical	null	Quantity limits	0.05% crm,oint
Dermatologic	Steroids I, Highest Pot.	Olux	clobetasol topical	Covered w/o PA	0.05% foam
Dermatologic	Steroids I, Highest Pot.	Olux-E	clobetasol topical	Prior Authorization	0.05% foam
Dermatologic	Steroids I, Highest Pot.	Temovate	clobetasol topical	Generic preferred	0.05% crm,gel,oint,sol
Dermatologic	Steroids I, Highest Pot.	Ultravate	halobetasol topical	Generic preferred	0.05% crm,oint
Dermatologic	Steroids I, Highest Pot.	Vanos	fluocinonide topical	Prior Authorization	0.1% crm
Dermatologic	Steroids II, High Pot.	amcinonide topical	null	Covered w/o PA	0.1% crm,lot,oint
Dermatologic	Steroids II, High Pot.	ApexiCon	diflorasone topical	Covered w/o PA	0.05% oint
Dermatologic	Steroids II, High Pot.	ApexiCon E	diflorasone topical	Covered w/o PA	0.05% crm
Dermatologic	Steroids II, High Pot.	betamethasone diprop aug	null	Covered w/o PA	0.05% crm,gel,lot,oint
Dermatologic	Steroids II, High Pot.	betamethasone diprop top	null	Covered w/o PA	0.05% crm,lot,oint
Dermatologic	Steroids II, High Pot.	desoximetasone topical	null	Covered w/o PA	0.05,0.25% crm; 0.05% gel; 0.25% oint
Dermatologic	Steroids II, High Pot.	diflorasone topical	null	Covered w/o PA	0.05% crm,oint
Dermatologic	Steroids II, High Pot.	Diprolene	betamethasone dipropionate aug	Generic preferred	0.05% oint,gel,lot
Dermatologic	Steroids II, High Pot.	Diprolene AF	betamethasone dipropionate aug	Generic preferred	0.05% crm
Dermatologic	Steroids II, High Pot.	Elocon	mometasone topical	Generic preferred	0.1% crm,lot,oint
Dermatologic	Steroids II, High Pot.	fluocinonide topical	null	Covered w/o PA	0.05% crm,gel,lot,oint
Dermatologic	Steroids II, High Pot.	Halog	halcinonide topical	Covered w/o PA	0.1% crm, oint, sol
Dermatologic	Steroids II, High Pot.	Lidex	fluocinonide topical	Generic preferred	0.05% crm,gel,lot,oint
Dermatologic	Steroids II, High Pot.	mometasone topical	null	Covered w/o PA	0.1% crm,lot,oint
Dermatologic	Steroids II, High Pot.	Psorcon E	diflorasone topical	Generic preferred	0.05% crm,oint
Dermatologic	Steroids II, High Pot.	Taclonex	betamethasone dipropionate/calc	Prior Authorization	0.064%/0.005% oint,susp
Dermatologic	Steroids II, High Pot.	Topicort	desoximetasone topical	Generic preferred	0.05,0.25% crm; 0.05% gel; 0.25% oint
Dermatologic	Steroids III, High/Med Pot	amcinonide topical	null	Covered w/o PA	0.1% crm,lot,oint
Dermatologic	Steroids III, High/Med Pot	betamethasone diprop top	null	Covered w/o PA	0.05% crm,lot,oint

Dermatologic	Steroids III, High/Med Pot.	betamethasone val top	null	Covered w/o PA	0.1% crm,lot,oint
Dermatologic	Steroids III, High/Med Pot.	Cutivate	fluticasone topical	Generic preferred	0.05% crm, lot; 0.005% oint
Dermatologic	Steroids III, High/Med Pot.	desoximetasone topical	null	Covered w/o PA	0.05,0.25% crm; 0.05% gel; 0.25% oint
Dermatologic	Steroids III, High/Med Pot.	diflorasone topical	null	Covered w/o PA	0.05% crm,oint
Dermatologic	Steroids III, High/Med Pot.	fluticasone topical	null	Covered w/o PA	0.05% crm; 0.005% oint
Dermatologic	Steroids III, High/Med Pot.	Halog	halcinonide topical	Covered w/o PA	0.1% crm, oint, sol
Dermatologic	Steroids III, High/Med Pot.	Kenalog	triamcinolone topical	Generic preferred	0.1%,0.5% crm; 0.025%,0.1% lot; 0.1% oint; 63g aerosol
Dermatologic	Steroids III, High/Med Pot.	Lidex-E	fluocinonide topical	Generic preferred	0.05% crm
Dermatologic	Steroids III, High/Med Pot.	Topicort	desoximetasone topical	Generic preferred	0.05,0.25% crm; 0.05% gel; 0.25% oint
Dermatologic	Steroids III, High/Med Pot.	triamcinolone topical	null	Covered w/o PA	0.025%,0.1%,0.5% crm, oint; 0.025%,0.1% lot
Dermatologic	Steroids IV, Med Pot.	Cloderm	clocortolone topical	Covered w/o PA	0.1% crm
Dermatologic	Steroids IV, Med Pot.	Dermatop	prednicarbate topical	Generic preferred	0.1% crm,oint
Dermatologic	Steroids IV, Med Pot.	Elocon	mometasone topical	Generic preferred	0.1% crm,lot,oint
Dermatologic	Steroids IV, Med Pot.	fluocinolone topical	null	Covered w/o PA	0.01%,0.025% crm; 0.025% oint; 0.01% sol
Dermatologic	Steroids IV, Med Pot.	hydrocortisone val top	null	Covered w/o PA	0.2% crm; 0.2% oint
Dermatologic	Steroids IV, Med Pot.	Kenalog	triamcinolone topical	Generic preferred	0.1%,0.5% crm; 0.025%,0.1% lot; 0.1% oint; 63g aerosol
Dermatologic	Steroids IV, Med Pot.	Luxiq	betamethasone valerate topical	Covered w/o PA	0.12% foam
Dermatologic	Steroids IV, Med Pot.	mometasone topical	null	Covered w/o PA	0.1% crm,lot,oint
Dermatologic	Steroids IV, Med Pot.	prednicarbate topical	null	Covered w/o PA	0.1% crm,oint
Dermatologic	Steroids IV, Med Pot.	Synalar	fluocinolone topical	Generic preferred	0.01%,0.025% crm; 0.025% oint; 0.01% sol
Dermatologic	Steroids IV, Med Pot.	triamcinolone topical	null	Covered w/o PA	0.025%,0.1%,0.5% crm, oint; 0.025%,0.1% lot
Dermatologic	Steroids IV, Med Pot.	Westcort	hydrocortisone valerate topical	Generic preferred	0.2% crm; 0.2% oint
Dermatologic	Steroids V, Med/Low Pot.	alclometasone topical	null	Covered w/o PA	0.05% crm,oint
Dermatologic	Steroids V, Med/Low Pot.	betamethasone diprop top	null	Covered w/o PA	0.05% crm,lot,oint
Dermatologic	Steroids V, Med/Low Pot.	betamethasone val top	null	Covered w/o PA	0.1% crm,lot,oint
Dermatologic	Steroids V, Med/Low Pot.	Capex	fluocinolone topical	Covered w/o PA	0.01% shmp
Dermatologic	Steroids V, Med/Low Pot.	Cordran	flurandrenolide topical	Covered w/o PA	0.05% lot; 4 mcg/cm^2 tape
Dermatologic	Steroids V, Med/Low Pot.	Cordran SP	flurandrenolide topical	Covered w/o PA	0.05% crm
Dermatologic	Steroids V, Med/Low Pot.	Cutivate	fluticasone topical	Generic preferred	0.05% crm, lot; 0.005% oint
Dermatologic	Steroids V, Med/Low Pot.	Dermatop	prednicarbate topical	Generic preferred	0.1% crm,oint
Dermatologic	Steroids V, Med/Low Pot.	desonide topical	null	Covered w/o PA	0.05% crm,lot,oint
Dermatologic	Steroids V, Med/Low Pot.	Desowen	desonide topical	Generic preferred	0.05% crm,lot,oint

Dermatologic	Steroids V, Med/Low Pot.	fluocinolone topical	null	Covered w/o PA	0.01%,0.025% crm; 0.025% oint; 0.01% sol
Dermatologic	Steroids V, Med/Low Pot.	fluticasone topical	null	Covered w/o PA	0.05% crm; 0.005% oint
Dermatologic	Steroids V, Med/Low Pot.	hydrocortisone buty top	null	Covered w/o PA	0.1% crm,ointment,sol
Dermatologic	Steroids V, Med/Low Pot.	hydrocortisone val top	null	Covered w/o PA	0.2% crm; 0.2% oint
Dermatologic	Steroids V, Med/Low Pot.	Kenalog	triamcinolone topical	Generic preferred	0.1%,0.5% crm; 0.025%,0.1% lot; 0.1% oint; 63g aerosol
Dermatologic	Steroids V, Med/Low Pot.	Locoid	hydrocortisone butyrate topical	Generic preferred	0.1% crm,lot,ointment,sol
Dermatologic	Steroids V, Med/Low Pot.	Locoid Lipocream	hydrocortisone butyrate topical	Covered w/o PA	0.1% crm
Dermatologic	Steroids V, Med/Low Pot.	prednicarbate topical	null	Covered w/o PA	0.1% crm,ointment
Dermatologic	Steroids V, Med/Low Pot.	Synalar	fluocinolone topical	Generic preferred	0.01%,0.025% crm; 0.025% oint; 0.01% sol
Dermatologic	Steroids V, Med/Low Pot.	triamcinolone topical	null	Covered w/o PA	0.025%,0.1%,0.5% crm, oint; 0.025%,0.1% lot
Dermatologic	Steroids V, Med/Low Pot.	Westcort	hydrocortisone valerate topical	Generic preferred	0.2% crm; 0.2% oint
Dermatologic	Steroids VI, Low Pot.	Aclovate	alclometasone topical	Generic preferred	0.05% crm,ointment
Dermatologic	Steroids VI, Low Pot.	betamethasone val top	null	Covered w/o PA	0.1% crm,lot,ointment
Dermatologic	Steroids VI, Low Pot.	Desonate	desonide topical	Prior Authorization	0.05% gel
Dermatologic	Steroids VI, Low Pot.	desonide topical	null	Covered w/o PA	0.05% crm,lot,ointment
Dermatologic	Steroids VI, Low Pot.	Desowen	desonide topical	Generic preferred	0.05% crm,lot,ointment
Dermatologic	Steroids VI, Low Pot.	fluocinolone topical	null	Covered w/o PA	0.01%,0.025% crm; 0.025% oint; 0.01% sol
Dermatologic	Steroids VI, Low Pot.	Kenalog	triamcinolone topical	Generic preferred	0.1%,0.5% crm; 0.025%,0.1% lot; 0.1% oint; 63g aerosol
Dermatologic	Steroids VI, Low Pot.	LoKara	desonide topical	Generic preferred	0.05% lot
Dermatologic	Steroids VI, Low Pot.	Synalar	fluocinolone topical	Generic preferred	0.01%,0.025% crm; 0.025% oint; 0.01% sol
Dermatologic	Steroids VI, Low Pot.	triamcinolone top	null	Covered w/o PA	0.025%,0.1%,0.5% crm, oint; 0.025%,0.1% lot
Dermatologic	Steroids VI, Low Pot.	Verdeso	desonide topical	Prior Authorization	0.05% foam
Dermatologic	Steroids VII, Lowest Pot.	Analpram-HC	hydrocortisone/pramoxine topica	Generic preferred	1%/1% crm; 2.5%/1% crm,lot
Dermatologic	Steroids VII, Lowest Pot.	Carmol HC	hydrocortisone/urea topical	Generic preferred	1%/10% crm
Dermatologic	Steroids VII, Lowest Pot.	hydrocortisone top	null	Covered w/o PA	0.5%,1%,2.5% crm, lot, oint
Dermatologic	Steroids VII, Lowest Pot.	Hytone	hydrocortisone topical	Generic preferred	1,2.5% crm
Dermatologic	Steroids VII, Lowest Pot.	LidaMantle HC	hydrocortisone/lidocaine topical	Generic preferred	0.5%/3% crm,lot
Dermatologic	Steroids VII, Lowest Pot.	Pramosone	hydrocortisone/pramoxine topica	Generic preferred	1%/1%, 2.5%/1% crm,lot,ointment
Dermatologic	Steroids VII, Lowest Pot.	Tucks Anti-Itch Oint	hydrocortisone topical	Prior Authorization	1% oint
Dermatologic	Steroids w/Antimicrob.	betameth/clotrim top	null	Covered w/o PA	0.05%/1% crm, lot
Dermatologic	Steroids w/Antimicrob.	Cortisporin Cream	hydrocortisone/neomycin/polymy	Covered w/o PA	crm
Dermatologic	Steroids w/Antimicrob.	Cortisporin Ointment	bacitracin/hydrocortisone/neomy	Covered w/o PA	ointment

Dermatologic	Steroids w/Antimicrob.	Lotrisone	betamethasone/clotrimazole topi	Generic preferred	0.05%/1% crm,lot
Dermatologic	Steroids w/Antimicrob.	nystatin/triamcin top	null	Covered w/o PA	100,000 units/1 mg crm, oint
Dermatologic	Topical/Local Anesth	Emla	lidocaine/prilocaine topical	Generic preferred	2.5%/2.5% crm
Dermatologic	Topical/Local Anesth	LidaMantle	lidocaine topical	Generic preferred	3% crm,lot
Dermatologic	Topical/Local Anesth	LidaMantle HC	hydrocortisone/lidocaine topical	Generic preferred	0.5%/3% crm,lot
Dermatologic	Topical/Local Anesth	lidocaine	null	Covered w/o PA	SC; IM; IV; INJ
Dermatologic	Topical/Local Anesth	lidocaine topical	null	Covered w/o PA	2% jelly; 3% crm,lot; 2,4% sol; 5% oint
Dermatologic	Topical/Local Anesth	lidocaine/prilocaine topical	null	Covered w/o PA	2.5%/2.5% crm
Dermatologic	Topical/Local Anesth	Tucks Hemorrhoidal Oint	mineral oil/pramoxine/zinc oxide	Prior Authorization	46.6%/1%/12.5% oint
Emergency	Anaphylaxis	Adrenalin	epinephrine	Generic preferred	SC; IM; IV; INJ
Emergency	Anaphylaxis	Benadryl Allergy	diphenhydramine	Generic preferred	25,50; 12.5/5 mL
Emergency	Anaphylaxis	diphenhydramine	null	Covered w/o PA	25,50; 12.5/5 mL; IM; IV
Emergency	Anaphylaxis	epinephrine	null	Covered w/o PA	SC; IM; IV; INJ
Emergency	Anaphylaxis	Epipen	epinephrine	Covered w/o PA	IM
Emergency	Anaphylaxis	Epipen Jr	epinephrine	Covered w/o PA	null
Emergency	Anaphylaxis	methylprednisolone sod su	null	Covered w/o PA	IM; IV
Emergency	Anaphylaxis	Solu-Medrol	methylprednisolone sodium succ	Generic preferred	IM; IV
Emergency	Toxicology	acetylcysteine	null	Covered w/o PA	100 mg/mL (10%), 200 mg/mL (20%) sol
Emergency	Toxicology	deferoxamine	null	Covered w/o PA	SC; IM; IV
Emergency	Toxicology	Desferal	deferoxamine	Covered w/o PA	SC; IM; IV
Emergency	Toxicology	Exjade	deferasirox	Covered w/o PA	125,250,500
Emergency	Toxicology	ipecac syrup	null	Covered w/o PA	70 mg/mL syrup
Emergency	Toxicology	leucovorin	null	Covered w/o PA	5,10,15,25; IM; IV
Emergency	Toxicology	naloxone	null	Prior Authorization	SC; IM; IV
Emergency	Toxicology	Narcan	naloxone	Prior Authorization	--
Endocrine/Metab.	Androgens	Androderm	testosterone transdermal	Covered w/o PA	2.5,5 patch
Endocrine/Metab.	Androgens	AndroGel	testosterone topical	Covered w/o PA	1% gel
Endocrine/Metab.	Androgens	Android	methyltestosterone	Generic preferred	10,25
Endocrine/Metab.	Androgens	Depo-Testosterone	testosterone cypionate	Generic preferred	IM
Endocrine/Metab.	Androgens	fluoxymesterone	null	Covered w/o PA	2,5,10
Endocrine/Metab.	Androgens	methyltestosterone	null	Covered w/o PA	10,25; 10 buccal
Endocrine/Metab.	Androgens	Oxandrin	oxandrolone	Generic preferred	2.5,10
Endocrine/Metab.	Androgens	oxandrolone	null	Expedited Auth.	2.5,10
Endocrine/Metab.	Androgens	Striant	testosterone buccal	Not Covered	30 buc
Endocrine/Metab.	Androgens	Testim	testosterone topical	Covered w/o PA	1% gel
Endocrine/Metab.	Androgens	testosterone cypionate	null	Covered w/o PA	IM
Endocrine/Metab.	Androgens	Testred	methyltestosterone	Covered w/o PA	10
Endocrine/Metab.	Calcium Metabolism	Actonel	risedronate	Covered w/o PA	5,30,35,75,150

Endocrine/Metab.	Calcium Metabolism	Actonel with Calcium	risedronate/calcium carbonate	Prior Authorization	35/1250
Endocrine/Metab.	Calcium Metabolism	alendronate	null	Covered w/o PA	5,10,35,40,70
Endocrine/Metab.	Calcium Metabolism	Aredia	pamidronate	Covered w/o PA	IV
Endocrine/Metab.	Calcium Metabolism	Calcijex	calcitriol	Covered w/o PA	IV
Endocrine/Metab.	Calcium Metabolism	calcitriol	null	Covered w/o PA	0.25,0.5 mcg; IV
Endocrine/Metab.	Calcium Metabolism	calcium carbonate	null	Covered w/o PA	350,500,600,750,1000,others
Endocrine/Metab.	Calcium Metabolism	Didronel	etidronate	Covered w/o PA	200,400
Endocrine/Metab.	Calcium Metabolism	Drisdol	ergocalciferol	Generic preferred	50,000 units; 8,000 units/mL
Endocrine/Metab.	Calcium Metabolism	etidronate	null	Covered w/o PA	200,400
Endocrine/Metab.	Calcium Metabolism	Forteo	teriparatide	Covered w/o PA	SC
Endocrine/Metab.	Calcium Metabolism	Fortical	calcitonin-salmon (recombinant)	Covered w/o PA	200 units/spray
Endocrine/Metab.	Calcium Metabolism	Fosamax	alendronate	Covered w/o PA	5,10,35,40,70; 70/75 mL sol
Endocrine/Metab.	Calcium Metabolism	Ganite	gallium nitrate	Covered w/o PA	IV
Endocrine/Metab.	Calcium Metabolism	Hectorol	doxercalciferol	Covered w/o PA	0.5,2.5 mcg; IV
Endocrine/Metab.	Calcium Metabolism	Miacalcin	calcitonin-salmon	Covered w/o PA	SC; IM
Endocrine/Metab.	Calcium Metabolism	Miacalcin Nasal	calcitonin-salmon nasal	Covered w/o PA	200 units/spray
Endocrine/Metab.	Calcium Metabolism	pamidronate	null	Covered w/o PA	IV
Endocrine/Metab.	Calcium Metabolism	Reclast	zoledronic acid	Prior Authorization	IV
Endocrine/Metab.	Calcium Metabolism	Rocaltrol	calcitriol	Generic preferred	0.25,0.5 mcg; 1 mcg/mL
Endocrine/Metab.	Calcium Metabolism	Sensipar	cinacalcet	Covered w/o PA	30,60,90
Endocrine/Metab.	Calcium Metabolism	Skelid	tiludronate	Covered w/o PA	200
Endocrine/Metab.	Calcium Metabolism	Tums	calcium carbonate	Generic preferred	500, 750, 1000
Endocrine/Metab.	Calcium Metabolism	vitamin D2 (common name)	ergocalciferol	Covered w/o PA	50,000 units
Endocrine/Metab.	Calcium Metabolism	Zemplar	paricalcitol	Covered w/o PA	1,2,4 mcg; IV
Endocrine/Metab.	Calcium Metabolism	Zometa	zoledronic acid	Expedited Auth.	IV
Endocrine/Metab.	Corticosteroids	Cortef	hydrocortisone	Generic preferred	5,10,20
Endocrine/Metab.	Corticosteroids	cortisone	null	Covered w/o PA	5,10,25
Endocrine/Metab.	Corticosteroids	Decadron	dexamethasone	Generic preferred	--
Endocrine/Metab.	Corticosteroids	Depo-Medrol	methylprednisolone acetate	Generic preferred	IM; intra-articular; intra-lesional
Endocrine/Metab.	Corticosteroids	dexamethasone	null	Covered w/o PA	0.25,0.5,0.75,1,1.5,4,6; 0.5/5 mL
Endocrine/Metab.	Corticosteroids	dexamethasone sod phos	null	Covered w/o PA	IM; IV; intra-articular; intra-lesional
Endocrine/Metab.	Corticosteroids	Florinef Acetate	fludrocortisone	Generic preferred	--
Endocrine/Metab.	Corticosteroids	fludrocortisone	null	Covered w/o PA	0.1
Endocrine/Metab.	Corticosteroids	hydrocortisone	null	Covered w/o PA	20
Endocrine/Metab.	Corticosteroids	Medrol	methylprednisolone	Generic preferred	4,8,16,24,32
Endocrine/Metab.	Corticosteroids	methylprednisolone	null	Covered w/o PA	4,8
Endocrine/Metab.	Corticosteroids	methylprednisolone ace	null	Covered w/o PA	IM; intra-articular; intra-lesional
Endocrine/Metab.	Corticosteroids	methylprednisolone sod su	null	Covered w/o PA	IM; IV
Endocrine/Metab.	Corticosteroids	Orapred	prednisolone	Generic preferred	15/5 mL
Endocrine/Metab.	Corticosteroids	Orapred ODT	prednisolone	Prior Authorization	10,15,30 ODT

Endocrine/Metab.	Corticosteroids	Pediapred	prednisolone	Generic preferred	5/5 mL
Endocrine/Metab.	Corticosteroids	prednisolone	null	Covered w/o PA	5; 5,15/5 mL
Endocrine/Metab.	Corticosteroids	prednisone	null	Covered w/o PA	1,2,5,5,10,20,50; 5/5 mL
Endocrine/Metab.	Corticosteroids	Prelone	prednisolone	Generic preferred	15/5 mL
Endocrine/Metab.	Corticosteroids	Solu-Cortef	hydrocortisone sodium succinate	Covered w/o PA	IM; IV
Endocrine/Metab.	Corticosteroids	Solu-Medrol	methylprednisolone sodium succ	Generic preferred	IM; IV
Endocrine/Metab.	Corticosteroids	Sterapred	prednisone	Generic preferred	5
Endocrine/Metab.	Corticosteroids	Sterapred DS	prednisone	Generic preferred	10
Endocrine/Metab.	Corticosteroids	Veripred 20	prednisolone	Covered w/o PA	20/5 mL
Endocrine/Metab.	Diabetes Mellitus	acarbose	null	Covered w/o PA	25,50,100
Endocrine/Metab.	Diabetes Mellitus	ACTOplus met	metformin/pioglitazone	Prior Authorization	500/15,850/15
Endocrine/Metab.	Diabetes Mellitus	Actos	pioglitazone	Non-preferred	15,30,45
Endocrine/Metab.	Diabetes Mellitus	Amaryl	glimepiride	Non-preferred	1,2,4
Endocrine/Metab.	Diabetes Mellitus	Apidra	insulin glulisine	Covered w/o PA	SC; IV
Endocrine/Metab.	Diabetes Mellitus	Avandamet	metformin/rosiglitazone	Covered w/o PA	500/2,500/4,1000/2,1000/4
Endocrine/Metab.	Diabetes Mellitus	Avandaryl	rosiglitazone/glimepiride	Covered w/o PA	4/1,4/2,4/4,8/2,8/4
Endocrine/Metab.	Diabetes Mellitus	Avandia	rosiglitazone	Covered w/o PA	2,4,8
Endocrine/Metab.	Diabetes Mellitus	Byetta	exenatide	Prior Authorization	SC
Endocrine/Metab.	Diabetes Mellitus	chlorpropamide	null	Prior Authorization	100,250
Endocrine/Metab.	Diabetes Mellitus	DiaBeta	glyburide	Generic preferred	1.25,2.5,5
Endocrine/Metab.	Diabetes Mellitus	Diabinese	chlorpropamide	Non-preferred	--
Endocrine/Metab.	Diabetes Mellitus	Duetact	pioglitazone/glimepiride	Prior Authorization	30/2,30/4
Endocrine/Metab.	Diabetes Mellitus	Fortamet	metformin	Generic preferred	500,1000 ER
Endocrine/Metab.	Diabetes Mellitus	glimepiride	null	Non-preferred	1,2,3,4,6,8
Endocrine/Metab.	Diabetes Mellitus	glipizide	null	Covered w/o PA	5,10;
Endocrine/Metab.	Diabetes Mellitus	glipizide ER	null	Non-preferred	2.5,5,10 ER
Endocrine/Metab.	Diabetes Mellitus	glipizide/metformin	null	Covered w/o PA	2.5/250,2.5/500,5/500
Endocrine/Metab.	Diabetes Mellitus	Glucophage	metformin	Generic preferred	500, 850, 1000
Endocrine/Metab.	Diabetes Mellitus	Glucophage XR	metformin	Generic preferred	500,750 ER
Endocrine/Metab.	Diabetes Mellitus	Glucotrol	glipizide	Generic preferred	5,10
Endocrine/Metab.	Diabetes Mellitus	Glucotrol XL	glipizide	Non-preferred	2.5,5,10 ER
Endocrine/Metab.	Diabetes Mellitus	Glucovance	glyburide/metformin	Generic preferred	1.25/250,2.5/500,5/500
Endocrine/Metab.	Diabetes Mellitus	Glumetza	metformin	Generic preferred	500,1000 ER
Endocrine/Metab.	Diabetes Mellitus	glyburide	null	Covered w/o PA	1.25,2.5,5
Endocrine/Metab.	Diabetes Mellitus	glyburide micronized	null	Covered w/o PA	1.5,3,4.5,6
Endocrine/Metab.	Diabetes Mellitus	glyburide/metformin	null	Covered w/o PA	1.25/250,2.5/500,5/500
Endocrine/Metab.	Diabetes Mellitus	Glynase PresTab	glyburide micronized	Generic preferred	1.5,3,6
Endocrine/Metab.	Diabetes Mellitus	Glyset	miglitol	Covered w/o PA	25,50,100
Endocrine/Metab.	Diabetes Mellitus	Humalog	insulin lispro	Covered w/o PA	SC
Endocrine/Metab.	Diabetes Mellitus	Humalog Mix 50/50	insulin lispro protamine/insulin lis	Covered w/o PA	SC

