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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADDERALL XR CAP 10MG	$0.00	Y
ADDERALL XR CAP 15MG	$0.00	Y
ADDERALL XR CAP 20MG	$0.00	Y
ADDERALL XR CAP 25MG	$0.00	Y
ADDERALL XR CAP 30MG	$0.00	Y
ADDERALL XR CAP 5MG	$0.00	Y
AMPHET/DEXTR TAB 10MG	$0.00	Y
AMPHET/DEXTR TAB 12.5MG	$0.00	Y
AMPHET/DEXTR TAB 15MG	$0.00	Y
AMPHET/DEXTR TAB 20MG	$0.00	Y
AMPHET/DEXTR TAB 30MG	$0.00	Y
AMPHET/DEXTR TAB 5MG	$0.00	Y
AMPHET/DEXTR TAB 7.5MG	$0.00	Y
AMPHETAMINE TAB 10MG	$0.00	Y
AMPHETAMINE TAB 20MG	$0.00	Y
AMPHETAMINE TAB 30MG	$0.00	Y
AMPHETAMINE TAB 5MG	$0.00	Y
CAFCIT SOL 60MG/3ML	$2.00	Y
CAFFEINE CIT SOL 20MG/ML	$0.00	Y
CAFFEINE CIT SOL 60MG/3ML	$0.00	Y
DEXMETHYLPH TAB 10MG	$0.00	Y
DEXMETHYLPH TAB 2.5MG	$0.00	Y
DEXMETHYLPH TAB 5MG	$0.00	Y
DEXTROAMPHET CAP 10MG ER	$0.00	Y
DEXTROAMPHET CAP 15MG ER	$0.00	Y
DEXTROAMPHET CAP 5MG ER	$0.00	Y
DEXTROAMPHET TAB 10MG	$0.00	Y
DEXTROAMPHET TAB 5MG	$0.00	Y
FOCALIN TAB 10MG	$2.00	Y
FOCALIN TAB 2.5MG	$2.00	Y
FOCALIN TAB 5MG	$2.00	Y
FOCALIN XR CAP 10MG	$0.00	Y
FOCALIN XR CAP 15MG	$0.00	Y
FOCALIN XR CAP 20MG	$0.00	Y
FOCALIN XR CAP 25MG	$0.00	Y
FOCALIN XR CAP 30MG	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
FOCALIN XR CAP 35MG	$0.00	Y
FOCALIN XR CAP 40MG	$0.00	Y
FOCALIN XR CAP 5MG	$0.00	Y
GUANFACINE TAB 1MG ER	$0.00	Y
GUANFACINE TAB 2MG ER	$0.00	Y
GUANFACINE TAB 3MG ER	$0.00	Y
GUANFACINE TAB 4MG ER	$0.00	Y
METADATE TAB 20MG ER	$0.00	Y
METADATE CD CAP 10MG	$0.00	Y
METADATE CD CAP 20MG	$0.00	Y
METADATE CD CAP 30MG	$0.00	Y
METADATE CD CAP 40MG	$0.00	Y
METADATE CD CAP 50MG	$0.00	Y
METADATE CD CAP 60MG	$0.00	Y
METHYLIN CHW 10MG	$0.00	Y
METHYLIN CHW 2.5MG	$0.00	Y
METHYLIN CHW 5MG	$0.00	Y
METHYLIN SOL 10MG/5ML	$2.00	Y
METHYLIN SOL 5MG/5ML	$2.00	Y
METHYLPHENID SOL 10MG/5ML	$0.00	Y
METHYLPHENID SOL 5MG/5ML	$0.00	Y
METHYLPHENID TAB 10MG	$0.00	Y
METHYLPHENID TAB 10MG ER	$0.00	Y
METHYLPHENID TAB 18MG ER	$0.00	Y
METHYLPHENID TAB 20MG	$0.00	Y
METHYLPHENID TAB 20MG CR	$0.00	Y
METHYLPHENID TAB 20MG ER	$0.00	Y
METHYLPHENID TAB 20MG SR	$0.00	Y
METHYLPHENID TAB 27MG ER	$0.00	Y
METHYLPHENID TAB 36MG ER	$0.00	Y
METHYLPHENID TAB 54MG ER	$0.00	Y
METHYLPHENID TAB 5MG	$0.00	Y
STRATTERA CAP 100MG	$2.00	Y
STRATTERA CAP 10MG	$2.00	Y
STRATTERA CAP 18MG	$2.00	Y
STRATTERA CAP 25MG	$2.00	Y
STRATTERA CAP 40MG	$2.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
STRATTERA CAP 60MG	$2.00	Y
STRATTERA CAP 80MG	$2.00	Y
VYVANSE CAP 10MG	$2.00	Y
VYVANSE CAP 20MG	$2.00	Y
VYVANSE CAP 30MG	$2.00	Y
VYVANSE CAP 40MG	$2.00	Y
VYVANSE CAP 50MG	$2.00	Y
VYVANSE CAP 60MG	$2.00	Y
VYVANSE CAP 70MG	$2.00	Y
AMINOGLYCOSIDES		
NEO-FRADIN SOL 125/5ML	$2.00	Y
NEOMYCIN TAB 500MG	$0.00	Y
PAROMOMYCIN CAP 250MG	$0.00	Y
ANALGESICS - ANTI-INFLAMMATORY		
ARCALYST INJ 220MG	$2.00	Y
CELECOXIB CAP 100MG	$0.00	Y
CELECOXIB CAP 200MG	$0.00	Y
CELECOXIB CAP 400MG	$0.00	Y
CELECOXIB CAP 50MG	$0.00	Y
DICLOFEN POT TAB 50MG	$0.00	Y
DICLOFENAC TAB 100MG ER	$0.00	Y
DICLOFENAC TAB 100MG XR	$0.00	Y
DICLOFENAC TAB 25MG DR	$0.00	Y
DICLOFENAC TAB 50MG DR	$0.00	Y
DICLOFENAC TAB 75MG DR	$0.00	Y
ETODOLAC CAP 200MG	$0.00	Y
ETODOLAC CAP 300MG	$0.00	Y
ETODOLAC TAB 400MG	$0.00	Y
ETODOLAC TAB 500MG	$0.00	Y
ETODOLAC ER TAB 400MG	$0.00	Y
ETODOLAC ER TAB 500MG	$0.00	Y
ETODOLAC ER TAB 600MG	$0.00	Y
FENOPROFEN TAB 600MG	$0.00	Y
FLURBIPROFEN TAB 100MG	$0.00	Y
FLURBIPROFEN TAB 50MG	$0.00	Y
IBUPROFEN SUS 100/5ML	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ANALGESICS - ANTI-INFLAMMATORY		
IBUPROFEN TAB 400MG	$0.00	Y
IBUPROFEN TAB 600MG	$0.00	Y
IBUPROFEN TAB 800MG	$0.00	Y
INDOCIN SUP 50MG	$0.00	Y
INDOCIN SUS 25MG/5ML	$0.00	Y
INDOMETHACIN CAP 25MG	$0.00	Y
INDOMETHACIN CAP 50MG	$0.00	Y
INDOMETHACIN CAP 75MG CR	$0.00	Y
INDOMETHACIN CAP 75MG ER	$0.00	Y
INDOMETHACIN CAP 75MG SA	$0.00	Y
INDOMETHACIN CAP 75MG SR	$0.00	Y
KETOPROFEN CAP 200MG ER	$0.00	Y
KETOPROFEN CAP 50MG	$0.00	Y
KETOPROFEN CAP 75MG	$0.00	Y
KETOROLAC TAB 10MG	$0.00	Y
LEFLUNOMIDE TAB 10MG	$0.00	Y
LEFLUNOMIDE TAB 20MG	$0.00	Y
MECLOFEN SOD CAP 100MG	$0.00	Y
MECLOFEN SOD CAP 50MG	$0.00	Y
MELOXICAM SUS 7.5/5ML	$0.00	Y
MELOXICAM TAB 15MG	$0.00	Y
MELOXICAM TAB 7.5MG	$0.00	Y
NABUMETONE TAB 500MG	$0.00	Y
NABUMETONE TAB 750MG	$0.00	Y
NAPROSYN SUS 125/5ML	$2.00	Y
NAPROXEN SUS 125/5ML	$0.00	Y
NAPROXEN TAB 250MG	$0.00	Y
NAPROXEN TAB 375MG	$0.00	Y
NAPROXEN TAB 500MG	$0.00	Y
NAPROXEN DR TAB 375MG	$0.00	Y
NAPROXEN DR TAB 500MG	$0.00	Y
NAPROXEN EC TAB 375MG	$0.00	Y
NAPROXEN EC TAB 500MG	$0.00	Y
NAPROXEN SOD TAB 220MG	$0.00	Y
NAPROXEN SOD TAB 275MG	$0.00	Y
NAPROXEN SOD TAB 550MG	$0.00	Y
OXAPROZIN TAB 600MG	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ANALGESICS - ANTI-INFLAMMATORY		
PIROXICAM CAP 10MG	$0.00	Y
PIROXICAM CAP 20MG	$0.00	Y
RIDAURA CAP 3MG	$2.00	Y
SULINDAC TAB 150MG	$0.00	Y
SULINDAC TAB 200MG	$0.00	Y
ANALGESICS - NonNarcotic		
BUPAP TAB 50-300MG	$2.00	N
BUPAP TAB 50-650MG	$2.00	N
BUT/APAP/CAF CAP	$0.00	Y
BUT/APAP/CAF TAB	$0.00	Y
BUT/ASA/CAFF TAB	$0.00	Y
BUTAL/APAP TAB 50-325MG	$0.00	Y
CAPACET CAP	$0.00	N
CHO MAG TRIS LIQ 500/5ML	$0.00	Y
CHO MAG TRIS TAB 1000MG	$0.00	Y
ESGIC CAP	$0.00	N
MARGESIC CAP	$0.00	N
MARTEN-TAB TAB 50-325MG	$0.00	N
MST 600 TAB	$0.00	Y
ORBIVAN CF TAB 50-300MG	$2.00	Y
PHRENILIN CAP FORTE	$0.00	N
REPAN TAB	$0.00	N
SALSALATE TAB 500MG	$0.00	Y
SALSALATE TAB 750MG	$0.00	Y
TENCON TAB 50-325MG	$0.00	N
TENCON TAB 50-650MG	$2.00	N
ZEBUTAL CAP	$0.00	N
ANALGESICS - OPIOID		
APAP/CODEINE SOL 120-12/5	$0.00	Y
APAP/CODEINE TAB 300-15MG	$0.00	Y
APAP/CODEINE TAB 300-30MG	$0.00	Y
APAP/CODEINE TAB 300-60MG	$0.00	Y
ASA/CAFF/BUT CAP COD 30MG	$0.00	Y
ASCOMP/COD CAP 30MG	$0.00	Y
BUT/APAP/CAF CAP CODEINE	$0.00	Y
BUT/ASA/CAF/ CAP COD 30MG	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ANALGESICS - OPIOID		
BUTAL CPD/ CAP CODEINE	$0.00	Y
BUTORPHANOL SOL 10MG/ML	$0.00	Y
CODEINE PHOS INJ 30MG/2ML	$0.00	Y
CODEINE PHOS INJ 60MG/2ML	$0.00	Y
CODEINE SULF SOL 15MG/2.5	$0.00	Y
CODEINE SULF SOL 30MG/5ML	$0.00	Y
CODEINE/APAP TAB 15-300MG	$0.00	Y
CODEINE/APAP TAB 30-300MG	$0.00	Y
CODEINE/APAP TAB 60-300MG	$0.00	Y
DILAUDID LIQ 1MG/ML	$2.00	Y
ENDOCET TAB 10-325MG	$0.00	Y
ENDOCET TAB 10-650MG	$0.00	Y
ENDOCET TAB 2.5-325	$0.00	Y
ENDOCET TAB 5-325MG	$0.00	Y
ENDOCET TAB 7.5-325	$0.00	Y
ENDOCET TAB 7.5-500M	$0.00	Y
ENDODAN TAB	$0.00	Y
FENTANYL CIT INJ 0.05MG/1	$0.00	Y
FENTANYL CIT INJ 1000MCG	$0.00	Y
FENTANYL CIT INJ 100MCG	$0.00	Y
FENTANYL CIT INJ 2500MCG	$0.00	Y
FENTANYL CIT INJ 250MCG	$0.00	Y
HYCET SOL 7.5-325	$2.00	Y
HYDROCO/APAP SOL 7.5-325	$0.00	Y
HYDROCO/APAP SOL 7.5-500	$0.00	Y
HYDROCO/APAP TAB 10-325MG	$0.00	Y
HYDROCO/APAP TAB 2.5-325	$0.00	Y
HYDROCO/APAP TAB 5-325MG	$0.00	Y
HYDROCO/APAP TAB 7.5-325	$0.00	Y
HYDROMORPHON LIQ 1MG/ML	$0.00	Y
HYDROMORPHON SUP 3MG	$0.00	Y
LORCET TAB 5-325MG	$0.00	Y
LORCET HD TAB 10-325MG	$0.00	Y
LORCET PLUS TAB 7.5-325	$0.00	Y
LORTAB TAB 10-325MG	$0.00	Y
LORTAB TAB 5-325MG	$0.00	Y
LORTAB TAB 7.5-325	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ANALGESICS - OPIOID		
METHADONE CON 10MG/ML	$0.00	Y
METHADONE SOL 10MG/5ML	$0.00	Y
METHADONE SOL 5MG/5ML	$0.00	Y
METHADOSE CON 10MG/ML	$2.00	Y
METHADOSE SF CON 10MG/ML	$2.00	Y
MORPHINE SUL SOL 10/0.5ML	$0.00	Y
MORPHINE SUL SOL 100/5ML	$0.00	Y
MORPHINE SUL SOL 10MG/5ML	$0.00	Y
MORPHINE SUL SOL 20MG/5ML	$0.00	Y
MORPHINE SUL SOL 20MG/ML	$0.00	Y
MORPHINE SUL SUP 10MG	$0.00	Y
MORPHINE SUL SUP 20MG	$0.00	Y
MORPHINE SUL SUP 30MG	$0.00	Y
MORPHINE SUL SUP 5MG	$0.00	Y
MORPHINE SUL TAB 100MG CR	$0.00	Y
MORPHINE SUL TAB 100MG ER	$0.00	Y
MORPHINE SUL TAB 15MG CR	$0.00	Y
MORPHINE SUL TAB 15MG ER	$0.00	Y
MORPHINE SUL TAB 200MG ER	$0.00	Y
MORPHINE SUL TAB 30MG CR	$0.00	Y
MORPHINE SUL TAB 30MG ER	$0.00	Y
MORPHINE SUL TAB 60MG CR	$0.00	Y
MORPHINE SUL TAB 60MG ER	$0.00	Y
OXYCOD/APAP TAB 10-325MG	$0.00	Y
OXYCOD/APAP TAB 10-650MG	$0.00	Y
OXYCOD/APAP TAB 2.5-325	$0.00	Y
OXYCOD/APAP TAB 5-325MG	$0.00	Y
OXYCOD/APAP TAB 7.5-325	$0.00	Y
OXYCOD/APAP TAB 7.5-500	$0.00	Y
OXYCOD/ASA TAB	$0.00	Y
OXYCODONE CON 100/5ML	$0.00	Y
OXYCODONE CON 20MG/ML	$0.00	Y
OXYCODONE SOL 5MG/5ML	$0.00	Y
ROXICET SOL 5-325/5	$2.00	Y
ROXICET TAB 5-325MG	$0.00	Y
TRAMADL/APAP TAB 37.5-325	$0.00	Y
TRAMADOL HCL TAB 50MG	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ANALGESICS - OPIOID		
VERDROCET TAB 2.5-325	$0.00	Y
ANDROGENS-ANABOLIC		
ANDRODERM DIS 2MG/24HR	$2.00	Y
ANDRODERM DIS 4MG/24HR	$2.00	Y
ANDROGEL GEL 1%(25MG)	$0.00	Y
ANDROGEL GEL 1%(50MG)	$0.00	Y
ANDROGEL GEL 1.62%	$2.00	Y
ANDROGEL GEL PUMP 1%	$0.00	Y
ANDROID CAP 10MG	$2.00	Y
ANDROXY TAB 10MG	$2.00	Y
DANAZOL CAP 100MG	$0.00	Y
DANAZOL CAP 200MG	$0.00	Y
DANAZOL CAP 50MG	$0.00	Y
METHITEST TAB 10MG	$2.00	Y
METHYLTESTOS CAP 10MG	$0.00	Y
TESTRED CAP 10MG	$2.00	Y
ANORECTAL AGENTS		
ANALPRAM HC CRE 2.5-1%	$2.00	Y
ANALPRAM-HC CRE 1-1%	$2.00	Y
ANALPRAM-HC CRE 1-2.5%	$2.00	Y
ANALPRAM-HC CRE SINGLES	$2.00	Y
ANALPRAM-HC LOT 2.5%	$2.00	Y
ANALPRM SNGL CRE HC 2.5-1	$2.00	Y
ANUSOL-HC CRE 2.5%	$2.00	Y
COLOCORT ENE 100MG	$0.00	Y
HC PRAMOXINE CRE 1-1%	$0.00	Y
HC PRAMOXINE CRE 2.5-1%	$0.00	Y
HYDROCORT CRE 1%	$0.00	Y
HYDROCORT ENE 100MG	$0.00	Y
HYDROCORTISO CRE 2.5%	$0.00	Y
LIDAZONE CRE	$0.00	Y
LIDOCAINE/HC CRE 3%-0.5%	$0.00	Y
PRAMCORT CRE 1-1%	$0.00	Y
PROCORT CRE	$2.00	Y
PROCTO-PAK CRE 1%	$0.00	Y
PROCTOCARE CRE -HC 2.5%	$0.00	Y

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ANORECTAL AGENTS		
PROCTOCORT CRE 1%	$2.00	Y
PROCTOCREAM CRE HC 2.5%	$0.00	Y
PROCTOSOL HC CRE 2.5%	$0.00	Y
PROCTOZONE CRE -HC 2.5%	$0.00	Y
ANTHELMINTICS		
ALBENZA TAB 200MG	$2.00	Y
BILTRICIDE TAB 600MG	$2.00	Y
IVERMECTIN TAB 3MG	$0.00	Y
STROMECTOL TAB 3MG	$2.00	Y
ANTIANGINAL AGENTS		
DILATRATE SR CAP 40MG	$0.00	Y
ISODITRATE TAB 40MG ER	$0.00	Y
ISORDIL TAB 40MG	$2.00	Y
ISOSORB DIN SUB 2.5MG	$0.00	Y
ISOSORB DIN TAB 10MG	$0.00	Y
ISOSORB DIN TAB 20MG	$0.00	Y
ISOSORB DIN TAB 30MG	$0.00	Y
ISOSORB DIN TAB 40MG ER	$0.00	Y
ISOSORB DIN TAB 40MG SA	$0.00	Y
ISOSORB DIN TAB 5MG	$0.00	Y
ISOSORB MONO TAB 10MG	$0.00	Y
ISOSORB MONO TAB 120MG ER	$0.00	Y
ISOSORB MONO TAB 20MG	$0.00	Y
ISOSORB MONO TAB 30MG ER	$0.00	Y
ISOSORB MONO TAB 60MG ER	$0.00	Y
MINITRAN DIS 0.1MG/HR	$0.00	Y
MINITRAN DIS 0.2MG/HR	$0.00	Y
MINITRAN DIS 0.4MG/HR	$0.00	Y
MINITRAN DIS 0.6MG/HR	$0.00	Y
NITRO-BID OIN 2%	$0.00	Y
NITRO-DUR DIS 0.1MG/HR	$2.00	Y
NITRO-DUR DIS 0.2MG/HR	$2.00	Y
NITRO-DUR DIS 0.3MG/HR	$2.00	Y
NITRO-DUR DIS 0.4MG/HR	$2.00	Y
NITRO-DUR DIS 0.6MG/HR	$2.00	Y
NITRO-DUR DIS 0.8MG/HR	$2.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ANTIANGINAL AGENTS		
NITRO-TIME CAP 2.5MG CR	$0.00	Y
NITRO-TIME CAP 6.5MG CR	$0.00	Y
NITRO-TIME CAP 9MG CR	$0.00	Y
NITROGLYCER CAP 2.5MG ER	$0.00	Y
NITROGLYCER CAP 2.5MG SR	$0.00	Y
NITROGLYCER CAP 6.5MG ER	$0.00	Y
NITROGLYCER CAP 6.5MG SR	$0.00	Y
NITROGLYCER CAP 9MG ER	$0.00	Y
NITROGLYCER DIS 0.1MG/HR	$0.00	Y
NITROGLYCER DIS 0.2MG/HR	$0.00	Y
NITROGLYCER DIS 0.4MG/HR	$0.00	Y
NITROGLYCER DIS 0.6MG/HR	$0.00	Y
NITROGLYCRN SPR 0.4MG	$0.00	Y
NITROGLYCRN SPR LINGUAL	$0.00	Y
NITROLINGUAL SPR PUMPSPRA	$2.00	Y
NITRONAL SOL 1MG/ML	$2.00	Y
NITROSTAT SUB 0.3MG	$2.00	Y
NITROSTAT SUB 0.4MG	$2.00	Y
NITROSTAT SUB 0.6MG	$2.00	Y
ANTIANXIETY AGENTS		
ALPRAZOLAM TAB 0.25MG	$0.00	Y
ALPRAZOLAM TAB 0.5MG	$0.00	Y
ALPRAZOLAM TAB 1MG	$0.00	Y
ALPRAZOLAM TAB 2MG	$0.00	Y
BUSPIRONE TAB 10MG	$0.00	Y
BUSPIRONE TAB 15MG	$0.00	Y
BUSPIRONE TAB 30MG	$0.00	Y
BUSPIRONE TAB 5MG	$0.00	Y
BUSPIRONE TAB 7.5MG	$0.00	Y
CHLORDIAZEP CAP 10MG	$0.00	Y
CHLORDIAZEP CAP 25MG	$0.00	Y
CHLORDIAZEP CAP 5MG	$0.00	Y
CLORAZ DIPOT TAB 15MG	$0.00	Y
CLORAZ DIPOT TAB 3.75MG	$0.00	Y
CLORAZ DIPOT TAB 7.5MG	$0.00	Y
DIAZEPAM CON 5MG/ML	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ANTIANXIETY AGENTS		
DIAZEPAM INJ 10MG/2ML	$0.00	Y
DIAZEPAM SOL 1MG/ML	$0.00	Y
DIAZEPAM SOL 5MG/5ML	$0.00	Y
DIAZEPAM TAB 10MG	$0.00	Y
DIAZEPAM TAB 2MG	$0.00	Y
DIAZEPAM TAB 5MG	$0.00	Y
HYDROXYZ HCL SOL 10MG/5ML	$0.00	Y
HYDROXYZ HCL SYP 10MG/5ML	$0.00	Y
HYDROXYZ HCL TAB 10MG	$0.00	Y
HYDROXYZ HCL TAB 25MG	$0.00	Y
HYDROXYZ HCL TAB 50MG	$0.00	Y
HYDROXYZ PAM CAP 100MG	$0.00	Y
HYDROXYZ PAM CAP 25MG	$0.00	Y
HYDROXYZ PAM CAP 50MG	$0.00	Y
LORAZEPAM CON 2MG/ML	$0.00	Y
LORAZEPAM TAB 0.5MG	$0.00	Y
LORAZEPAM TAB 1MG	$0.00	Y
LORAZEPAM TAB 2MG	$0.00	Y
MEPROBAMATE TAB 200MG	$0.00	Y
MEPROBAMATE TAB 400MG	$0.00	Y
OXAZEPAM CAP 10MG	$0.00	Y
OXAZEPAM CAP 15MG	$0.00	Y
OXAZEPAM CAP 30MG	$0.00	Y
ANTIARRHYTHMICS		
AMIODARONE TAB 200MG	$0.00	Y
DISOPYRAMIDE CAP 100MG	$0.00	Y
DISOPYRAMIDE CAP 150MG	$0.00	Y
FLECAINIDE TAB 100MG	$0.00	Y
FLECAINIDE TAB 150MG	$0.00	Y
FLECAINIDE TAB 50MG	$0.00	Y
MEXILETINE CAP 150MG	$0.00	Y
MEXILETINE CAP 200MG	$0.00	Y
MEXILETINE CAP 250MG	$0.00	Y
NORPACE CAP 100MG CR	$2.00	Y
NORPACE CAP 150MG CR	$2.00	Y
PACERONE TAB 200MG	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ANTIARRHYTHMICS		
PROPAFENONE CAP 225MG ER	$0.00	Y
PROPAFENONE CAP 325MG ER	$0.00	Y
PROPAFENONE CAP 425MG SR	$0.00	Y
PROPAFENONE TAB 150MG	$0.00	Y
PROPAFENONE TAB 225MG	$0.00	Y
PROPAFENONE TAB 300MG	$0.00	Y
QUINIDINE GL TAB 324MG CR	$0.00	Y
QUINIDINE GL TAB 324MG ER	$0.00	Y
QUINIDINE SU TAB 200MG	$0.00	Y
QUINIDINE SU TAB 300MG	$0.00	Y
QUINIDINE SU TAB 300MG ER	$0.00	Y
TIKOSYN CAP 125MCG	$2.00	Y
TIKOSYN CAP 250MCG	$2.00	Y
TIKOSYN CAP 500MCG	$2.00	Y
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
AEROSPAN AER 80MCG	$2.00	Y
ALBUTEROL NEB 0.083%	$0.00	Y
ALBUTEROL NEB 0.5%	$0.00	Y
ALBUTEROL NEB 0.63MG/3	$0.00	Y
ALBUTEROL NEB 1.25MG/3	$0.00	Y
ALBUTEROL SYP 2MG/5ML	$0.00	Y
ALBUTEROL TAB 2MG	$0.00	Y
ALBUTEROL TAB 4MG	$0.00	Y
ALBUTEROL TAB 4MG ER	$0.00	Y
ALBUTEROL TAB 8MG ER	$0.00	Y
ATROVENT HFA AER 17MCG	$2.00	Y
BUDESONIDE SUS 0.25MG/2	$0.00	Y
BUDESONIDE SUS 0.5MG/2	$0.00	Y
BUDESONIDE SUS 1MG/2ML	$0.00	Y
CROMOLYN SOD NEB 20MG/2ML	$0.00	Y
ELIXOPHYLLIN ELX 80/15ML	$2.00	Y
FLOVENT DISK AER 100MCG	$2.00	Y
FLOVENT DISK AER 250MCG	$2.00	Y
FLOVENT DISK AER 50MCG	$2.00	Y
FLOVENT HFA AER 110MCG	$2.00	Y
FLOVENT HFA AER 220MCG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
FLOVENT HFA AER 44MCG	$2.00	Y
IPRATROPIUM SOL 0.02%INH	$0.00	Y
IPRATROPIUM/ SOL ALBUTER	$0.00	Y
IPRATROPIUM/ SOL SULFATE	$0.00	Y
METAPROTEREN SYP 10MG/5ML	$0.00	Y
METAPROTEREN TAB 10MG	$0.00	Y
METAPROTEREN TAB 20MG	$0.00	Y
MONTELUKAST CHW 4MG	$0.00	Y
MONTELUKAST CHW 5MG	$0.00	Y
MONTELUKAST GRA 4MG	$0.00	Y
MONTELUKAST TAB 10MG	$0.00	Y
PROAIR HFA AER	$2.00	Y
PROVENTIL AER HFA	$2.00	Y
PULMICORT INH 180MCG	$2.00	Y
PULMICORT INH 90MCG	$2.00	Y
QVAR AER 40MCG	$2.00	Y
QVAR AER 80MCG	$2.00	Y
SINGULAIR GRA 4MG	$2.00	Y
SPIRIVA CAP HANDIHLR	$2.00	Y
TERBUTALINE TAB 2.5MG	$0.00	Y
TERBUTALINE TAB 5MG	$0.00	Y
THEO-24 CAP 100MG CR	$2.00	Y
THEO-24 CAP 200MG CR	$2.00	Y
THEO-24 CAP 300MG CR	$2.00	Y
THEO-24 CAP 400MG ER	$2.00	Y
THEOCHRON TAB 100MG CR	$0.00	Y
THEOCHRON TAB 200MG CR	$0.00	Y
THEOCHRON TAB 300MG CR	$0.00	Y
THEOPHYLLINE ELX 80/15ML	$0.00	Y
THEOPHYLLINE SOL 80/15ML	$0.00	Y
THEOPHYLLINE TAB 100MG CR	$0.00	Y
THEOPHYLLINE TAB 100MG ER	$0.00	Y
THEOPHYLLINE TAB 200MG CR	$0.00	Y
THEOPHYLLINE TAB 200MG ER	$0.00	Y
THEOPHYLLINE TAB 200MG SR	$0.00	Y
THEOPHYLLINE TAB 300MG CR	$0.00	Y
THEOPHYLLINE TAB 300MG ER	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
THEOPHYLLINE TAB 300MG SR	$0.00	Y
THEOPHYLLINE TAB 400MG ER	$0.00	Y
THEOPHYLLINE TAB 450MG ER	$0.00	Y
THEOPHYLLINE TAB 600MG ER	$0.00	Y
VENTOLIN HFA AER	$2.00	Y
ZAFIRLUKAST TAB 10MG	$0.00	Y
ZAFIRLUKAST TAB 20MG	$0.00	Y
ANTICOAGULANTS		
ELIQUIS TAB 2.5MG	$2.00	Y
ELIQUIS TAB 5MG	$2.00	Y
ENOXAPARIN INJ 100MG/ML	$0.00	Y
ENOXAPARIN INJ 120/0.8	$0.00	Y
ENOXAPARIN INJ 150MG/ML	$0.00	Y
ENOXAPARIN INJ 30/0.3ML	$0.00	Y
ENOXAPARIN INJ 300/3ML	$0.00	Y
ENOXAPARIN INJ 40/0.4ML	$0.00	Y
ENOXAPARIN INJ 60/0.6ML	$0.00	Y
ENOXAPARIN INJ 80/0.8ML	$0.00	Y
HEP FLUSH-10 INJ 10UNT/ML	$0.00	N
HEPARIN LOCK INJ 100/ML	$0.00	Y
HEPARIN LOCK INJ 10UNT/ML	$0.00	Y
HEPARIN LOCK INJ 1UNIT/ML	$0.00	Y
HEPARIN LOCK INJ 2UNIT/ML	$0.00	Y
JANTOVEN TAB 10MG	$0.00	Y
JANTOVEN TAB 1MG	$0.00	Y
JANTOVEN TAB 2.5MG	$0.00	Y
JANTOVEN TAB 2MG	$0.00	Y
JANTOVEN TAB 3MG	$0.00	Y
JANTOVEN TAB 4MG	$0.00	Y
JANTOVEN TAB 5MG	$0.00	Y
JANTOVEN TAB 6MG	$0.00	Y
JANTOVEN TAB 7.5MG	$0.00	Y
WARFARIN TAB 10MG	$0.00	Y
WARFARIN TAB 1MG	$0.00	Y
WARFARIN TAB 2.5MG	$0.00	Y
WARFARIN TAB 2MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTICOAGULANTS		
WARFARIN TAB 3MG	$0.00	Y
WARFARIN TAB 4MG	$0.00	Y
WARFARIN TAB 5MG	$0.00	Y
WARFARIN TAB 6MG	$0.00	Y
WARFARIN TAB 7.5MG	$0.00	Y
WARFARIN SOD TAB 10MG	$0.00	Y
XARELTO TAB 10MG	$2.00	Y
XARELTO TAB 15MG	$2.00	Y
XARELTO TAB 20MG	$2.00	Y
XARELTO STAR TAB 15/20MG	$2.00	Y
ANTICONVULSANTS		
CARBAMAZEPIN CHW 100MG	$0.00	Y
CARBAMAZEPIN SUS 100/5ML	$0.00	Y
CARBAMAZEPIN TAB 200MG	$0.00	Y
CARBATROL CAP 100MG	$0.00	Y
CARBATROL CAP 200MG	$0.00	Y
CARBATROL CAP 300MG	$0.00	Y
CLONAZEPAM TAB 0.5MG	$0.00	Y
CLONAZEPAM TAB 1MG	$0.00	Y
CLONAZEPAM TAB 2MG	$0.00	Y
DIASTAT ACDL GEL 12.5-20	$0.00	Y
DIASTAT ACDL GEL 20MG GEL	$0.00	Y
DIASTAT ACDL GEL 5-10MG	$0.00	Y
DIASTAT PED GEL 2.5M GEL	$0.00	Y
DILANTIN CAP 30MG	$2.00	Y
DIVALPROEX CAP 125MG	$0.00	Y
DIVALPROEX TAB 125MG DR	$0.00	Y
DIVALPROEX TAB 250MG DR	$0.00	Y
DIVALPROEX TAB 250MG ER	$0.00	Y
DIVALPROEX TAB 500MG DR	$0.00	Y
DIVALPROEX TAB 500MG ER	$0.00	Y
EPITOL TAB 200MG	$0.00	Y
ETHOSUXIMIDE CAP 250MG	$0.00	Y
ETHOSUXIMIDE SOL 250/5ML	$0.00	Y
GABAPENTIN CAP 100MG	$0.00	Y
GABAPENTIN CAP 300MG	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ANTICONVULSANTS		
GABAPENTIN CAP 400MG	$0.00	Y
GABAPENTIN SOL 250/5ML	$0.00	Y
GABAPENTIN TAB 600MG	$0.00	Y
GABAPENTIN TAB 800MG	$0.00	Y
LAMOTRIG ODT KIT 25/50MG	$0.00	Y
LAMOTRIG ODT KIT 50/100MG	$0.00	Y
LAMOTRIGINE CHW 25MG	$0.00	Y
LAMOTRIGINE CHW 5MG	$0.00	Y
LAMOTRIGINE KIT ODT	$0.00	Y
LAMOTRIGINE TAB 100MG	$0.00	Y
LAMOTRIGINE TAB 150MG	$0.00	Y
LAMOTRIGINE TAB 200MG	$0.00	Y
LAMOTRIGINE TAB 25MG	$0.00	Y
LEVETIRACETA SOL 100MG/ML	$0.00	Y
LEVETIRACETA SOL 500/5ML	$0.00	Y
LEVETIRACETA TAB 1000MG	$0.00	Y
LEVETIRACETA TAB 250MG	$0.00	Y
LEVETIRACETA TAB 500MG	$0.00	Y
LEVETIRACETA TAB 750MG	$0.00	Y
OXCARBAZEPIN SUS 300MG/5M	$0.00	Y
OXCARBAZEPIN TAB 150MG	$0.00	Y
OXCARBAZEPIN TAB 300MG	$0.00	Y
OXCARBAZEPIN TAB 600MG	$0.00	Y
PHENYTEK CAP 200MG	$2.00	Y
PHENYTEK CAP 300MG	$2.00	Y
PHENYTOIN CHW 50MG	$0.00	Y
PHENYTOIN SUS 100/4ML	$0.00	Y
PHENYTOIN SUS 125/5ML	$0.00	Y
PHENYTOIN EX CAP 100MG	$0.00	Y
PHENYTOIN EX CAP 200MG	$0.00	Y
PHENYTOIN EX CAP 300MG	$0.00	Y
PRIMIDONE TAB 250MG	$0.00	Y
PRIMIDONE TAB 50MG	$0.00	Y
TEGRETOL-XR TAB 100MG	$2.00	Y
TEGRETOL-XR TAB 200MG	$0.00	Y
TEGRETOL-XR TAB 400MG	$0.00	Y
TOPIRAGEN TAB 100MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTICONVULSANTS		
TOPIRAGEN TAB 200MG	$0.00	Y
TOPIRAGEN TAB 25MG	$0.00	Y
TOPIRAGEN TAB 50MG	$0.00	Y
TOPIRAMATE TAB 100MG	$0.00	Y
TOPIRAMATE TAB 200MG	$0.00	Y
TOPIRAMATE TAB 25MG	$0.00	Y
TOPIRAMATE TAB 50MG	$0.00	Y
TRILEPTAL SUS 300MG/5M	$2.00	Y