Endocrine/Metab.	Diabetes Mellitus	Humalog Mix 75/25	insulin lispro protamine/insulin lis	Covered w/o PA	SC
Endocrine/Metab.	Diabetes Mellitus	Humulin 50/50	insulin NPH/regular	Covered w/o PA	SC
Endocrine/Metab.	Diabetes Mellitus	Humulin 70/30	insulin NPH/regular	Covered w/o PA	SC
Endocrine/Metab.	Diabetes Mellitus	Humulin N	insulin NPH	Covered w/o PA	100 NPH units/mL SC
Endocrine/Metab.	Diabetes Mellitus	Humulin R	insulin regular	Covered w/o PA	SC; IV
Endocrine/Metab.	Diabetes Mellitus	Janumet	sitagliptin/metformin	Prior Authorization	50/500,50/1000
Endocrine/Metab.	Diabetes Mellitus	Januvia	sitagliptin	Prior Authorization	25,50,100
Endocrine/Metab.	Diabetes Mellitus	Lantus	insulin glargine	Covered w/o PA	SC
Endocrine/Metab.	Diabetes Mellitus	Levemir	insulin detemir	Covered w/o PA	SC
Endocrine/Metab.	Diabetes Mellitus	Metaglip	glipizide/metformin	Generic preferred	2.5/250,2.5/500,5/500
Endocrine/Metab.	Diabetes Mellitus	metformin	null	Covered w/o PA	500,850,1000; 500,750 ER
Endocrine/Metab.	Diabetes Mellitus	Micronase	glyburide	Generic preferred	1.25
Endocrine/Metab.	Diabetes Mellitus	Novolin 70/30	insulin NPH/regular	Covered w/o PA	SC
Endocrine/Metab.	Diabetes Mellitus	Novolin N	insulin NPH	Covered w/o PA	100 NPH units/mL SC
Endocrine/Metab.	Diabetes Mellitus	Novolin R	insulin regular	Covered w/o PA	SC; IV
Endocrine/Metab.	Diabetes Mellitus	NovoLog	insulin aspart	Covered w/o PA	SC
Endocrine/Metab.	Diabetes Mellitus	NovoLog Mix 70/30	insulin aspart protamine/insulin a	Covered w/o PA	SC
Endocrine/Metab.	Diabetes Mellitus	Prandin	repaglinide	Non-preferred	0.5,1,2
Endocrine/Metab.	Diabetes Mellitus	Precose	acarbose	Covered w/o PA	25,50,100
Endocrine/Metab.	Diabetes Mellitus	Riomet	metformin	Covered w/o PA	500/5 mL
Endocrine/Metab.	Diabetes Mellitus	Starlix	nateglinide	Non-preferred	60,120
Endocrine/Metab.	Diabetes Mellitus	Symlin	pramlintide	Prior Authorization	SC
Endocrine/Metab.	Diabetes Mellitus	tolazamide	null	Non-preferred	100,250,500
Endocrine/Metab.	Diabetes Mellitus	tolbutamide	null	Non-preferred	500
Endocrine/Metab.	Estrogen/Prog. comb	Activella	estradiol/norethindrone acetate	Covered w/o PA	0.5/0.1,1/0.5
Endocrine/Metab.	Estrogen/Prog. comb	Angeliq	drospirenone/estradiol	Non-preferred	0.5/1
Endocrine/Metab.	Estrogen/Prog. comb	Climara Pro	estradiol/levonorgestrel transderm	Covered w/o PA	0.045/0.015/day patch
Endocrine/Metab.	Estrogen/Prog. comb	Combipatch	estradiol/norethindrone acetate t	Non-preferred	0.05/0.14/day,0.05/0.25/day ptch
Endocrine/Metab.	Estrogen/Prog. comb	Femhrt	ethinyl estradiol/norethindrone ac	Non-preferred	2.5 mcg/0.5 mg,5 mcg/1 mg
Endocrine/Metab.	Estrogen/Prog. comb	Prefest	estradiol/norgestimate	Non-preferred	1/0,1/0.09
Endocrine/Metab.	Estrogen/Prog. comb	Premphase	estrogens, conjugated/medroxyyp	Covered w/o PA	0.625/0, 0.625/5
Endocrine/Metab.	Estrogen/Prog. comb	Prempro	estrogens, conjugated/medroxyyp	Covered w/o PA	0.3/1.5,0.45/1.5,0.625/2.5,0.625/5
Endocrine/Metab.	Estrogens	Alora	estradiol transdermal	Non-preferred	0.025,0.05,0.075,0.1/day patch
Endocrine/Metab.	Estrogens	Cenestin	estrogens, conjugated (synthetic	Non-preferred	0.3,0.45,0.625,0.9,1.25
Endocrine/Metab.	Estrogens	Climara	estradiol transdermal	Generic preferred	0.025,0.0375,0.05,0.06,0.075,0.1/d ay patch
Endocrine/Metab.	Estrogens	Delestrogen	estradiol valerate	Covered w/o PA	IM
Endocrine/Metab.	Estrogens	Depo-Estradiol	estradiol cypionate	Covered w/o PA	IM
Endocrine/Metab.	Estrogens	Divigel	estradiol topical	Non-preferred	0.25,0.5,1 g/pkt 0.1% gel
Endocrine/Metab.	Estrogens	Enjuvia	estrogens, conjugated B (synthe	Non-preferred	0.3,0.45,0.625,0.9,1.25

Endocrine/Metab.	Estrogens	Estrace	estradiol	Generic preferred	0.5,1,2
Endocrine/Metab.	Estrogens	Estrace vaginal	estradiol vaginal	Non-preferred	0.01% crm
Endocrine/Metab.	Estrogens	Estraderm	estradiol transdermal	Non-preferred	0.05,0.1/day patch
Endocrine/Metab.	Estrogens	estradiol	null	Covered w/o PA	0.5,1,2
Endocrine/Metab.	Estrogens	estradiol transdermal	null	Covered w/o PA	0.025,0.0375,0.05,0.06,0.075,0.1/day patch
Endocrine/Metab.	Estrogens	Estrasorb	estradiol topical	Non-preferred	1.74 g lot pkt
Endocrine/Metab.	Estrogens	Estratest	estrogens, esterified/methyltesto	Not Covered	1.25/2.5
Endocrine/Metab.	Estrogens	Estratest H.S.	estrogens, esterified/methyltesto	Not Covered	0.625/1.25
Endocrine/Metab.	Estrogens	Estring	estradiol vaginal	Non-preferred	2/90 day ring
Endocrine/Metab.	Estrogens	estropipate	null	Non-preferred	0.75,1.5,3,6
Endocrine/Metab.	Estrogens	Evamist	estradiol transdermal	Non-preferred	1.53 mg/spray
Endocrine/Metab.	Estrogens	Femring	estradiol vaginal	Non-preferred	0.05,0.1/day ring
Endocrine/Metab.	Estrogens	Femtrace	estradiol acetate	Non-preferred	0.45,0.9,1.8
Endocrine/Metab.	Estrogens	Gynodiol	estradiol	Generic preferred	0.5,1,1.5,2
Endocrine/Metab.	Estrogens	Menest	estrogens, esterified	Covered w/o PA	0.3,0.625,1.25,2.5
Endocrine/Metab.	Estrogens	Menostar	estradiol transdermal	Non-preferred	0.014/day patch
Endocrine/Metab.	Estrogens	Ogen	estropipate	Non-preferred	0.75,1.5,3
Endocrine/Metab.	Estrogens	Premarin	estrogens, conjugated	Non-preferred	0.3,0.45,0.625,0.9,1.25
Endocrine/Metab.	Estrogens	Premarin IV	estrogens, conjugated	Prior Authorization	IM; IV
Endocrine/Metab.	Estrogens	Premarin vaginal	estrogens, conjugated vaginal	Non-preferred	0.625/g crm
Endocrine/Metab.	Estrogens	Vagifem	estradiol vaginal	Covered w/o PA	0.025 tab
Endocrine/Metab.	Estrogens	Vivelle-Dot	estradiol transdermal	Non-preferred	0.025,0.0375,0.05,0.075,0.1/day patch
Endocrine/Metab.	Growth Hormone	Genotropin	somatropin (recombinant)	Prior Authorization	SC
Endocrine/Metab.	Growth Hormone	Humatrope	somatropin (recombinant)	Prior Authorization	SC; IM
Endocrine/Metab.	Growth Hormone	Norditropin	somatropin (recombinant)	Prior Authorization	SC
Endocrine/Metab.	Growth Hormone	Nutropin	somatropin (recombinant)	Prior Authorization	SC
Endocrine/Metab.	Growth Hormone	Nutropin AQ	somatropin (recombinant)	Prior Authorization	SC
Endocrine/Metab.	Growth Hormone	Omnitrope	somatropin (recombinant)	Prior Authorization	SC
Endocrine/Metab.	Growth Hormone	Saizen	somatropin (recombinant)	Prior Authorization	SC; IM
Endocrine/Metab.	Growth Hormone	Serostim	somatropin (recombinant)	Prior Authorization	SC
Endocrine/Metab.	Growth Hormone	Tev-Tropin	somatropin (recombinant)	Prior Authorization	SC
Endocrine/Metab.	Osteoporosis	Actonel	risedronate	Covered w/o PA	5,30,35,75,150
Endocrine/Metab.	Osteoporosis	Actonel w Calcium	risedronate/calcium carbonate	Prior Authorization	35/1250
Endocrine/Metab.	Osteoporosis	alendronate	null	Covered w/o PA	5,10,35,40,70
Endocrine/Metab.	Osteoporosis	Boniva	ibandronate	Step Therapy applic	2.5,150; IV
Endocrine/Metab.	Osteoporosis	calcium carbonate	null	Covered w/o PA	350,500,600,750,1000,others
Endocrine/Metab.	Osteoporosis	Evista	raloxifene	Covered w/o PA	60
Endocrine/Metab.	Osteoporosis	Forteo	teriparatide	Covered w/o PA	SC

Endocrine/Metab.	Osteoporosis	Fortical	calcitonin-salmon (recombinant)	Covered w/o PA	200 units/spray
Endocrine/Metab.	Osteoporosis	Fosamax	alendronate	Covered w/o PA	5,10,35,40,70; 70/75 mL sol
Endocrine/Metab.	Osteoporosis	Fosamax Plus D	alendronate/cholecalciferol	Prior Authorization	70 mg/2800 units, 70 mg/5600 u
Endocrine/Metab.	Osteoporosis	Miacalcin	calcitonin-salmon	Covered w/o PA	SC; IM
Endocrine/Metab.	Osteoporosis	Miacalcin Nasal	calcitonin-salmon nasal	Covered w/o PA	200 units/spray
Endocrine/Metab.	Osteoporosis	Reclast	zoledronic acid	Prior Authorization	IV
Endocrine/Metab.	Osteoporosis	Tums	calcium carbonate	Generic preferred	500, 750, 1000
Endocrine/Metab.	Other Endoc/Metab.	Alli	orlistat	Not Covered	60
Endocrine/Metab.	Other Endoc/Metab.	Ammonul	sodium phenylacetate/sodium benzoate	Prior Authorization	IV
Endocrine/Metab.	Other Endoc/Metab.	bromocriptine	null	Covered w/o PA	2.5,5
Endocrine/Metab.	Other Endoc/Metab.	cabergoline	null	Covered w/o PA	0.5
Endocrine/Metab.	Other Endoc/Metab.	DDAVP	desmopressin	Generic preferred	0.1,0.2; SC; IV
Endocrine/Metab.	Other Endoc/Metab.	DDAVP nasal	desmopressin nasal	Generic preferred	0.1 mg/mL sol; 10 mcg/spray
Endocrine/Metab.	Other Endoc/Metab.	desmopressin	null	Covered w/o PA	0.1,0.2; SC; IV
Endocrine/Metab.	Other Endoc/Metab.	desmopressin nasal	null	Covered w/o PA	10 mcg/spray
Endocrine/Metab.	Other Endoc/Metab.	Dostinex	cabergoline	Generic preferred	0.5
Endocrine/Metab.	Other Endoc/Metab.	dronabinol	null	Prior Authorization	2.5,5,10
Endocrine/Metab.	Other Endoc/Metab.	glucagon	null	Covered w/o PA	SC; IM; IV
Endocrine/Metab.	Other Endoc/Metab.	Increlex	mecasermin (recombinant)	Prior Authorization	SC
Endocrine/Metab.	Other Endoc/Metab.	Iplex	mecasermin rinfabate (recombinant)	Prior Authorization	SC
Endocrine/Metab.	Other Endoc/Metab.	Lupron	leuprolide	Generic preferred	SC
Endocrine/Metab.	Other Endoc/Metab.	Lupron Depot-Ped	leuprolide	Covered w/o PA	IM
Endocrine/Metab.	Other Endoc/Metab.	Marinol	dronabinol	Prior Authorization	2.5,5,10
Endocrine/Metab.	Other Endoc/Metab.	Megace ES	megestrol	Covered w/o PA	625/5 mL
Endocrine/Metab.	Other Endoc/Metab.	Megace Susp	megestrol	Generic preferred	40/mL
Endocrine/Metab.	Other Endoc/Metab.	octreotide	null	Covered w/o PA	SC; IV
Endocrine/Metab.	Other Endoc/Metab.	Parlodel	bromocriptine	Generic preferred	2.5,5
Endocrine/Metab.	Other Endoc/Metab.	Proglycem	diazoxide	Generic preferred	50/mL susp
Endocrine/Metab.	Other Endoc/Metab.	Sandostatin	octreotide	Generic preferred	SC; IV
Endocrine/Metab.	Other Endoc/Metab.	Sandostatin LAR Depot	octreotide	Covered w/o PA	IM
Endocrine/Metab.	Other Endoc/Metab.	Somatuline Depot	lanreotide	Prior Authorization	SC
Endocrine/Metab.	Other Endoc/Metab.	Somavert	pegvisomant	Prior Authorization	SC
Endocrine/Metab.	Other Endoc/Metab.	Supprelin LA	histrelin subcutaneous implant	Prior Authorization	50 mg implant
Endocrine/Metab.	Other Endoc/Metab.	Xenical	orlistat	Prior Authorization	120
Endocrine/Metab.	Progestins	Aygestin	norethindrone acetate	Covered w/o PA	5
Endocrine/Metab.	Progestins	medroxyprogesterone	null	Covered w/o PA	2.5,5,10
Endocrine/Metab.	Progestins	norethindrone acetate	null	Covered w/o PA	5
Endocrine/Metab.	Progestins	Prometrium	progesterone micronized	Covered w/o PA	100,200
Endocrine/Metab.	Progestins	Provera	medroxyprogesterone	Generic preferred	2.5,5,10
Endocrine/Metab.	Thyroid	Armour Thyroid	thyroid desiccated	Generic preferred	15,30,60,90,120,180,240,300

Endocrine/Metab.	Thyroid	Cytomel	liothyronine	Covered w/o PA	5,25,50 mcg
Endocrine/Metab.	Thyroid	Levothroid	levothyroxine	Generic preferred	25,50,75,88,100,112,125,137,150,175,200,300 mcg
Endocrine/Metab.	Thyroid	levothyroxine	null	Covered w/o PA	25,50,75,88,100,112,125,137,150,175,200,300 mcg; IM; IV
Endocrine/Metab.	Thyroid	Levoxyl	levothyroxine	Generic preferred	25,50,75,88,100,112,125,137,150,175,200,300 mcg
Endocrine/Metab.	Thyroid	liothyronine	null	Covered w/o PA	IV
Endocrine/Metab.	Thyroid	methimazole	null	Covered w/o PA	5,10
Endocrine/Metab.	Thyroid	potassium iodide	null	Covered w/o PA	1 g/mL
Endocrine/Metab.	Thyroid	propylthiouracil	null	Covered w/o PA	50
Endocrine/Metab.	Thyroid	SSKI	potassium iodide	Covered w/o PA	1 g/mL
Endocrine/Metab.	Thyroid	Synthroid	levothyroxine	Generic preferred	25,50,75,88,100,112,125,137,150,175,200,300 mcg
Endocrine/Metab.	Thyroid	Tapazole	methimazole	Generic preferred	5,10
Endocrine/Metab.	Thyroid	thyroid desiccated	null	Covered w/o PA	15,30,60,90,120,180,240,300
Endocrine/Metab.	Thyroid	Thyrolar	liotrix	Covered w/o PA	1/4,1/2,1,2,3 grain
Endocrine/Metab.	Thyroid	ThyroShield	potassium iodide	Prior Authorization	65/mL
Endocrine/Metab.	Thyroid	Triostat	liothyronine	Covered w/o PA	IV
Endocrine/Metab.	Thyroid	Unithroid	levothyroxine	Generic preferred	25,50,75,88,100,112,125,150,175,200,300 mcg
Gastrointestinal	Antacids	Alternagel	aluminum hydroxide	Generic preferred	600/5 mL
Gastrointestinal	Antacids	aluminum hydroxide	null	Covered w/o PA	320,600/5 mL
Gastrointestinal	Antacids	al hydrox/mag hydrox	null	Covered w/o PA	225/200 per 5 mL susp
Gastrointestinal	Antacids	al hydrox/mag hydrox/sime	null	Covered w/o PA	200/200/20/5 mL,400/400/40/5mL
Gastrointestinal	Antacids	Amphojel	aluminum hydroxide	Generic preferred	--
Gastrointestinal	Antacids	calcium carbonate	null	Covered w/o PA	350,500,600,750,1000,others
Gastrointestinal	Antacids	Maalox Regular Liquid	aluminum hydroxide/magnesium	Generic preferred	200/200/20/5 mL
Gastrointestinal	Antacids	Mylanta	aluminum hydroxide/magnesium	Generic preferred	200/200/20/5 mL
Gastrointestinal	Antacids	sodium bicarbonate	null	Covered w/o PA	325,650; pwdr; IV
Gastrointestinal	Antacids	Tums	calcium carbonate	Generic preferred	500, 750, 1000
Gastrointestinal	Anti-Diarrheals	bismuth subsalicylate	null	Prior Authorization	262 CH; 130,262/15 mL
Gastrointestinal	Anti-Diarrheals	diphenoxylate/atropine	null	Covered w/o PA	2.5/0.025; 2.5/0.025/5 mL
Gastrointestinal	Anti-Diarrheals	Imodium	loperamide	Generic preferred	2
Gastrointestinal	Anti-Diarrheals	Imodium A-D	loperamide	Generic preferred	2; 1/5 mL sol; 1/7.5 mL susp
Gastrointestinal	Anti-Diarrheals	Kaopectate	bismuth subsalicylate	Generic preferred	262,525/15 mL
Gastrointestinal	Anti-Diarrheals	Lomotil	diphenoxylate/atropine	Generic preferred	2.5/0.025; 2.5/0.025/5 mL
Gastrointestinal	Anti-Diarrheals	loperamide	null	Covered w/o PA	1,2; 1/5 mL
Gastrointestinal	Anti-Diarrheals	Motofen	difenoxin/atropine	Covered w/o PA	1/0.025
Gastrointestinal	Anti-Diarrheals	octreotide	null	Covered w/o PA	SC; IV

Gastrointestinal	Anti-Diarrheals	Pepto-Bismol	bismuth subsalicylate	Prior Authorization	262; 262 CH; 262,525/15 mL
Gastrointestinal	Anti-Diarrheals	Sandostatin	octreotide	Generic preferred	SC; IV
Gastrointestinal	Anti-Spasmodics	Anaspaz	hyoscyamine	Generic preferred	0.125
Gastrointestinal	Anti-Spasmodics	Bentyl	dicyclomine	Generic preferred	10,20; 10/5 mL; IM
Gastrointestinal	Anti-Spasmodics	chlordiazepoxide/clidinium	null	Covered w/o PA	5/2.5
Gastrointestinal	Anti-Spasmodics	dicyclomine	null	Covered w/o PA	10,20; 10/5 mL; IM
Gastrointestinal	Anti-Spasmodics	Donnatal	atropine/hyoscyamine/phenobarb	Not Covered	0.02 mg/0.1 mg/16.2 mg/6.5 mcg
Gastrointestinal	Anti-Spasmodics	Donnatal Extentabs	atropine/hyoscyamine/phenobarb	Not Covered	0.0582/0.3111/48.6/0.0195 ER
Gastrointestinal	Anti-Spasmodics	hyoscyamine	null	Covered w/o PA	0.125; 0.125 ODT; 0.125 SL; 0.375 ER; 0.125/5 mL elix; 0.125/mL sol
Gastrointestinal	Anti-Spasmodics	Levbid	hyoscyamine	Generic preferred	0.375 ER
Gastrointestinal	Anti-Spasmodics	Levsin	hyoscyamine	Generic preferred	0.125; 0.125 SL; 0.125/5 mL elix; 0.125/mL sol; SC; IM; IV
Gastrointestinal	Anti-Spasmodics	Levsinex Timecaps	hyoscyamine	Generic preferred	0.375 ER
Gastrointestinal	Anti-Spasmodics	Librax	chlordiazepoxide/clidinium	Not Covered	5/2.5
Gastrointestinal	Anti-Spasmodics	NuLev	hyoscyamine	Generic preferred	0.125 ODT
Gastrointestinal	Anti-Spasmodics	propantheline	null	Covered w/o PA	7.5,15
Gastrointestinal	Anti-Spasmodics	Scopace	scopolamine	Prior Authorization	0.4
Gastrointestinal	Constipation	Amitiza	lubiprostone	Expedited Auth.	24 mcg
Gastrointestinal	Constipation	Amitiza	lubiprostone	Prior Authorization	8 mcg
Gastrointestinal	Constipation	bisacodyl	null	Covered w/o PA	5
Gastrointestinal	Constipation	bisacodyl rectal	null	Covered w/o PA	10 PR
Gastrointestinal	Constipation	castor oil	null	Prior Authorization	100% sol
Gastrointestinal	Constipation	Citrucel	methylcellulose	Prior Authorization	pwdr
Gastrointestinal	Constipation	Colace	docusate sodium	Generic preferred	50,100; 4/mL syrup; 10/mL liquid
Gastrointestinal	Constipation	docusate sodium	null	Covered w/o PA	50,100,250; 3.3/mL,4/mL,10/mL
Gastrointestinal	Constipation	docusate sodium/senna	null	Covered w/o PA	50/8.6
Gastrointestinal	Constipation	Dulcolax	bisacodyl	Generic preferred	5
Gastrointestinal	Constipation	Dulcolax Suppository	bisacodyl rectal	Generic preferred	10 PR
Gastrointestinal	Constipation	Ex-lax	senna	Prior Authorization	15,25
Gastrointestinal	Constipation	glycerin	null	Covered w/o PA	infant,adult supp;4mL/appl enema
Gastrointestinal	Constipation	GlycoLax	polyethylene glycol 3350	Expedited Auth.	17 g/dose pkt and bulk pwdr
Gastrointestinal	Constipation	Kristalose	lactulose	Covered w/o PA	10,20 g pwdr pkt
Gastrointestinal	Constipation	lactulose	null	Covered w/o PA	10 g/15 mL liquid; enema
Gastrointestinal	Constipation	magnesium citrate	null	Prior Authorization	1.745 g/30 mL
Gastrointestinal	Constipation	Metamucil	psyllium	Generic preferred	pwdr
Gastrointestinal	Constipation	mineral oil	null	Prior Authorization	liquid; enema
Gastrointestinal	Constipation	MiraLax	polyethylene glycol 3350	Expedited Auth.	17 g/dose pkt and bulk pwdr
Gastrointestinal	Constipation	Peri-Colace	docusate sodium/senna	Generic preferred	50/8.6