VALPROIC ACD CAP 250MG	$0.00	Y
VALPROIC ACD SOL 250/5ML	$0.00	Y
VALPROIC ACD SYP 250/5ML	$0.00	Y
ZARONTIN CAP 250MG	$2.00	Y
ZONISAMIDE CAP 100MG	$0.00	Y
ZONISAMIDE CAP 25MG	$0.00	Y
ZONISAMIDE CAP 50MG	$0.00	Y
ANTIDEPRESSANTS		
AMITRIPTYLIN TAB 100MG	$0.00	Y
AMITRIPTYLIN TAB 10MG	$0.00	Y
AMITRIPTYLIN TAB 150MG	$0.00	Y
AMITRIPTYLIN TAB 25MG	$0.00	Y
AMITRIPTYLIN TAB 50MG	$0.00	Y
AMITRIPTYLIN TAB 75MG	$0.00	Y
AMOXAPINE TAB 100MG	$0.00	Y
AMOXAPINE TAB 150MG	$0.00	Y
AMOXAPINE TAB 25MG	$0.00	Y
AMOXAPINE TAB 50MG	$0.00	Y
BUDEPRION TAB 100MG SR	$0.00	Y
BUDEPRION TAB 150MG SR	$0.00	Y
BUDEPRION XL TAB 300MG	$0.00	Y
BUPROPION TAB 100MG	$0.00	Y
BUPROPION TAB 100MG ER	$0.00	Y
BUPROPION TAB 100MG SR	$0.00	Y
BUPROPION TAB 150MG ER	$0.00	Y
BUPROPION TAB 150MG SR	$0.00	Y
BUPROPION TAB 200MG ER	$0.00	Y
BUPROPION TAB 200MG SR	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIDEPRESSANTS		
BUPROPION TAB 75MG	$0.00	Y
BUPROPN HCL TAB 150MG XL	$0.00	Y
BUPROPN HCL TAB 300MG XL	$0.00	Y
CITALOPRAM SOL 10MG/5ML	$0.00	Y
CITALOPRAM TAB 10MG	$0.00	Y
CITALOPRAM TAB 20MG	$0.00	Y
CITALOPRAM TAB 40MG	$0.00	Y
CLOMIPRAMINE CAP 25MG	$0.00	Y
CLOMIPRAMINE CAP 50MG	$0.00	Y
CLOMIPRAMINE CAP 75MG	$0.00	Y
DESIPRAMINE TAB 100MG	$0.00	Y
DESIPRAMINE TAB 10MG	$0.00	Y
DESIPRAMINE TAB 150MG	$0.00	Y
DESIPRAMINE TAB 25MG	$0.00	Y
DESIPRAMINE TAB 50MG	$0.00	Y
DESIPRAMINE TAB 75MG	$0.00	Y
DOXEPIN HCL CAP 100MG	$0.00	Y
DOXEPIN HCL CAP 10MG	$0.00	Y
DOXEPIN HCL CAP 150MG	$0.00	Y
DOXEPIN HCL CAP 25MG	$0.00	Y
DOXEPIN HCL CAP 50MG	$0.00	Y
DOXEPIN HCL CAP 75MG	$0.00	Y
DOXEPIN HCL CON 10MG/ML	$0.00	Y
DULOXETINE CAP 20MG	$0.00	Y
DULOXETINE CAP 30MG	$0.00	Y
DULOXETINE CAP 60MG	$0.00	Y
ESCITALOPRAM SOL 5MG/5ML	$0.00	Y
ESCITALOPRAM TAB 10MG	$0.00	Y
ESCITALOPRAM TAB 20MG	$0.00	Y
ESCITALOPRAM TAB 5MG	$0.00	Y
FLUOXETINE CAP 10MG	$0.00	Y
FLUOXETINE CAP 20MG	$0.00	Y
FLUOXETINE CAP 40MG	$0.00	Y
FLUOXETINE SOL 20MG/5ML	$0.00	Y
FLUOXETINE TAB 10MG	$0.00	Y
FLUOXETINE TAB 20MG	$0.00	Y
FLUVOXAMINE TAB 100MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIDEPRESSANTS		
FLUVOXAMINE TAB 25MG	$0.00	Y
FLUVOXAMINE TAB 50MG	$0.00	Y
IMIPRAM HCL TAB 10MG	$0.00	Y
IMIPRAM HCL TAB 25MG	$0.00	Y
IMIPRAM HCL TAB 50MG	$0.00	Y
IMIPRAM PAM CAP 100MG	$0.00	Y
IMIPRAM PAM CAP 125MG	$0.00	Y
IMIPRAM PAM CAP 150MG	$0.00	Y
IMIPRAM PAM CAP 75MG	$0.00	Y
MAPROTILINE TAB 25MG	$0.00	Y
MAPROTILINE TAB 50MG	$0.00	Y
MAPROTILINE TAB 75MG	$0.00	Y
MIRTAZAPINE TAB 15MG	$0.00	Y
MIRTAZAPINE TAB 15MG ODT	$0.00	Y
MIRTAZAPINE TAB 30MG	$0.00	Y
MIRTAZAPINE TAB 30MG ODT	$0.00	Y
MIRTAZAPINE TAB 45MG	$0.00	Y
MIRTAZAPINE TAB 45MG ODT	$0.00	Y
MIRTAZAPINE TAB 7.5MG	$0.00	Y
NEFAZODONE TAB 100MG	$0.00	Y
NEFAZODONE TAB 150MG	$0.00	Y
NEFAZODONE TAB 200MG	$0.00	Y
NEFAZODONE TAB 250MG	$0.00	Y
NEFAZODONE TAB 50MG	$0.00	Y
NORTRIPTYLIN CAP 10MG	$0.00	Y
NORTRIPTYLIN CAP 25MG	$0.00	Y
NORTRIPTYLIN CAP 50MG	$0.00	Y
NORTRIPTYLIN CAP 75MG	$0.00	Y
NORTRIPTYLIN SOL 10MG/5ML	$0.00	Y
PAROXETINE TAB 10MG	$0.00	Y
PAROXETINE TAB 20MG	$0.00	Y
PAROXETINE TAB 30MG	$0.00	Y
PAROXETINE TAB 40MG	$0.00	Y
PROTRIPTYLIN TAB 10MG	$0.00	Y
PROTRIPTYLIN TAB 5MG	$0.00	Y
SERTRALINE CON 20MG/ML	$0.00	Y
SERTRALINE TAB 100MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIDEPRESSANTS		
SERTRALINE TAB 25MG	$0.00	Y
SERTRALINE TAB 50MG	$0.00	Y
SURMONTIL CAP 100MG	$2.00	Y
SURMONTIL CAP 25MG	$2.00	Y
SURMONTIL CAP 50MG	$2.00	Y
TOFRANIL-PM CAP 100MG	$2.00	Y
TOFRANIL-PM CAP 125MG	$2.00	Y
TOFRANIL-PM CAP 150MG	$2.00	Y
TOFRANIL-PM CAP 75MG	$2.00	Y
TRAZODONE TAB 100MG	$0.00	Y
TRAZODONE TAB 150MG	$0.00	Y
TRAZODONE TAB 50MG	$0.00	Y
TRIMIPRAMINE CAP 100MG	$0.00	Y
TRIMIPRAMINE CAP 25MG	$0.00	Y
TRIMIPRAMINE CAP 50MG	$0.00	Y
VENLAFAXINE CAP 150MG ER	$0.00	Y
VENLAFAXINE CAP 37.5 ER	$0.00	Y
VENLAFAXINE CAP 37.5MG	$0.00	Y
VENLAFAXINE CAP 75MG ER	$0.00	Y
VENLAFAXINE TAB 100MG	$0.00	Y
VENLAFAXINE TAB 25MG	$0.00	Y
VENLAFAXINE TAB 37.5MG	$0.00	Y
VENLAFAXINE TAB 50MG	$0.00	Y
VENLAFAXINE TAB 75MG	$0.00	Y
VIVACTIL TAB 10MG	$2.00	Y
VIVACTIL TAB 5MG	$2.00	Y
ANTIDIABETICS		
ACARBOSE TAB 100MG	$0.00	Y
ACARBOSE TAB 25MG	$0.00	Y
ACARBOSE TAB 50MG	$0.00	Y
CHLORPROPAM TAB 100MG	$0.00	Y
CHLORPROPAM TAB 250MG	$0.00	Y
GLIMEPIRIDE TAB 1MG	$0.00	Y
GLIMEPIRIDE TAB 2MG	$0.00	Y
GLIMEPIRIDE TAB 4MG	$0.00	Y
GLIP/METFORM TAB 2.5-250M	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ANTIDIABETICS		
GLIP/METFORM TAB 2.5-500M	$0.00	Y
GLIP/METFORM TAB 5-500MG	$0.00	Y
GLIPIZIDE TAB 10MG	$0.00	Y
GLIPIZIDE TAB 5MG	$0.00	Y
GLIPIZIDE ER TAB 10MG	$0.00	Y
GLIPIZIDE ER TAB 2.5MG	$0.00	Y
GLIPIZIDE ER TAB 5MG	$0.00	Y
GLIPIZIDE XL TAB 10MG	$0.00	Y
GLIPIZIDE XL TAB 2.5MG	$0.00	Y
GLIPIZIDE XL TAB 5MG	$0.00	Y
GLUCAGEN INJ HYPOKIT	$2.00	Y
GLUCAGON KIT 1MG	$2.00	Y
GLYB/METFORM TAB 1.25-250	$0.00	Y
GLYB/METFORM TAB 2.5-500	$0.00	Y
GLYB/METFORM TAB 5-500MG	$0.00	Y
GLYBURID MCR TAB 1.5MG	$0.00	Y
GLYBURID MCR TAB 3MG	$0.00	Y
GLYBURID MCR TAB 6MG	$0.00	Y
GLYBURIDE TAB 1.25MG	$0.00	Y
GLYBURIDE TAB 2.5MG	$0.00	Y
GLYBURIDE TAB 5MG	$0.00	Y
HUMALOG INJ 100/ML	$2.00	Y
HUMALOG KWIK INJ 100/ML	$2.00	Y
HUMALOG KWIK INJ 200/ML	$2.00	Y
HUMALOG MIX INJ 50/50	$2.00	Y
HUMALOG MIX INJ 50/50KWP	$2.00	Y
HUMALOG MIX INJ 75/25KWP	$2.00	Y
HUMALOG MIX SUS 75/25	$2.00	Y
HUMULIN R INJ U-500	$2.00	Y
LANTUS INJ 100/ML	$2.00	Y
LANTUS INJ SOLOSTAR	$2.00	Y
METFORMIN TAB 1000MG	$0.00	Y
METFORMIN TAB 500MG	$0.00	Y
METFORMIN TAB 500MG ER	$0.00	Y
METFORMIN TAB 750MG ER	$0.00	Y
METFORMIN TAB 850MG	$0.00	Y
NATEGLINIDE TAB 120MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIDIABETICS		
NATEGLINIDE TAB 60MG	$0.00	Y
NOVOLOG INJ 100/ML	$2.00	Y
NOVOLOG INJ FLEXPEN	$2.00	Y
NOVOLOG INJ PENFILL	$2.00	Y
NOVOLOG MIX INJ 70/30	$2.00	Y
NOVOLOG MIX INJ FLEXPEN	$2.00	Y
PIOGLITA/MET TAB 15-500MG	$0.00	Y
PIOGLITA/MET TAB 15-850MG	$0.00	Y
PIOGLITAZONE TAB 15MG	$0.00	Y
PIOGLITAZONE TAB 30MG	$0.00	Y
PIOGLITAZONE TAB 45MG	$0.00	Y
PROGLYCEM SUS 50MG/ML	$2.00	Y
TOLAZAMIDE TAB 250MG	$0.00	Y
TOLAZAMIDE TAB 500MG	$0.00	Y
TOLBUTAMIDE TAB 500MG	$0.00	Y
ANTIDIARRHEALS		
DIPHEN/ATROP LIQ 2.5/5	$0.00	Y
DIPHEN/ATROP TAB 2.5MG	$0.00	Y
DIPHENATOL TAB 2.5MG	$0.00	Y
LOFENE TAB 2.5MG	$0.00	Y
LONOX TAB 2.5MG	$0.00	Y
LOPERAMIDE CAP 2MG	$0.00	Y
LOPERAMIDE TAB 2MG	$0.00	Y
MOTOFEN TAB 1-0.025	$2.00	Y
OPIUM TINCT TIN 2MG/5ML	$0.00	Y
ANTIDOTES		
ACETYLCYST INJ 200MG/ML	$0.00	Y
CHEMET CAP 100MG	$2.00	Y
EXJADE TAB 125MG	$2.00	Y
EXJADE TAB 250MG	$2.00	Y
EXJADE TAB 500MG	$2.00	Y
FERRIPROX SOL 100MG/ML	$2.00	Y
FERRIPROX TAB 500MG	$2.00	Y
JADENU TAB 180MG	$2.00	Y
JADENU TAB 360MG	$2.00	Y
JADENU TAB 90MG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIDOTES		
NALOXONE INJ 0.4MG/ML	$0.00	Y
NALOXONE INJ 1MG/ML	$0.00	Y
NALTREXONE TAB 50MG	$0.00	Y
NARCAN SPR 0.4MG/ML	$2.00	Y
VIVITROL INJ 380MG	$2.00	Y
ANTIEMETICS		
CESAMET CAP 1MG	$2.00	Y
DRONABINOL CAP 10MG	$0.00	Y
DRONABINOL CAP 2.5MG	$0.00	Y
DRONABINOL CAP 5MG	$0.00	Y
EMEND CAP 125MG	$2.00	Y
EMEND CAP 40MG	$2.00	Y
EMEND CAP 80MG	$2.00	Y
EMEND PAK 80 & 125	$2.00	Y
MARINOL CAP 10MG	$2.00	Y
MARINOL CAP 2.5MG	$2.00	Y
MARINOL CAP 5MG	$2.00	Y
MECLIZINE TAB 12.5MG	$0.00	Y
MECLIZINE TAB 25MG	$0.00	Y
ONDANSETRON SOL 4MG/5ML	$0.00	Y
ONDANSETRON TAB 24MG	$0.00	Y
ONDANSETRON TAB 4MG	$0.00	Y
ONDANSETRON TAB 4MG ODT	$0.00	Y
ONDANSETRON TAB 8MG	$0.00	Y
ONDANSETRON TAB 8MG ODT	$0.00	Y
TRANSDERM-SC DIS 1.5MG	$2.00	Y
TRANSDERM-SC DIS 1MG	$2.00	Y
TRIMETHOBENZ CAP 300MG	$0.00	Y
UNIVERT TAB 32MG	$0.00	Y
ANTIFUNGALS		
ANCOBON CAP 250MG	$2.00	Y
ANCOBON CAP 500MG	$2.00	Y
FLUCONAZOLE SUS 10MG/ML	$0.00	Y
FLUCONAZOLE SUS 40MG/ML	$0.00	Y
FLUCONAZOLE TAB 100MG	$0.00	Y
FLUCONAZOLE TAB 150MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIFUNGALS		
FLUCONAZOLE TAB 200MG	$0.00	Y
FLUCONAZOLE TAB 50MG	$0.00	Y
FLUCYTOSINE CAP 250MG	$0.00	Y
FLUCYTOSINE CAP 500MG	$0.00	Y
GRIFULVIN V TAB 500MG	$2.00	Y
GRIS-PEG TAB 125MG	$2.00	Y
GRIS-PEG TAB 250MG	$2.00	Y
GRISEOFULVIN SUS 125/5ML	$0.00	Y
GRISEOFULVIN TAB MICR 500	$0.00	Y
GRISEOFULVIN TAB ULTR 125	$0.00	Y
GRISEOFULVIN TAB ULTR 250	$0.00	Y
KETOCONAZOLE TAB 200MG	$0.00	Y
NYSTATIN TAB 500000	$0.00	Y
TERBINAFINE TAB 250MG	$0.00	Y
ANTIHISTAMINES		
ARBINOXA SOL 4MG/5ML	$0.00	Y
ARBINOXA TAB 4MG	$0.00	Y
CARBINOXAMIN SOL 4MG/5ML	$0.00	Y
CARBINOXAMIN TAB 4MG	$0.00	Y
CETIRIZINE SYP 1MG/ML	$0.00	Y
CETIRIZINE SYP 5MG/5ML	$0.00	Y
CLEMASTINE SYP 0.5/5ML	$0.00	Y
CLEMASTINE TAB 2.68MG	$0.00	Y
CYPROHEPTAD SYP 2MG/5ML	$0.00	Y
CYPROHEPTAD TAB 4MG	$0.00	Y
DEXCHLORPHEN SYP 2MG/5ML	$0.00	Y
DIPHENHYDRAM CAP 25MG	$0.00	Y
DIPHENHYDRAM CAP 50MG	$0.00	Y
DIPHENHYDRAM ELX 12.5/5ML	$0.00	Y
PHARBEDRYL CAP 50MG	$0.00	Y
PHENADOZ SUP 12.5MG	$0.00	Y
PHENADOZ SUP 25MG	$0.00	Y
PROMETHAZINE SOL 6.25/5ML	$0.00	Y
PROMETHAZINE SUP 12.5MG	$0.00	Y
PROMETHAZINE SUP 25MG	$0.00	Y
PROMETHAZINE SUP 50MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIHISTAMINES		
PROMETHAZINE SYP 6.25/5ML	$0.00	Y
PROMETHAZINE TAB 12.5MG	$0.00	Y
PROMETHAZINE TAB 25MG	$0.00	Y
PROMETHAZINE TAB 50MG	$0.00	Y
PROMETHEGAN SUP 12.5MG	$0.00	Y
PROMETHEGAN SUP 25MG	$0.00	Y
PROMETHEGAN SUP 50MG	$0.00	Y
ANTIHYPERLIPIDEMICS		
ATORVASTATIN TAB 10MG	$0.00	Y
ATORVASTATIN TAB 20MG	$0.00	Y
ATORVASTATIN TAB 40MG	$0.00	Y
ATORVASTATIN TAB 80MG	$0.00	Y
CHOLESTYRAM POW 4GM	$0.00	Y
CHOLESTYRAM POW 4GM LITE	$0.00	Y
COLESTIPOL TAB 1GM	$0.00	Y
FENOFIBRATE CAP 130MG	$0.00	Y
FENOFIBRATE CAP 134MG	$0.00	Y
FENOFIBRATE CAP 150MG	$0.00	Y
FENOFIBRATE CAP 200MG	$0.00	Y