Gastrointestinal	Constipation	polyethylene glycol 3350	null	Expedited Auth.	17 g/dose pkt and bulk pwdr
Gastrointestinal	Constipation	psyllium	null	Covered w/o PA	pwdr
Gastrointestinal	Constipation	Relistor	methylnaltrexone	Prior Authorization	SC
Gastrointestinal	Constipation	senna	null	Covered w/o PA	8.6 mg sennosides
Gastrointestinal	Constipation	Senna-Gen	senna	Generic preferred	8.6 mg sennosides
Gastrointestinal	Constipation	Senokot	senna	Generic preferred	8.6 tab; 8.8/5mL syr; 15/5mL gran
Gastrointestinal	Constipation	Zelnorm	tegaserod	Not Covered	2,6
Gastrointestinal	Digestive Enzyme	Creon 10	pancrelipase	Covered w/o PA	lipase 10K/amylase 33.2K/protease 37.5K units
Gastrointestinal	Digestive Enzyme	Creon 20	pancrelipase	Covered w/o PA	lipase 20K/amylase 66.4K/protease 75K units
Gastrointestinal	Digestive Enzyme	Creon 5	pancrelipase	Covered w/o PA	lipase 5K/amylase 16.6K/protease 18.75K units
Gastrointestinal	Digestive Enzyme	Ku-Zyme	pancreatin	Covered w/o PA	1.2K/15K/15K units
Gastrointestinal	Digestive Enzyme	Pancrease MT 10	pancrelipase	Covered w/o PA	lipase 10K/amylase 30K/protease 30K units
Gastrointestinal	Digestive Enzyme	Pancrease MT 16	pancrelipase	Covered w/o PA	lipase 16K/amylase 48K/protease 48K units
Gastrointestinal	Digestive Enzyme	Pancrease MT 20	pancrelipase	Covered w/o PA	lipase 20K/amylase 56K/protease 44K units
Gastrointestinal	Digestive Enzyme	Pancrease MT 4	pancrelipase	Covered w/o PA	lipase 4K/amylase 12K/protease 12K units
Gastrointestinal	Digestive Enzyme	Ultrase	pancrelipase	Covered w/o PA	lipase 4.5K/amylase 20K/protease 25K units
Gastrointestinal	Digestive Enzyme	Ultrase MT 12	pancrelipase	Covered w/o PA	lipase 12K/amylase 39K/protease 39K units
Gastrointestinal	Digestive Enzyme	Ultrase MT 18	pancrelipase	Covered w/o PA	lipase 18K/amylase 58.5K/protease 58.5K units
Gastrointestinal	Digestive Enzyme	Ultrase MT 20	pancrelipase	Covered w/o PA	lipase 20K/amylase 65K/protease 65K units
Gastrointestinal	H. pylori	Aciphex	rabeprazole	Non-preferred	20
Gastrointestinal	H. pylori	bismuth subsalicylate	null	Prior Authorization	262 CH; 130,262/15 mL
Gastrointestinal	H. pylori	Helidac	bismuth subsalicylate/metronidazole	Covered w/o PA	262.4/250/500
Gastrointestinal	H. pylori	Kaopectate	bismuth subsalicylate	Generic preferred	262,525/15 mL
Gastrointestinal	H. pylori	Nexium	esomeprazole	Non-preferred	20,40 cap, pwdr pkt; IV
Gastrointestinal	H. pylori	omeprazole	null	Covered w/o PA	10,20,40
Gastrointestinal	H. pylori	Pepto-Bismol	bismuth subsalicylate	Prior Authorization	262; 262 CH; 262,525/15 mL
Gastrointestinal	H. pylori	Prevacid	lansoprazole	Covered w/o PA	15,30; IV
Gastrointestinal	H. pylori	Prevacid	lansoprazole	Expedited Auth.	15,30 pwdr packet;
Gastrointestinal	H. pylori	Prevacid SoluTab	lansoprazole	Expedited Auth.	15,30 ODT

Gastrointestinal	H. pylori	Prevpac	lansoprazole/amoxicillin/clarithro	Covered w/o PA	30/500/500
Gastrointestinal	H. pylori	Prilosec	omeprazole	Generic preferred	10,20,40
Gastrointestinal	H. pylori	Pylera	bismuth subcitrate potassium/me	Prior Authorization	140/125/125
Gastrointestinal	H2 Blockers	Axid	nizatidine	Non-preferred	150,300; 15/mL
Gastrointestinal	H2 Blockers	cimetidine	null	Non-preferred	200,300,400,800;300/5 mL; IM;IV
Gastrointestinal	H2 Blockers	famotidine	null	Non-preferred	10,20,40; IV
Gastrointestinal	H2 Blockers	nizatidine	null	Non-preferred	150,300
Gastrointestinal	H2 Blockers	Pepcid	famotidine	Non-preferred	20,40; 40/5 mL susp; IV
Gastrointestinal	H2 Blockers	Pepcid AC	famotidine	Prior Authorization	10; 10 CH
Gastrointestinal	H2 Blockers	ranitidine	null	Covered w/o PA	75,150,300; 15/mL; IM; IV
Gastrointestinal	H2 Blockers	Tagamet HB 200	cimetidine	Non-preferred	200
Gastrointestinal	H2 Blockers	Zantac	ranitidine	Generic preferred	75,150,300; 25 eff tab; 15/mL; IM; IV
Gastrointestinal	Inflammatory Bowel	Asacol	mesalamine	Covered w/o PA	400
Gastrointestinal	Inflammatory Bowel	Azasan	azathioprine	Covered w/o PA	75,100
Gastrointestinal	Inflammatory Bowel	azathioprine	null	Covered w/o PA	50; IV
Gastrointestinal	Inflammatory Bowel	Azulfidine	sulfasalazine	Generic preferred	500
Gastrointestinal	Inflammatory Bowel	Azulfidine EN-tabs	sulfasalazine	Generic preferred	500
Gastrointestinal	Inflammatory Bowel	balsalazide	null	Covered w/o PA	750
Gastrointestinal	Inflammatory Bowel	Canasa	mesalamine rectal	Covered w/o PA	1000 supp
Gastrointestinal	Inflammatory Bowel	Cimzia	certolizumab pegol	Prior Authorization	SC
Gastrointestinal	Inflammatory Bowel	Colazal	balsalazide	Covered w/o PA	750
Gastrointestinal	Inflammatory Bowel	Cortenema	hydrocortisone rectal	Generic preferred	100/60 mL enema
Gastrointestinal	Inflammatory Bowel	Cortifoam	hydrocortisone rectal	Covered w/o PA	10% foam
Gastrointestinal	Inflammatory Bowel	Dipentum	olsalazine	Covered w/o PA	250
Gastrointestinal	Inflammatory Bowel	Entocort EC	budesonide	Covered w/o PA	3
Gastrointestinal	Inflammatory Bowel	Humira	adalimumab	Expedited Auth.	SC
Gastrointestinal	Inflammatory Bowel	hydrocortisone rectal	null	Covered w/o PA	100/60 mL enema; 25,30 supp
Gastrointestinal	Inflammatory Bowel	Imuran	azathioprine	Generic preferred	50
Gastrointestinal	Inflammatory Bowel	Lialda	mesalamine	Covered w/o PA	1.2 g
Gastrointestinal	Inflammatory Bowel	mercaptopurine	null	Covered w/o PA	50
Gastrointestinal	Inflammatory Bowel	mesalamine rectal	null	Covered w/o PA	4 g/60 mL susp
Gastrointestinal	Inflammatory Bowel	Pentasa	mesalamine	Covered w/o PA	250,500 ER
Gastrointestinal	Inflammatory Bowel	Purinethol	mercaptopurine	Covered w/o PA	50
Gastrointestinal	Inflammatory Bowel	Remicade	infliximab	Expedited Auth.	IV
Gastrointestinal	Inflammatory Bowel	Rowasa	mesalamine rectal	Covered w/o PA	4 g/60 mL susp
Gastrointestinal	Inflammatory Bowel	sulfasalazine	null	Covered w/o PA	500
Gastrointestinal	Inflammatory Bowel	Tysabri	natalizumab	Prior Authorization	IV
Gastrointestinal	Mouth/Throat	Abreva	docosanol topical	Prior Authorization	10% crm
Gastrointestinal	Mouth/Throat	Aphthasol	amlexanox topical	Prior Authorization	5% oral paste

Gastrointestinal	Mouth/Throat	chlorhexidine topical	null	Covered w/o PA	0.12% sol
Gastrointestinal	Mouth/Throat	clotrimazole	null	Covered w/o PA	10 troche
Gastrointestinal	Mouth/Throat	Evoxac	cevimeline	Covered w/o PA	30
Gastrointestinal	Mouth/Throat	Kepivance	palifermin	Prior Authorization	IV
Gastrointestinal	Mouth/Throat	Mycelex	clotrimazole	Generic preferred	10 troche
Gastrointestinal	Mouth/Throat	nystatin	null	Covered w/o PA	500,000 units; 100,000 units/mL
Gastrointestinal	Mouth/Throat	Orajel Dry Mouth	glycerin topical	Prior Authorization	18% gel,paste,spray
Gastrointestinal	Mouth/Throat	Peridex	chlorhexidine topical	Generic preferred	0.12% sol
Gastrointestinal	Mouth/Throat	Periostat	doxycycline	Generic preferred	20
Gastrointestinal	Mouth/Throat	pilocarpine	null	Covered w/o PA	5
Gastrointestinal	Mouth/Throat	Salagen	pilocarpine	Covered w/o PA	5,7,5
Gastrointestinal	Mouth/Throat	Sporanox	itraconazole	Expedited Auth.	100; 10/mL
Gastrointestinal	Nausea/Vomiting	Aloxi	palonosetron	Non-preferred	0.5; IV
Gastrointestinal	Nausea/Vomiting	Anzemet	dolasetron	Non-preferred	50,100; IV
Gastrointestinal	Nausea/Vomiting	Cesamet	nabilone	Prior Authorization	1
Gastrointestinal	Nausea/Vomiting	Compazine	prochlorperazine maleate	Generic preferred	--
Gastrointestinal	Nausea/Vomiting	dronabinol	null	Prior Authorization	2.5,5,10
Gastrointestinal	Nausea/Vomiting	droperidol	null	Prior Authorization	IM; IV
Gastrointestinal	Nausea/Vomiting	Emend	aprepitant	Quantity limit	40,80,125
Gastrointestinal	Nausea/Vomiting	Emend Injection	fosaprepitant	Covered w/o PA	IV
Gastrointestinal	Nausea/Vomiting	Emetrol	phosphorated carbohydrate	Prior Authorization	sol
Gastrointestinal	Nausea/Vomiting	granisetron	null	Non-preferred	1; IV
Gastrointestinal	Nausea/Vomiting	Granisol	granisetron	Non-preferred	1/5 mL
Gastrointestinal	Nausea/Vomiting	Kytril	granisetron	Non-preferred	1; IV
Gastrointestinal	Nausea/Vomiting	Marinol	dronabinol	Prior Authorization	2.5,5,10
Gastrointestinal	Nausea/Vomiting	metoclopramide	null	Covered w/o PA	5,10; 5/5 mL; IM; IV
Gastrointestinal	Nausea/Vomiting	ondansetron	null	Expedited Auth.	4,8,16,24; 4,8 ODT; 4/5 mL;IM;IV
Gastrointestinal	Nausea/Vomiting	Phenergan	promethazine	Generic preferred	IM; IV
Gastrointestinal	Nausea/Vomiting	prochlorperazine edisylate	null	Covered w/o PA	IM; IV
Gastrointestinal	Nausea/Vomiting	prochlorperazine maleate	null	Covered w/o PA	5,10
Gastrointestinal	Nausea/Vomiting	prochlorperazine rectal	null	Covered w/o PA	25 PR
Gastrointestinal	Nausea/Vomiting	promethazine	null	Covered w/o PA	12.5,25,50; 6.25/5 mL sol; IM; IV
Gastrointestinal	Nausea/Vomiting	promethazine rectal	null	Covered w/o PA	12.5,25,50 supp
Gastrointestinal	Nausea/Vomiting	Reglan	metoclopramide	Generic preferred	5,10; IM; IV
Gastrointestinal	Nausea/Vomiting	Sancuso	granisetron transdermal	Non-preferred	3.1 mg/24h patch
Gastrointestinal	Nausea/Vomiting	scopolamine	null	Covered w/o PA	IM; IV; SC
Gastrointestinal	Nausea/Vomiting	Tigan	trimethobenzamide	Covered w/o PA	300; IM
Gastrointestinal	Nausea/Vomiting	Transderm Scop	scopolamine transdermal	Prior Authorization	1.5 mg patch
Gastrointestinal	Nausea/Vomiting	trimethobenzamide	null	Prior Authorization	250,300; IM
Gastrointestinal	Nausea/Vomiting	Zofran	ondansetron	Generic preferred	4,8; 4/5 mL; IM; IV

Gastrointestinal	Nausea/Vomiting	Zofran ODT	ondansetron	Generic preferred	4,8 ODT
Gastrointestinal	Other Gastrointestinals	Actigall	ursodiol	Generic preferred	300
Gastrointestinal	Other Gastrointestinals	AnaMantle HC	hydrocortisone/lidocaine topical	Generic preferred	0.5%/3% crm; 2.5%/3% gel
Gastrointestinal	Other Gastrointestinals	Carafate	sucralfate	Generic preferred	1; 1 g/10 mL susp
Gastrointestinal	Other Gastrointestinals	Colyte	polyethylene glycol/electrolytes	Generic preferred	pwdr
Gastrointestinal	Other Gastrointestinals	Cytotec	misoprostol	Covered w/o PA	100,200 mcg
Gastrointestinal	Other Gastrointestinals	Gastrocrom	cromolyn	Covered w/o PA	100 mg/5 mL sol
Gastrointestinal	Other Gastrointestinals	glycopyrrolate	null	Covered w/o PA	1,2; IM,IV,SC
Gastrointestinal	Other Gastrointestinals	GoLytely	polyethylene glycol/electrolytes	Covered w/o PA	pwdr
Gastrointestinal	Other Gastrointestinals	HalfLytely Bowel Prep Kit	polyethylene glycol/electrolytes a	Covered w/o PA	pwdr and tab
Gastrointestinal	Other Gastrointestinals	Humatin	paromomycin	Covered w/o PA	--
Gastrointestinal	Other Gastrointestinals	Lotronex	alosetron	Prior Authorization	0.5,1
Gastrointestinal	Other Gastrointestinals	misoprostol	null	Covered w/o PA	100,200 mcg
Gastrointestinal	Other Gastrointestinals	MoviPrep	polyethylene glycol/electrolytes/s	Covered w/o PA	pwdr
Gastrointestinal	Other Gastrointestinals	Mylicon	simethicone	Generic preferred	40,80,125CH; 60,95; 40/0.6 mL dr
Gastrointestinal	Other Gastrointestinals	Neo-Fradin	neomycin sulfate	Prior Authorization	125/5 mL sol
Gastrointestinal	Other Gastrointestinals	neomycin sulfate	null	Covered w/o PA	500
Gastrointestinal	Other Gastrointestinals	NuLytely	polyethylene glycol/electrolytes	Covered w/o PA	pwdr
Gastrointestinal	Other Gastrointestinals	OsmoPrep	sodium phosphate	Covered w/o PA	1.5 g
Gastrointestinal	Other Gastrointestinals	Pamine	methscopolamine	Covered w/o PA	2.5
Gastrointestinal	Other Gastrointestinals	paromomycin	null	Covered w/o PA	250
Gastrointestinal	Other Gastrointestinals	polyethylene glycol/electro	null	Covered w/o PA	pwdr
Gastrointestinal	Other Gastrointestinals	Proctosol-HC	hydrocortisone rectal	Generic preferred	2.5% cream
Gastrointestinal	Other Gastrointestinals	propantheline	null	Covered w/o PA	7.5,15
Gastrointestinal	Other Gastrointestinals	Propulsid	cisapride	Prior Authorization	10,20; 1 mg/mL
Gastrointestinal	Other Gastrointestinals	Robinul	glycopyrrolate	Generic preferred	1; IM,IV,SC
Gastrointestinal	Other Gastrointestinals	Robinul Forte	glycopyrrolate	Generic preferred	2
Gastrointestinal	Other Gastrointestinals	simethicone	null	Covered w/o PA	80 CH; 40/0.6 mL
Gastrointestinal	Other Gastrointestinals	sucralfate	null	Covered w/o PA	1; 1 g/10 mL susp
Gastrointestinal	Other Gastrointestinals	TriLyte	polyethylene glycol/electrolytes	Covered w/o PA	pwdr
Gastrointestinal	Other Gastrointestinals	Tronolane Cream	pramoxine topical	Prior Authorization	1% crm
Gastrointestinal	Other Gastrointestinals	Tronolane Supp	zinc oxide rectal	Prior Authorization	5% supp
Gastrointestinal	Other Gastrointestinals	Tucks Anti-Itch Oint	hydrocortisone topical	Prior Authorization	1% oint
Gastrointestinal	Other Gastrointestinals	Tucks Hemorrhoidal Oint	mineral oil/pramoxine/zinc oxide	Prior Authorization	46.6%/1%/12.5% oint
Gastrointestinal	Other Gastrointestinals	Tucks Hemorr Supp	starch rectal	Prior Authorization	51% supp
Gastrointestinal	Other Gastrointestinals	URSO 250	ursodiol	Covered w/o PA	250
Gastrointestinal	Other Gastrointestinals	URSO Forte	ursodiol	Prior Authorization	500
Gastrointestinal	Other Gastrointestinals	ursodiol	null	Covered w/o PA	300
Gastrointestinal	Other Gastrointestinals	Visicol	sodium phosphate	Prior Authorization	1.5 g
Gastrointestinal	Other Gastrointestinals	Zelnorm	tegaserod	Not Covered	2,6

Gastrointestinal	PPI	Aciphex	rabeprazole	Non-preferred	20
Gastrointestinal	PPI	Nexium	esomeprazole	Non-preferred	20,40 cap, pwdr pkt; IV
Gastrointestinal	PPI	omeprazole	null	Covered w/o PA	10,20,40
Gastrointestinal	PPI	pantoprazole	null	Covered w/o PA	20,40
Gastrointestinal	PPI	Prevacid	lansoprazole	Covered w/o PA	15,30; IV
Gastrointestinal	PPI	Prevacid	lansoprazole	Expedited Auth.	15,30 pwdr packet;
Gastrointestinal	PPI	Prevacid NapraPAC	lansoprazole/naproxen	Prior Authorization	15/375,15/500
Gastrointestinal	PPI	Prevacid SoluTab	lansoprazole	Expedited Auth.	15,30 ODT
Gastrointestinal	PPI	Prevpac	lansoprazole/amoxicillin/clarithro	Covered w/o PA	30/500/500
Gastrointestinal	PPI	Prilosec	omeprazole	Generic preferred	10,20,40
Gastrointestinal	PPI	Prilosec OTC	omeprazole	Covered w/o PA	20
Gastrointestinal	PPI	Protonix	pantoprazole	Generic preferred	20,40; 40 mg granule pkt; IV
Gastrointestinal	PPI	Zegerid	omeprazole/sodium bicarbonate	Covered w/o PA	20/1100,40/1100; 20/1680,40/1680 pwdr packet
Genitourinary	Anti-Spasmodics, GU	Anaspaz	hyoscyamine	Generic preferred	0.125
Genitourinary	Anti-Spasmodics, GU	Detrol	tolterodine	Non-preferred	1,2
Genitourinary	Anti-Spasmodics, GU	Detrol LA	tolterodine	Non-preferred	2,4 ER
Genitourinary	Anti-Spasmodics, GU	Ditropan	oxybutynin	Generic preferred	5; 5/5 mL
Genitourinary	Anti-Spasmodics, GU	Ditropan XL	oxybutynin	Generic preferred	5,10,15 ER
Genitourinary	Anti-Spasmodics, GU	Enablex	darifenacin	Non-preferred	7.5,15 ER
Genitourinary	Anti-Spasmodics, GU	flavoxate	null	Non-preferred	100
Genitourinary	Anti-Spasmodics, GU	hyoscyamine	null	Covered w/o PA	0.125; 0.125 ODT; 0.125 SL; 0.375 ER; 0.125/5 mL elix; 0.125/mL sol
Genitourinary	Anti-Spasmodics, GU	Levbid	hyoscyamine	Generic preferred	0.375 ER
Genitourinary	Anti-Spasmodics, GU	NuLev	hyoscyamine	Generic preferred	0.125 ODT
Genitourinary	Anti-Spasmodics, GU	oxybutynin	null	Covered w/o PA	5; 5/5 mL; 5,10,15 ER
Genitourinary	Anti-Spasmodics, GU	Oxytrol	oxybutynin transdermal	Covered w/o PA	3.9/day patch
Genitourinary	Anti-Spasmodics, GU	Sanctura	tropium	Non-preferred	20
Genitourinary	Anti-Spasmodics, GU	Sanctura XR	tropium	Non-preferred	60 ER
Genitourinary	Anti-Spasmodics, GU	Urised	atropine/benzoic acid/hyoscyami	Covered w/o PA	0.03/4.5/0.03/40.8/5.4/18.1
Genitourinary	Anti-Spasmodics, GU	Urispas	flavoxate	Non-preferred	100
Genitourinary	Anti-Spasmodics, GU	Vesicare	solifenacin	Covered w/o PA	5,10
Genitourinary	BPH	Avodart	dutasteride	Covered w/o PA	0.5
Genitourinary	BPH	Cardura	doxazosin	Generic preferred	1,2,4,8
Genitourinary	BPH	Cardura XL	doxazosin	Prior Authorization	4,8 ER
Genitourinary	BPH	doxazosin	null	Covered w/o PA	1,2,4,8
Genitourinary	BPH	finasteride	null	Covered w/o PA	5
Genitourinary	BPH	Flomax	tamsulosin	Covered w/o PA	0.4 ER
Genitourinary	BPH	Hytrin	terazosin	Generic preferred	1,2,5,10