FENOFIBRATE CAP 43MG	$0.00	Y
FENOFIBRATE CAP 50MG	$0.00	Y
FENOFIBRATE CAP 67MG	$0.00	Y
FENOFIBRATE TAB 145MG	$0.00	Y
FENOFIBRATE TAB 160MG	$0.00	Y
FENOFIBRATE TAB 48MG	$0.00	Y
FENOFIBRATE TAB 54MG	$0.00	Y
FENOFIBRIC CAP 135MG DR	$0.00	Y
FENOFIBRIC CAP 45MG DR	$0.00	Y
FENOFIBRIC TAB 105MG	$0.00	Y
FENOFIBRIC TAB 35MG	$0.00	Y
GEMFIBROZIL TAB 600MG	$0.00	Y
LOVASTATIN TAB 10MG	$0.00	Y
LOVASTATIN TAB 20MG	$0.00	Y
LOVASTATIN TAB 40MG	$0.00	Y
NIASPAN TAB 1000 ER	$0.00	Y
NIASPAN TAB 500MG ER	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIHYPERLIPIDEMICS		
NIASPAN TAB 750MG ER	$0.00	Y
PRAVASTATIN TAB 10MG	$0.00	Y
PRAVASTATIN TAB 20MG	$0.00	Y
PRAVASTATIN TAB 40MG	$0.00	Y
PRAVASTATIN TAB 80MG	$0.00	Y
PREVALITE POW 4GM	$0.00	Y
PREVALITE POW 4GM PK	$0.00	Y
QUESTRAN POW 4GM	$2.00	Y
SIMCOR TAB 1000-20	$2.00	Y
SIMCOR TAB 1000-40	$2.00	Y
SIMCOR TAB 500-20MG	$2.00	Y
SIMCOR TAB 500-40MG	$2.00	Y
SIMCOR TAB 750-20MG	$2.00	Y
SIMVASTATIN TAB 10MG	$0.00	Y
SIMVASTATIN TAB 20MG	$0.00	Y
SIMVASTATIN TAB 40MG	$0.00	Y
SIMVASTATIN TAB 5MG	$0.00	Y
SIMVASTATIN TAB 80MG	$0.00	Y
ANTIHYPERTENSIVES		
AMLOD/BENAZP CAP 10-20MG	$0.00	Y
AMLOD/BENAZP CAP 10-40MG	$0.00	Y
AMLOD/BENAZP CAP 2.5-10MG	$0.00	Y
AMLOD/BENAZP CAP 5-10MG	$0.00	Y
AMLOD/BENAZP CAP 5-20MG	$0.00	Y
AMLOD/BENAZP CAP 5-40MG	$0.00	Y
ATENOL/CHLOR TAB 100-25MG	$0.00	Y
ATENOL/CHLOR TAB 50-25MG	$0.00	Y
BENAZEP/HCTZ TAB 10-12.5	$0.00	Y
BENAZEP/HCTZ TAB 20-12.5	$0.00	Y
BENAZEP/HCTZ TAB 20-25MG	$0.00	Y
BENAZEP/HCTZ TAB 5-6.25	$0.00	Y
BENAZEPRIL TAB 10MG	$0.00	Y
BENAZEPRIL TAB 20MG	$0.00	Y
BENAZEPRIL TAB 40MG	$0.00	Y
BENAZEPRIL TAB 5MG	$0.00	Y
BISOPRL/HCTZ TAB 10/6.25	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIHYPERTENSIVES		
BISOPRL/HCTZ TAB 2.5/6.25	$0.00	Y
BISOPRL/HCTZ TAB 5-6.25MG	$0.00	Y
CAPTOPR/HCTZ TAB 25-15MG	$0.00	Y
CAPTOPR/HCTZ TAB 25-25MG	$0.00	Y
CAPTOPR/HCTZ TAB 50-15MG	$0.00	Y
CAPTOPR/HCTZ TAB 50-25MG	$0.00	Y
CAPTOPRIL TAB 100MG	$0.00	Y
CAPTOPRIL TAB 12.5MG	$0.00	Y
CAPTOPRIL TAB 25MG	$0.00	Y
CAPTOPRIL TAB 50MG	$0.00	Y
CATAPRES-TTS DIS 0.1/24HR	$0.00	Y
CATAPRES-TTS DIS 0.2/24HR	$0.00	Y
CATAPRES-TTS DIS 0.3/24HR	$0.00	Y
CLONIDINE TAB 0.1MG	$0.00	Y
CLONIDINE TAB 0.2MG	$0.00	Y
CLONIDINE TAB 0.3MG	$0.00	Y
CLORPRES TAB 0.1-15MG	$0.00	Y
CLORPRES TAB 0.2-15MG	$0.00	Y
CLORPRES TAB 0.3-15MG	$0.00	Y
DEMSER CAP 250MG	$2.00	Y
DIOVAN TAB 160MG	$2.00	Y
DIOVAN TAB 320MG	$2.00	Y
DIOVAN TAB 40MG	$2.00	Y
DIOVAN TAB 80MG	$2.00	Y
DOXAZOSIN TAB 1MG	$0.00	Y
DOXAZOSIN TAB 2MG	$0.00	Y
DOXAZOSIN TAB 4MG	$0.00	Y
DOXAZOSIN TAB 8MG	$0.00	Y
DUTOPROL TAB 100-12.5	$2.00	Y
DUTOPROL TAB 25-12.5	$2.00	Y
DUTOPROL TAB 50-12.5	$2.00	Y
ENALAPR/HCTZ TAB 10-25MG	$0.00	Y
ENALAPR/HCTZ TAB 5-12.5MG	$0.00	Y
ENALAPRIL TAB 10MG	$0.00	Y
ENALAPRIL TAB 2.5MG	$0.00	Y
ENALAPRIL TAB 20MG	$0.00	Y
ENALAPRIL TAB 5MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIHYPERTENSIVES		
EPANED SOL 1MG/ML	$2.00	Y
EPLERENONE TAB 25MG	$0.00	Y
EPLERENONE TAB 50MG	$0.00	Y
FOSINOP/HCTZ TAB 10/12.5	$0.00	Y
FOSINOP/HCTZ TAB 20/12.5	$0.00	Y
FOSINOPRIL TAB 10MG	$0.00	Y
FOSINOPRIL TAB 20MG	$0.00	Y
FOSINOPRIL TAB 40MG	$0.00	Y
GUANFACINE TAB 1MG	$0.00	Y
GUANFACINE TAB 2MG	$0.00	Y
HYDRALAZINE TAB 100MG	$0.00	Y
HYDRALAZINE TAB 10MG	$0.00	Y
HYDRALAZINE TAB 25MG	$0.00	Y
HYDRALAZINE TAB 50MG	$0.00	Y
IRBESAR/HCTZ TAB 150-12.5	$0.00	Y
IRBESAR/HCTZ TAB 300-12.5	$0.00	Y
IRBESARTAN TAB 150MG	$0.00	Y
IRBESARTAN TAB 300MG	$0.00	Y
IRBESARTAN TAB 75MG	$0.00	Y
LISINOP/HCTZ TAB 10-12.5	$0.00	Y
LISINOP/HCTZ TAB 20-12.5	$0.00	Y
LISINOP/HCTZ TAB 20-25MG	$0.00	Y
LISINOPRIL TAB 10MG	$0.00	Y
LISINOPRIL TAB 2.5MG	$0.00	Y
LISINOPRIL TAB 20MG	$0.00	Y
LISINOPRIL TAB 30MG	$0.00	Y
LISINOPRIL TAB 40MG	$0.00	Y
LISINOPRIL TAB 5MG	$0.00	Y
LOSARTAN POT TAB 100MG	$0.00	Y
LOSARTAN POT TAB 25MG	$0.00	Y
LOSARTAN POT TAB 50MG	$0.00	Y
LOSARTAN/HCT TAB 100-12.5	$0.00	Y
LOSARTAN/HCT TAB 100-25	$0.00	Y
LOSARTAN/HCT TAB 50-12.5	$0.00	Y
METHYLD/HCTZ TAB 250/15	$0.00	Y
METHYLD/HCTZ TAB 250/25	$0.00	Y
METHYLDOPA TAB 250MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIHYPERTENSIVES		
METHYLDOPA TAB 500MG	$0.00	Y
METOPRL/HCTZ TAB 100-25MG	$0.00	Y
METOPRL/HCTZ TAB 100-50MG	$0.00	Y
METOPRL/HCTZ TAB 50-25MG	$0.00	Y
MINOXIDIL TAB 10MG	$0.00	Y
MINOXIDIL TAB 2.5MG	$0.00	Y
MOEXIPR/HCTZ TAB 15-12.5	$0.00	Y
MOEXIPR/HCTZ TAB 15-25MG	$0.00	Y
MOEXIPR/HCTZ TAB 7.5-12.5	$0.00	Y
MOEXIPRIL TAB 15MG	$0.00	Y
MOEXIPRIL TAB 7.5MG	$0.00	Y
NADOLOL/BEND TAB 40-5MG	$0.00	Y
NADOLOL/BEND TAB 80-5MG	$0.00	Y
PERINDOPRIL TAB 2MG	$0.00	Y
PERINDOPRIL TAB 4MG	$0.00	Y
PERINDOPRIL TAB 8MG	$0.00	Y
PRAZOSIN HCL CAP 1MG	$0.00	Y
PRAZOSIN HCL CAP 2MG	$0.00	Y
PRAZOSIN HCL CAP 5MG	$0.00	Y
PROPRAN/HCTZ TAB 40/25	$0.00	Y
PROPRAN/HCTZ TAB 80/25	$0.00	Y
QNAPRIL/HCTZ TAB 10-12.5	$0.00	Y
QNAPRIL/HCTZ TAB 20-12.5	$0.00	Y
QNAPRIL/HCTZ TAB 20-25MG	$0.00	Y
QUINAPRIL TAB 10MG	$0.00	Y
QUINAPRIL TAB 20MG	$0.00	Y
QUINAPRIL TAB 40MG	$0.00	Y
QUINAPRIL TAB 5MG	$0.00	Y
RAMIPRIL CAP 1.25MG	$0.00	Y
RAMIPRIL CAP 10MG	$0.00	Y
RAMIPRIL CAP 2.5MG	$0.00	Y
RAMIPRIL CAP 5MG	$0.00	Y
TERAZOSIN CAP 10MG	$0.00	Y
TERAZOSIN CAP 1MG	$0.00	Y
TERAZOSIN CAP 2MG	$0.00	Y
TERAZOSIN CAP 5MG	$0.00	Y
TRANDO/VERAP TAB 1-240 CR	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ANTIHYPERTENSIVES		
TRANDO/VERAP TAB 1-240 ER	$0.00	Y
TRANDO/VERAP TAB 2-180 CR	$0.00	Y
TRANDO/VERAP TAB 2-180 ER	$0.00	Y
TRANDO/VERAP TAB 2-240 CR	$0.00	Y
TRANDO/VERAP TAB 2-240 ER	$0.00	Y
TRANDO/VERAP TAB 4-240 CR	$0.00	Y
TRANDO/VERAP TAB 4-240 ER	$0.00	Y
TRANDOLAPRIL TAB 1MG	$0.00	Y
TRANDOLAPRIL TAB 2MG	$0.00	Y
TRANDOLAPRIL TAB 4MG	$0.00	Y
VALSART/HCTZ TAB 160-12.5	$0.00	Y
VALSART/HCTZ TAB 160-25MG	$0.00	Y
VALSART/HCTZ TAB 320-12.5	$0.00	Y
VALSART/HCTZ TAB 320-25MG	$0.00	Y
VALSART/HCTZ TAB 80-12.5	$0.00	Y
VALSARTAN TAB 160MG	$0.00	Y
VALSARTAN TAB 320MG	$0.00	Y
VALSARTAN TAB 40MG	$0.00	Y
VALSARTAN TAB 80MG	$0.00	Y
VECAMYL TAB 2.5MG	$2.00	Y
ANTI-INFECTIVE AGENTS - MISC.		
ALINIA SUS 100/5ML	$2.00	Y
ALINIA TAB 500MG	$2.00	Y
ATOVAQUONE SUS 750/5ML	$0.00	Y
CLEOCIN CAP 75MG	$2.00	Y
CLEOCIN PED SOL 75MG/5ML	$2.00	Y
CLINDAMYCIN CAP 150MG	$0.00	Y
CLINDAMYCIN CAP 300MG	$0.00	Y
CLINDAMYCIN CAP 75MG	$0.00	Y
CLINDAMYCIN SOL 75MG/5ML	$0.00	Y
COLISTIMETH INJ 150MG	$0.00	Y
COLY-MYCIN M INJ 150MG	$2.00	Y
DAPSONE TAB 100MG	$0.00	Y
DAPSONE TAB 25MG	$0.00	Y
KETEK TAB 300MG	$2.00	Y
KETEK TAB 400MG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTI-INFECTIVE AGENTS - MISC.		
LINEZOLID INJ 2MG/ML	$0.00	Y
MEPRON SUS	$2.00	Y
METRONIDAZOL TAB 250MG	$0.00	Y
METRONIDAZOL TAB 500MG	$0.00	Y
NEBUPENT INH 300MG	$2.00	Y
PRIMSOL SOL 50MG/5ML	$2.00	Y
SMZ-TMP SUS	$0.00	Y
SMZ-TMP SUS 200-40/5	$0.00	Y
SMZ-TMP TAB 400-80MG	$0.00	Y
SMZ-TMP DS TAB 800-160	$0.00	Y
SMZ/TMP DS TAB 800-160	$0.00	Y
SULFATRIM PD SUS 200-40/5	$0.00	Y
TRIMETHOPRIM TAB 100MG	$0.00	Y
VANCOCIN HCL CAP 125MG	$2.00	Y
VANCOCIN HCL CAP 250MG	$2.00	Y
VANCOMYCIN CAP 125MG	$0.00	Y
VANCOMYCIN CAP 250MG	$0.00	Y
ANTIMALARIALS		
ATOVAQ/PROGU TAB 250-100	$0.00	Y
ATOVAQ/PROGU TAB 62.5-25	$0.00	Y
CHLOROQUINE TAB 250MG	$0.00	Y
CHLOROQUINE TAB 500MG	$0.00	Y
COARTEM TAB 20-120MG	$2.00	Y
DARAPRIM TAB 25MG	$2.00	Y
HYDROXYCHLOR TAB 200MG	$0.00	Y
MALARONE TAB 250-100	$2.00	Y
MALARONE TAB 62.5-25	$2.00	Y
MEFLOQUINE TAB 250MG	$0.00	Y
PRIMAQUINE TAB 26.3MG	$0.00	Y
QUALAQUIN CAP 324MG	$2.00	Y
QUININE SULF CAP 324MG	$0.00	Y
ANTIMYASTHENIC AGENTS		
GUANIDINE TAB 125MG	$0.00	Y
MESTINON SYP 60MG/5ML	$2.00	Y
MESTINON TAB TIMESPAN	$2.00	Y
PROSTIGMIN TAB 15MG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIMYASTHENIC AGENTS		
PYRIDOSTIGM TAB 60MG	$0.00	Y
PYRIDOSTIGMI TAB 180MG	$0.00	Y
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE CAP 250MG	$0.00	Y
ETHAMBUTOL TAB 100MG	$0.00	Y
ETHAMBUTOL TAB 400MG	$0.00	Y
ISONIAZID SYP 50MG/5ML	$0.00	Y
ISONIAZID TAB 100MG	$0.00	Y
ISONIAZID TAB 300MG	$0.00	Y
MYAMBUTOL TAB 100MG	$2.00	Y
MYAMBUTOL TAB 400MG	$2.00	Y
MYCOBUTIN CAP 150MG	$2.00	Y
PASER GRA 4GM	$2.00	Y
PYRAZINAMIDE TAB 500MG	$0.00	Y
RIFABUTIN CAP 150MG	$0.00	Y
RIFAMPIN CAP 150MG	$0.00	Y
RIFAMPIN CAP 300MG	$0.00	Y
RIFATER TAB	$2.00	Y
SEROMYCIN CAP 250MG	$2.00	Y
TRECATOR TAB 250MG	$2.00	Y
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
AFINITOR TAB 10MG	$2.00	Y
AFINITOR TAB 2.5MG	$2.00	Y
AFINITOR TAB 5MG	$2.00	Y
AFINITOR TAB 7.5MG	$2.00	Y
AFINITOR DIS TAB 2MG	$2.00	Y
AFINITOR DIS TAB 3MG	$2.00	Y
AFINITOR DIS TAB 5MG	$2.00	Y
ALECENSA CAP 150MG	$2.00	Y
ALKERAN TAB 2MG	$2.00	Y
ANASTROZOLE TAB 1MG	$0.00	Y
AROMASIN TAB 25MG	$2.00	Y
BEXAROTENE CAP 75MG	$0.00	Y
BICALUTAMIDE TAB 50MG	$0.00	Y
BOSULIF TAB 100MG	$2.00	Y
BOSULIF TAB 500MG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
CAPRELSA TAB 100MG	$2.00	Y
CAPRELSA TAB 300MG	$2.00	Y
CEENU CAP 100MG	$2.00	Y
CEENU CAP 10MG	$2.00	Y
CEENU CAP 40MG	$2.00	Y
CLADRIBINE INJ 1MG/ML	$0.00	Y
COMETRIQ KIT 100MG	$2.00	Y
COMETRIQ KIT 140MG	$2.00	Y
COMETRIQ KIT 60MG	$2.00	Y
COTELLIC TAB 20MG	$2.00	Y
CYCLOPHOSPH CAP 25MG	$0.00	Y
CYCLOPHOSPH CAP 50MG	$0.00	Y
CYCLOPHOSPH TAB 25MG	$0.00	Y
CYCLOPHOSPH TAB 50MG	$0.00	Y
EMCYT CAP 140MG	$2.00	Y
ERIVEDGE CAP 150MG	$2.00	Y
ETOPOSIDE CAP 50MG	$0.00	Y
EXEMESTANE TAB 25MG	$0.00	Y
FARESTON TAB 60MG	$2.00	Y
FARYDAK CAP 10MG	$2.00	Y
FARYDAK CAP 15MG	$2.00	Y
FARYDAK CAP 20MG	$2.00	Y
FLUTAMIDE CAP 125MG	$0.00	Y
GILOTRIF TAB 20MG	$2.00	Y
GILOTRIF TAB 30MG	$2.00	Y
GILOTRIF TAB 40MG	$2.00	Y
GLEEVEC TAB 100MG	$2.00	Y
GLEEVEC TAB 400MG	$2.00	Y
GLEOSTINE CAP 100MG	$2.00	Y
GLEOSTINE CAP 10MG	$2.00	Y
GLEOSTINE CAP 40MG	$2.00	Y
GLEOSTINE CAP 5MG	$2.00	Y
HEXALEN CAP 50MG	$2.00	Y
HYCAMTIN CAP 0.25MG	$2.00	Y
HYCAMTIN CAP 1MG	$2.00	Y
HYDROXYUREA CAP 500MG	$0.00	Y
IBRANCE CAP 100MG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
IBRANCE CAP 125MG	$2.00	Y
IBRANCE CAP 75MG	$2.00	Y
ICLUSIG TAB 15MG	$2.00	Y
ICLUSIG TAB 45MG	$2.00	Y
IMBRUVICA CAP 140MG	$2.00	Y
INLYTA TAB 1MG	$2.00	Y
INLYTA TAB 5MG	$2.00	Y
INTRON A INJ 10MU	$2.00	Y
INTRON A INJ 18MU	$2.00	Y
INTRON A INJ 25MU	$2.00	Y
INTRON A INJ 50MU	$2.00	Y
IRESSA TAB 250MG	$2.00	Y
JAKAFI TAB 10MG	$2.00	Y
JAKAFI TAB 15MG	$2.00	Y
JAKAFI TAB 20MG	$2.00	Y
JAKAFI TAB 25MG	$2.00	Y
JAKAFI TAB 5MG	$2.00	Y
LENVIMA CAP 10MG	$2.00	Y
LENVIMA CAP 14MG	$2.00	Y
LENVIMA CAP 20MG	$2.00	Y
LENVIMA CAP 24MG	$2.00	Y
LETROZOLE TAB 2.5MG	$0.00	Y
LEUCOVOR CA TAB 25MG	$0.00	Y
LEUCOVOR CA TAB 5MG	$0.00	Y
LEUKERAN TAB 2MG	$2.00	Y
LOMUSTINE CAP 100MG	$0.00	Y
LOMUSTINE CAP 10MG	$0.00	Y
LOMUSTINE CAP 40MG	$0.00	Y
LONSURF TAB 15-6.14	$2.00	Y
LONSURF TAB 20-8.19	$2.00	Y
LYNPARZA CAP 50MG	$2.00	Y
LYSODREN TAB 500MG	$2.00	Y
MATULANE CAP 50MG	$2.00	Y
MEGESTROL AC SUS 400MG/10	$0.00	Y
MEGESTROL AC SUS 40MG/ML	$0.00	Y
MEGESTROL AC SUS 800MG/20	$0.00	Y
MEGESTROL AC TAB 20MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
MEGESTROL AC TAB 40MG	$0.00	Y
MEKINIST TAB 0.5MG	$2.00	Y
MEKINIST TAB 2MG	$2.00	Y
MERCAPTOPUR TAB 50MG	$0.00	Y
METHOTREXATE INJ 100/4ML	$0.00	Y
METHOTREXATE INJ 1GM/40ML	$0.00	Y
METHOTREXATE INJ 200/8ML	$0.00	Y
METHOTREXATE INJ 250/10ML	$0.00	Y
METHOTREXATE INJ 25MG/ML	$0.00	Y
METHOTREXATE INJ 50MG/2ML	$0.00	Y
METHOTREXATE TAB 2.5MG	$0.00	Y
MYLERAN TAB 2MG	$2.00	Y
NEXAVAR TAB 200MG	$2.00	Y
NILANDRON TAB 150MG	$2.00	Y
NINLARO CAP 2.3MG	$2.00	Y
NINLARO CAP 3MG	$2.00	Y
NINLARO CAP 4MG	$2.00	Y
ODOMZO CAP 200MG	$2.00	Y
PURINETHOL TAB 50MG	$2.00	Y
PURIXAN SUS 20MG/ML	$2.00	Y
STIVARGA TAB 40MG	$2.00	Y
SUTENT CAP 12.5MG	$2.00	Y
SUTENT CAP 25MG	$2.00	Y
SUTENT CAP 37.5MG	$2.00	Y
SUTENT CAP 50MG	$2.00	Y
SYLATRON KIT 200MCG	$2.00	Y
SYLATRON KIT 300MCG	$2.00	Y
SYLATRON KIT 600MCG	$2.00	Y
TABLOID TAB 40MG	$2.00	Y
TAFINLAR CAP 50MG	$2.00	Y
TAFINLAR CAP 75MG	$2.00	Y
TAGRISSO TAB 40MG	$2.00	Y
TAGRISSO TAB 80MG	$2.00	Y
TAMOXIFEN TAB 10MG	$0.00	Y
TAMOXIFEN TAB 20MG	$0.00	Y
TARCEVA TAB 100MG	$2.00	Y
TARCEVA TAB 150MG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
TARCEVA TAB 25MG	$2.00	Y
TASIGNA CAP 150MG	$2.00	Y
TASIGNA CAP 200MG	$2.00	Y
TEMODAR CAP 100MG	$2.00	Y
TEMODAR CAP 140MG	$2.00	Y
TEMODAR CAP 180MG	$2.00	Y
TEMODAR CAP 20MG	$2.00	Y
TEMODAR CAP 250MG	$2.00	Y
TEMODAR CAP 5MG	$2.00	Y
TEMOZOLOMIDE CAP 100MG	$0.00	Y
TEMOZOLOMIDE CAP 140MG	$0.00	Y
TEMOZOLOMIDE CAP 180MG	$0.00	Y
TEMOZOLOMIDE CAP 20MG	$0.00	Y
TEMOZOLOMIDE CAP 250MG	$0.00	Y
TEMOZOLOMIDE CAP 5MG	$0.00	Y
TRETINOIN CAP 10MG	$0.00	Y
TYKERB TAB 250MG	$2.00	Y
VOTRIENT TAB 200MG	$2.00	Y
XALKORI CAP 200MG	$2.00	Y
XALKORI CAP 250MG	$2.00	Y
XELODA TAB 150MG	$2.00	Y
XELODA TAB 500MG	$2.00	Y
XTANDI CAP 40MG	$2.00	Y
ZELBORAF TAB 240MG	$2.00	Y
ZYDELIG TAB 100MG	$2.00	Y
ZYDELIG TAB 150MG	$2.00	Y
ZYTIGA TAB 250MG	$2.00	Y
ANTIPARKINSON AGENTS		
AMANTADINE CAP 100MG	$0.00	Y
AMANTADINE SYP 50MG/5ML	$0.00	Y
AMANTADINE TAB 100MG	$0.00	Y
BENZTROPINE TAB 0.5MG	$0.00	Y
BENZTROPINE TAB 1MG	$0.00	Y
BENZTROPINE TAB 2MG	$0.00	Y
BROMOCRIPTIN CAP 5MG	$0.00	Y
BROMOCRIPTIN TAB 2.5MG	$0.00	Y

OAC 5160-9-12
List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIPARKINSON AGENTS		
CARB/LEVO TAB 10-100MG	$0.00	Y
CARB/LEVO TAB 25-100MG	$0.00	Y
CARB/LEVO TAB 25-250MG	$0.00	Y
CARB/LEVO ER TAB 25-100MG	$0.00	Y
CARB/LEVO ER TAB 50-200MG	$0.00	Y
ENTACAPONE TAB 200MG	$0.00	Y
PRAMIPEXOLE TAB 0.125MG	$0.00	Y
PRAMIPEXOLE TAB 0.25MG	$0.00	Y
PRAMIPEXOLE TAB 0.5MG	$0.00	Y
PRAMIPEXOLE TAB 0.75MG	$0.00	Y
PRAMIPEXOLE TAB 1.5MG	$0.00	Y
PRAMIPEXOLE TAB 1MG	$0.00	Y
ROPINIROLE TAB 0.25MG	$0.00	Y
ROPINIROLE TAB 0.5MG	$0.00	Y
ROPINIROLE TAB 1MG	$0.00	Y
ROPINIROLE TAB 2MG	$0.00	Y
ROPINIROLE TAB 3MG	$0.00	Y
ROPINIROLE TAB 4MG	$0.00	Y
ROPINIROLE TAB 5MG	$0.00	Y
SELEGILINE CAP 5MG	$0.00	Y
SELEGILINE TAB 5MG	$0.00	Y
TRIHEXYPHEN ELX 0.4MG/ML	$0.00	Y
TRIHEXYPHEN TAB 2MG	$0.00	Y
TRIHEXYPHEN TAB 5MG	$0.00	Y
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ABILIFY MAIN INJ 300MG	$2.00	Y
ABILIFY MAIN INJ 400MG	$2.00	Y
CHLORPROMAZ TAB 100MG	$0.00	Y
CHLORPROMAZ TAB 10MG	$0.00	Y
CHLORPROMAZ TAB 200MG	$0.00	Y
CHLORPROMAZ TAB 25MG	$0.00	Y
CHLORPROMAZ TAB 50MG	$0.00	Y
COMPAZINE SUP 25MG	$0.00	Y
COMPRO SUP 25MG	$0.00	Y
EQUETRO CAP 100MG	$2.00	Y
EQUETRO CAP 200MG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
EQUETRO CAP 300MG	$2.00	Y
FLUPHENAZ DE INJ 25MG/ML	$0.00	Y
FLUPHENAZINE CON 5MG/ML	$0.00	Y
FLUPHENAZINE ELX 2.5/5ML	$0.00	Y
FLUPHENAZINE INJ 2.5MG/ML	$0.00	Y
FLUPHENAZINE TAB 10MG	$0.00	Y
FLUPHENAZINE TAB 1MG	$0.00	Y
FLUPHENAZINE TAB 2.5MG	$0.00	Y
FLUPHENAZINE TAB 5MG	$0.00	Y
HALDOL DECAN INJ 100MG/ML	$2.00	Y
HALDOL DECAN INJ 50MG/ML	$2.00	Y
HALOPER DEC INJ 100MG/ML	$0.00	Y
HALOPER DEC INJ 50MG/ML	$0.00	Y
HALOPERIDOL CON 2MG/ML	$0.00	Y
HALOPERIDOL TAB 0.5MG	$0.00	Y
HALOPERIDOL TAB 10MG	$0.00	Y
HALOPERIDOL TAB 1MG	$0.00	Y
HALOPERIDOL TAB 20MG	$0.00	Y
HALOPERIDOL TAB 2MG	$0.00	Y
HALOPERIDOL TAB 5MG	$0.00	Y
INVEGA SUST INJ 117/0.75	$2.00	Y
INVEGA SUST INJ 156MG/ML	$2.00	Y
INVEGA SUST INJ 234/1.5	$2.00	Y
INVEGA SUST INJ 39/0.25	$2.00	Y
INVEGA SUST INJ 78/0.5ML	$2.00	Y
INVEGA TRINZ INJ 273MG	$2.00	Y
INVEGA TRINZ INJ 410MG	$2.00	Y
INVEGA TRINZ INJ 546MG	$2.00	Y
INVEGA TRINZ INJ 819MG	$2.00	Y
LITHIUM SOL 8MEQ/5ML	$0.00	Y
LITHIUM CARB CAP 150MG	$0.00	Y
LITHIUM CARB CAP 300MG	$0.00	Y
LITHIUM CARB CAP 600MG	$0.00	Y
LITHIUM CARB TAB 300MG	$0.00	Y
LITHIUM CARB TAB 300MG ER	$0.00	Y
LITHIUM CARB TAB 450MG ER	$0.00	Y
LITHOBID TAB 300MG CR	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
LOXAPINE CAP 10MG	$0.00	Y
LOXAPINE CAP 25MG	$0.00	Y
LOXAPINE CAP 50MG	$0.00	Y
LOXAPINE CAP 5MG	$0.00	Y
LOXITANE CAP 10MG	$2.00	Y
LOXITANE CAP 25MG	$2.00	Y
LOXITANE CAP 50MG	$2.00	Y
LOXITANE CAP 5MG	$2.00	Y
MOLINDONE TAB HCL 10MG	$0.00	Y
MOLINDONE TAB HCL 25MG	$0.00	Y
MOLINDONE TAB HCL 5MG	$0.00	Y
PERPHENAZINE TAB 16MG	$0.00	Y
PERPHENAZINE TAB 2MG	$0.00	Y
PERPHENAZINE TAB 4MG	$0.00	Y
PERPHENAZINE TAB 8MG	$0.00	Y
PROCHLORPER SUP 25MG	$0.00	Y
PROCHLORPER TAB 10MG	$0.00	Y
PROCHLORPER TAB 5MG	$0.00	Y
QUETIAPINE TAB 100MG	$0.00	Y
QUETIAPINE TAB 200MG	$0.00	Y
QUETIAPINE TAB 25MG	$0.00	Y
QUETIAPINE TAB 300MG	$0.00	Y
QUETIAPINE TAB 400MG	$0.00	Y
QUETIAPINE TAB 50MG	$0.00	Y
RISPERDAL INJ 12.5MG	$2.00	Y
RISPERDAL INJ 25MG	$2.00	Y
RISPERDAL INJ 37.5MG	$2.00	Y
RISPERDAL INJ 50MG	$2.00	Y
RISPERIDONE SOL 1MG/ML	$0.00	Y
RISPERIDONE TAB 0.25 ODT	$0.00	Y
RISPERIDONE TAB 0.25MG	$0.00	Y
RISPERIDONE TAB 0.5MG	$0.00	Y
RISPERIDONE TAB 0.5MG OD	$0.00	Y
RISPERIDONE TAB 1 MG	$0.00	Y
RISPERIDONE TAB 1MG	$0.00	Y
RISPERIDONE TAB 1MG ODT	$0.00	Y
RISPERIDONE TAB 2MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
RISPERIDONE TAB 2MG ODT	$0.00	Y
RISPERIDONE TAB 3MG	$0.00	Y
RISPERIDONE TAB 3MG ODT	$0.00	Y
RISPERIDONE TAB 4MG	$0.00	Y
RISPERIDONE TAB 4MG ODT	$0.00	Y
THIORIDAZINE TAB 100MG	$0.00	Y
THIORIDAZINE TAB 10MG	$0.00	Y
THIORIDAZINE TAB 25MG	$0.00	Y
THIORIDAZINE TAB 50MG	$0.00	Y
THIOTHIXENE CAP 10MG	$0.00	Y
THIOTHIXENE CAP 1MG	$0.00	Y
THIOTHIXENE CAP 2MG	$0.00	Y
THIOTHIXENE CAP 5MG	$0.00	Y
TRIFLUOPERAZ TAB 10MG	$0.00	Y
TRIFLUOPERAZ TAB 1MG	$0.00	Y
TRIFLUOPERAZ TAB 2MG	$0.00	Y
TRIFLUOPERAZ TAB 5MG	$0.00	Y
ZIPRASIDONE CAP 20MG	$0.00	Y
ZIPRASIDONE CAP 40MG	$0.00	Y
ZIPRASIDONE CAP 60MG	$0.00	Y
ZIPRASIDONE CAP 80MG	$0.00	Y
ZYPREXA RELP INJ 210MG	$2.00	Y
ZYPREXA RELP INJ 300MG	$2.00	Y
ZYPREXA RELP INJ 405MG	$2.00	Y
ANTISEPTICS & DISINFECTANTS		
PHISOHEX LIQ 3%	$2.00	Y
ANTIVIRALS		
ABACAV/LAMIV TAB /ZIDOVUD	$0.00	Y
ABACAVIR TAB 300MG	$0.00	Y
ACYCLOVIR CAP 200MG	$0.00	Y
ACYCLOVIR SUS 200/5ML	$0.00	Y
ACYCLOVIR TAB 400MG	$0.00	Y
ACYCLOVIR TAB 800MG	$0.00	Y
ADEFOV DIPIV TAB 10MG	$0.00	Y
ATRIPLA TAB	$2.00	Y
BARACLUDE SOL .05MG/ML	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIVIRALS		
BARACLUDE TAB 0.5MG	$0.00	Y
BARACLUDE TAB 1MG	$0.00	Y
COMPLERA TAB	$2.00	Y
CRIXIVAN CAP 200MG	$2.00	Y
CRIXIVAN CAP 400MG	$2.00	Y
DIDANOSINE CAP 125MG	$0.00	Y
DIDANOSINE CAP 200MG	$0.00	Y
DIDANOSINE CAP 250MG	$0.00	Y
DIDANOSINE CAP 400MG	$0.00	Y
EMTRIVA CAP 200MG	$2.00	Y
EPIVIR SOL 10MG/ML	$2.00	Y
EPIVIR HBV SOL 5MG/ML	$2.00	Y
EPIVIR HBV TAB 100MG	$2.00	Y
EPZICOM TAB	$2.00	Y
EPZICOM TAB 600-300	$2.00	Y
FLUMADINE TAB 100MG	$2.00	Y
FOSCARNET INJ 24MG/ML	$0.00	Y
HEPSERA TAB 10MG	$2.00	Y
INFERGEN INJ 15MCG	$2.00	Y
INFERGEN INJ 9MCG	$2.00	Y
INVIRASE CAP 200MG	$2.00	Y
INVIRASE TAB 500MG	$2.00	Y
ISENTRESS CHW 100MG	$2.00	Y
ISENTRESS CHW 25MG	$2.00	Y
ISENTRESS POW 100MG	$2.00	Y
ISENTRESS TAB 400MG	$2.00	Y
KALETRA SOL	$2.00	Y
KALETRA TAB 100-25MG	$2.00	Y
KALETRA TAB 200-50MG	$2.00	Y
LAMIVUD/ZIDO TAB 150-300	$0.00	Y
LAMIVUDINE SOL 10MG/ML	$0.00	Y
LAMIVUDINE TAB 100MG	$0.00	Y
LAMIVUDINE TAB 150MG	$0.00	Y
LAMIVUDINE TAB 300MG	$0.00	Y
LEXIVA SUS 50MG/ML	$2.00	Y
LEXIVA TAB 700MG	$2.00	Y
MODERIBA TAB 200MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIVIRALS		
NEVIRAPINE SUS 50MG/5ML	$0.00	Y
NEVIRAPINE TAB 100MG	$0.00	Y
NEVIRAPINE TAB 200MG	$0.00	Y
NEVIRAPINE TAB 400MG ER	$0.00	Y
NORVIR CAP 100MG	$2.00	Y
NORVIR SOL 80MG/ML	$2.00	Y
NORVIR TAB 100MG	$2.00	Y