Genitourinary	BPH	Minipress	prazosin	Generic preferred	1,2,5
Genitourinary	BPH	prazosin	null	Covered w/o PA	1,2,5
Genitourinary	BPH	Proscar	finasteride	Covered w/o PA	5
Genitourinary	BPH	terazosin	null	Covered w/o PA	1,2,5,10
Genitourinary	BPH	Uroxatral	alfuzosin	Covered w/o PA	10 ER
Genitourinary	Erectile Dysfunction	Caverject	alprostadil intracavernous	Not Covered	INJ
Genitourinary	Erectile Dysfunction	Cialis	tadalafil	Not Covered	2.5,5,10,20
Genitourinary	Erectile Dysfunction	Edex	alprostadil intracavernous	Not Covered	INJ
Genitourinary	Erectile Dysfunction	Levitra	vardenafil	Not Covered	2.5,5,10,20
Genitourinary	Erectile Dysfunction	Muse	alprostadil urethral	Not Covered	125,250,500,1000 mcg pellets
Genitourinary	Erectile Dysfunction	Viagra	sildenafil	Not Covered	25,50,100
Genitourinary	Erectile Dysfunction	Yocon	yohimbine	Not Covered	5.4
Genitourinary	Erectile Dysfunction	yohimbine	null	Not Covered	5.4
Genitourinary	Nephrolithiasis	allopurinol	null	Covered w/o PA	100,300; IV
Genitourinary	Nephrolithiasis	Lithostat	acetohydroxamic acid	Covered w/o PA	250
Genitourinary	Nephrolithiasis	potassium citrate	null	Covered w/o PA	5,10 mEq ER
Genitourinary	Nephrolithiasis	Urocit-K	potassium citrate	Covered w/o PA	5,10 mEq ER
Genitourinary	Nephrolithiasis	Zyloprim	allopurinol	Generic preferred	100,300
Genitourinary	Other Genitourinary	bethanechol	null	Covered w/o PA	5,10,25,50
Genitourinary	Other Genitourinary	Elmiron	pentosan polysulfate sodium	Covered w/o PA	100
Genitourinary	Other Genitourinary	K-Phos M.F.	potassium acid phosphate/sodium	Covered w/o PA	155/350
Genitourinary	Other Genitourinary	K-Phos Neutral	potassium phosphate/sodium ph	Covered w/o PA	155/982
Genitourinary	Other Genitourinary	K-Phos No. 2	potassium acid phosphate/sodium	Covered w/o PA	305/700
Genitourinary	Other Genitourinary	K-Phos Original	potassium acid phosphate	Covered w/o PA	500
Genitourinary	Other Genitourinary	phenazopyridine	null	Covered w/o PA	100,200
Genitourinary	Other Genitourinary	Pyridium	phenazopyridine	Generic preferred	100,200
Genitourinary	Other Genitourinary	Urecholine	bethanechol	Generic preferred	5,10,25,50
Genitourinary	Other Genitourinary	Veregen	sinecatechins	Prior Authorization	15% oint
Heme/Onc	Alkylating Agents	Alkeran	melphalan	Covered w/o PA	2; IV
Heme/Onc	Alkylating Agents	CeeNU	lomustine	Covered w/o PA	10,40,100
Heme/Onc	Alkylating Agents	cyclophosphamide	null	Covered w/o PA	25,50; IV
Heme/Onc	Alkylating Agents	Cytosan	cyclophosphamide	Generic preferred	--
Heme/Onc	Alkylating Agents	Ifex	ifosfamide	Generic preferred	IV
Heme/Onc	Alkylating Agents	ifosfamide	null	Covered w/o PA	IV
Heme/Onc	Alkylating Agents	Leukeran	chlorambucil	Covered w/o PA	2
Heme/Onc	Alkylating Agents	Myleran	busulfan	Covered w/o PA	2
Heme/Onc	Alkylating Agents	Temodar	temozolomide	Covered w/o PA	5,20,100,140,180,250
Heme/Onc	Alkylating Agents	Treanda	bendamustine	Covered w/o PA	IV
Heme/Onc	Antibiotic Oncologics	Adriamycin	doxorubicin	Generic preferred	IV
Heme/Onc	Antibiotic Oncologics	Blenoxane	bleomycin	Covered w/o PA	IM; IV; SC; intrapleural

Heme/Onc	Antibiotic Oncologics	bleomycin	null	Covered w/o PA	IM; IV; SC; intrapleural
Heme/Onc	Antibiotic Oncologics	Cerubidine	daunorubicin	Generic preferred	IV
Heme/Onc	Antibiotic Oncologics	daunorubicin	null	Covered w/o PA	IV
Heme/Onc	Antibiotic Oncologics	Daunoxome	daunorubicin liposomal	Covered w/o PA	IV
Heme/Onc	Antibiotic Oncologics	Doxil	doxorubicin liposomal	Covered w/o PA	IV
Heme/Onc	Antibiotic Oncologics	doxorubicin	null	Covered w/o PA	IV
Heme/Onc	Antibiotic Oncologics	Ellence	epirubicin	Covered w/o PA	IV
Heme/Onc	Antibiotic Oncologics	epirubicin	null	Covered w/o PA	IV
Heme/Onc	Antibiotic Oncologics	Idamycin	idarubicin	Covered w/o PA	IV
Heme/Onc	Antibiotic Oncologics	mitomycin	null	Covered w/o PA	IV
Heme/Onc	Antibiotic Oncologics	mitoxantrone	null	Covered w/o PA	IV
Heme/Onc	Antibiotic Oncologics	Mutamycin	mitomycin	Covered w/o PA	IV
Heme/Onc	Antibiotic Oncologics	Novantrone	mitoxantrone	Covered w/o PA	IV
Heme/Onc	Anticoag/Thrombolyt	Arixtra	fondaparinux	Covered w/o PA	SC
Heme/Onc	Anticoag/Thrombolyt	Coumadin	warfarin	Generic preferred	1,2,2.5,3,4,5,6,7.5,10; IV
Heme/Onc	Anticoag/Thrombolyt	Fragmin	dalteparin	Covered w/o PA	SC
Heme/Onc	Anticoag/Thrombolyt	heparin	null	Covered w/o PA	SC; IV
Heme/Onc	Anticoag/Thrombolyt	Innohep	tinzaparin	Covered w/o PA	SC
Heme/Onc	Anticoag/Thrombolyt	Jantoven	warfarin	Generic preferred	1,2,2.5,3,4,5,6,7.5,10
Heme/Onc	Anticoag/Thrombolyt	Lovenox	enoxaparin	Covered w/o PA	SC
Heme/Onc	Anticoag/Thrombolyt	warfarin	null	Covered w/o PA	1,2,2.5,3,4,5,6,7.5,10
Heme/Onc	Antimetabolites	Adrucil	fluorouracil	Covered w/o PA	IV
Heme/Onc	Antimetabolites	Alimta	pemetrexed	Covered w/o PA	IV
Heme/Onc	Antimetabolites	Arranon	nelarabine	Covered w/o PA	IV
Heme/Onc	Antimetabolites	cladribine	null	Covered w/o PA	IV
Heme/Onc	Antimetabolites	Clolar	clofarabine	Covered w/o PA	IV
Heme/Onc	Antimetabolites	cytarabine	null	Covered w/o PA	IV; SC; IT
Heme/Onc	Antimetabolites	Dacogen	decitabine	Covered w/o PA	IV
Heme/Onc	Antimetabolites	Fludara	fludarabine	Covered w/o PA	IV
Heme/Onc	Antimetabolites	fluorouracil	null	Covered w/o PA	IV
Heme/Onc	Antimetabolites	Gemzar	gemcitabine	Covered w/o PA	IV
Heme/Onc	Antimetabolites	Leustatin	cladribine	Generic preferred	IV
Heme/Onc	Antimetabolites	mercaptopurine	null	Covered w/o PA	50
Heme/Onc	Antimetabolites	methotrexate	null	Covered w/o PA	2.5; IM; IV; IT; intra-arterial
Heme/Onc	Antimetabolites	Nipent	pentostatin	Covered w/o PA	IV
Heme/Onc	Antimetabolites	Purinethol	mercaptopurine	Covered w/o PA	50
Heme/Onc	Antimetabolites	Rheumatrex Dose Pack	methotrexate	Covered w/o PA	2.5
Heme/Onc	Antimetabolites	Tabloid	thioguanine	Covered w/o PA	40
Heme/Onc	Antimetabolites	Trexall	methotrexate	Covered w/o PA	5,7.5,10,15
Heme/Onc	Antimetabolites	Vidaza	azacitidine	Covered w/o PA	SC; IV

Heme/Onc	Antimetabolites	Xeloda	capecitabine	Covered w/o PA	150,500
Heme/Onc	Anti-Toxicity	allopurinol	null	Covered w/o PA	100,300; IV
Heme/Onc	Anti-Toxicity	Aloprim	allopurinol	Prior Authorization	IV
Heme/Onc	Anti-Toxicity	amifostine	null	Covered w/o PA	IV
Heme/Onc	Anti-Toxicity	dexrazoxane	null	Covered w/o PA	IV
Heme/Onc	Anti-Toxicity	Elitek	rasburicase	Covered w/o PA	IV
Heme/Onc	Anti-Toxicity	Ethyol	amifostine	Covered w/o PA	IV
Heme/Onc	Anti-Toxicity	Kepivance	palifermin	Prior Authorization	IV
Heme/Onc	Anti-Toxicity	leucovorin	null	Covered w/o PA	5,10,15,25; IM; IV
Heme/Onc	Anti-Toxicity	mesna	null	Covered w/o PA	IV
Heme/Onc	Anti-Toxicity	Mesnax	mesna	Covered w/o PA	400; IV
Heme/Onc	Anti-Toxicity	Totect	dexrazoxane	Covered w/o PA	IV
Heme/Onc	Anti-Toxicity	Zincard	dexrazoxane	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	Advate	antihemophilic factor (recombina	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	Alphanate	antihemophilic factor (human)	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	Amicar	aminocaproic acid	Covered w/o PA	500,1000; 250/mL; IV
Heme/Onc	Bleeding Disorders	aminocaproic acid	null	Covered w/o PA	500; 250/mL sol; IV
Heme/Onc	Bleeding Disorders	Bebulin VH	factor IX complex	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	BeneFIX	factor IX (recombinant)	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	DDAVP	desmopressin	Generic preferred	0.1,0.2; SC; IV
Heme/Onc	Bleeding Disorders	DDAVP nasal	desmopressin nasal	Generic preferred	0.1 mg/mL sol; 10 mcg/spray
Heme/Onc	Bleeding Disorders	desmopressin	null	Covered w/o PA	0.1,0.2; SC; IV
Heme/Onc	Bleeding Disorders	desmopressin nasal	null	Covered w/o PA	10 mcg/spray
Heme/Onc	Bleeding Disorders	Feiba VH	anti-inhibitor coagulant complex	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	Helixate-FS	antihemophilic factor (recombina	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	Hemofil-M	antihemophilic factor (human)	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	Humate-P	antihemophilic factor/von Willebr	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	Koate-DVI	antihemophilic factor (human)	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	Kogenate-FS	antihemophilic factor (recombina	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	Mephyton	phytonadione	Covered w/o PA	5
Heme/Onc	Bleeding Disorders	Monarc-M	antihemophilic factor (human)	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	Monoclate-P	antihemophilic factor (human)	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	Mononine	factor IX (human)	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	phytonadione	null	Covered w/o PA	100 mcg; SC; IM; IV
Heme/Onc	Bleeding Disorders	Profilnine SD	factor IX complex	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	protamine sulfate	null	Prior Authorization	IV
Heme/Onc	Bleeding Disorders	Recombinante	antihemophilic factor (recombina	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	ReFacto	antihemophilic factor (recombina	Covered w/o PA	IV
Heme/Onc	Bleeding Disorders	Stimate	desmopressin nasal	Covered w/o PA	150 mcg/spray
Heme/Onc	Bleeding Disorders	Trasylol	aprotinin	Prior Authorization	IV

Heme/Onc	Bleeding Disorders	vitamin K (common name)	phytonadione	Covered w/o PA	100 mcg; 5 mg; SC; IM; IV
Heme/Onc	Bleeding Disorders	Xyntha	antihemophilic factor (recombina	Covered w/o PA	IV
Heme/Onc	Colony Stim. Factors	Aranesp	darbepoetin alfa	Covered w/o PA	SC; IV
Heme/Onc	Colony Stim. Factors	Epogen	epoetin alfa	Covered w/o PA	SC; IV
Heme/Onc	Colony Stim. Factors	G-CSF (common name)	filgrastim	Covered w/o PA	SC; IV
Heme/Onc	Colony Stim. Factors	GM-CSF (common name)	sargramostim	Covered w/o PA	SC; IV
Heme/Onc	Colony Stim. Factors	Leukine	sargramostim	Covered w/o PA	SC; IV
Heme/Onc	Colony Stim. Factors	Neulasta	pegfilgrastim	Covered w/o PA	SC
Heme/Onc	Colony Stim. Factors	Neumega	oprelvekin	Covered w/o PA	SC
Heme/Onc	Colony Stim. Factors	Neupogen	filgrastim	Covered w/o PA	SC; IV
Heme/Onc	Colony Stim. Factors	Procrit	epoetin alfa	Covered w/o PA	SC; IV
Heme/Onc	Hormonal Oncologics	Android	methytestosterone	Generic preferred	10,25
Heme/Onc	Hormonal Oncologics	Arimidex	anastrozole	Covered w/o PA	1
Heme/Onc	Hormonal Oncologics	Aromasin	exemestane	Covered w/o PA	25
Heme/Onc	Hormonal Oncologics	Casodex	bicalutamide	Covered w/o PA	50
Heme/Onc	Hormonal Oncologics	Emcyt	estramustine	Covered w/o PA	140
Heme/Onc	Hormonal Oncologics	Fareston	toremifene	Covered w/o PA	60
Heme/Onc	Hormonal Oncologics	Faslodex	fulvestrant	Covered w/o PA	IM
Heme/Onc	Hormonal Oncologics	Femara	letrozole	Covered w/o PA	2.5
Heme/Onc	Hormonal Oncologics	fluoxymesterone	null	Covered w/o PA	2,5,10
Heme/Onc	Hormonal Oncologics	flutamide	null	Covered w/o PA	125
Heme/Onc	Hormonal Oncologics	leuprolide	null	Covered w/o PA	5/mL
Heme/Onc	Hormonal Oncologics	Lupron	leuprolide	Generic preferred	SC
Heme/Onc	Hormonal Oncologics	Lupron Depot	leuprolide	Covered w/o PA	IM
Heme/Onc	Hormonal Oncologics	Lupron Depot-3 Mo	leuprolide	Covered w/o PA	IM
Heme/Onc	Hormonal Oncologics	Lupron Depot-4 Mo	leuprolide	Covered w/o PA	IM
Heme/Onc	Hormonal Oncologics	megestrol	null	Covered w/o PA	20,40; 40/mL
Heme/Onc	Hormonal Oncologics	methytestosterone	null	Covered w/o PA	10,25; 10 buccal
Heme/Onc	Hormonal Oncologics	Nilandron	nilutamide	Prior Authorization	150
Heme/Onc	Hormonal Oncologics	Soltamox	tamoxifen	Covered w/o PA	10/5 mL
Heme/Onc	Hormonal Oncologics	tamoxifen	null	Covered w/o PA	10,20
Heme/Onc	Hormonal Oncologics	Trelstar Depot	triptorelin	Covered w/o PA	IM
Heme/Onc	Hormonal Oncologics	Trelstar LA	triptorelin	Covered w/o PA	IM
Heme/Onc	Hormonal Oncologics	Vantas	histrelin subcutaneous implant	Prior Authorization	50 mg implant
Heme/Onc	Hormonal Oncologics	Zoladex	goserelin	Covered w/o PA	3.6, 10.8 implants
Heme/Onc	Mitosis Inhibitors	Camptosar	irinotecan	Covered w/o PA	IV
Heme/Onc	Mitosis Inhibitors	Etopophos	etoposide phosphate	Covered w/o PA	IV
Heme/Onc	Mitosis Inhibitors	etoposide	null	Covered w/o PA	50; IV
Heme/Onc	Mitosis Inhibitors	Hycamtin	topotecan	Covered w/o PA	0.25,1; IV
Heme/Onc	Mitosis Inhibitors	irinotecan	null	Covered w/o PA	IV

Heme/Onc	Mitosis Inhibitors	Ixempra	ixabepilone	Covered w/o PA	IV
Heme/Onc	Mitosis Inhibitors	Navelbine	vinorelbine	Covered w/o PA	IV
Heme/Onc	Mitosis Inhibitors	vinblastine	null	Covered w/o PA	IV
Heme/Onc	Mitosis Inhibitors	vincristine	null	Covered w/o PA	IV
Heme/Onc	Mitosis Inhibitors	vinorelbine	null	Covered w/o PA	IV
Heme/Onc	Other Hematologics	deferoxamine	null	Covered w/o PA	SC; IM; IV
Heme/Onc	Other Hematologics	Desferal	deferoxamine	Covered w/o PA	SC; IM; IV
Heme/Onc	Other Hematologics	DexFerrum	iron dextran	Covered w/o PA	IM; IV
Heme/Onc	Other Hematologics	Exjade	deferasirox	Covered w/o PA	125,250,500
Heme/Onc	Other Hematologics	INFeD	iron dextran	Covered w/o PA	IM; IV
Heme/Onc	Other Hematologics	Nplate	romiplostim	Prior Authorization	SC
Heme/Onc	Other Hematologics	pentoxifylline	null	Covered w/o PA	400
Heme/Onc	Other Hematologics	Revlimid	lenalidomide	Prior Authorization	5,10,15,25
Heme/Onc	Other Hematologics	Soliris	eculizumab	Prior Authorization	IV
Heme/Onc	Other Hematologics	Trental	pentoxifylline	Generic preferred	400
Heme/Onc	Other Hematologics	Venofer	iron sucrose	Covered w/o PA	IV
Heme/Onc	Other Oncologics	Abraxane	paclitaxel nanoparticle albumin-b	Covered w/o PA	IV
Heme/Onc	Other Oncologics	Avastin	bevacizumab	Covered w/o PA	IV
Heme/Onc	Other Oncologics	Campath	alemtuzumab	Covered w/o PA	IV
Heme/Onc	Other Oncologics	carboplatin	null	Covered w/o PA	IV
Heme/Onc	Other Oncologics	cisplatin	null	Covered w/o PA	IV
Heme/Onc	Other Oncologics	Cosmegen	dactinomycin	Covered w/o PA	IV
Heme/Onc	Other Oncologics	dacarbazine	null	Covered w/o PA	IV
Heme/Onc	Other Oncologics	DTIC-Dome	dacarbazine	Generic preferred	IV
Heme/Onc	Other Oncologics	Eloxatin	oxaliplatin	Covered w/o PA	IV
Heme/Onc	Other Oncologics	Elspar	asparaginase	Covered w/o PA	IM; IV
Heme/Onc	Other Oncologics	Erbitux	cetuximab	Covered w/o PA	IV
Heme/Onc	Other Oncologics	Gleevec	imatinib	Covered w/o PA	100,400
Heme/Onc	Other Oncologics	Herceptin	trastuzumab	Prior Authorization	IV
Heme/Onc	Other Oncologics	Hexalen	altretamine	Covered w/o PA	50
Heme/Onc	Other Oncologics	Hydrea	hydroxyurea	Generic preferred	500
Heme/Onc	Other Oncologics	hydroxyurea	null	Covered w/o PA	500
Heme/Onc	Other Oncologics	Intron A	interferon alfa 2b	Expedited Auth.	SC; IM; IV; intra-lesional
Heme/Onc	Other Oncologics	Iressa	gefitinib	Covered w/o PA	250
Heme/Onc	Other Oncologics	Lysodren	mitotane	Covered w/o PA	500
Heme/Onc	Other Oncologics	Matulane	procarbazine	Covered w/o PA	50
Heme/Onc	Other Oncologics	Mylotarg	gemtuzumab ozogamicin	Covered w/o PA	IV
Heme/Onc	Other Oncologics	Nexavar	sorafenib	Covered w/o PA	200
Heme/Onc	Other Oncologics	Oncaspar	pegaspargase	Covered w/o PA	IM; IV
Heme/Onc	Other Oncologics	Ontak	denileukin diftitox	Covered w/o PA	IV

Heme/Onc	Other Oncologics	Onxol	paclitaxel	Covered w/o PA	IV
Heme/Onc	Other Oncologics	paclitaxel	null	Covered w/o PA	IV
Heme/Onc	Other Oncologics	Panretin	alitretinoin	Covered w/o PA	0.1% gel
Heme/Onc	Other Oncologics	Paraplatin	carboplatin	Covered w/o PA	IV
Heme/Onc	Other Oncologics	Platinol AQ	cisplatin	Generic preferred	IV
Heme/Onc	Other Oncologics	Proleukin	aldesleukin	Covered w/o PA	IV
Heme/Onc	Other Oncologics	Revlimid	lenalidomide	Prior Authorization	5,10,15,25
Heme/Onc	Other Oncologics	Rituxan	rituximab	Expedited Auth.	IV
Heme/Onc	Other Oncologics	Roferon A	interferon alfa 2a	Expedited Auth.	--
Heme/Onc	Other Oncologics	Sprycel	dasatinib	Covered w/o PA	20,50,70
Heme/Onc	Other Oncologics	Sutent	sunitinib	Covered w/o PA	12.5,25,50
Heme/Onc	Other Oncologics	Tarceva	erlotinib	Covered w/o PA	25,100,150
Heme/Onc	Other Oncologics	Targretin	bexarotene	Prior Authorization	75
Heme/Onc	Other Oncologics	Targretin gel	bexarotene topical	Prior Authorization	1% gel
Heme/Onc	Other Oncologics	Tasigna	nilotinib	Covered w/o PA	200
Heme/Onc	Other Oncologics	Taxol	paclitaxel	Covered w/o PA	IV
Heme/Onc	Other Oncologics	Taxotere	docetaxel	Covered w/o PA	IV
Heme/Onc	Other Oncologics	Thalomid	thalidomide	Prior Authorization	50,100,200
Heme/Onc	Other Oncologics	Torisel	temsirolimus	Covered w/o PA	IV
Heme/Onc	Other Oncologics	tretinoin	null	Age Restriction app	10
Heme/Onc	Other Oncologics	Tykerb	lapatinib	Covered w/o PA	250
Heme/Onc	Other Oncologics	Vectibix	panitumumab	Covered w/o PA	IV
Heme/Onc	Other Oncologics	Velcade	bortezomib	Prior Authorization	IV
Heme/Onc	Other Oncologics	Vesanoid	tretinoin	Covered w/o PA	10
Heme/Onc	Other Oncologics	Zevalin	ibritumomab tiuxetan	Prior Authorization	IV
Heme/Onc	Other Oncologics	Zolanza	vorinostat	Covered w/o PA	100
Immunizations	Influenza	Afluria	influenza vaccine	Covered w/o PA	IM
Immunizations	Influenza	Fluarix	influenza vaccine	Covered w/o PA	IM
Immunizations	Influenza	FluLaval	influenza vaccine	Covered w/o PA	IM
Immunizations	Influenza	FluMist	influenza nasal vaccine, live	Age Restriction app	0.2 mL sol
Immunizations	Influenza	Fluvirin	influenza vaccine	Covered w/o PA	IM
Immunizations	Influenza	Fluzone	influenza vaccine	Covered w/o PA	IM
Immunizations	Pneumococcal	Pneumovax 23	pneumococcal polyvalent vaccine	Covered w/o PA	SC; IM
Immunizations	Pneumococcal	Prevnar	pneumococcal polyvalent-7 vaccine	Covered w/o PA	IM
Immunologics	Immunoglobulins	ATG rabbit (common name)	antithymocyte globulin (rabbit)	Covered w/o PA	IV
Immunologics	Immunoglobulins	Atgam	lymphocyte immune globulin, anti	Covered w/o PA	IV
Immunologics	Immunoglobulins	Cytogam	cytomegalovirus immune globulin	Covered w/o PA	IV
Immunologics	Immunoglobulins	MicRhoGAM	Rho D immune globulin	Covered w/o PA	IM
Immunologics	Immunoglobulins	RespiGam	RSV immune globulin	Covered w/o PA	--
Immunologics	Immunoglobulins	RhoGAM	Rho D immune globulin	Covered w/o PA	IM

Immunologics	Immunoglobulins	Thymoglobulin	antithymocyte globulin (rabbit)	Covered w/o PA	IV
Immunologics	Immunosuppressants	ATG rabbit (common name)	antithymocyte globulin (rabbit)	Covered w/o PA	IV
Immunologics	Immunosuppressants	Atgam	lymphocyte immune globulin, ant	Covered w/o PA	IV
Immunologics	Immunosuppressants	Azasan	azathioprine	Covered w/o PA	75,100
Immunologics	Immunosuppressants	azathioprine	null	Covered w/o PA	50; IV
Immunologics	Immunosuppressants	CellCept	mycophenolate mofetil	Covered w/o PA	250,500; 200 mg/mL; IV
Immunologics	Immunosuppressants	cyclosporine mod	null	Covered w/o PA	25,100; 100/mL
Immunologics	Immunosuppressants	cyclosporine non-mod	null	Covered w/o PA	25,100; 100/mL; IV
Immunologics	Immunosuppressants	FK506 (common name)	tacrolimus	Covered w/o PA	0.5,1,5; IV
Immunologics	Immunosuppressants	Gengraf	cyclosporine modified	Covered w/o PA	25,100; 100/mL
Immunologics	Immunosuppressants	Imuran	azathioprine	Generic preferred	50
Immunologics	Immunosuppressants	Myfortic	mycophenolic acid	Covered w/o PA	180,360
Immunologics	Immunosuppressants	Neoral	cyclosporine modified	Covered w/o PA	25,100; 100/mL
Immunologics	Immunosuppressants	Orthoclone OKT3	muromonab-CD3	Prior Authorization	IV
Immunologics	Immunosuppressants	Prograf	tacrolimus	Covered w/o PA	0.5,1,5; IV
Immunologics	Immunosuppressants	Rapamune	sirolimus	Covered w/o PA	1,2; 1/mL sol
Immunologics	Immunosuppressants	Sandimmune	cyclosporine non-modified	Covered w/o PA	25,50,100; 100/mL sol; IV
Immunologics	Immunosuppressants	Simulect	basiliximab	Prior Authorization	IV
Immunologics	Immunosuppressants	Thymoglobulin	antithymocyte globulin (rabbit)	Covered w/o PA	IV
Immunologics	Immunosuppressants	Zenapax	daclizumab	Covered w/o PA	IV
Immunologics	Interferons	Avonex	interferon beta 1a	Covered w/o PA	IM
Immunologics	Interferons	Betaseron	interferon beta 1b	Covered w/o PA	SC
Immunologics	Interferons	Intron A	interferon alfa 2b	Expedited Auth.	SC; IM; IV; intra-lesional
Immunologics	Interferons	Pegasys	peginterferon alfa 2a	Covered w/o PA	SC
Immunologics	Interferons	PEG-Intron	peginterferon alfa 2b	Non-Preferred	SC
Immunologics	Interferons	Rebif	interferon beta 1a	Covered w/o PA	SC
Immunologics	Interferons	Roferon A	interferon alfa 2a	Expedited Auth.	--
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	Bicitra	citric acid/sodium citrate	Covered w/o PA	334/500/5 mL
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	Cytra-2	citric acid/sodium citrate	Covered w/o PA	334/500/5 mL
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	Kayexalate	sodium polystyrene sulfonate	Generic preferred	pwdr
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	K-Dur	potassium chloride	Generic preferred	--
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	Klor-Con	potassium chloride	Generic preferred	8,10 mEq ER
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	Klor-Con M	potassium chloride	Covered w/o PA	10,15,20 mEq ER
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	K-Phos M.F.	potassium acid phosphate/sodium ph	Covered w/o PA	155/350
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	K-Phos Neutral	potassium phosphate/sodium ph	Covered w/o PA	155/982
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	K-Phos No. 2	potassium acid phosphate/sodium	Covered w/o PA	305/700
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	K-Phos Original	potassium acid phosphate	Covered w/o PA	500
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	Micro-K	potassium chloride	Generic preferred	8,10 mEq ER
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	Neutra-Phos	potassium phosphate/sodium ph	Covered w/o PA	--
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	Neutra-Phos K	potassium phosphate	Covered w/o PA	--

Lytes/Minerals/Nutr	Electrolytes/Acid-Base	potassium chloride	null	Covered w/o PA	8,10 mEq; 8,10,20 mEq ER; 20,40 mEq/15mL; 20 mEq pw; IV
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	Renagel	sevelamer	Covered w/o PA	400,800
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	Renvela	sevelamer	Covered w/o PA	800
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	sodium bicarbonate	null	Covered w/o PA	325,650; pwdr; IV
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	sod polystyrene sulf	null	Covered w/o PA	15 g/60 mL
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	Uro-KP Neutral	potassium phosphate/sodium ph	Covered w/o PA	--
Lytes/Minerals/Nutr	Electrolytes/Acid-Base	Vaprisol	conivaptan	Prior Authorization	IV
Lytes/Minerals/Nutr	Minerals	calcium carbonate	null	Covered w/o PA	350,500,600,750,1000,others
Lytes/Minerals/Nutr	Minerals	calcium chloride	null	Prior Authorization	IV
Lytes/Minerals/Nutr	Minerals	calcium gluconate	null	Covered w/o PA	500,650,975,1000; IV
Lytes/Minerals/Nutr	Minerals	DexFerrum	iron dextran	Covered w/o PA	IM; IV
Lytes/Minerals/Nutr	Minerals	Fergon	ferrous gluconate	Generic preferred	240
Lytes/Minerals/Nutr	Minerals	Ferrlecit	sodium ferric gluconate complex	Prior Authorization	IV
Lytes/Minerals/Nutr	Minerals	ferrous gluconate	null	Covered w/o PA	300,325
Lytes/Minerals/Nutr	Minerals	ferrous sulfate	null	Covered w/o PA	324,325; 220/5 mL
Lytes/Minerals/Nutr	Minerals	INFeD	iron dextran	Covered w/o PA	IM; IV
Lytes/Minerals/Nutr	Minerals	K-Phos Neutral	potassium phosphate/sodium ph	Covered w/o PA	155/982
Lytes/Minerals/Nutr	Minerals	magnesium gluc	null	Covered w/o PA	500
Lytes/Minerals/Nutr	Minerals	magnesium oxide	null	Covered w/o PA	140,400
Lytes/Minerals/Nutr	Minerals	magnesium sulfate	null	Covered w/o PA	IM; IV; INJ
Lytes/Minerals/Nutr	Minerals	Neutra-Phos	potassium phosphate/sodium ph	Covered w/o PA	--
Lytes/Minerals/Nutr	Minerals	Neutra-Phos K	potassium phosphate	Covered w/o PA	--
Lytes/Minerals/Nutr	Minerals	Tums	calcium carbonate	Generic preferred	500, 750, 1000
Lytes/Minerals/Nutr	Minerals	Venofer	iron sucrose	Covered w/o PA	IV
Lytes/Minerals/Nutr	Phosphate Binders	Alternagel	aluminum hydroxide	Generic preferred	600/5 mL
Lytes/Minerals/Nutr	Phosphate Binders	aluminum hydroxide	null	Covered w/o PA	320,600/5 mL
Lytes/Minerals/Nutr	Phosphate Binders	Amphojel	aluminum hydroxide	Generic preferred	--
Lytes/Minerals/Nutr	Phosphate Binders	calcium acetate	null	Covered w/o PA	667
Lytes/Minerals/Nutr	Phosphate Binders	Fosrenol	lanthanum	Covered w/o PA	250,500,750,1000 CH
Lytes/Minerals/Nutr	Phosphate Binders	PhosLo	calcium acetate	Covered w/o PA	667
Lytes/Minerals/Nutr	Vitamins/Nutrition	Aquasol A	vitamin A palmitate	Prior Authorization	IM
Lytes/Minerals/Nutr	Vitamins/Nutrition	Aquasol E	alpha-tocopherol	Prior Authorization	15 units/0.3 mL
Lytes/Minerals/Nutr	Vitamins/Nutrition	Calcijex	calcitriol	Covered w/o PA	IV
Lytes/Minerals/Nutr	Vitamins/Nutrition	calcitriol	null	Covered w/o PA	0.25,0.5 mcg; IV
Lytes/Minerals/Nutr	Vitamins/Nutrition	CaloMist	cyanocobalamin nasal	Prior Authorization	25 mcg/spray
Lytes/Minerals/Nutr	Vitamins/Nutrition	Carnitor	levocarnitine	Generic preferred	330; 1 g/10 mL; IV
Lytes/Minerals/Nutr	Vitamins/Nutrition	Drisdol	ergocalciferol	Generic preferred	50,000 units; 8,000 units/mL
Lytes/Minerals/Nutr	Vitamins/Nutrition	fluoride (common name)	sodium fluoride	Age Restriction app	0.5,1 CH; 1; 0.5/mL
Lytes/Minerals/Nutr	Vitamins/Nutrition	folic acid	null	Covered w/o PA	0.4,0.8,1; SC; IM

Lytes/Minerals/Nutr	Vitamins/Nutrition	levocarnitine	null	Covered w/o PA	330; 1 g/10 mL; IV
Lytes/Minerals/Nutr	Vitamins/Nutrition	Nascobal	cyanocobalamin nasal	Prior Authorization	500 mcg/spray
Lytes/Minerals/Nutr	Vitamins/Nutrition	Phos-Flur	sodium fluoride topical	Age Restriction app	1.1% gel; 0.044% sol
Lytes/Minerals/Nutr	Vitamins/Nutrition	PreviDent	sodium fluoride topical	Age Restriction app	1.1% gel,paste; 0.2% sol
Lytes/Minerals/Nutr	Vitamins/Nutrition	Rocaltrol	calcitriol	Generic preferred	0.25,0.5 mcg; 1 mcg/mL
Lytes/Minerals/Nutr	Vitamins/Nutrition	sodium fluoride	null	Age Restriction app	0.5,1 CH; 1; 0.5/mL
Lytes/Minerals/Nutr	Vitamins/Nutrition	vitamin A	null	Prior Authorization	5000, 10,000, 15,000, 25,000 u
Lytes/Minerals/Nutr	Vitamins/Nutrition	vitamin B1 (common name)	thiamine	Prior Authorization	50,100,250,500; IM; IV
Lytes/Minerals/Nutr	Vitamins/Nutrition	vitamin B12 (common name)	cyanocobalamin	Prior Authorization	100,500,1000 mcg; SC; IM
Lytes/Minerals/Nutr	Vitamins/Nutrition	vitamin B2 (common name)	riboflavin	Prior Authorization	25,50,100
Lytes/Minerals/Nutr	Vitamins/Nutrition	vitamin B6 (common name)	pyridoxine	Prior Authorization	25,50,100; IM; IV
Lytes/Minerals/Nutr	Vitamins/Nutrition	vitamin B9 (common name)	folic acid	Covered w/o PA	0.4,0.8,1; SC; IM
Lytes/Minerals/Nutr	Vitamins/Nutrition	vitamin C (common name)	ascorbic acid	Covered w/o PA	25,50,100,250,500,1000; IM; IV
Lytes/Minerals/Nutr	Vitamins/Nutrition	vitamin D2 (common name)	ergocalciferol	Covered w/o PA	50,000 units
Lytes/Minerals/Nutr	Vitamins/Nutrition	vitamin E (common name)	alpha-tocopherol	Expedited Auth.	100,200,400,500,800,1000 units; 15 units/0.3 mL; 15 units/30 mL
Lytes/Minerals/Nutr	Vitamins/Nutrition	Zemplar	paricalcitol	Covered w/o PA	1,2,4 mcg; IV
Neurologic	Alzheimer's	Aricept	donepezil	Covered w/o PA	5,10; 5,10 ODT
Neurologic	Alzheimer's	Cognex	tacrine	Prior Authorization	10,20,30,40
Neurologic	Alzheimer's	Exelon	rivastigmine	Non-Preferred	1.5,3,4.5,6; 2 mg/mL
Neurologic	Alzheimer's	Exelon Patch	rivastigmine transdermal	Non-Preferred	4.6,9.5/24h patch
Neurologic	Alzheimer's	galantamine	null	Non-Preferred	4,8,12; 8,16,24 ER
Neurologic	Alzheimer's	Namenda	memantine	Covered w/o PA	5,10; 2/mL sol
Neurologic	Alzheimer's	Razadyne	galantamine	Non-Preferred	4,8,12; 4/mL
Neurologic	Alzheimer's	Razadyne ER	galantamine	Non-Preferred	8,16,24 ER
Neurologic	Anti-Convulsants	Ativan	lorazepam	Generic preferred	0.5,1,2; IM; IV
Neurologic	Anti-Convulsants	carbamazepine	null	Covered w/o PA	100 CH; 200; 100/5 mL
Neurologic	Anti-Convulsants	Carbatrol	carbamazepine	Covered w/o PA	100,200,300 ER
Neurologic	Anti-Convulsants	Cerebyx	fosphenytoin	Covered w/o PA	IM; IV
Neurologic	Anti-Convulsants	clonazepam	null	Covered w/o PA	0.5,1,2; 0.125,0.25,0.5,1,2 ODT
Neurologic	Anti-Convulsants	Depacon	valproate sodium	Covered w/o PA	IV
Neurologic	Anti-Convulsants	Depakene	valproic acid	Generic preferred	250; 250/5 mL
Neurologic	Anti-Convulsants	Depakote	divalproex sodium	Covered w/o PA	125,250,500
Neurologic	Anti-Convulsants	Depakote ER	divalproex sodium	Covered w/o PA	250,500 ER
Neurologic	Anti-Convulsants	Depakote Sprinkles	divalproex sodium	Covered w/o PA	125
Neurologic	Anti-Convulsants	Diastat	diazepam rectal	Quantity limits	2.5 gel; 10, 20 AcuDial gel
Neurologic	Anti-Convulsants	Dilantin	phenytoin	Generic preferred	50 CH; 30,100 ER; 125/5 mL
Neurologic	Anti-Convulsants	divalproex sodium	null	Covered w/o PA	125,250,500
Neurologic	Anti-Convulsants	ethosuximide	null	Covered w/o PA	250; 250/5 mL
Neurologic	Anti-Convulsants	Felbatol	felbamate	Quantity limits	400,600; 600/5 mL

Neurologic	Anti-Convulsants	fosphenytoin	null	Covered w/o PA	IM; IV
Neurologic	Anti-Convulsants	gabapentin	null	Expedited Auth.	100,300,400,600,800
Neurologic	Anti-Convulsants	Gabitril	tiagabine	Expedited Auth.	2,4,12,16
Neurologic	Anti-Convulsants	Keppra	levetiracetam	Expedited Auth.	250,500,750,1000; 100/mL; IV
Neurologic	Anti-Convulsants	Keppra XR	levetiracetam	Expedited Auth.	500 ER
Neurologic	Anti-Convulsants	Klonopin	clonazepam	Generic preferred	0.5,1,2
Neurologic	Anti-Convulsants	Klonopin Wafers	clonazepam	Covered w/o PA	0.125,0.25,0.5,1,2 ODT
Neurologic	Anti-Convulsants	Lamictal	lamotrigine	Covered w/o PA	25,100,150,200; 2,5,25 CH
Neurologic	Anti-Convulsants	lamotrigine	null	Covered w/o PA	25,100,150,200; 5,25 CH
Neurologic	Anti-Convulsants	lorazepam	null	Covered w/o PA	0.5,1,2; 2/mL sol; IM; IV
Neurologic	Anti-Convulsants	Lyrica	pregabalin	Expedited Auth.	25,50,75,100,150,200,225,300
Neurologic	Anti-Convulsants	Mysoline	primidone	Generic preferred	50,250
Neurologic	Anti-Convulsants	Neurontin	gabapentin	Generic preferred	100,300,400,600,800; 50/mL
Neurologic	Anti-Convulsants	oxcarbazepine	null	Covered w/o PA	150,300,600
Neurologic	Anti-Convulsants	phenobarbital	null	Covered w/o PA	15,30,60,100; 20 mg/5 mL; IM; IV
Neurologic	Anti-Convulsants	Phenytek	phenytoin	Covered w/o PA	200,300 ER
Neurologic	Anti-Convulsants	phenytoin	null	Covered w/o PA	100 ER; 125/5 mL; IM; IV
Neurologic	Anti-Convulsants	primidone	null	Covered w/o PA	50,250
Neurologic	Anti-Convulsants	Stavzor	valproic acid	Covered w/o PA	125,250,500
Neurologic	Anti-Convulsants	Tegretol	carbamazepine	Generic preferred	100 CH; 200; 100/5 mL
Neurologic	Anti-Convulsants	Tegretol XR	carbamazepine	Covered w/o PA	100,200,400 ER
Neurologic	Anti-Convulsants	Topamax	topiramate	Expedited Auth.	25,50,100,200; 15,25 sprinkles
Neurologic	Anti-Convulsants	Trileptal	oxcarbazepine	Covered w/o PA	150,300,600; 300/5 mL
Neurologic	Anti-Convulsants	valproate sod	null	Covered w/o PA	IV
Neurologic	Anti-Convulsants	valproic acid	null	Covered w/o PA	250; 250/5 mL
Neurologic	Anti-Convulsants	Zarontin	ethosuximide	Covered w/o PA	250; 250/5 mL
Neurologic	Anti-Convulsants	Zonegran	zonisamide	Covered w/o PA	25,50,100
Neurologic	Anti-Convulsants	zonisamide	null	Covered w/o PA	25,50,100
Neurologic	Anti-Parkinson	amantadine	null	Covered w/o PA	100; 50/5 mL
Neurologic	Anti-Parkinson	Apokyn	apomorphine	Prior Authorization	SC
Neurologic	Anti-Parkinson	Artane	trihexyphenidyl	Generic preferred	--
Neurologic	Anti-Parkinson	Azilect	rasagiline	Prior Authorization	0.5,1
Neurologic	Anti-Parkinson	Benadryl Allergy	diphenhydramine	Generic preferred	25,50; 12.5/5 mL
Neurologic	Anti-Parkinson	benztropine	null	Covered w/o PA	0.5,1,2; IM; IV
Neurologic	Anti-Parkinson	bromocriptine	null	Covered w/o PA	2.5,5
Neurologic	Anti-Parkinson	carbidopa/levodopa	null	Covered w/o PA	10/100,25/100,25/250; 10/100,25/100,25/250 ODT; 25/100,50/200 ER
Neurologic	Anti-Parkinson	Cogentin	benztropine	Generic preferred	IM; IV
Neurologic	Anti-Parkinson	Comtan	entacapone	Covered w/o PA	200

Neurologic	Anti-Parkinson	diphenhydramine	null	Covered w/o PA	25,50; 12.5/5 mL; IM; IV
Neurologic	Anti-Parkinson	Eldepryl	selegiline	Generic preferred	5
Neurologic	Anti-Parkinson	Exelon	rivastigmine	Covered w/o PA	1.5,3,4.5,6; 2 mg/mL
Neurologic	Anti-Parkinson	Exelon Patch	rivastigmine transdermal	Prior Authorization	4.6,9.5/24h patch
Neurologic	Anti-Parkinson	Levbid	hyoscyamine	Generic preferred	0.375 ER
Neurologic	Anti-Parkinson	Mirapex	pramipexole	Covered w/o PA	0.125,0.25,0.5,0.75,1,1.5
Neurologic	Anti-Parkinson	Neupro	rotigotine transdermal	Covered w/o PA	2,4,6 mg/24h patch
Neurologic	Anti-Parkinson	NuLev	hyoscyamine	Generic preferred	0.125 ODT
Neurologic	Anti-Parkinson	Parcopa	carbidopa/levodopa	Expedited Auth.	10/100,25/100,25/250 ODT
Neurologic	Anti-Parkinson	Parlodel	bromocriptine	Generic preferred	2.5,5
Neurologic	Anti-Parkinson	Permax	pergolide	Not Covered	0.05,0.25,1
Neurologic	Anti-Parkinson	Requip	ropinirole	Covered w/o PA	0.25,0.5,1,2,3,4,5
Neurologic	Anti-Parkinson	Requip XL	ropinirole	Prior Authorization	2,4,8,12 ER
Neurologic	Anti-Parkinson	ropinirole	null	Covered w/o PA	0.25,0.5,1,2,3,4
Neurologic	Anti-Parkinson	Scopace	scopolamine	Prior Authorization	0.4
Neurologic	Anti-Parkinson	selegiline	null	Covered w/o PA	5
Neurologic	Anti-Parkinson	Sinemet	carbidopa/levodopa	Generic preferred	10/100,25/100,25/250
Neurologic	Anti-Parkinson	Sinemet CR	carbidopa/levodopa	Generic preferred	25/100,50/200 ER
Neurologic	Anti-Parkinson	Stalevo	carbidopa/levodopa/entacapone	Covered w/o PA	12.5/50/200,18.75/75/200,25/100/200,31.25/125/200,37.5/150/200,50/200/200
Neurologic	Anti-Parkinson	Symmetrel	amantadine	Generic preferred	100; 50/5 mL
Neurologic	Anti-Parkinson	Tasmar	tolcapone	Covered w/o PA	100,200
Neurologic	Anti-Parkinson	trihexyphenidyl	null	Covered w/o PA	2,5; 2/5 mL elix
Neurologic	Anti-Parkinson	Zelapar	selegiline	Quantity limits	1.25 ODT
Neurologic	Migraine	acetamin/dichloralphen/isc	null	Prior Authorization	325/100/65
Neurologic	Migraine	Amerge	naratriptan	Non-Preferred	1,2,5
Neurologic	Migraine	Axert	almotriptan	Non-Preferred	6.25,12.5
Neurologic	Migraine	butorphanol nasal	null	Quantity limits	1/spray
Neurologic	Migraine	Cafergot	ergotamine/caffeine	Generic preferred	1/100
Neurologic	Migraine	D.H.E. 45	dihydroergotamine	Covered w/o PA	IV
Neurologic	Migraine	Depakene	valproic acid	Generic preferred	250; 250/5 mL
Neurologic	Migraine	Depakote	divalproex sodium	Generic preferred	125,250,500
Neurologic	Migraine	Depakote ER	divalproex sodium	Covered w/o PA	250,500 ER
Neurologic	Migraine	Depakote Sprinkles	divalproex sodium	Covered w/o PA	125
Neurologic	Migraine	divalproex sodium	null	Covered w/o PA	125,250,500
Neurologic	Migraine	Duradrin	acetaminophen/dichloralphenaz	Not Covered	325/100/65
Neurologic	Migraine	ergotamine/caffeine	null	Covered w/o PA	1/100
Neurologic	Migraine	Frova	frovatriptan	Non-Preferred	2.5
Neurologic	Migraine	Imitrex	sumatriptan	Quantity limits	25,50,100; SC

Neurologic	Migraine	Imitrex Nasal	sumatriptan nasal	Quantity limits	5,20 mg/spray
Neurologic	Migraine	Maxalt	rizatriptan	Non-Preferred	5,10
Neurologic	Migraine	Maxalt-MLT	rizatriptan	Non-Preferred	5,10 ODT
Neurologic	Migraine	Midrin	acetaminophen/dichloralphenaz	Not Covered	325/100/65
Neurologic	Migraine	Migranal	dihydroergotamine nasal	Quantity limits	0.5/spray
Neurologic	Migraine	Relpax	eletriptan	Quantity limits	20,40
Neurologic	Migraine	Stavzor	valproic acid	Covered w/o PA	125,250,500
Neurologic	Migraine	sumatriptan	null	Covered w/o PA	25,50,100
Neurologic	Migraine	Topamax	topiramate	Expedited Auth.	25,50,100,200; 15,25 sprinkles
Neurologic	Migraine	Treximet	sumatriptan/naproxen sodium	Prior Authorization	85/500
Neurologic	Migraine	valproic acid	null	Covered w/o PA	250; 250/5 mL
Neurologic	Migraine	Zomig	zolmitriptan	Quantity limits	2.5,5
Neurologic	Migraine	Zomig Nasal	zolmitriptan nasal	Quantity limits	5 mg/spray
Neurologic	Migraine	Zomig-ZMT	zolmitriptan	Quantity limits	2.5,5 ODT
Neurologic	Neuromuscular Dis.	Avonex	interferon beta 1a	Covered w/o PA	IM
Neurologic	Neuromuscular Dis.	Betaseron	interferon beta 1b	Covered w/o PA	SC
Neurologic	Neuromuscular Dis.	Copaxone	glatiramer	Covered w/o PA	SC
Neurologic	Neuromuscular Dis.	Mestinon	pyridostigmine	Covered w/o PA	60; 180 ER; 60/5 mL
Neurologic	Neuromuscular Dis.	mitoxantrone	null	Covered w/o PA	IV
Neurologic	Neuromuscular Dis.	neostigmine	null	Prior Authorization	SC; IM; IV
Neurologic	Neuromuscular Dis.	Novantrone	mitoxantrone	Generic preferred	IV
Neurologic	Neuromuscular Dis.	Prostigmin	neostigmine	Prior Authorization	15; SC; IM; IV
Neurologic	Neuromuscular Dis.	pyridostigmine	null	Covered w/o PA	60
Neurologic	Neuromuscular Dis.	Rebif	interferon beta 1a	Covered w/o PA	SC
Neurologic	Neuromuscular Dis.	Rilutek	riluzole	Covered w/o PA	50
Neurologic	Neuromuscular Dis.	Tysabri	natalizumab	Prior Authorization	IV
Neurologic	Other Neurologics	acetazolamide	null	Covered w/o PA	125,250; IV
Neurologic	Other Neurologics	Botox	botulinum toxin type A	Prior Authorization	IM; INJ
Neurologic	Other Neurologics	Botox Cosmetic	botulinum toxin type A	Not Covered	IM
Neurologic	Other Neurologics	carbamazepine	null	Covered w/o PA	100 CH; 200; 100/5 mL
Neurologic	Other Neurologics	Carbatrol	carbamazepine	Covered w/o PA	100,200,300 ER
Neurologic	Other Neurologics	Cymbalta	duloxetine	Expedited Auth.	20,30,60
Neurologic	Other Neurologics	Diamox	acetazolamide	Generic preferred	--
Neurologic	Other Neurologics	Diamox Sequels	acetazolamide	Covered w/o PA	500 ER
Neurologic	Other Neurologics	Equetro	carbamazepine	Covered w/o PA	100,200,300 ER
Neurologic	Other Neurologics	gabapentin	null	Expedited Auth.	100,300,400,600,800
Neurologic	Other Neurologics	Lyrica	pregabalin	Expedited Auth.	25,50,75,100,150,200,225,300
Neurologic	Other Neurologics	mannitol	null	Prior Authorization	IV
Neurologic	Other Neurologics	methazolamide	null	Covered w/o PA	25,50
Neurologic	Other Neurologics	Myobloc	botulinum toxin type B	Prior Authorization	IM