PEG-INTRON KIT 120 RP	$2.00	Y
PEG-INTRON KIT 120MCG	$2.00	Y
PEG-INTRON KIT 150 RP	$2.00	Y
PEG-INTRON KIT 150MCG	$2.00	Y
PEG-INTRON KIT 50MCG	$2.00	Y
PEG-INTRON KIT 50MCG RP	$2.00	Y
PEG-INTRON KIT 80MCG	$2.00	Y
PEG-INTRON KIT 80MCG RP	$2.00	Y
PEGASYS INJ	$2.00	Y
PEGASYS INJ 180MCG/M	$2.00	Y
PEGASYS INJ PROCLICK	$2.00	Y
PEGASYS KIT	$2.00	Y
PEGINTRON KIT 120MCG	$2.00	Y
PEGINTRON KIT 150MCG	$2.00	Y
PEGINTRON KIT 50MCG	$2.00	Y
PEGINTRON KIT 80MCG	$2.00	Y
PREZISTA SUS 100MG/ML	$2.00	Y
PREZISTA TAB 150MG	$2.00	Y
PREZISTA TAB 400MG	$2.00	Y
PREZISTA TAB 600MG	$2.00	Y
PREZISTA TAB 75MG	$2.00	Y
PREZISTA TAB 800MG	$2.00	Y
REBETOL SOL 40MG/ML	$2.00	Y
RELENZA AER DISKHALE	$2.00	Y
RELENZA MIS DISKHALE	$2.00	Y
REYATAZ CAP 100MG	$2.00	Y
REYATAZ CAP 150MG	$2.00	Y
REYATAZ CAP 200MG	$2.00	Y
REYATAZ CAP 300MG	$2.00	Y
REYATAZ POW 50MG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIVIRALS		
RIBASPHERE CAP 200MG	$0.00	Y
RIBASPHERE TAB 200MG	$0.00	Y
RIBAVIRIN CAP 200MG	$0.00	Y
RIBAVIRIN TAB 200MG	$0.00	Y
RIMANTADINE TAB 100MG	$0.00	Y
STAVUDINE CAP 15MG	$0.00	Y
STAVUDINE CAP 20MG	$0.00	Y
STAVUDINE CAP 30MG	$0.00	Y
STAVUDINE CAP 40MG	$0.00	Y
STAVUDINE SOL 1MG/ML	$0.00	Y
SUSTIVA CAP 200MG	$2.00	Y
SUSTIVA CAP 50MG	$2.00	Y
SUSTIVA TAB 600MG	$2.00	Y
TAMIFLU CAP 30MG	$2.00	Y
TAMIFLU CAP 45MG	$2.00	Y
TAMIFLU CAP 75MG	$2.00	Y
TAMIFLU SUS 12MG/ML	$2.00	Y
TAMIFLU SUS 6MG/ML	$2.00	Y
TIVICAY TAB 50MG	$2.00	Y
TRIUMEQ TAB	$2.00	Y
TRIZIVIR TAB	$2.00	Y
TRUVADA TAB	$2.00	Y
TRUVADA TAB 200-300	$2.00	Y
TYZEKA TAB 600MG	$2.00	Y
VALACYCLOVIR TAB 1GM	$0.00	Y
VALACYCLOVIR TAB 500MG	$0.00	Y
VALCYTE SOL 50MG/ML	$2.00	Y
VALCYTE TAB 450MG	$0.00	Y
VIDEX SOL 2GM	$2.00	Y
VIDEX SOL 4GM	$2.00	Y
VIRACEPT TAB 250MG	$2.00	Y
VIRACEPT TAB 625MG	$2.00	Y
VIRAMUNE XR TAB 100MG	$2.00	Y
VIRAMUNE XR TAB 400MG	$2.00	Y
VIREAD POW 40MG/GM	$2.00	Y
VIREAD TAB 150MG	$2.00	Y
VIREAD TAB 200MG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ANTIVIRALS		
VIREAD TAB 250MG	$2.00	Y
VIREAD TAB 300MG	$2.00	Y
ZIAGEN SOL 20MG/ML	$2.00	Y
ZIDOVUDINE CAP 100MG	$0.00	Y
ZIDOVUDINE SYP 50MG/5ML	$0.00	Y
ZIDOVUDINE TAB 300MG	$0.00	Y
ASSORTED CLASSES		
ARGYL SALINE SOL 100ML	$0.00	Y
ASTAGRAF XL CAP 0.5MG	$2.00	Y
ASTAGRAF XL CAP 1MG	$2.00	Y
ASTAGRAF XL CAP 5MG	$2.00	Y
AZASAN TAB 100MG	$2.00	Y
AZASAN TAB 75 MG	$2.00	Y
AZATHIOPRINE TAB 50MG	$0.00	Y
CELLCEPT SUS 200MG/ML	$2.00	Y
CUPRIMINE CAP 250MG	$2.00	Y
CYCLOSPORINE CAP 100MG	$0.00	Y
CYCLOSPORINE CAP 100MG MD	$0.00	Y
CYCLOSPORINE CAP 25MG	$0.00	Y
CYCLOSPORINE CAP 25MG MOD	$0.00	Y
CYCLOSPORINE CAP 50MG MOD	$0.00	Y
CYCLOSPORINE SOL MODIFIED	$0.00	Y
DEPEN TITRA TAB 250MG	$2.00	Y
GENGRAF CAP 100MG	$0.00	Y
GENGRAF CAP 25MG	$0.00	Y
GENGRAF SOL 100MG/ML	$0.00	Y
KALEXATE POW	$0.00	Y
KAYEXALATE POW	$2.00	Y
KIONEX POW	$0.00	Y
KIONEX SUS 15GM/60	$0.00	Y
LACTATED RIN SOL IRRIGAT	$0.00	Y
MYCOPHENOLAT CAP 250MG	$0.00	Y
MYCOPHENOLAT SUS 200MG/ML	$0.00	Y
MYCOPHENOLAT TAB 500MG	$0.00	Y
MYCOPHENOLIC TAB 180MG DR	$0.00	Y
MYCOPHENOLIC TAB 360MG DR	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ASSORTED CLASSES		
MYFORTIC TAB 180MG	$2.00	Y
MYFORTIC TAB 360MG	$2.00	Y
NEORAL CAP 100MG	$2.00	Y
NEORAL CAP 25MG	$2.00	Y
NEORAL SOL 100MG/ML	$2.00	Y
PROGRAF CAP 0.5MG	$0.00	Y
PROGRAF CAP 1MG	$0.00	Y
PROGRAF CAP 5MG	$0.00	Y
RAPAMUNE SOL 1MG/ML	$2.00	Y
RAPAMUNE TAB 0.5MG	$0.00	Y
RAPAMUNE TAB 1MG	$0.00	Y
RAPAMUNE TAB 2MG	$0.00	Y
SANDIMMUNE CAP 100MG	$2.00	Y
SANDIMMUNE CAP 25MG	$2.00	Y
SANDIMMUNE SOL 100MG/ML	$2.00	Y
SOD POLY SUL POW	$0.00	Y
SOD POLY SUL SUS 15GM/60	$0.00	Y
SOD POLY SUL SUS 30/120ML	$0.00	Y
SOD POLY SUL SUS 50/200ML	$0.00	Y
SPS SUS 15GM/60	$0.00	Y
STERIL WATER SOL IRRIG	$0.00	Y
SYPRINE CAP 250MG	$2.00	Y
ZORTRESS TAB 0.25MG	$2.00	Y
ZORTRESS TAB 0.5MG	$2.00	Y
ZORTRESS TAB 0.75MG	$2.00	Y
BETA BLOCKERS		
ACEBUTOLOL CAP 200MG	$0.00	Y
ACEBUTOLOL CAP 400MG	$0.00	Y
ATENOLOL TAB 100MG	$0.00	Y
ATENOLOL TAB 25MG	$0.00	Y
ATENOLOL TAB 50MG	$0.00	Y
BETAXOLOL TAB 10MG	$0.00	Y
BETAXOLOL TAB 20MG	$0.00	Y
BISOPROL FUM TAB 10MG	$0.00	Y
BISOPROL FUM TAB 5MG	$0.00	Y
CARVEDILOL TAB 12.5MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
BETA BLOCKERS		
CARVEDILOL TAB 25MG	$0.00	Y
CARVEDILOL TAB 3.125MG	$0.00	Y
CARVEDILOL TAB 6.25MG	$0.00	Y
HEMANGEOL SOL 4.28/ML	$2.00	Y
LABETALOL TAB 100MG	$0.00	Y
LABETALOL TAB 200MG	$0.00	Y
LABETALOL TAB 300MG	$0.00	Y
METOPROL TAR TAB 100MG	$0.00	Y
METOPROL TAR TAB 25MG	$0.00	Y
METOPROL TAR TAB 50MG	$0.00	Y
METOPROLOL TAB 100MG ER	$0.00	Y
METOPROLOL TAB 200MG ER	$0.00	Y
METOPROLOL TAB 25MG ER	$0.00	Y
METOPROLOL TAB 50MG ER	$0.00	Y
NADOLOL TAB 20MG	$0.00	Y
NADOLOL TAB 40MG	$0.00	Y
NADOLOL TAB 80MG	$0.00	Y
PINDOLOL TAB 10MG	$0.00	Y
PINDOLOL TAB 5MG	$0.00	Y
PROPRANOLOL CAP 120MG ER	$0.00	Y
PROPRANOLOL CAP 160MG ER	$0.00	Y
PROPRANOLOL CAP 60MG ER	$0.00	Y
PROPRANOLOL CAP 80MG ER	$0.00	Y
PROPRANOLOL SOL 20MG/5ML	$0.00	Y
PROPRANOLOL SOL 40MG/5ML	$0.00	Y
PROPRANOLOL TAB 10MG	$0.00	Y
PROPRANOLOL TAB 20MG	$0.00	Y
PROPRANOLOL TAB 40MG	$0.00	Y
PROPRANOLOL TAB 60MG	$0.00	Y
PROPRANOLOL TAB 80MG	$0.00	Y
SORINE TAB 120MG	$0.00	Y
SORINE TAB 160MG	$0.00	Y
SORINE TAB 240MG	$0.00	Y
SORINE TAB 80MG	$0.00	Y
SOTALOL AF TAB 120MG	$0.00	Y
SOTALOL AF TAB 160MG	$0.00	Y
SOTALOL AF TAB 80MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
BETA BLOCKERS		
SOTALOL HCL TAB 120MG	$0.00	Y
SOTALOL HCL TAB 160MG	$0.00	Y
SOTALOL HCL TAB 240MG	$0.00	Y
SOTALOL HCL TAB 80MG	$0.00	Y
SOTYLIZE SOL 5MG/ML	$2.00	Y
TIMOLOL MAL TAB 10MG	$0.00	Y
TIMOLOL MAL TAB 20MG	$0.00	Y
TIMOLOL MAL TAB 5MG	$0.00	Y
CALCIUM CHANNEL BLOCKERS		
AFEDITAB TAB 30MG CR	$0.00	Y
AFEDITAB TAB 60MG CR	$0.00	Y
AMLODIPINE TAB 10MG	$0.00	Y
AMLODIPINE TAB 2.5MG	$0.00	Y
AMLODIPINE TAB 5MG	$0.00	Y
CARTIA XT CAP 120/24HR	$0.00	Y
CARTIA XT CAP 180/24HR	$0.00	Y
CARTIA XT CAP 240/24HR	$0.00	Y
CARTIA XT CAP 300/24HR	$0.00	Y
DILT-CD CAP 120MG	$0.00	Y
DILT-CD CAP 180MG	$0.00	Y
DILT-CD CAP 240MG	$0.00	Y
DILT-CD CAP 300MG	$0.00	Y
DILT-XR CAP 120MG	$0.00	Y
DILT-XR CAP 180MG	$0.00	Y
DILT-XR CAP 240MG	$0.00	Y
DILTIAZEM CAP 120MG CD	$0.00	Y
DILTIAZEM CAP 120MG ER	$0.00	Y
DILTIAZEM CAP 120MG/24	$0.00	Y
DILTIAZEM CAP 180MG CD	$0.00	Y
DILTIAZEM CAP 180MG ER	$0.00	Y
DILTIAZEM CAP 180MG/24	$0.00	Y
DILTIAZEM CAP 240MG CD	$0.00	Y
DILTIAZEM CAP 240MG ER	$0.00	Y
DILTIAZEM CAP 240MG/24	$0.00	Y
DILTIAZEM CAP 300MG CD	$0.00	Y
DILTIAZEM CAP 300MG ER	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
CALCIUM CHANNEL BLOCKERS		
DILTIAZEM CAP 300MG/24	$0.00	Y
DILTIAZEM CAP 360MG CD	$0.00	Y
DILTIAZEM CAP 360MG ER	$0.00	Y
DILTIAZEM CAP 360MG/24	$0.00	Y
DILTIAZEM CAP 420MG/24	$0.00	Y
DILTIAZEM CAP 60MG ER	$0.00	Y
DILTIAZEM CAP 90MG ER	$0.00	Y
DILTIAZEM TAB 120MG	$0.00	Y
DILTIAZEM TAB 30MG	$0.00	Y
DILTIAZEM TAB 60MG	$0.00	Y
DILTIAZEM TAB 90MG	$0.00	Y
DILTZAC CAP 120MG/24	$0.00	Y
DILTZAC CAP 180MG/24	$0.00	Y
DILTZAC CAP 240MG/24	$0.00	Y
DILTZAC CAP 300MG/24	$0.00	Y
DILTZAC CAP 360MG/24	$0.00	Y
FELODIPINE TAB 10MG ER	$0.00	Y
FELODIPINE TAB 2.5MG ER	$0.00	Y
FELODIPINE TAB 5MG ER	$0.00	Y
NICARDIPINE CAP 20MG	$0.00	Y
NICARDIPINE CAP 30MG	$0.00	Y
NIFEDIAC CC TAB 30MG ER	$0.00	Y
NIFEDIAC CC TAB 60MG ER	$0.00	Y
NIFEDIAC CC TAB 90MG ER	$0.00	Y
NIFEDICAL XL TAB 30MG	$0.00	Y
NIFEDICAL XL TAB 60MG	$0.00	Y
NIFEDIPINE CAP 10MG	$0.00	Y
NIFEDIPINE CAP 20MG	$0.00	Y
NIFEDIPINE TAB 30MG ER	$0.00	Y
NIFEDIPINE TAB 60MG ER	$0.00	Y
NIFEDIPINE TAB 90MG ER	$0.00	Y
TAZTIA XT CAP 120MG/24	$0.00	Y
TAZTIA XT CAP 180MG/24	$0.00	Y
TAZTIA XT CAP 240MG/24	$0.00	Y
TAZTIA XT CAP 300MG/24	$0.00	Y
TAZTIA XT CAP 360MG/24	$0.00	Y
VERAPAMIL CAP 120MG ER	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
CALCIUM CHANNEL BLOCKERS		
VERAPAMIL CAP 120MG SR	$0.00	Y
VERAPAMIL CAP 180MG ER	$0.00	Y
VERAPAMIL CAP 180MG SR	$0.00	Y
VERAPAMIL CAP 240MG ER	$0.00	Y
VERAPAMIL CAP 240MG SR	$0.00	Y
VERAPAMIL CAP 360MG SR	$0.00	Y
VERAPAMIL TAB 120MG	$0.00	Y
VERAPAMIL TAB 120MG ER	$0.00	Y
VERAPAMIL TAB 120MG SR	$0.00	Y
VERAPAMIL TAB 180MG CR	$0.00	Y
VERAPAMIL TAB 180MG ER	$0.00	Y
VERAPAMIL TAB 180MG SA	$0.00	Y
VERAPAMIL TAB 180MG SR	$0.00	Y
VERAPAMIL TAB 240MG CR	$0.00	Y
VERAPAMIL TAB 240MG ER	$0.00	Y
VERAPAMIL TAB 240MG SA	$0.00	Y
VERAPAMIL TAB 240MG SR	$0.00	Y
VERAPAMIL TAB 40MG	$0.00	Y
VERAPAMIL TAB 80MG	$0.00	Y
CARDIOTONICS		
DIGITEK TAB 0.125MG	$0.00	Y
DIGITEK TAB 0.25MG	$0.00	Y
DIGOX TAB 0.125MG	$0.00	Y
DIGOX TAB 0.25MG	$0.00	Y
DIGOXIN SOL 50MCG/ML	$0.00	Y
DIGOXIN TAB 0.125MG	$0.00	Y
DIGOXIN TAB 0.25MG	$0.00	Y
CEPHALOSPORINS		
CEFACLOR CAP 250MG	$0.00	Y
CEFACLOR CAP 500MG	$0.00	Y
CEFACLOR SUS 125/5ML	$0.00	Y
CEFACLOR SUS 250/5ML	$0.00	Y
CEFACLOR SUS 375/5ML	$0.00	Y
CEFACLOR ER TAB 500MG	$0.00	Y
CEFADROXIL CAP 500MG	$0.00	Y
CEFADROXIL SUS 250/5ML	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
CEPHALOSPORINS		
CEFADROXIL SUS 500/5ML	$0.00	Y
CEFADROXIL TAB 1GM	$0.00	Y
CEFDINIR CAP 300MG	$0.00	Y
CEFDINIR SUS 125/5ML	$0.00	Y
CEFDINIR SUS 250/5ML	$0.00	Y
CEFPROZIL SUS 125/5ML	$0.00	Y
CEFPROZIL SUS 250/5ML	$0.00	Y
CEFPROZIL TAB 250MG	$0.00	Y
CEFPROZIL TAB 500MG	$0.00	Y
CEFUROXIME SUS 125/5ML	$0.00	Y
CEFUROXIME TAB 250MG	$0.00	Y
CEFUROXIME TAB 500MG	$0.00	Y
CEPHALEXIN CAP 250MG	$0.00	Y
CEPHALEXIN CAP 500MG	$0.00	Y
CEPHALEXIN SUS 125/5ML	$0.00	Y
CEPHALEXIN SUS 250/5ML	$0.00	Y
CEPHALEXIN TAB 250MG	$0.00	Y
CEPHALEXIN TAB 500MG	$0.00	Y
CHEMICALS		
ACETIC ACID SOL 36%	$0.00	N
ACETIC ACID SOL 5%	$0.00	N
ACETIC ACID SOL GLACIAL	$0.00	Y