Neurologic	Other Neurologics	Neurontin	gabapentin	Generic preferred	100,300,400,600,800; 50/mL
Neurologic	Other Neurologics	Osmitrol	mannitol	Prior Authorization	IV
Neurologic	Other Neurologics	oxcarbazepine	null	Covered w/o PA	150,300,600
Neurologic	Other Neurologics	Provigil	modafinil	Prior Authorization	100,200
Neurologic	Other Neurologics	Requip	ropinirole	Covered w/o PA	0.25,0.5,1,2,3,4,5
Neurologic	Other Neurologics	ropinirole	null	Covered w/o PA	0.25,0.5,1,2,3,4
Neurologic	Other Neurologics	Tegretol	carbamazepine	Generic preferred	100 CH; 200; 100/5 mL
Neurologic	Other Neurologics	Tegretol XR	carbamazepine	Covered w/o PA	100,200,400 ER
Neurologic	Other Neurologics	Trileptal	oxcarbazepine	Covered w/o PA	150,300,600; 300/5 mL
Neurologic	Other Neurologics	Xyrem	sodium oxybate	Prior Authorization	0.5 g/mL sol
Neurologic	Stroke	Aggrenox	aspirin/dipyridamole	Expedited Auth.	25/200 ER
Neurologic	Stroke	aspirin	null	Covered w/o PA	81,165,325,500,650; 81 CH; 120,200,300,600 PR
Neurologic	Stroke	Plavix	clopidogrel	Expedited Auth.	75,300
Neurologic	Stroke	Ticlid	ticlopidine	Prior Authorization	250
Neurologic	Stroke	ticlopidine	null	Prior Authorization	250
OB/Gyn	Hormone Replacement	Activella	estradiol/norethindrone acetate	Covered w/o PA	0.5/0.1,1/0.5
OB/Gyn	Hormone Replacement	Alora	estradiol transdermal	Prior Authorization	0.025,0.05,0.075,0.1/day patch
OB/Gyn	Hormone Replacement	Angeliq	drospirenone/estradiol	Prior Authorization	0.5/1
OB/Gyn	Hormone Replacement	Aygestin	norethindrone acetate	Covered w/o PA	5
OB/Gyn	Hormone Replacement	Cenestin	estrogens, conjugated (synthetic)	Prior Authorization	0.3,0.45,0.625,0.9,1.25
OB/Gyn	Hormone Replacement	Climara	estradiol transdermal	Prior Authorization	0.025,0.0375,0.05,0.06,0.075,0.1/d ay patch
OB/Gyn	Hormone Replacement	Climara Pro	estradiol/levonorgestrel transdermal	Covered w/o PA	0.045/0.015/day patch
OB/Gyn	Hormone Replacement	Combipatch	estradiol/norethindrone acetate transdermal	Covered w/o PA	0.05/0.14/day,0.05/0.25/day pch
OB/Gyn	Hormone Replacement	Delestrogen	estradiol valerate	Covered w/o PA	IM
OB/Gyn	Hormone Replacement	Depo-Estradiol	estradiol cypionate	Covered w/o PA	IM
OB/Gyn	Hormone Replacement	Divigel	estradiol topical	Prior Authorization	0.25,0.5,1 g/pkt 0.1% gel
OB/Gyn	Hormone Replacement	Elestrin	estradiol topical	Prior Authorization	0.87 g/pump 0.06% gel
OB/Gyn	Hormone Replacement	Enjuvia	estrogens, conjugated B (synthetic)	Prior Authorization	0.3,0.45,0.625,0.9,1.25
OB/Gyn	Hormone Replacement	Estrace	estradiol	Generic preferred	0.5,1,2
OB/Gyn	Hormone Replacement	Estrace vaginal	estradiol vaginal	Prior Authorization	0.01% crm
OB/Gyn	Hormone Replacement	Estraderm	estradiol transdermal	Prior Authorization	0.05,0.1/day patch
OB/Gyn	Hormone Replacement	estradiol	null	Covered w/o PA	0.5,1,2
OB/Gyn	Hormone Replacement	estradiol transdermal	null	Prior Authorization	0.025,0.0375,0.05,0.06,0.075,0.1/d ay patch
OB/Gyn	Hormone Replacement	Estrasorb	estradiol topical	Prior Authorization	1.74 g lot pkt
OB/Gyn	Hormone Replacement	Estratest	estrogens, esterified/methyltestosterone	Not Covered	1.25/2.5
OB/Gyn	Hormone Replacement	Estratest H.S.	estrogens, esterified/methyltestosterone	Not Covered	0.625/1.25
OB/Gyn	Hormone Replacement	Estring	estradiol vaginal	Prior Authorization	2/90 day ring

OB/Gyn	Hormone Replacement	EstroGel	estradiol topical	Prior Authorization	1.25 g/pump 0.06% gel
OB/Gyn	Hormone Replacement	estropipate	null	Prior Authorization	0.75,1.5,3,6
OB/Gyn	Hormone Replacement	Evamist	estradiol transdermal	Prior Authorization	1.53 mg/spray
OB/Gyn	Hormone Replacement	Femhrt	ethinyl estradiol/norethindrone ac	Covered w/o PA	2.5 mcg/0.5 mg,5 mcg/1 mg
OB/Gyn	Hormone Replacement	Femring	estradiol vaginal	Prior Authorization	0.05,0.1/day ring
OB/Gyn	Hormone Replacement	Femtrace	estradiol acetate	Prior Authorization	0.45,0.9,1.8
OB/Gyn	Hormone Replacement	Gynodiol	estradiol	Generic preferred	0.5,1,1.5,2
OB/Gyn	Hormone Replacement	medroxyprogesterone	null	Covered w/o PA	2.5,5,10
OB/Gyn	Hormone Replacement	Menest	estrogens, esterified	Covered w/o PA	0.3,0.625,1.25,2.5
OB/Gyn	Hormone Replacement	Menostar	estradiol transdermal	Prior Authorization	0.014/day patch
OB/Gyn	Hormone Replacement	norethindrone acetate	null	Covered w/o PA	5
OB/Gyn	Hormone Replacement	Ogen	estropipate	Prior Authorization	0.75,1.5,3
OB/Gyn	Hormone Replacement	Prefest	estradiol/norgestimate	Covered w/o PA	1/0,1/0.09
OB/Gyn	Hormone Replacement	Premarin	estrogens, conjugated	Prior Authorization	0.3,0.45,0.625,0.9,1.25
OB/Gyn	Hormone Replacement	Premarin IV	estrogens, conjugated	Prior Authorization	IM; IV
OB/Gyn	Hormone Replacement	Premarin vaginal	estrogens, conjugated vaginal	Covered w/o PA	0.625/g crm
OB/Gyn	Hormone Replacement	Premphase	estrogens, conjugated/medroxy	Covered w/o PA	0.625/0, 0.625/5
OB/Gyn	Hormone Replacement	Prempro	estrogens, conjugated/medroxy	Covered w/o PA	0.3/1.5,0.45/1.5,0.625/2.5,0.625/5
OB/Gyn	Hormone Replacement	Prometrium	progesterone micronized	Covered w/o PA	100,200
OB/Gyn	Hormone Replacement	Provera	medroxyprogesterone	Generic preferred	2.5,5,10
OB/Gyn	Hormone Replacement	Vagifem	estradiol vaginal	Prior Authorization	0.025 tab
OB/Gyn	Hormone Replacement	Vivelle-Dot	estradiol transdermal	Prior Authorization	0.025,0.0375,0.05,0.075,0.1/day patch
OB/Gyn	Infertility	Bravelle	urofollitropin	Not Covered	SC; IM
OB/Gyn	Infertility	Clomid	clomiphene	Not Covered	50
OB/Gyn	Infertility	clomiphene	null	Not Covered	50
OB/Gyn	Infertility	Crinone	progesterone vaginal	Prior Authorization	8% vaginal gel
OB/Gyn	Infertility	Follistim AQ	follitropin beta	Not Covered	SC; IM
OB/Gyn	Infertility	Gonal-F	follitropin alfa	Not Covered	SC
OB/Gyn	Infertility	Gonal-F RFF	follitropin alfa	Not Covered	SC
OB/Gyn	Infertility	Menopur	menotropins	Not Covered	SC
OB/Gyn	Infertility	Prochieve	progesterone vaginal	Not Covered	4,8% vaginal gel
OB/Gyn	Infertility	Repronex	menotropins	Not Covered	SC; IM
OB/Gyn	Infertility	Serophene	clomiphene	Not Covered	50
OB/Gyn	Labor Induction	Cervidil	dinoprostone vaginal insert	Covered w/o PA	10 mg insert
OB/Gyn	Labor Induction	oxytocin	null	Prior Authorization	IM; IV
OB/Gyn	Labor Induction	Pitocin	oxytocin	Prior Authorization	IV
OB/Gyn	Labor Induction	Prepidil	dinoprostone vaginal gel	Covered w/o PA	0.5 gel
OB/Gyn	OCPs 1, monophasic	Apri	desogestrel/ethinyl estradiol	Covered w/o PA	0.15 mg/30 mcg
OB/Gyn	OCPs 1, monophasic	Aviane	ethinyl estradiol/levonorgestrel	Covered w/o PA	20 mcg/0.1 mg

OB/Gyn	OCPs 1, monophasic	Balziva	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/0.4 mg
OB/Gyn	OCPs 1, monophasic	Brevicon	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/0.5 mg
OB/Gyn	OCPs 1, monophasic	Cryelle	ethinyl estradiol/norgestrel	Covered w/o PA	30 mcg/0.3 mg
OB/Gyn	OCPs 1, monophasic	Desogen	desogestrel/ethinyl estradiol	Covered w/o PA	0.15 mg/30mcg
OB/Gyn	OCPs 1, monophasic	Femcon Fe	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/0.4 mg CH
OB/Gyn	OCPs 1, monophasic	Jolessa	ethinyl estradiol/levonorgestrel	Covered w/o PA	0.03/0.15
OB/Gyn	OCPs 1, monophasic	Junel 21 1.5/30	ethinyl estradiol/norethindrone	Covered w/o PA	0.03/1.5
OB/Gyn	OCPs 1, monophasic	Junel 21 1/20	ethinyl estradiol/norethindrone	Covered w/o PA	0.02/1
OB/Gyn	OCPs 1, monophasic	Junel FE 1.5/30	ethinyl estradiol/norethindrone	Covered w/o PA	0.03/1.5
OB/Gyn	OCPs 1, monophasic	Junel FE 1/20	ethinyl estradiol/norethindrone	Covered w/o PA	0.02/1
OB/Gyn	OCPs 1, monophasic	Kariva	desogestrel/ethinyl estradiol	Covered w/o PA	0.15/0.02,0/0.01
OB/Gyn	OCPs 1, monophasic	Kelnor	ethinyl estradiol/ethynodiol	Covered w/o PA	35 mcg/1 mg
OB/Gyn	OCPs 1, monophasic	Lessina	ethinyl estradiol/levonorgestrel	Covered w/o PA	20 mcg/0.1 mg
OB/Gyn	OCPs 1, monophasic	Levora	ethinyl estradiol/levonorgestrel	Covered w/o PA	0.03/0.15
OB/Gyn	OCPs 1, monophasic	Lo/Ovral	ethinyl estradiol/norgestrel	Generic preferred	30 mcg/0.3 mg
OB/Gyn	OCPs 1, monophasic	Loestrin 21 1.5/30	ethinyl estradiol/norethindrone	Covered w/o PA	30 mcg/1.5 mg
OB/Gyn	OCPs 1, monophasic	Loestrin 21 1/20	ethinyl estradiol/norethindrone	Covered w/o PA	20 mcg/1 mg
OB/Gyn	OCPs 1, monophasic	Loestrin 24 Fe	ethinyl estradiol/norethindrone	Covered w/o PA	0.02/1
OB/Gyn	OCPs 1, monophasic	Loestrin Fe 1.5/30	ethinyl estradiol/norethindrone	Generic preferred	0.03/1.5
OB/Gyn	OCPs 1, monophasic	Loestrin Fe 1/20	ethinyl estradiol/norethindrone	Generic preferred	0.02/1
OB/Gyn	OCPs 1, monophasic	Low-Ogestrel	ethinyl estradiol/norgestrel	Covered w/o PA	30 mcg/0.3 mg
OB/Gyn	OCPs 1, monophasic	Lutera	ethinyl estradiol/levonorgestrel	Covered w/o PA	20 mcg/0.1 mg
OB/Gyn	OCPs 1, monophasic	Lybrel	ethinyl estradiol/levonorgestrel	Covered w/o PA	20 mcg/0.09 mg
OB/Gyn	OCPs 1, monophasic	Microgestin 1.5/30	ethinyl estradiol/norethindrone	Covered w/o PA	30 mcg/1.5 mg
OB/Gyn	OCPs 1, monophasic	Microgestin 1/20	ethinyl estradiol/norethindrone	Covered w/o PA	20 mcg/1 mg
OB/Gyn	OCPs 1, monophasic	Microgestin Fe 1.5/30	ethinyl estradiol/norethindrone	Covered w/o PA	0.03/1.5
OB/Gyn	OCPs 1, monophasic	Microgestin Fe 1/20	ethinyl estradiol/norethindrone	Covered w/o PA	0.02/1
OB/Gyn	OCPs 1, monophasic	Mircette	desogestrel/ethinyl estradiol	Covered w/o PA	0.15/0.02,0/0.01
OB/Gyn	OCPs 1, monophasic	Modicon	ethinyl estradiol/norethindrone	Generic preferred	35 mcg/0.5 mg
OB/Gyn	OCPs 1, monophasic	MonoNessa	ethinyl estradiol/norgestimate	Covered w/o PA	35 mcg/0.25 mg
OB/Gyn	OCPs 1, monophasic	Necon 0.5/35	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/0.5 mg
OB/Gyn	OCPs 1, monophasic	Necon 1/35	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/1 mg
OB/Gyn	OCPs 1, monophasic	Necon 1/50	mestranol/norethindrone	Covered w/o PA	50 mcg/1 mg
OB/Gyn	OCPs 1, monophasic	Nordette	ethinyl estradiol/levonorgestrel	Generic preferred	0.03/0.15
OB/Gyn	OCPs 1, monophasic	Norinyl 1/35	ethinyl estradiol/norethindrone	Generic preferred	35 mcg/1 mg
OB/Gyn	OCPs 1, monophasic	Norinyl 1/50	mestranol/norethindrone	Covered w/o PA	50 mcg/1 mg
OB/Gyn	OCPs 1, monophasic	Nortrel 0.5/35	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/0.5 mg
OB/Gyn	OCPs 1, monophasic	Nortrel 1/35	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/1 mg
OB/Gyn	OCPs 1, monophasic	Ocella	drospirenone/ethinyl estradiol	Covered w/o PA	3 mg/30 mcg
OB/Gyn	OCPs 1, monophasic	Ortho-Cept	desogestrel/ethinyl estradiol	Generic preferred	0.15 mg/30 mcg

OB/Gyn	OCPs 1, monophasic	Ortho-Cyclen	ethinyl estradiol/norgestimate	Generic preferred	35 mcg/0.25 mg
OB/Gyn	OCPs 1, monophasic	Ortho-Novum 1/35	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/1 mg
OB/Gyn	OCPs 1, monophasic	Ortho-Novum 1/50	mestranol/norethindrone	Covered w/o PA	--
OB/Gyn	OCPs 1, monophasic	Ovcon 35	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/0.4 mg
OB/Gyn	OCPs 1, monophasic	Ovcon 50	ethinyl estradiol/norethindrone	Covered w/o PA	50 mcg/1 mg
OB/Gyn	OCPs 1, monophasic	Portia	ethinyl estradiol/levonorgestrel	Covered w/o PA	0.03/0.15
OB/Gyn	OCPs 1, monophasic	Previfem	ethinyl estradiol/norgestimate	Covered w/o PA	35 mcg/0.25 mg
OB/Gyn	OCPs 1, monophasic	Quasense	ethinyl estradiol/levonorgestrel	Covered w/o PA	0.03/0.15
OB/Gyn	OCPs 1, monophasic	Reclipsen	desogestrel/ethinyl estradiol	Covered w/o PA	0.15 mg/30 mcg
OB/Gyn	OCPs 1, monophasic	Seasonale	ethinyl estradiol/levonorgestrel	Covered w/o PA	0.03/0.15
OB/Gyn	OCPs 1, monophasic	Seasonique	ethinyl estradiol/levonorgestrel	Covered w/o PA	0.03/0.15,0.01/0
OB/Gyn	OCPs 1, monophasic	Sprintec	ethinyl estradiol/norgestimate	Covered w/o PA	35 mcg/0.25 mg
OB/Gyn	OCPs 1, monophasic	Yasmin	drospirenone/ethinyl estradiol	Covered w/o PA	3 mg/30 mcg
OB/Gyn	OCPs 1, monophasic	Yaz	drospirenone/ethinyl estradiol	Covered w/o PA	3 mg/20 mcg
OB/Gyn	OCPs 1, monophasic	Zenchant	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/0.4 mg
OB/Gyn	OCPs 1, monophasic	Zovia 1/35	ethinyl estradiol/ethynodiol	Covered w/o PA	35 mcg/1 mg
OB/Gyn	OCPs 1, monophasic	Zovia 1/50	ethinyl estradiol/ethynodiol	Covered w/o PA	50 mcg/1 mg
OB/Gyn	OCPs 2, biphasic	Necon 10/11	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/0.5,1 mg
OB/Gyn	OCPs 3, triphasic	Aranelle	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/0.5,1,0.5 mg
OB/Gyn	OCPs 3, triphasic	Cyclessa	desogestrel/ethinyl estradiol	Covered w/o PA	0.1,0.125,0.15 mg/25 mcg
OB/Gyn	OCPs 3, triphasic	Enpresse	ethinyl estradiol/levonorgestrel	Covered w/o PA	30/0.05,40/0.075,30/0.125
OB/Gyn	OCPs 3, triphasic	Estrostep Fe	ethinyl estradiol/norethindrone	Covered w/o PA	20-30-35 mcg/1 mg/75 mg Fe
OB/Gyn	OCPs 3, triphasic	Necon 7/7/7	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/0.5,0.75,1 mg
OB/Gyn	OCPs 3, triphasic	Nortrel 7/7/7	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/0.5,0.75,1 mg
OB/Gyn	OCPs 3, triphasic	Ortho Tri-Cyclen	ethinyl estradiol/norgestimate	Generic preferred	35 mcg/0.18,0.215,0.25 mg
OB/Gyn	OCPs 3, triphasic	Ortho Tri-Cyclen Lo	ethinyl estradiol/norgestimate	Covered w/o PA	25 mcg/0.18,0.215,0.25 mg
OB/Gyn	OCPs 3, triphasic	Ortho-Novum 7/7/7	ethinyl estradiol/norethindrone	Generic preferred	35 mcg/0.5,0.75,1 mg
OB/Gyn	OCPs 3, triphasic	Tilia Fe	ethinyl estradiol/norethindrone	Covered w/o PA	20-30-35 mcg/1 mg/75 mg Fe
OB/Gyn	OCPs 3, triphasic	TriLegest Fe	ethinyl estradiol/norethindrone	Covered w/o PA	20-30-35 mcg/1 mg/75 mg Fe
OB/Gyn	OCPs 3, triphasic	TriNessa	ethinyl estradiol/norgestimate	Covered w/o PA	35 mcg/0.18,0.215,0.25 mg
OB/Gyn	OCPs 3, triphasic	Tri-Norinyl	ethinyl estradiol/norethindrone	Covered w/o PA	35 mcg/0.5,1,0.5 mg
OB/Gyn	OCPs 3, triphasic	Triphasil	ethinyl estradiol/levonorgestrel	Generic preferred	--
OB/Gyn	OCPs 3, triphasic	Tri-Previfem	ethinyl estradiol/norgestimate	Covered w/o PA	35 mcg/0.18,0.215,0.25 mg
OB/Gyn	OCPs 3, triphasic	Tri-Sprintec	ethinyl estradiol/norgestimate	Covered w/o PA	35 mcg/0.18,0.215,0.25 mg
OB/Gyn	OCPs 3, triphasic	Trivora	ethinyl estradiol/levonorgestrel	Covered w/o PA	30/0.05,40/0.075,30/0.125
OB/Gyn	OCPs 3, triphasic	Velivet	desogestrel/ethinyl estradiol	Covered w/o PA	0.1,0.125,0.15 mg/25 mcg
OB/Gyn	OCPs 4, progestins	Camila	norethindrone	Covered w/o PA	0.35
OB/Gyn	OCPs 4, progestins	Errin	norethindrone	Covered w/o PA	0.35
OB/Gyn	OCPs 4, progestins	Jolivette	norethindrone	Covered w/o PA	0.35
OB/Gyn	OCPs 4, progestins	Nor-QD	norethindrone	Generic preferred	0.35

OB/Gyn	OCPs 4, progestins	Ortho Micronor	norethindrone	Generic preferred	0.35
OB/Gyn	OCPs 5, other	Seasonale	ethinyl estradiol/levonorgestrel	Covered w/o PA	0.03/0.15
OB/Gyn	OCPs 5, other	Seasonique	ethinyl estradiol/levonorgestrel	Covered w/o PA	0.03/0.15,0.01/0
OB/Gyn	Other Gynecologics	Cytotec	misoprostol	Covered w/o PA	100,200 mcg
OB/Gyn	Other Gynecologics	danazol	null	Covered w/o PA	50,100,200
OB/Gyn	Other Gynecologics	Depo-Provera	medroxyprogesterone acetate	Covered w/o PA	IM
OB/Gyn	Other Gynecologics	Depo-subQ Provera	medroxyprogesterone acetate	Covered w/o PA	SC
OB/Gyn	Other Gynecologics	Hemabate	carboprost tromethamine	Prior Authorization	IM
OB/Gyn	Other Gynecologics	Implanon	etonogestrel subdermal implant	Covered w/o PA	68 mg implant
OB/Gyn	Other Gynecologics	Lupron	leuprolide	Generic preferred	SC
OB/Gyn	Other Gynecologics	Lupron Depot	leuprolide	Covered w/o PA	IM
OB/Gyn	Other Gynecologics	Lupron Depot-3 Month	leuprolide	Covered w/o PA	IM
OB/Gyn	Other Gynecologics	medroxyprogest ace	null	Covered w/o PA	IM
OB/Gyn	Other Gynecologics	megestrol	null	Covered w/o PA	20,40; 40/mL
OB/Gyn	Other Gynecologics	Methergine	methylergonovine	Covered w/o PA	0.2; IM
OB/Gyn	Other Gynecologics	MicRhoGAM	Rho D immune globulin	Covered w/o PA	IM
OB/Gyn	Other Gynecologics	Mifeprex	mifepristone	Prior Authorization	200
OB/Gyn	Other Gynecologics	misoprostol	null	Covered w/o PA	100,200 mcg
OB/Gyn	Other Gynecologics	NuvaRing	etonogestrel/ethinyl estradiol vag	Covered w/o PA	0.12/0.015/day vaginal ring
OB/Gyn	Other Gynecologics	Ortho Evra	ethinyl estradiol/norelgestromin t	Covered w/o PA	20/150 mcg/day patch
OB/Gyn	Other Gynecologics	RhoGAM	Rho D immune globulin	Covered w/o PA	IM
OB/Gyn	Other Gynecologics	RU486 (common name)	mifepristone	Prior Authorization	200
OB/Gyn	Post-Coital Contracep.	Plan B	levonorgestrel	Covered w/o PA	0.75
OB/Gyn	Tocolytics	magnesium sulfate	null	Covered w/o PA	IM; IV; INJ
OB/Gyn	Tocolytics	terbutaline	null	Covered w/o PA	2.5,5; SC; IV
OB/Gyn	Vaginals	Cleocin Vag	clindamycin vaginal	Generic preferred	100 supp; 2% crm
OB/Gyn	Vaginals	ClindaMax Vag	clindamycin vaginal	Covered w/o PA	2% crm
OB/Gyn	Vaginals	Clindesse	clindamycin vaginal	Covered w/o PA	2% crm
OB/Gyn	Vaginals	clotrimazole vag	null	Covered w/o PA	100,200 supp; 1%,2% crm
OB/Gyn	Vaginals	Diflucan	fluconazole	Generic preferred	50,100,150,200; 10,40/mL; IV
OB/Gyn	Vaginals	Estrace vaginal	estradiol vaginal	Prior Authorization	0.01% crm
OB/Gyn	Vaginals	Estring	estradiol vaginal	Prior Authorization	2/90 day ring
OB/Gyn	Vaginals	Femring	estradiol vaginal	Prior Authorization	0.05,0.1/day ring
OB/Gyn	Vaginals	fluconazole	null	Covered w/o PA	50,100,150,200; 10,40/mL; IV
OB/Gyn	Vaginals	Gynazole-1	butoconazole vaginal	Covered w/o PA	2% crm
OB/Gyn	Vaginals	Gyne-Lotrimin 3	clotrimazole vaginal	Generic preferred	200 supp; 2% crm
OB/Gyn	Vaginals	Gyne-Lotrimin 7	clotrimazole vaginal	Generic preferred	100 supp; 1% crm
OB/Gyn	Vaginals	MetroGel Vag	metronidazole vaginal	Generic preferred	0.75% gel
OB/Gyn	Vaginals	metronidazole vag	null	Covered w/o PA	0.75% gel
OB/Gyn	Vaginals	miconazole vag	null	Covered w/o PA	100,200 supp; 2,4% crm