CITRULLINE POW (L)	$0.00	Y
GLYCERIN LIQ	$0.00	Y
GLYCEROL LIQ FORMAL	$0.00	Y
L-CITRULLINE POW	$0.00	Y
CONTRACEPTIVES		
ALTAVERA TAB	$0.00	Y
ALYACEN TAB 1/35	$0.00	Y
ALYACEN TAB 7/7/7	$0.00	Y
AMETHIA TAB	$0.00	Y
AMETHIA LO TAB	$0.00	Y
AMETHYST TAB 90-20MCG	$0.00	Y
APRI TAB	$0.00	Y
ARANELLE TAB	$0.00	Y
ASHLYNA TAB	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
CONTRACEPTIVES		
AUBRA TAB 0.1-0.02	$0.00	Y
AVIANE TAB	$0.00	Y
AZURETTE TAB 28 DAY	$0.00	Y
BALZIVA TAB	$0.00	Y
BEKYREE TAB	$0.00	Y
BEYAZ TAB	$2.00	Y
BLISOVI 24 TAB FE 1/20	$0.00	Y
BLISOVI FE TAB 1.5/30	$0.00	Y
BLISOVI FE TAB 1/20	$0.00	Y
BREVICON TAB 0.5/35	$2.00	Y
BRIELLYN TAB	$0.00	Y
CAMILA TAB 0.35MG	$0.00	Y
CAMRESE TAB	$0.00	Y
CAMRESE LO TAB	$0.00	Y
CAZIANT PAK	$0.00	Y
CESIA PAK	$0.00	Y
CHATEAL TAB 0.15/30	$0.00	Y
CRYSELLE-28 TAB 28 TABS	$0.00	Y
CYCLAFEM TAB 1/35	$0.00	Y
CYCLAFEM TAB 7/7/7	$0.00	Y
CYCLESSA PAK	$2.00	Y
CYRED TAB	$0.00	Y
DASETTA TAB 1/35	$0.00	Y
DASETTA TAB 7/7/7	$0.00	Y
DAYSEE TAB	$0.00	Y
DEBLITANE TAB 0.35MG	$0.00	Y
DELYLA TAB 0.1-0.02	$0.00	Y
DESO/ETHINYL TAB ESTRADIO	$0.00	Y
DESOGEN TAB	$2.00	Y
DESOGEN-28 TAB	$2.00	Y
DROSPIR/ETHI TAB 3-0.03MG	$0.00	Y
DROSPIRENONE TAB ETHY EST	$0.00	Y
ELINEST TAB	$0.00	Y
ELLA TAB 30MG	$2.00	Y
EMOQUETTE TAB	$0.00	Y
ENPRESSE-28 TAB	$0.00	Y
ENSKYCE TAB	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
CONTRACEPTIVES		
ERRIN TAB 0.35MG	$0.00	Y
ESTARYLLA TAB 0.25-35	$0.00	Y
ESTARYLLA TAB TRI-LO-	$0.00	Y
ESTROSTEP FE TAB	$2.00	Y
FALMINA TAB	$0.00	Y
FEMCON FE CHW	$2.00	Y
GENERESS FE CHW	$2.00	Y
GIANVI TAB 3-0.02MG	$0.00	Y
GILDAGIA TAB 0.4-35	$0.00	Y
GILDESS TAB 1.5/30	$0.00	Y
GILDESS TAB 1/20	$0.00	Y
GILDESS 24 TAB FE 1/20	$0.00	Y
GILDESS FE TAB 1.5/30	$0.00	Y
GILDESS FE TAB 1/20	$0.00	Y
HEATHER TAB 0.35MG	$0.00	Y
INTROVALE TAB	$0.00	Y
JENCYCLA TAB 0.35MG	$0.00	Y
JOLESSA TAB	$0.00	Y
JOLIVETTE TAB 0.35MG	$0.00	Y
JULEBER TAB	$0.00	Y
JUNEL 1.5/30 TAB	$0.00	Y
JUNEL 1/20 TAB	$0.00	Y
JUNEL FE TAB 1.5/30	$0.00	Y
JUNEL FE TAB 1/20	$0.00	Y
JUNEL FE 24 TAB 1/20	$0.00	Y
KAITLIB FE CHW	$0.00	Y
KARIVA TAB 28 DAY	$0.00	Y
KELNOR TAB 1/35	$0.00	Y
KIMIDESS TAB	$0.00	Y
KURVELO TAB 0.15/30	$0.00	Y
LARIN TAB 1.5/30	$0.00	Y
LARIN TAB 1/20	$0.00	Y
LARIN 24 TAB FE 1/20	$0.00	Y
LARIN FE TAB 1.5/30	$0.00	Y
LARIN FE TAB 1/20	$0.00	Y
LAYOLIS FE CHW	$0.00	Y
LEENA TAB	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
CONTRACEPTIVES		
LESSINA TAB	$0.00	Y
LEVO-ETH EST TAB 90-20MCG	$0.00	Y
LEVONEST TAB	$0.00	Y
LEVONOR/ETHI TAB	$0.00	Y
LEVONOR/ETHI TAB 0.1-0.02	$0.00	Y
LEVONOR/ETHI TAB ESTRADIO	$0.00	Y
LEVONORGESTR TAB 0.75MG	$0.00	Y
LEVONORGESTR TAB 1.5MG	$0.00	Y
LEVORA-28 TAB 0.15/30	$0.00	Y
LO LOESTRIN TAB	$2.00	Y
LO MINASTRIN PAK FE	$2.00	Y
LOESTRIN TAB 1/20-21	$2.00	Y
LOESTRIN 21 TAB 1.5/30	$2.00	Y
LOESTRIN 24 TAB FE	$2.00	Y
LOESTRIN FE TAB 1.5/30	$2.00	Y
LOESTRIN FE TAB 1/20	$2.00	Y
LOMEDIA 24 TAB FE	$0.00	Y
LORYNA TAB 3-0.02MG	$0.00	Y
LOSEASONIQUE TAB	$2.00	Y
LOW-OGESTREL TAB	$0.00	Y
LUTERA TAB	$0.00	Y
LYZA TAB 0.35MG	$0.00	Y
MARLISSA TAB 0.15/30	$0.00	Y
MICRGSTIN 24 TAB FE 1/20	$0.00	Y
MICROGESTIN TAB 1.5/30	$0.00	Y
MICROGESTIN TAB 1/20	$0.00	Y
MICROGESTIN TAB FE 1/20	$0.00	Y
MICROGESTIN TAB FE1.5/30	$0.00	Y
MINASTRIN 24 CHW FE	$2.00	Y
MIRCETTE TAB 28 DAY	$2.00	Y
MODICON TAB 0.5/35	$2.00	Y
MONO-LINYAH TAB 0.25-35	$0.00	Y
MONONESSA TAB	$0.00	Y
MY WAY TAB 1.5MG	$0.00	Y
MYZILRA TAB	$0.00	Y
NATAZIA TAB	$2.00	Y
NECON TAB 0.5/35	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
CONTRACEPTIVES		
NECON TAB 1/35	$0.00	Y
NECON TAB 1/50-28	$2.00	Y
NECON TAB 10/11-28	$2.00	Y
NECON TAB 7/7/7	$0.00	Y
NEXT CHOICE TAB 0.75MG	$0.00	Y
NEXT CHOICE TAB 1.5MG	$0.00	Y
NIKKI TAB 3-0.02MG	$0.00	Y
NOR-QD TAB 0.35MG	$2.00	Y
NORA-BE TAB 0.35MG	$0.00	Y
NORETH/ETHIN CHW FE	$0.00	Y
NORETH/ETHIN TAB 1/20	$0.00	Y
NORETH/ETHIN TAB FE 1/20	$0.00	Y
NORETHINDRON TAB 0.35MG	$0.00	Y
NORGEST/ETHI TAB 0.25/35	$0.00	Y
NORGEST/ETHI TAB ESTRADIO	$0.00	Y
NORINYL TAB 1+50-28	$2.00	Y
NORINYL TAB 1/35	$2.00	Y
NORLYROC TAB 0.35MG	$0.00	Y
NORTREL TAB 0.5/35	$0.00	Y
NORTREL TAB 1/35	$0.00	Y
NORTREL TAB 7/7/7	$0.00	Y
NUVARING MIS	$2.00	Y
OCELLA TAB 3-0.03MG	$0.00	Y
OGESTREL TAB	$2.00	Y
ORSYTHIA TAB	$0.00	Y
ORTHO EVRA DIS WEEK	$2.00	Y
ORTHO MICRON TAB 0.35MG	$2.00	Y
ORTHO TRI- TAB CYCLEN	$2.00	Y
ORTHO TRI- TAB CYCLN LO	$2.00	Y
ORTHO-CEPT TAB 28	$2.00	Y
ORTHO-CYCLEN TAB 0.25/35	$2.00	Y
ORTHO-NOVUM TAB 1/35	$2.00	Y
ORTHO-NOVUM TAB 7/7/7	$2.00	Y
OVCON 50 TAB 28	$2.00	Y
OVCON-35 TAB	$2.00	Y
PHILITH TAB 0.4-35	$0.00	Y
PIMTREA TAB	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
CONTRACEPTIVES		
PIRMELLA TAB 1/35	$0.00	Y
PIRMELLA TAB 7/7/7	$0.00	Y
PLAN B TAB 0.75MG	$2.00	Y
PLAN B TAB 1.5MG	$2.00	Y
PORTIA-28 TAB	$0.00	Y
PREVIFEM TAB	$0.00	Y
QUARTETTE TAB	$2.00	Y
QUASENSE TAB	$0.00	Y
RECLIPSEN TAB	$0.00	Y
SAFYRAL TAB	$2.00	Y
SEASONIQUE TAB	$2.00	Y
SETLAKIN TAB	$0.00	Y
SHAROBEL TAB 0.35MG	$0.00	Y
SOLIA TAB	$0.00	Y
SPRINTEC 28 TAB 28 DAY	$0.00	Y
SRONYX TAB	$0.00	Y
SYEDA TAB 3-0.03MG	$0.00	Y
TARINA FE TAB 1/20	$0.00	Y
TILIA FE TAB	$0.00	Y
TRI-ESTARYLL TAB	$0.00	Y
TRI-LEGEST TAB FE	$0.00	Y
TRI-LINYAH TAB	$0.00	Y
TRI-LO- TAB MARZIA	$0.00	Y
TRI-LO- TAB SPRINTEC	$0.00	Y
TRI-NORINYL TAB 28	$2.00	Y
TRI-PREVIFEM TAB	$0.00	Y
TRI-SPRINTEC TAB	$0.00	Y
TRINESSA TAB	$0.00	Y
TRINESSA LO TAB	$0.00	Y
TRIVORA-28 TAB	$0.00	Y
VELIVET PAK	$0.00	Y
VESTURA TAB 3-0.02MG	$0.00	Y
VIENVA TAB 0.1-20	$0.00	Y
VIORELE TAB	$0.00	Y
VYFEMLA TAB 0.4-35	$0.00	Y
WERA TAB 0.5/35	$0.00	Y
WYMZYA FE CHW 0.4MG-35	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
CONTRACEPTIVES		
XULANE DIS 150-35	$2.00	Y
YASMIN 28 TAB 3-0.03MG	$2.00	Y
YAZ TAB 3-0.02MG	$2.00	Y
ZARAH TAB 3-0.03MG	$0.00	Y
ZENCHENT TAB	$0.00	Y
ZENCHENT FE CHW 0.4MG-35	$0.00	Y
ZOVIA 1/35E TAB	$0.00	Y
ZOVIA 1/50E TAB	$2.00	Y
CORTICOSTEROIDS		
ASMALPRED SOL 15MG/5ML	$0.00	Y
ASMALPRED SOL PLUS	$0.00	Y
BAYCADRON ELX 0.5/5ML	$0.00	Y
BUDESONIDE CAP 3MG/24HR	$0.00	Y
CORTEF TAB 10MG	$2.00	Y
CORTEF TAB 5MG	$2.00	Y
CORTISONE AC TAB 25MG	$0.00	Y
DELTASONE TAB 20MG	$0.00	Y
DEXAMETHASON CON 1MG/ML	$2.00	Y
DEXAMETHASON ELX 0.5/5ML	$0.00	Y
DEXAMETHASON SOL 0.5/5ML	$0.00	Y
DEXAMETHASON TAB 0.5MG	$0.00	Y
DEXAMETHASON TAB 0.75MG	$0.00	Y
DEXAMETHASON TAB 1.5MG	$0.00	Y
DEXAMETHASON TAB 1MG	$0.00	Y
DEXAMETHASON TAB 2MG	$0.00	Y
DEXAMETHASON TAB 4MG	$0.00	Y
DEXAMETHASON TAB 6MG	$0.00	Y
FLUDROCORT TAB 0.1MG	$0.00	Y
HYDROCORT TAB 10MG	$0.00	Y
HYDROCORT TAB 20MG	$0.00	Y
HYDROCORT TAB 5MG	$0.00	Y
MEDROL TAB 16MG	$2.00	Y
MEDROL TAB 2MG	$2.00	Y
MEDROL TAB 32MG	$2.00	Y
MEDROL TAB 8MG	$2.00	Y
METHYLPRED PAK 4MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
CORTICOSTEROIDS		
METHYLPRED TAB 16MG	$0.00	Y
METHYLPRED TAB 32MG	$0.00	Y
METHYLPRED TAB 4MG	$0.00	Y
METHYLPRED TAB 8MG	$0.00	Y
MILLIPRED SOL 10MG/5ML	$2.00	Y
MILLIPRED TAB 5MG	$2.00	Y
ORAPRED ODT TAB 10MG	$2.00	Y
ORAPRED ODT TAB 15MG	$2.00	Y
ORAPRED ODT TAB 30MG	$2.00	Y
PEDIAPRED SOL 6.7/5ML	$2.00	Y
PRED SOD PHO SOL 5MG/5ML	$0.00	Y
PRED SOD PHO SOL 6.7/5ML	$0.00	Y
PREDNISOLONE SOL 15MG/5ML	$0.00	Y
PREDNISOLONE SYP 15MG/5ML	$0.00	Y
PREDNISOLONE TAB 15MG ODT	$0.00	Y
PREDNISOLONE TAB 30MG ODT	$0.00	Y
PREDNISONE PAK 10MG	$0.00	Y
PREDNISONE PAK 5MG	$0.00	Y
PREDNISONE SOL 5MG/5ML	$0.00	Y
PREDNISONE TAB 10MG	$0.00	Y
PREDNISONE TAB 1MG	$0.00	Y
PREDNISONE TAB 2.5MG	$0.00	Y
PREDNISONE TAB 20MG	$0.00	Y
PREDNISONE TAB 50MG	$0.00	Y
PREDNISONE TAB 5MG	$0.00	Y
UCERIS TAB 9MG	$2.00	Y
VERIPRED 20 SOL 20MG/5ML	$2.00	Y
COUGH/COLD/ALLERGY		
ACETYLCYST SOL 10%	$0.00	Y
ACETYLCYST SOL 20%	$0.00	Y
BENZONATATE CAP 100MG	$0.00	Y
BENZONATATE CAP 200MG	$0.00	Y
BIOTUSS LIQ	$0.00	N
BIOTUSS LIQ PEDIATRC	$0.00	N
BROM/PSE/DM SYP	$0.00	Y
BROMFED DM SYP	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
COUGH/COLD/ALLERGY		
CHLOR/PHEN DRO DM	$0.00	N
CPB WC LIQ	$2.00	N
DM/CPM/PE DRO	$0.00	N
EXACTUSS LIQ	$2.00	Y
GG/CODEINE SYP 100-10/5	$0.00	N
GILTUSS LIQ	$2.00	Y
GILTUSS PED LIQ	$0.00	Y
GILTUSS TR TAB	$2.00	Y
HDC DM SYP	$2.00	N
HYD POL/CPM LIQ 10-8/5ML	$0.00	Y
HYDROC/HOMAT TAB 5-1.5MG	$0.00	Y
HYDROCOD/HOM SYP 5-1.5/5	$0.00	Y
HYDROMET SYP 5-1.5/5	$0.00	N
MUCINEX D TAB 60-600MG	$2.00	Y
MUCINEX DM TAB 30-600ER	$2.00	N
NEBUSAL NEB 3%	$0.00	N
NEOTUSS PLUS LIQ	$2.00	N
NORTUSS-DE DRO	$0.00	N
NORTUSS-EX LIQ 200-20/5	$2.00	N
PE/GUAIFENES DRO 1.5-20MG	$0.00	N
PROMETH VC SYP 6.25-5/5	$0.00	N
PROMETH VC SYP PLAIN	$0.00	N
PROMETH VC/ SYP CODEINE	$0.00	N
PROMETH/COD SYP 6.25-10	$0.00	Y
PROMETH/PE SYP 6.25-5/5	$0.00	N
PROMETH/PE/ SYP CODEINE	$0.00	N
PROMETHAZINE SYP DM	$0.00	Y
SEMPREX-D CAP 8-60MG	$2.00	N
SOD CHLORIDE NEB 0.9%	$0.00	Y
SODIUM CHLOR NEB 10%	$0.00	Y
SODIUM CHLOR NEB 3%	$0.00	Y
TUSSAFED EX LIQ	$0.00	N
TUSSIGON TAB 5-1.5MG	$0.00	Y
DERMATOLOGICALS		
ACNE MEDICAT GEL 5%	$0.00	Y
ACTICIN CRE 5%	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
DERMATOLOGICALS		
ACYCLOVIR OIN 5%	$0.00	Y
ALA CORT CRE 1%	$0.00	Y
ALICLEN SHA 6%	$0.00	Y
AMCINONIDE CRE 0.1%	$0.00	Y
AMCINONIDE LOT 0.1%	$0.00	Y
AMCINONIDE OIN 0.1%	$0.00	Y
AMMONIUM LAC CRE 12%	$0.00	Y
AMMONIUM LAC LOT 12%	$0.00	Y
APEXICON OIN 0.05%	$0.00	Y
ATRAPRO DERM SPR	$0.00	Y
AZELEX CRE 20%	$2.00	Y
BACTROBAN CRE 2%	$2.00	Y
BENZAC AC LIQ 5% WASH	$2.00	Y
BENZAC W LIQ 5% WASH	$2.00	Y
BENZACLIN GEL 1-5%	$2.00	Y
BENZACLIN GEL 1-5%PUMP	$2.00	Y
BENZOYL PER GEL 10%	$0.00	Y
BENZOYL PER GEL 5%	$0.00	Y
BENZOYL PER LIQ 10% WASH	$0.00	Y
BENZOYL PER LOT 6%	$0.00	Y