OB/Gyn	Vaginals	Monistat 1	miconazole vaginal	Generic preferred	1200 supp
OB/Gyn	Vaginals	Monistat 1-Day	tioconazole vaginal	Generic preferred	6.5% crm
OB/Gyn	Vaginals	Monistat 3	miconazole vaginal	Generic preferred	200 supp; 4% crm
OB/Gyn	Vaginals	Monistat 7	miconazole vaginal	Generic preferred	100 supp; 2% crm
OB/Gyn	Vaginals	nystatin vag	null	Covered w/o PA	100,000 units
OB/Gyn	Vaginals	Premarin vag	estrogens, conjugated vaginal	Covered w/o PA	0.625/g crm
OB/Gyn	Vaginals	Terazol 3	terconazole vaginal	Generic preferred	80 supp; 0.8% crm
OB/Gyn	Vaginals	Terazol 7	terconazole vaginal	Covered w/o PA	0.4% crm
OB/Gyn	Vaginals	terconazole vag	null	Covered w/o PA	0.4%, 0.8% crm; 80 supp
OB/Gyn	Vaginals	Vagifem	estradiol vaginal	Prior Authorization	0.025 tab
OB/Gyn	Vaginals	Vandazole	metronidazole vaginal	Covered w/o PA	0.75% gel
Ophthalmic	Allergy	AK-Con	naphazoline ophthalmic	Generic preferred	0.1% sol
Ophthalmic	Allergy	Alamast	pemirolast ophthalmic	Covered w/o PA	0.1% sol
Ophthalmic	Allergy	Albalon	naphazoline ophthalmic	Covered w/o PA	0.1% sol
Ophthalmic	Allergy	Alocril	nedocromil ophthalmic	Prior Authorization	2% sol
Ophthalmic	Allergy	Alomide	lodoxamide ophthalmic	Covered w/o PA	0.1% sol
Ophthalmic	Allergy	Crolom	cromolyn ophthalmic	Generic preferred	4% sol
Ophthalmic	Allergy	cromolyn ophth	null	Covered w/o PA	4% sol
Ophthalmic	Allergy	Elestat	epinastine ophthalmic	Covered w/o PA	0.05% sol
Ophthalmic	Allergy	Emadine	emedastine	Covered w/o PA	0.05% drops
Ophthalmic	Allergy	naphazoline ophth	null	Prior Authorization	0.1% sol
Ophthalmic	Allergy	Naphcon	naphazoline ophthalmic	Prior Authorization	0.012% sol
Ophthalmic	Allergy	Naphcon A	naphazoline/pheniramine ophtha	Prior Authorization	0.025%/0.3% sol
Ophthalmic	Allergy	Optivar	azelastine ophthalmic	Covered w/o PA	0.05% sol
Ophthalmic	Allergy	Pataday	olopatadine ophthalmic	Covered w/o PA	0.2% sol
Ophthalmic	Allergy	Patanol	olopatadine ophthalmic	Covered w/o PA	0.1% sol
Ophthalmic	Allergy, ophthal.	Alaway	ketotifen ophthalmic	Covered w/o PA	0.025% sol
Ophthalmic	Allergy, ophthal.	Zaditor	ketotifen ophthalmic	Covered w/o PA	0.025% sol
Ophthalmic	Anti-Bact. w/Steroids	bac/hydrocort/neo/poly B oint	null	Covered w/o PA	400 units/1%/3.5 mg/10000 units/g oint
Ophthalmic	Anti-Bact. w/Steroids	Blephamide	prednisolone/sulfacetamide ophth	Covered w/o PA	0.2%/10% susp, oint
Ophthalmic	Anti-Bact. w/Steroids	Cortisporin Ophth Oint	bacitracin/hydrocortisone/neomy	Generic preferred	--
Ophthalmic	Anti-Bact. w/Steroids	Cortisporin Ophth Susp	hydrocortisone/neomycin/polymy	Covered w/o PA	--
Ophthalmic	Anti-Bact. w/Steroids	dexameth/neo/polyn B oph	null	Covered w/o PA	0.1%/0.35%/10000 units
Ophthalmic	Anti-Bact. w/Steroids	FML-S Liquifilm	fluorometholone/sulfacetamide o	Covered w/o PA	0.1%/10% susp
Ophthalmic	Anti-Bact. w/Steroids	hydrocort/neo/poly B ophth	null	Covered w/o PA	1%/3.5 mg/10000 units/mL susp
Ophthalmic	Anti-Bact. w/Steroids	Maxitrol	dexamethasone/neomycin/polym	Generic preferred	0.1%/0.35%/10000 units
Ophthalmic	Anti-Bact. w/Steroids	prednisolo/sulfacet ophth	null	Covered w/o PA	0.25%/10% sol
Ophthalmic	Anti-Bact. w/Steroids	Tobradex	dexamethasone/tobramycin ophth	Covered w/o PA	0.1%/0.3% oint, susp
Ophthalmic	Anti-Bact. w/Steroids	Zylet	loteprednol/tobramycin ophthalm	Covered w/o PA	0.5%/0.3% susp

Ophthalmic	Anti-Bact., ophth.	AzaSite	azithromycin ophthalmic	Prior Authorization	1% sol
Ophthalmic	Anti-Bact., ophth.	bacitracin ophth	null	Covered w/o PA	ointment
Ophthalmic	Anti-Bact., ophth.	bac/neo/poly B ophth	null	Covered w/o PA	ointment
Ophthalmic	Anti-Bact., ophth.	Bleph-10	sulfacetamide ophthalmic	Generic preferred	10% sol
Ophthalmic	Anti-Bact., ophth.	Ciloxan	ciprofloxacin ophthalmic	Generic preferred	0.3% sol, oint
Ophthalmic	Anti-Bact., ophth.	ciprofloxacin ophth	null	Covered w/o PA	0.3% sol
Ophthalmic	Anti-Bact., ophth.	erythromycin ophth	null	Covered w/o PA	0.5% oint
Ophthalmic	Anti-Bact., ophth.	gentamicin ophth	null	Covered w/o PA	0.3% drops, oint
Ophthalmic	Anti-Bact., ophth.	grami/neo/poly B ophth	null	Covered w/o PA	sol
Ophthalmic	Anti-Bact., ophth.	Iquix	levofloxacin ophthalmic	Prior Authorization	1.5% sol
Ophthalmic	Anti-Bact., ophth.	Neosporin Ophth Oint	bacitracin/neomycin/polymyxin B	Generic preferred	--
Ophthalmic	Anti-Bact., ophth.	Neosporin Ophth Sol	gramicidin/neomycin/polymyxin B	Generic preferred	0.025 mg/1.75 mg/10000 units/mL sol
Ophthalmic	Anti-Bact., ophth.	Ocuflox	ofloxacin ophthalmic	Generic preferred	0.3% sol
Ophthalmic	Anti-Bact., ophth.	ofloxacin ophth	null	Covered w/o PA	0.3% sol
Ophthalmic	Anti-Bact., ophth.	poly B/trimetho ophth	null	Covered w/o PA	10,000 units/1 mg/sol
Ophthalmic	Anti-Bact., ophth.	Polytrim	polymyxin B/trimethoprim ophth	Generic preferred	10,000 units/1 mg/sol
Ophthalmic	Anti-Bact., ophth.	Quixin	levofloxacin ophthalmic	Covered w/o PA	0.5% sol
Ophthalmic	Anti-Bact., ophth.	sulfacetamide ophth	null	Covered w/o PA	10% oint, sol
Ophthalmic	Anti-Bact., ophth.	tobramycin ophth	null	Covered w/o PA	0.3% drops
Ophthalmic	Anti-Bact., ophth.	Tobrex	tobramycin ophthalmic	Generic preferred	0.3% drops, oint
Ophthalmic	Anti-Bact., ophth.	Vigamox	moxifloxacin ophthalmic	Covered w/o PA	0.5% sol
Ophthalmic	Anti-Bact., ophth.	Zylet	loteprednol/tobramycin ophthalm	Covered w/o PA	0.5%/0.3% susp
Ophthalmic	Anti-Bact., ophth.	Zymar	gatifloxacin ophthalmic	Covered w/o PA	0.3% sol
Ophthalmic	Anti-Virals, ophth.	trifluridine ophth	null	Covered w/o PA	1% sol
Ophthalmic	Anti-Virals, ophth.	Viroptic	trifluridine ophthalmic	Covered w/o PA	1% sol
Ophthalmic	Corticosteroids, ophth.	Alrex	loteprednol ophthalmic	Covered w/o PA	0.2% susp
Ophthalmic	Corticosteroids, ophth.	dexamethasone ophth	null	Covered w/o PA	0.05% oint; 0.1% drops
Ophthalmic	Corticosteroids, ophth.	Flarex	fluorometholone ophthalmic	Covered w/o PA	0.1% sol
Ophthalmic	Corticosteroids, ophth.	fluorometholone ophth	null	Covered w/o PA	0.1% sol
Ophthalmic	Corticosteroids, ophth.	FML Forte Liquifilm	fluorometholone ophthalmic	Covered w/o PA	0.25% susp
Ophthalmic	Corticosteroids, ophth.	FML Liquifilm	fluorometholone ophthalmic	Generic preferred	0.1% susp, oint
Ophthalmic	Corticosteroids, ophth.	Lotemax	loteprednol ophthalmic	Covered w/o PA	0.5% suspension
Ophthalmic	Corticosteroids, ophth.	Maxidex	dexamethasone ophthalmic	Covered w/o PA	0.1% sol
Ophthalmic	Corticosteroids, ophth.	Pred Forte	prednisolone acetate ophthalmic	Generic preferred	1% sol
Ophthalmic	Corticosteroids, ophth.	Pred Mild	prednisolone acetate ophthalmic	Covered w/o PA	0.12% susp
Ophthalmic	Corticosteroids, ophth.	prednisolone ace ophth	null	Covered w/o PA	1% sol
Ophthalmic	Corticosteroids, ophth.	prednisolone sod phos oph	null	Covered w/o PA	0.125%, 1% sol
Ophthalmic	Corticosteroids, ophth.	Vexol	rimexolone ophthalmic	Covered w/o PA	1% susp
Ophthalmic	Corticosteroids, ophth.	Zylet	loteprednol/tobramycin ophthalm	Covered w/o PA	0.5%/0.3% susp

Ophthalmic	Cycloplegic Mydriatics	atropine ophth	null	Covered w/o PA	1% oint; 1% sol
Ophthalmic	Cycloplegic Mydriatics	Cyclogyl	cyclopentolate ophthalmic	Covered w/o PA	0.5%,1%,2% sol
Ophthalmic	Cycloplegic Mydriatics	Cyclomydril	cyclopentolate/phenylephrine op	Covered w/o PA	0.2%/1% sol
Ophthalmic	Cycloplegic Mydriatics	cyclopentolate ophth	null	Covered w/o PA	0.5%,1%,2% sol
Ophthalmic	Cycloplegic Mydriatics	homatropine ophth	null	Covered w/o PA	5% sol
Ophthalmic	Cycloplegic Mydriatics	Isopto Atropine	atropine ophthalmic	Generic preferred	1% sol
Ophthalmic	Cycloplegic Mydriatics	Isopto Homatropine	homatropine ophthalmic	Generic preferred	2%,5% sol
Ophthalmic	Cycloplegic Mydriatics	Isopto Hyoscine	scopolamine ophthalmic	Covered w/o PA	0.25% sol
Ophthalmic	Glaucoma	acetazolamide	null	Covered w/o PA	125,250; IV
Ophthalmic	Glaucoma	Alphagan P	brimonidine ophthalmic	Covered w/o PA	0.1%,0.15% sol
Ophthalmic	Glaucoma	Azopt	brinzolamide ophthalmic	Covered w/o PA	1% susp
Ophthalmic	Glaucoma	Betagan	levobunolol ophthalmic	Generic preferred	0.25,0.5% sol
Ophthalmic	Glaucoma	betaxolol ophth	null	Covered w/o PA	0.5% sol
Ophthalmic	Glaucoma	Betimol	timolol ophthalmic	Covered w/o PA	0.25,0.5% sol
Ophthalmic	Glaucoma	Betoptic S	betaxolol ophthalmic	Covered w/o PA	0.25% susp
Ophthalmic	Glaucoma	brimonidine ophth	null	Covered w/o PA	0.15%,0.2% sol
Ophthalmic	Glaucoma	carteolol ophth	null	Covered w/o PA	1% sol
Ophthalmic	Glaucoma	Combigan	brimonidine/timolol ophthalmic	Covered w/o PA	0.2%/0.5% sol
Ophthalmic	Glaucoma	Cosopt	dorzolamide/timolol ophthalmic	Covered w/o PA	2/0.5% sol
Ophthalmic	Glaucoma	Diamox	acetazolamide	Generic preferred	--
Ophthalmic	Glaucoma	Diamox Sequels	acetazolamide	Covered w/o PA	500 ER
Ophthalmic	Glaucoma	dipivefrin ophth	null	Covered w/o PA	0.1% sol
Ophthalmic	Glaucoma	dorzolamide ophth	null	Covered w/o PA	2% sol
Ophthalmic	Glaucoma	dorzolamide/timolol ophth	null	Covered w/o PA	2/0.5% sol
Ophthalmic	Glaucoma	lopidine	apraclonidine ophthalmic	Covered w/o PA	0.5,1% drops
Ophthalmic	Glaucoma	Isopto Carbachol	carbachol ophthalmic	Covered w/o PA	0.75%,1.5%,2.25%,3% sol
Ophthalmic	Glaucoma	Istalol	timolol ophthalmic	Covered w/o PA	0.5% sol
Ophthalmic	Glaucoma	levobunolol ophth	null	Covered w/o PA	0.25,0.5% sol
Ophthalmic	Glaucoma	Lumigan	bimatoprost ophthalmic	Covered w/o PA	0.03% sol
Ophthalmic	Glaucoma	methazolamide	null	Covered w/o PA	25,50
Ophthalmic	Glaucoma	metipranolol ophth	null	Covered w/o PA	0.3% sol
Ophthalmic	Glaucoma	OptiPranolol	metipranolol ophthalmic	Generic preferred	0.3% sol
Ophthalmic	Glaucoma	Phospholine Iodide	echothiophate ophthalmic	Covered w/o PA	0.03%,0.06%,0.125%,0.25% sol
Ophthalmic	Glaucoma	pilocarpine ophth	null	Covered w/o PA	0.5,1,2,3,4,5,6,8%
Ophthalmic	Glaucoma	Propine	dipivefrin ophthalmic	Generic preferred	0.1% sol
Ophthalmic	Glaucoma	timolol ophthalmic	null	Covered w/o PA	0.25,0.5% gel,sol
Ophthalmic	Glaucoma	Timoptic	timolol ophthalmic	Generic preferred	0.25,0.5% sol
Ophthalmic	Glaucoma	Timoptic XE	timolol ophthalmic	Covered w/o PA	0.25,0.5% gel
Ophthalmic	Glaucoma	Travatan	travoprost ophthalmic	Covered w/o PA	0.004% solution
Ophthalmic	Glaucoma	Travatan Z	travoprost ophthalmic	Covered w/o PA	0.004% solution

Ophthalmic	Glaucoma	Trusopt	dorzolamide ophthalmic	Covered w/o PA	2% sol
Ophthalmic	Glaucoma	Xalatan	latanoprost ophthalmic	Covered w/o PA	0.005% sol
Ophthalmic	NSAIDs, ophth.	Acular	ketorolac ophthalmic	Covered w/o PA	0.5% sol
Ophthalmic	NSAIDs, ophth.	Acular LS	ketorolac ophthalmic	Covered w/o PA	0.4% sol
Ophthalmic	NSAIDs, ophth.	diclofenac ophth	null	Covered w/o PA	0.1% sol
Ophthalmic	NSAIDs, ophth.	flurbiprofen ophthalmic	null	Covered w/o PA	0.03% sol
Ophthalmic	NSAIDs, ophth.	Nevanac	nepafenac ophthalmic	Covered w/o PA	0.1% sol
Ophthalmic	NSAIDs, ophth.	Ocufen	flurbiprofen ophthalmic	Generic preferred	0.03% sol
Ophthalmic	NSAIDs, ophth.	Voltaren Ophth	diclofenac ophthalmic	Covered w/o PA	0.1% sol
Ophthalmic	NSAIDs, ophth.	Xibrom	bromfenac ophthalmic	Prior Authorization	0.09% sol
Ophthalmic	Other Ophth.	AK-Dilate	phenylephrine ophthalmic	Generic preferred	2.5%,10% sol
Ophthalmic	Other Ophth.	Botox	botulinum toxin type A	Prior Authorization	IM; INJ
Ophthalmic	Other Ophth.	Lucentis	ranibizumab	Prior Authorization	INJ
Ophthalmic	Other Ophth.	Macugen	pegaptanib	Prior Authorization	INJ
Ophthalmic	Other Ophth.	Miochol-E	acetylcholine intraocular	Covered w/o PA	INJ
Ophthalmic	Other Ophth.	Miostat	carbachol intraocular	Covered w/o PA	INJ
Ophthalmic	Other Ophth.	Muro 128	sodium chloride ophthalmic	Generic preferred	5% oint; 2%,5% sol
Ophthalmic	Other Ophth.	Natacyn	natamycin ophthalmic	Prior Authorization	5% susp
Ophthalmic	Other Ophth.	phenylephrine ophth	null	Covered w/o PA	2.5%,10% sol
Ophthalmic	Other Ophth.	Phospholine Iodide	echothiophate ophthalmic	Covered w/o PA	0.03%,0.06%,0.125%,0.25% sol
Ophthalmic	Other Ophth.	Refresh	polyvinyl alcohol/povidone ophth	Generic preferred	1.4%/0.6% sol
Ophthalmic	Other Ophth.	Refresh Celluvisc	carboxymethylcellulose ophthalm	Covered w/o PA	1% sol
Ophthalmic	Other Ophth.	Refresh Endura	glycerin/polysorbate 80 ophthalm	Prior Authorization	1%/1% sol
Ophthalmic	Other Ophth.	Refresh Liquigel	carboxymethylcellulose ophthalm	Covered w/o PA	1% sol
Ophthalmic	Other Ophth.	Refresh P.M.	mineral oil/petrolatum ophthalmic	Generic preferred	42.5%/57.3% oint
Ophthalmic	Other Ophth.	Refresh Plus	carboxymethylcellulose ophthalm	Covered w/o PA	0.5% sol
Ophthalmic	Other Ophth.	Refresh Tears	carboxymethylcellulose ophthalm	Generic preferred	0.5% sol
Ophthalmic	Other Ophth.	Restasis	cyclosporine ophthalmic	Prior Authorization	0.05% susp
Ophthalmic	Other Ophth.	sodium chlor ophth	null	Covered w/o PA	5% oint,sol
Ophthalmic	Other Ophth.	Visudyne	verteporfin	Prior Authorization	IV
Psychiatric	ADHD	Adderall	amphetamine/dextroamphetamine	Generic preferred	5,7.5,10,12.5,15,20,30
Psychiatric	ADHD	Adderall XR	amphetamine/dextroamphetamine	Quantity limits	5,10,15,20,25,30 ER
Psychiatric	ADHD	amphet/dextroamphet	null	Quantity limits	5,7.5,10,12.5,15,20,30
Psychiatric	ADHD	Concerta	methylphenidate	Quantity limits	18,27,36,54 ER
Psychiatric	ADHD	Daytrana	methylphenidate transdermal	Quantity limits	10,15,20,30/9h patch
Psychiatric	ADHD	Dexedrine	dextroamphetamine	Generic preferred	5,10,15 ER
Psychiatric	ADHD	dextroamphetamine	null	Quantity limits	5,10; 5,10,15 ER
Psychiatric	ADHD	Focalin	dexmethylphenidate	Generic preferred	2.5,5,10
Psychiatric	ADHD	Focalin XR	dexmethylphenidate	Quantity limits	5,10,15,20 ER
Psychiatric	ADHD	Liquadd	dextroamphetamine	Non-preferred	5/5 mL

Psychiatric	ADHD	Metadate CD	methylphenidate	Quantity limits	10,20,30,40,50,60 ER
Psychiatric	ADHD	Metadate ER	methylphenidate	Non-preferred	10,20 ER
Psychiatric	ADHD	Methylin	methylphenidate	Non-preferred	5,10,20; 2.5,5,10 CH; 5,10/5 mL
Psychiatric	ADHD	Methylin ER	methylphenidate	Non-preferred	10,20 ER
Psychiatric	ADHD	methylphenidate	null	Quantity limits	5,10,20; 20 ER
Psychiatric	ADHD	Ritalin	methylphenidate	Generic preferred	5,10,20
Psychiatric	ADHD	Ritalin LA	methylphenidate	Non-preferred	10,20,30,40 ER
Psychiatric	ADHD	Ritalin SR	methylphenidate	Generic preferred	20 ER
Psychiatric	ADHD	Strattera	atomoxetine	Quantity limits	10,18,25,40,60,80,100
Psychiatric	ADHD	Vyvanse	lisdexamfetamine	Quantity limits	20,30,40,50,60,70
Psychiatric	Alcohol/Drug Cess.	Antabuse	disulfiram	Generic preferred	250
Psychiatric	Alcohol/Drug Cess.	Campral	acamprosate	Expedited Auth.	333
Psychiatric	Alcohol/Drug Cess.	Dolophine	methadone	Generic preferred	5,10
Psychiatric	Alcohol/Drug Cess.	methadone	null	Covered w/o PA	5,10,40; 5,10/5 mL sol; 10/mL intensol; SC; IM; IV
Psychiatric	Alcohol/Drug Cess.	Methadose	methadone	Covered w/o PA	5,10,40; 10/mL conc
Psychiatric	Alcohol/Drug Cess.	naltrexone	null	Expedited Auth.	50
Psychiatric	Alcohol/Drug Cess.	ReVia	naltrexone	Expedited Auth.	50
Psychiatric	Alcohol/Drug Cess.	Suboxone	buprenorphine/naloxone	Prior Authorization	2/0.5,8/2 SL
Psychiatric	Alcohol/Drug Cess.	Subutex	buprenorphine	Prior Authorization	2,8 SL
Psychiatric	Alcohol/Drug Cess.	Vivitrol	naltrexone	Prior Authorization	IM
Psychiatric	Anorexiant/Stim.	Adipex-P	phentermine	Not Covered	37.5
Psychiatric	Anorexiant/Stim.	benzphetamine	null	Not Covered	50
Psychiatric	Anorexiant/Stim.	Bontril PDM	phendimetrazine	Not Covered	35
Psychiatric	Anorexiant/Stim.	Bontril SR	phendimetrazine	Not Covered	105 ER
Psychiatric	Anorexiant/Stim.	Didrex	benzphetamine	Not Covered	50
Psychiatric	Anorexiant/Stim.	diethylpropion	null	Not Covered	25; 75 ER
Psychiatric	Anorexiant/Stim.	Meridia	sibutramine	Not Covered	5,10,15
Psychiatric	Anorexiant/Stim.	phendimetrazine	null	Not Covered	35; 105 ER
Psychiatric	Anorexiant/Stim.	phentermine	null	Not Covered	15,30,37.5
Psychiatric	Antidepressant, other	amoxapine	null	Covered w/o PA	25,50,100,150
Psychiatric	Antidepressant, other	Budeprion SR	bupropion	Expedited Auth.	100,150 ER
Psychiatric	Antidepressant, other	Budeprion XL	bupropion	Expedited Auth.	150,300 ER
Psychiatric	Antidepressant, other	bupropion	null	Covered w/o PA	75,100;
Psychiatric	Antidepressant, other	bupropion	null	Expedited Auth.	100,150,200 ER 12h; 300 ER 24h
Psychiatric	Antidepressant, other	Cymbalta	duloxetine	Non-preferred	20,30,60
Psychiatric	Antidepressant, other	Effexor	venlafaxine	Generic preferred	25,37.5,50,75,100
Psychiatric	Antidepressant, other	Effexor XR	venlafaxine	Covered w/o PA	37.5,75,150 ER
Psychiatric	Antidepressant, other	maprotiline	null	Covered w/o PA	25,50,75
Psychiatric	Antidepressant, other	mirtazapine	null	Covered w/o PA	7.5,15,30,45; 15,30,45 ODT

Psychiatric	Antidepressant, other	nefazodone	null	Non-preferred	50,100,150,200,250
Psychiatric	Antidepressant, other	Pristiq	desvenlafaxine	Non-preferred	50,100 ER
Psychiatric	Antidepressant, other	Remeron	mirtazapine	Generic preferred	15,30,45
Psychiatric	Antidepressant, other	Remeron SolTab	mirtazapine	Generic preferred	15,30,45 ODT
Psychiatric	Antidepressant, other	Serzone	nefazodone	Non-preferred	--
Psychiatric	Antidepressant, other	trazodone	null	Covered w/o PA	50,100,150,300
Psychiatric	Antidepressant, other	venlafaxine	null	Covered w/o PA	25,37.5,50,75,100
Psychiatric	Antidepressant, other	Wellbutrin	bupropion	Generic preferred	75,100
Psychiatric	Antidepressant, other	Wellbutrin SR	bupropion	Generic preferred	100,150,200 ER
Psychiatric	Antidepressant, other	Wellbutrin XL	bupropion	Generic preferred	150,300 ER
Psychiatric	Antipsychotics, atyp	clozapine	null	Covered w/o PA	12.5,25,50,100,200
Psychiatric	Antipsychotics, atyp	Clozaril	clozapine	Generic preferred	25,100
Psychiatric	Antipsychotics, atyp	FazaClo ODT	clozapine	Covered w/o PA	12.5,25,100 ODT
Psychiatric	Antipsychotics, atyp	Geodon	ziprasidone	Covered w/o PA	20,40,60,80
Psychiatric	Antipsychotics, atyp	Geodon	ziprasidone	Expedited Auth.	IM
Psychiatric	Antipsychotics, atyp	Invega	paliperidone	Covered w/o PA	3,6,9 ER
Psychiatric	Antipsychotics, atyp	Risperdal	risperidone	Generic preferred	0.25,0.5,1,2,3,4; 1/mL
Psychiatric	Antipsychotics, atyp	Risperdal Consta	risperidone	Expedited Auth.	IM
Psychiatric	Antipsychotics, atyp	Risperdal M-Tab	risperidone	Covered w/o PA	0.5,1,2,3,4 ODT
Psychiatric	Antipsychotics, atyp	risperidone	null	Covered w/o PA	0.25,0.5,1,2,3,4; 1/mL
Psychiatric	Antipsychotics, atyp	Seroquel	quetiapine	Covered w/o PA	25,50,100,200,300,400
Psychiatric	Antipsychotics, atyp	Seroquel XR	quetiapine	Covered w/o PA	50,150,200,300,400 ER
Psychiatric	Antipsychotics, atyp	Zyprexa	olanzapine	Covered w/o PA	2.5,5,7.5,10,15,20
Psychiatric	Antipsychotics, atyp	Zyprexa	olanzapine	Expedited Auth.	IM
Psychiatric	Antipsychotics, atyp	Zyprexa Zydis	olanzapine	Covered w/o PA	5,10,15,20 ODT
Psychiatric	Antipsychotics, other	Abilify	aripiprazole	Covered w/o PA	2,5,10,15,20,30; 1/mL
Psychiatric	Antipsychotics, other	Abilify	aripiprazole	Expedited Auth.	IM
Psychiatric	Antipsychotics, other	Abilify Discmelt	aripiprazole	Covered w/o PA	10,15 ODT
Psychiatric	Antipsychotics, typ	amitriptyline/perphen	null	Covered w/o PA	10/2,10/4,25/2,25/4,50/4
Psychiatric	Antipsychotics, typ	chlorpromazine	null	Covered w/o PA	10,25,50,100,200; IM
Psychiatric	Antipsychotics, typ	Compazine	prochlorperazine maleate	Generic preferred	--
Psychiatric	Antipsychotics, typ	fluphenazine	null	Covered w/o PA	1,2.5,5,10; 2.5/5mL elix; 5/mL sol; IM
Psychiatric	Antipsychotics, typ	fluphenazine decan	null	Covered w/o PA	IM
Psychiatric	Antipsychotics, typ	Haldol	haloperidol	Generic preferred	--
Psychiatric	Antipsychotics, typ	Haldol Decanoate	haloperidol decanoate	Covered w/o PA	IM
Psychiatric	Antipsychotics, typ	Haldol Lactate	haloperidol lactate	Covered w/o PA	IM; IV
Psychiatric	Antipsychotics, typ	haloperidol	null	Covered w/o PA	0.5,1,2,5,10,20
Psychiatric	Antipsychotics, typ	haloperidol decan	null	Covered w/o PA	IM
Psychiatric	Antipsychotics, typ	haloperidol lactate	null	Covered w/o PA	2/mL soln; IM; IV

Psychiatric	Antipsychotics, typ	loxapine	null	Covered w/o PA	5,10,25,50
Psychiatric	Antipsychotics, typ	Loxitane	loxapine	Generic preferred	5,10,25,50
Psychiatric	Antipsychotics, typ	Mellaril	thioridazine	Prior Authorization	--
Psychiatric	Antipsychotics, typ	Moban	molindone	Covered w/o PA	5,10,25,50,100
Psychiatric	Antipsychotics, typ	Navane	thiothixene	Generic preferred	1,2,5,10,20
Psychiatric	Antipsychotics, typ	Orap	pimozide	Covered w/o PA	1,2
Psychiatric	Antipsychotics, typ	perphenazine	null	Covered w/o PA	2,4,8,16
Psychiatric	Antipsychotics, typ	prochlorperazine edisyl	null	Covered w/o PA	IM; IV
Psychiatric	Antipsychotics, typ	prochlorperazine mal	null	Covered w/o PA	5,10
Psychiatric	Antipsychotics, typ	prochlorperazine rect	null	Covered w/o PA	25 PR
Psychiatric	Antipsychotics, typ	Prolixin	fluphenazine	Generic preferred	--
Psychiatric	Antipsychotics, typ	Stelazine	trifluoperazine	Generic preferred	--
Psychiatric	Antipsychotics, typ	thioridazine	null	Prior Authorization	10,15,25,50,100,150,200; 30;100/mL
Psychiatric	Antipsychotics, typ	thiothixene	null	Covered w/o PA	1,2,5,10,20
Psychiatric	Antipsychotics, typ	Thorazine	chlorpromazine	Generic preferred	--
Psychiatric	Antipsychotics, typ	trifluoperazine	null	Covered w/o PA	1,2,5,10
Psychiatric	Antipsychotics, typ	Trilafon	perphenazine	Generic preferred	--
Psychiatric	Anxiolyt/Hyp, Non-BZD	Ambien	zolpidem	Expedited Auth.	5,10
Psychiatric	Anxiolyt/Hyp, Non-BZD	Ambien CR	zolpidem	Non-preferred	6.25,12.5 ER
Psychiatric	Anxiolyt/Hyp, Non-BZD	Aquachloral Supp	chloral hydrate rectal	Prior Authorization	325,650 supp
Psychiatric	Anxiolyt/Hyp, Non-BZD	Atarax	hydroxyzine	Generic preferred	--
Psychiatric	Anxiolyt/Hyp, Non-BZD	BuSpar	bupirone	Generic preferred	5,10,15,30 dividose
Psychiatric	Anxiolyt/Hyp, Non-BZD	bupirone	null	Covered w/o PA	5,7.5,10,15,30 dividose
Psychiatric	Anxiolyt/Hyp, Non-BZD	butabarbital	null	Prior Authorization	15,30,50,100
Psychiatric	Anxiolyt/Hyp, Non-BZD	Butisol	butabarbital	Prior Authorization	30,50; 30/5 mL
Psychiatric	Anxiolyt/Hyp, Non-BZD	chloral hydrate	null	Covered w/o PA	500/5 sol
Psychiatric	Anxiolyt/Hyp, Non-BZD	Compazine	prochlorperazine maleate	Generic preferred	--
Psychiatric	Anxiolyt/Hyp, Non-BZD	hydroxyzine	null	Covered w/o PA	10,25,50,100; 10/5 mL sol; IM
Psychiatric	Anxiolyt/Hyp, Non-BZD	Lunesta	eszopiclone	Non-preferred	1,2,3
Psychiatric	Anxiolyt/Hyp, Non-BZD	meprobamate	null	Covered w/o PA	200,400
Psychiatric	Anxiolyt/Hyp, Non-BZD	Nembutal	pentobarbital	Prior Authorization	IM; IV
Psychiatric	Anxiolyt/Hyp, Non-BZD	prochlorperazine edisyl	null	Covered w/o PA	IM; IV
Psychiatric	Anxiolyt/Hyp, Non-BZD	prochlorperazine mal	null	Covered w/o PA	5,10
Psychiatric	Anxiolyt/Hyp, Non-BZD	Rozerem	ramelteon	Quantity limits	8
Psychiatric	Anxiolyt/Hyp, Non-BZD	Seconal	secobarbital	Covered w/o PA	100
Psychiatric	Anxiolyt/Hyp, Non-BZD	Sonata	zaleplon	Non-preferred	5,10
Psychiatric	Anxiolyt/Hyp, Non-BZD	Vistaril	hydroxyzine	Generic preferred	25,50
Psychiatric	Anxiolyt/Hyp, Non-BZD	zaleplon	null	Non-preferred	5,10
Psychiatric	Anxiolyt/Hyp, Non-BZD	zolpidem	null	Expedited Auth.	5,10

Psychiatric	BZD 1, short-acting	alprazolam	null	Covered w/o PA	0.25,0.5,1,2; 0.5,1,2,3 ER; 1/mL intensol
Psychiatric	BZD 1, short-acting	Halcion	triazolam	Generic preferred	0.125,0.25
Psychiatric	BZD 1, short-acting	Niravam	alprazolam	Prior Authorization	0.25,0.5,1,2 ODT
Psychiatric	BZD 1, short-acting	oxazepam	null	Covered w/o PA	10,15,30
Psychiatric	BZD 1, short-acting	triazolam	null	Age Restriction app	0.125,0.25
Psychiatric	BZD 1, short-acting	Xanax	alprazolam	Generic preferred	0.25,0.5,1,2
Psychiatric	BZD 1, short-acting	Xanax XR	alprazolam	Prior Authorization	0.5,1,2,3 ER
Psychiatric	BZD 2, mid-acting	Ativan	lorazepam	Generic preferred	0.5,1,2; IM; IV
Psychiatric	BZD 2, mid-acting	estazolam	null	Age Restriction app	1,2
Psychiatric	BZD 2, mid-acting	lorazepam	null	Covered w/o PA	0.5,1,2; 2/mL sol; IM; IV
Psychiatric	BZD 2, mid-acting	Restoril	temazepam	Generic preferred	7.5,15,22.5,30
Psychiatric	BZD 2, mid-acting	temazepam	null	Age Restriction app	7.5,15,22.5,30
Psychiatric	BZD 3, long-acting	amitriptyline/chlordiaz	null	Covered w/o PA	12.5/5,25/10
Psychiatric	BZD 3, long-acting	chlordiazepoxide	null	Covered w/o PA	5,10,25
Psychiatric	BZD 3, long-acting	clonazepam	null	Covered w/o PA	0.5,1,2; 0.125,0.25,0.5,1,2 ODT
Psychiatric	BZD 3, long-acting	clorazepate	null	Covered w/o PA	3.75,7.5,15
Psychiatric	BZD 3, long-acting	Dalmane	flurazepam	Generic preferred	15,30
Psychiatric	BZD 3, long-acting	diazepam	null	Covered w/o PA	2,5,10; 5/5 mL sol; 5/mL intensol; IM; IV
Psychiatric	BZD 3, long-acting	flurazepam	null	Age Restriction app	15,30
Psychiatric	BZD 3, long-acting	Klonopin	clonazepam	Generic preferred	0.5,1,2
Psychiatric	BZD 3, long-acting	Klonopin Wafers	clonazepam	Covered w/o PA	0.125,0.25,0.5,1,2 ODT
Psychiatric	BZD 3, long-acting	Librium	chlordiazepoxide	Generic preferred	5,10,25
Psychiatric	BZD 3, long-acting	Limbitrol	amitriptyline/chlordiazepoxide	Generic preferred	12.5/5
Psychiatric	BZD 3, long-acting	Limbitrol DS	amitriptyline/chlordiazepoxide	Generic preferred	25/10
Psychiatric	BZD 3, long-acting	Tranxene SD	clorazepate	Generic preferred	11.25,22.5 ER
Psychiatric	BZD 3, long-acting	Tranxene T-Tab	clorazepate	Generic preferred	3.75,7.5,15
Psychiatric	BZD 3, long-acting	Valium	diazepam	Generic preferred	2,5,10
Psychiatric	Mania/Bipolar	carbamazepine	null	Covered w/o PA	100 CH; 200; 100/5 mL
Psychiatric	Mania/Bipolar	Depakene	valproic acid	Generic preferred	250; 250/5 mL
Psychiatric	Mania/Bipolar	Depakote	divalproex sodium	Covered w/o PA	125,250,500
Psychiatric	Mania/Bipolar	Depakote ER	divalproex sodium	Covered w/o PA	250,500 ER
Psychiatric	Mania/Bipolar	Depakote Sprinkles	divalproex sodium	Covered w/o PA	125
Psychiatric	Mania/Bipolar	divalproex sodium	null	Covered w/o PA	125,250,500
Psychiatric	Mania/Bipolar	Eskalith	lithium	Generic preferred	--
Psychiatric	Mania/Bipolar	Geodon	ziprasidone	Covered w/o PA	20,40,60,80
Psychiatric	Mania/Bipolar	Geodon	ziprasidone	Expedited Auth.	IM
Psychiatric	Mania/Bipolar	Lamictal	lamotrigine	Covered w/o PA	25,100,150,200; 2,5,25 CH
Psychiatric	Mania/Bipolar	lamotrigine	null	Covered w/o PA	25,100,150,200; 5,25 CH

Psychiatric	Mania/Bipolar	lithium	null	Covered w/o PA	150,300,600; 300,450 ER
Psychiatric	Mania/Bipolar	Lithobid	lithium	Covered w/o PA	300 ER
Psychiatric	Mania/Bipolar	oxcarbazepine	null	Covered w/o PA	150,300,600
Psychiatric	Mania/Bipolar	Seroquel	quetiapine	Covered w/o PA	25,50,100,200,300,400
Psychiatric	Mania/Bipolar	Stavzor	valproic acid	Covered w/o PA	125,250,500
Psychiatric	Mania/Bipolar	Symbyax	olanzapine/fluoxetine	Expedited Auth.	3/25,6/25,6/50,12/25,12/50
Psychiatric	Mania/Bipolar	Tegretol	carbamazepine	Generic preferred	100 CH; 200; 100/5 mL
Psychiatric	Mania/Bipolar	Trileptal	oxcarbazepine	Covered w/o PA	150,300,600; 300/5 mL
Psychiatric	Mania/Bipolar	valproic acid	null	Covered w/o PA	250; 250/5 mL
Psychiatric	Mania/Bipolar	Zyprexa	olanzapine	Covered w/o PA	2.5,5,7.5,10,15,20
Psychiatric	Mania/Bipolar	Zyprexa	olanzapine	Expedited Auth.	IM
Psychiatric	Mania/Bipolar	Zyprexa Zydys	olanzapine	Covered w/o PA	5,10,15,20 ODT
Psychiatric	MAOI	Emsam	selegiline transdermal	Prior Authorization	6,9,12/24h patch
Psychiatric	MAOI	Marplan	isocarboxazid	Covered w/o PA	10
Psychiatric	MAOI	Nardil	phenelzine	Covered w/o PA	15
Psychiatric	MAOI	Parnate	tranylcypromine	Covered w/o PA	10
Psychiatric	MAOI	tranylcypromine	null	Covered w/o PA	10
Psychiatric	Other Psychiatric	reserpine	null	Covered w/o PA	0.1,0.25
Psychiatric	Smoking Cessat.	Buproban	bupropion	Prior Authorization	150 ER
Psychiatric	Smoking Cessat.	bupropion	null	Expedited Auth.	150 ER
Psychiatric	Smoking Cessat.	Chantix	varenicline	Prior Authorization	0.5,1
Psychiatric	Smoking Cessat.	Commit	nicotine lozenge	Not Covered	2,4 mg lozenge
Psychiatric	Smoking Cessat.	Nicoderm CQ	nicotine transdermal	Prior Authorization	7,14,21/24h patch
Psychiatric	Smoking Cessat.	Nicorette	nicotine gum	Prior Authorization	2,4 gum
Psychiatric	Smoking Cessat.	nicotine gum	null	Prior Authorization	2,4 gum
Psychiatric	Smoking Cessat.	nicotine lozenge	null	Not Covered	2,4 mg lozenge
Psychiatric	Smoking Cessat.	nicotine transdermal	null	Prior Authorization	7,14,21/24h patch
Psychiatric	Smoking Cessat.	Nicotrol Inhaler	nicotine inhaled	Not Covered	4 mg delivered/cartridge
Psychiatric	Smoking Cessat.	Nicotrol NS	nicotine nasal	Not Covered	0.5/spray
Psychiatric	Smoking Cessat.	Zyban	bupropion	Prior Authorization	150 ER
Psychiatric	SSRI	Celexa	citalopram	Generic preferred	10,20,40; 10/5 mL sol
Psychiatric	SSRI	citalopram	null	Covered w/o PA	10,20,40; 10/5 mL sol
Psychiatric	SSRI	fluoxetine	null	Covered w/o PA	10,20,40; 20/5 mL sol
Psychiatric	SSRI	fluvoxamine	null	Non-preferred	25,50,100
Psychiatric	SSRI	Lexapro	escitalopram	Non-preferred	5,10,20; 5/5 mL
Psychiatric	SSRI	Luvox	fluvoxamine	Non-preferred	--
Psychiatric	SSRI	Luvox CR	fluvoxamine	Non-preferred	100,150 ER
Psychiatric	SSRI	paroxetine	null	Covered w/o PA	10,20,30,40; 10/5 mL
Psychiatric	SSRI	paroxetine ER	null	Non-preferred	12.5,25 ER
Psychiatric	SSRI	Paxil	paroxetine	Generic preferred	10,20,30,40; 10/5 mL

Psychiatric	SSRI	Paxil CR	paroxetine	Non-preferred	12.5,25,37.5 ER
Psychiatric	SSRI	Pexeva	paroxetine	Non-preferred	10,20,30,40
Psychiatric	SSRI	Prozac	fluoxetine	Generic preferred	10,20,40; 20/5 mL sol
Psychiatric	SSRI	Prozac Weekly	fluoxetine	Non-preferred	90
Psychiatric	SSRI	Sarafem	fluoxetine	Non-preferred	10,20
Psychiatric	SSRI	sertraline	null	Covered w/o PA	25,50,100; 20 mg/mL
Psychiatric	SSRI	Symbyax	olanzapine/fluoxetine	Expedited Auth.	3/25,6/25,6/50,12/25,12/50
Psychiatric	SSRI	Zoloft	sertraline	Generic preferred	25,50,100; 20 mg/mL
Psychiatric	TCA	amitriptyline	null	Covered w/o PA	10,25,50,75,100,125,150
Psychiatric	TCA	amitriptyline/chlordiaz	null	Covered w/o PA	12.5/5,25/10
Psychiatric	TCA	amitriptyline/perphen	null	Covered w/o PA	10/2,10/4,25/2,25/4,50/4
Psychiatric	TCA	Anafranil	clomipramine	Generic preferred	25,50,75
Psychiatric	TCA	clomipramine	null	Covered w/o PA	25,50,75
Psychiatric	TCA	desipramine	null	Covered w/o PA	10,25,50,75,100,150
Psychiatric	TCA	doxepin	null	Covered w/o PA	10,25,50,75,100,150; 10/mL
Psychiatric	TCA	Elavil	amitriptyline	Generic preferred	--
Psychiatric	TCA	imipramine	null	Covered w/o PA	10,25,50
Psychiatric	TCA	Limbitrol	amitriptyline/chlordiazepoxide	Generic preferred	12.5/5
Psychiatric	TCA	Limbitrol DS	amitriptyline/chlordiazepoxide	Generic preferred	25/10
Psychiatric	TCA	Norpramin	desipramine	Generic preferred	10,25,50,75,100,150
Psychiatric	TCA	nortriptyline	null	Covered w/o PA	10,25,50,75; 10/5 mL
Psychiatric	TCA	Pamelor	nortriptyline	Generic preferred	10,25,50,75; 10/5 mL
Psychiatric	TCA	protriptyline	null	Covered w/o PA	5,10
Psychiatric	TCA	Surmontil	trimipramine	Covered w/o PA	25,50,100
Psychiatric	TCA	Tofranil	imipramine	Generic preferred	10,25,50
Psychiatric	TCA	Tofranil-PM	imipramine	Covered w/o PA	75,100,125,150
Psychiatric	TCA	trimipramine	null	Covered w/o PA	25,50,100
Psychiatric	TCA	Vivactil	protriptyline	Covered w/o PA	5,10
Rheumatologic	Anti-Rheumatics	Arava	leflunomide	Expedited Auth.	10,20,100
Rheumatologic	Anti-Rheumatics	Azasan	azathioprine	Covered w/o PA	75,100
Rheumatologic	Anti-Rheumatics	azathioprine	null	Covered w/o PA	50; IV
Rheumatologic	Anti-Rheumatics	Azulfidine	sulfasalazine	Generic preferred	500
Rheumatologic	Anti-Rheumatics	Azulfidine EN-tabs	sulfasalazine	Generic preferred	500
Rheumatologic	Anti-Rheumatics	Cuprimine	penicillamine	Covered w/o PA	250
Rheumatologic	Anti-Rheumatics	cyclophosphamide	null	Covered w/o PA	25,50; IV
Rheumatologic	Anti-Rheumatics	cyclosporine mod	null	Covered w/o PA	25,100; 100/mL
Rheumatologic	Anti-Rheumatics	Cytoxan	cyclophosphamide	Generic preferred	--
Rheumatologic	Anti-Rheumatics	Enbrel	etanercept	Expedited Auth.	SC
Rheumatologic	Anti-Rheumatics	Gengraf	cyclosporine modified	Covered w/o PA	25,100; 100/mL
Rheumatologic	Anti-Rheumatics	Humira	adalimumab	Expedited Auth.	SC

Rheumatologic	Anti-Rheumatics	hydroxychloroquine	null	Covered w/o PA	200
Rheumatologic	Anti-Rheumatics	Imuran	azathioprine	Generic preferred	50
Rheumatologic	Anti-Rheumatics	Kineret	anakinra	Non-preferred	SC
Rheumatologic	Anti-Rheumatics	leflunomide	null	Expedited Auth.	10,20
Rheumatologic	Anti-Rheumatics	methotrexate	null	Covered w/o PA	2.5; IM; IV; IT; intra-arterial
Rheumatologic	Anti-Rheumatics	Myochrysine	gold sodium thiomalate	Covered w/o PA	IM
Rheumatologic	Anti-Rheumatics	Neoral	cyclosporine modified	Covered w/o PA	25,100; 100/mL
Rheumatologic	Anti-Rheumatics	Orencia	abatacept	Non-preferred	IV
Rheumatologic	Anti-Rheumatics	Plaquenil	hydroxychloroquine	Generic preferred	200
Rheumatologic	Anti-Rheumatics	Remicade	infliximab	Non-preferred	IV
Rheumatologic	Anti-Rheumatics	Rheumatrex Dose Pack	methotrexate	Covered w/o PA	2.5
Rheumatologic	Anti-Rheumatics	Ridaura	auranofin	Covered w/o PA	3
Rheumatologic	Anti-Rheumatics	sulfasalazine	null	Covered w/o PA	500
Rheumatologic	Anti-Rheumatics	Trexall	methotrexate	Covered w/o PA	5,7.5,10,15
Rheumatologic	Gout	allopurinol	null	Covered w/o PA	100,300; IV
Rheumatologic	Gout	Aloprim	allopurinol	Prior Authorization	IV
Rheumatologic	Gout	colchicine	null	Covered w/o PA	0.6
Rheumatologic	Gout	probenecid	null	Covered w/o PA	500
Rheumatologic	Gout	Zyloprim	allopurinol	Generic preferred	100,300
Rheumatologic	Other Rheumatol.	Orthovisc	hyaluron	Prior Authorization	INJ
Rheumatologic	Other Rheumatol.	Synvisc	hylan GF 20	Prior Authorization	INJ