BETAMETH VAL CRE 0.1%	$0.00	Y
BETAMETH VAL LOT 0.1%	$0.00	Y
BETAMETH VAL OIN 0.1%	$0.00	Y
BP FOAMING LIQ WASH 10%	$0.00	Y
BP WASH LIQ 2.5%	$0.00	Y
BPO GEL 4%	$2.00	Y
BPO GEL 8%	$2.00	Y
CALCIPOTRIEN OIN 0.005%	$0.00	Y
CALCIPOTRIEN SOL 0.005%	$0.00	Y
CALCITRENE OIN 0.005%	$0.00	Y
CARAC CRE 0.5%	$2.00	Y
CARB-O-PHILC CRE /40	$0.00	Y
CENTANY OIN 2%	$2.00	Y
CEROVEL LOT 40%	$0.00	Y
CICLODAN CRE 0.77%	$0.00	Y
CICLODAN SOL 8%	$0.00	Y
CICLOPIROX CRE 0.77%	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
DERMATOLOGICALS		
CICLOPIROX GEL 0.77%	$0.00	Y
CICLOPIROX SHA 1%	$0.00	Y
CICLOPIROX SOL 8%	$0.00	Y
CICLOPIROX SUS 0.77%	$0.00	Y
CLEARPLEX X GEL 10%	$0.00	Y
CLINDACIN MIS ETZ 1%	$0.00	Y
CLINDACIN-P PAD 1%	$0.00	Y
CLINDAMAX GEL 1%	$0.00	Y
CLINDAMAX LOT 10MG/ML	$0.00	Y
CLINDAMY/BEN GEL 1-5%	$0.00	Y
CLINDAMY/BEN GEL 1.2-5%	$0.00	Y
CLINDAMYCIN GEL 1%	$0.00	Y
CLINDAMYCIN LOT 1%	$0.00	Y
CLINDAMYCIN LOT 10MG/ML	$0.00	Y
CLINDAMYCIN PAD 1%	$0.00	Y
CLINDAMYCIN SOL 1%	$0.00	Y
CLOTRIM/BETA CRE 1-0.05%	$0.00	Y
CLOTRIM/BETA CRE DIPROP	$0.00	Y
CLOTRIM/BETA LOT DIPROP	$0.00	Y
CLOTRIMAZOLE CRE 1%	$0.00	Y
CLOTRIMAZOLE SOL 1%	$0.00	Y
CONDYLOX GEL 0.5%	$2.00	Y
CONDYLOX SOL 0.5%	$2.00	Y
CORTISPORIN OIN 1%	$2.00	Y
DENAVIR CRE 1%	$2.00	Y
DESONIDE CRE 0.05%	$0.00	Y
DESONIDE OIN 0.05%	$0.00	Y
DICLOFENAC GEL 3%	$0.00	Y
DIFLORASONE CRE 0.05%	$0.00	Y
DIFLORASONE OIN 0.05%	$0.00	Y
DOVONEX CRE 0.005%	$0.00	Y
ECONAZOLE CRE 1%	$0.00	Y
EMLA CRE 2.5-2.5%	$2.00	Y
ERYTHROMYCIN GEL /BENZOYL	$0.00	Y
ERYTHROMYCIN GEL 2%	$0.00	Y
ERYTHROMYCIN SOL 2%	$0.00	Y
FLUOCIN ACET CRE 0.01%	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
DERMATOLOGICALS		
FLUOCIN ACET CRE 0.025%	$0.00	Y
FLUOCIN ACET OIL 0.01% SC	$0.00	Y
FLUOCIN ACET OIL BODY	$0.00	Y
FLUOCIN ACET OIL SCALP	$0.00	Y
FLUOCIN ACET OIN 0.025%	$0.00	Y
FLUOCIN ACET SOL 0.01%	$0.00	Y
FLUOCINONIDE CRE -E 0.05%	$0.00	Y
FLUOCINONIDE CRE 0.05%	$0.00	Y
FLUOCINONIDE GEL 0.05%	$0.00	Y
FLUOCINONIDE OIN 0.05%	$0.00	Y
FLUOCINONIDE SOL 0.05%	$0.00	Y
FLUOROURACIL CRE 0.5%	$0.00	Y
FLUOROURACIL CRE 5%	$0.00	Y
FLUOROURACIL DRO 2%	$0.00	Y
FLUOROURACIL DRO 5%	$0.00	Y
FLUOROURACIL SOL 2%	$0.00	Y
FLUOROURACIL SOL 5%	$0.00	Y
FLUTICASONE CRE 0.05%	$0.00	Y
FLUTICASONE OIN 0.005%	$0.00	Y
GENTAMICIN CRE 0.1%	$0.00	Y
GENTAMICIN OIN 0.1%	$0.00	Y
GLYDO GEL 2%	$0.00	Y
HC BUTYRATE SOL 0.1%	$0.00	Y
HYDROCORT CRE 1%	$0.00	Y
HYDROCORT CRE 2.5%	$0.00	Y
HYDROCORT LOT 2.5%	$0.00	Y
HYDROCORT OIN 1%	$0.00	Y
HYDROCORT OIN 2.5%	$0.00	Y
HYDROCORT/AB OIN 1%	$0.00	Y
KETOCONAZOLE CRE 2%	$0.00	Y
KETOCONAZOLE SHA 2%	$0.00	Y
KLARON LOT 10%	$0.00	Y
LAC-HYDRIN CRE 12%	$2.00	Y
LACLOTION LOT 12%	$0.00	Y
LACTIC ACID LOT 10%	$0.00	Y
LAMISIL SPR 1%	$2.00	Y
LATRIX XM EMU 45%	$2.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
DERMATOLOGICALS		
LAVOCLEN-4 KIT ACNE WSH	$0.00	Y
LAVOCLEN-4 LIQ CREM WSH	$2.00	Y
LAVOCLEN-8 KIT ACNE WSH	$0.00	Y
LAVOCLEN-8 LIQ CREM WSH	$2.00	Y
LIDO/PRILOCN CRE 2.5-2.5%	$0.00	Y
LIDO/PRILOCN KIT 2.5-2.5%	$0.00	Y
LIDOCAINE CRE 3%	$0.00	Y
LIDOCAINE GEL 2%	$0.00	Y
LIDOCAINE GEL 2% JELLY	$0.00	Y
LIDOCAINE OIN 5%	$0.00	Y
LIDOPIN CRE 3%	$0.00	Y
LIVIXIL PAK KIT 2.5-2.5%	$0.00	Y
LOPROX SHA 1%	$2.00	Y
LP LITE PAK KIT 2.5-2.5%	$0.00	Y
METROGEL GEL 1%	$2.00	Y
METROLOTION LOT 0.75%	$0.00	Y
METRONIDAZOL CRE 0.75%	$0.00	Y
METRONIDAZOL GEL 0.75%	$0.00	Y
METRONIDAZOL GEL 1%	$0.00	Y
MICONAZOLE POW NITRATE	$0.00	Y
MICROCYN LIQ	$0.00	Y
MOMETASONE CRE 0.1%	$0.00	Y
MOMETASONE OIN 0.1%	$0.00	Y
MOMETASONE SOL 0.1%	$0.00	Y
MUPIROCIN CRE 2%	$0.00	Y
MUPIROCIN OIN 2%	$0.00	Y
MUPIROCIN CA CRE 2%	$0.00	Y
NATROBA SUS 0.9%	$0.00	Y
NEUAC GEL 1.2-5%	$0.00	Y
NORITATE CRE 1%	$2.00	Y
NYAMYC POW 100000	$0.00	Y
NYSTAT/TRIAM CRE	$0.00	Y
NYSTAT/TRIAM OIN	$0.00	Y
NYSTATIN CRE 100000	$0.00	Y
NYSTATIN OIN 100000	$0.00	Y
NYSTATIN POW	$0.00	Y
NYSTATIN POW 100000	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
DERMATOLOGICALS		
NYSTATIN POW 10BU	$0.00	Y
NYSTATIN POW 150MU	$0.00	Y
NYSTATIN POW 1BU	$0.00	Y
NYSTATIN POW 2BU	$0.00	Y
NYSTATIN POW 500MU	$0.00	Y
NYSTATIN POW 50MU	$0.00	Y
NYSTATIN POW 5BU	$0.00	Y
NYSTOP POW 100000	$0.00	Y
OSCION CLNSR LOT 6%	$0.00	Y
PEDI-DRI POW 100000	$0.00	Y
PERMETHRIN CRE 5%	$0.00	Y
PODOFILOX SOL 0.5%	$0.00	Y
PRAMOSONE CRE 1%	$0.00	Y
PRAMOSONE CRE 1-1%	$0.00	Y
PRAMOSONE CRE 1-2.5%	$0.00	Y
PRAMOSONE LOT 1%	$2.00	Y
PRAMOSONE LOT 2.5%	$2.00	Y
PRUDOXIN CRE 5%	$0.00	Y
PSORCON CRE 0.05%	$2.00	Y
REA LO 39 CRE 39%	$0.00	Y
REA LO 40 CRE 40%	$0.00	Y
REA LO 40 LOT 40%	$0.00	Y
REGENECARE GEL	$2.00	Y
RELADOR PAK KIT 2.5-2.5%	$0.00	Y
RELADOR PAK KIT PLUS	$0.00	Y
REMEVEN CRE 50%	$0.00	Y
ROSADAN CRE 0.75%	$0.00	Y
ROSADAN GEL 0.75%	$0.00	Y
SALICYLIC AC GEL 6%	$0.00	Y
SALICYLIC AC KIT 6%	$0.00	Y
SALICYLIC AC KIT 6% CREAM	$0.00	Y
SALICYLIC AC KIT 6% LOTN	$0.00	Y
SALICYLIC AC LIQ 26%	$0.00	Y
SALICYLIC AC SHA 6%	$0.00	Y
SALICYLIC AC SOL 28.5%	$0.00	Y
SANTYL OIN 250/GM	$2.00	Y
SCALACORT LOT 2%	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
DERMATOLOGICALS		
SELENIUM SUL LOT 2.5%	$0.00	Y
SELENIUM SUL SHA 2.25%	$0.00	Y
SELENIUM SUL SHA 2.5%	$0.00	Y
SILVADENE CRE 1%	$2.00	Y
SILVER SULFA CRE 1%	$0.00	Y
SKLICE LOT 0.5%	$2.00	Y
SOD SUL/SULF LOT 10-5%	$0.00	Y
SOD SUL/SULF LOT 9.8-4.8%	$0.00	Y
SOD SUL/SULF SUS 10-5%	$0.00	Y
SOLARAZE GEL 3% W/W	$2.00	Y
SORIATANE CAP 10MG	$0.00	Y
SORIATANE CAP 17.5MG	$0.00	Y
SORIATANE CAP 25MG	$0.00	Y
SSD CRE 1%	$0.00	Y
SULFAMYLON CRE 85MG/GM	$2.00	Y
THERMAZENE CRE 1%	$0.00	Y
TL UREA LOT 45%	$0.00	Y
TOLNAFTATE POW	$0.00	Y
TRIAMCINOLON CRE 0.025%	$0.00	Y
TRIAMCINOLON CRE 0.1%	$0.00	Y
TRIAMCINOLON CRE 0.5%	$0.00	Y
TRIAMCINOLON OIN 0.025%	$0.00	Y
TRIAMCINOLON OIN 0.1%	$0.00	Y
TRIAMCINOLON OIN 0.5%	$0.00	Y
TRIDERM CRE 0.1%	$0.00	Y
U-KERA E CRE 40%	$0.00	Y
URAMAXIN LOT 45%	$2.00	Y
UREA CRE 39%	$0.00	Y
UREA CRE 40%	$0.00	Y
UREA CRE 45%	$0.00	Y
UREA CRE 47%	$0.00	Y
UREA CRE 50%	$0.00	Y
UREA EMU 50%	$0.00	Y
UREA LOT 40%	$0.00	Y
UREA LOT 45%	$0.00	Y
UREA-C40 LOT 40%	$0.00	Y
VALCHLOR GEL 0.016%	$2.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
DERMATOLOGICALS		
VITAZOL CRE 0.75%	$0.00	Y
X-VIATE CRE 40%	$0.00	Y
X-VIATE LOT 40%	$0.00	Y
ZONALON CRE 5%	$0.00	Y
ZOVIRAX CRE 5%	$2.00	Y
ZOVIRAX OIN 5%	$2.00	Y
DIAGNOSTIC PRODUCTS		
GLUCAGEN INJ 1MG	$2.00	Y
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
AV-VITE FB TAB 2.5-25-2	$0.00	N
CEREFOLIN TAB NAC	$0.00	N
ELFOLATE TAB PLUS	$0.00	N
FOLASTIN TAB	$0.00	Y
FOLBIC TAB	$0.00	N
FOLBIC RF TAB	$0.00	N
FOLIC ACID TAB	$0.00	Y
FOLTANX TAB	$0.00	Y
FOLTX TAB	$0.00	N
L-METHYL-MC TAB NAC	$0.00	N
METAFOLBIC TAB PLUS	$0.00	Y
METANX TAB	$0.00	N
NIVA-FOL TAB	$0.00	N
VIRT-VITE TAB FORTE	$0.00	Y
VITACIRC-B TAB	$0.00	Y
DIGESTIVE AIDS		
CREON CAP 12000UNT	$2.00	Y
CREON CAP 24000UNT	$2.00	Y
CREON CAP 3000UNIT	$2.00	Y
CREON CAP 36000UNT	$2.00	Y
CREON CAP 6000UNIT	$2.00	Y
PANCRELIPASE CAP 5000UNIT	$0.00	Y
ZENPEP CAP 10000UNT	$2.00	Y
ZENPEP CAP 15000UNT	$2.00	Y
ZENPEP CAP 20000UNT	$2.00	Y
ZENPEP CAP 25000UNT	$2.00	Y
ZENPEP CAP 3000UNIT	$2.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
DIGESTIVE AIDS		
ZENPEP CAP 40000UNT	$2.00	Y
ZENPEP CAP 5000UNIT	$2.00	Y
DIURETICS		
ACETAZOLAMID TAB 125MG	$0.00	Y
ACETAZOLAMID TAB 250MG	$0.00	Y
AMILOR/HCTZ TAB 5-50	$0.00	Y
AMILORIDE TAB 5MG	$0.00	Y
BUMETANIDE TAB 0.5MG	$0.00	Y
BUMETANIDE TAB 1MG	$0.00	Y
BUMETANIDE TAB 2MG	$0.00	Y
CHLOROTHIAZ TAB 250MG	$0.00	Y
CHLOROTHIAZ TAB 500MG	$0.00	Y
CHLORTHALID TAB 100MG	$0.00	Y
CHLORTHALID TAB 25MG	$0.00	Y
CHLORTHALID TAB 50MG	$0.00	Y
DIAMOX SEQUE CAP 500MG CR	$0.00	Y
DIURIL SUS 250/5ML	$2.00	Y
EDECRIN TAB 25MG	$2.00	Y
FUROSEMIDE SOL 10MG/ML	$0.00	Y
FUROSEMIDE SOL 40MG/4ML	$0.00	Y
FUROSEMIDE SOL 8MG/ML	$0.00	Y
FUROSEMIDE TAB 20MG	$0.00	Y
FUROSEMIDE TAB 40MG	$0.00	Y
FUROSEMIDE TAB 80MG	$0.00	Y
HYDROCHLOROT CAP 12.5MG	$0.00	Y
HYDROCHLOROT TAB 12.5MG	$0.00	Y
HYDROCHLOROT TAB 25MG	$0.00	Y
HYDROCHLOROT TAB 50MG	$0.00	Y
INDAPAMIDE TAB 1.25MG	$0.00	Y
INDAPAMIDE TAB 2.5MG	$0.00	Y
METHAZOLAMID TAB 25MG	$0.00	Y
METHAZOLAMID TAB 50MG	$0.00	Y
METHYCLOTHIA TAB 5MG	$0.00	Y
METOLAZONE TAB 10MG	$0.00	Y
METOLAZONE TAB 2.5MG	$0.00	Y
METOLAZONE TAB 5MG	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
DIURETICS		
SPIRONO/HCTZ TAB 25/25	$0.00	Y
SPIRONOLACT TAB 100MG	$0.00	Y
SPIRONOLACT TAB 25MG	$0.00	Y
SPIRONOLACT TAB 50MG	$0.00	Y
TORSEMIDE TAB 100MG	$0.00	Y
TORSEMIDE TAB 10MG	$0.00	Y
TORSEMIDE TAB 20MG	$0.00	Y
TORSEMIDE TAB 5MG	$0.00	Y
TRIAMT/HCTZ CAP 37.5-25	$0.00	Y
TRIAMT/HCTZ CAP 50-25MG	$0.00	Y
TRIAMT/HCTZ TAB 37.5-25	$0.00	Y
TRIAMT/HCTZ TAB 75-50MG	$0.00	Y
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ALENDRONATE TAB 10MG	$0.00	Y
ALENDRONATE TAB 35MG	$0.00	Y
ALENDRONATE TAB 40MG	$0.00	Y
ALENDRONATE TAB 5MG	$0.00	Y
ALENDRONATE TAB 70MG	$0.00	Y
BUPHENYL POW	$2.00	Y
BUPHENYL TAB 500MG	$2.00	Y
CABERGOLINE TAB 0.5MG	$0.00	Y
CALCITRIOL CAP 0.25MCG	$0.00	Y
CALCITRIOL CAP 0.5MCG	$0.00	Y
CALCITRIOL SOL 1MCG/ML	$0.00	Y
CARBAGLU TAB 200MG	$2.00	Y
CYSTADANE POW	$2.00	Y
DDAVP SOL 0.01%	$2.00	Y
DDAVP SPR 0.01%	$2.00	Y
DDAVP TAB 0.1MG	$2.00	Y
DDAVP TAB 0.2MG	$2.00	Y
DESMOPRESSIN SOL 0.01%	$0.00	Y
DESMOPRESSIN SPR 0.01%	$0.00	Y
DESMOPRESSIN TAB 0.1MG	$0.00	Y
DESMOPRESSIN TAB 0.2MG	$0.00	Y
DOXERCALCIF CAP 0.5MCG	$0.00	Y
DOXERCALCIF CAP 1MCG	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ENDOCRINE AND METABOLIC AGENTS - MISC.		
DOXERCALCIF CAP 2.5MCG	$0.00	Y
EVISTA TAB 60MG	$0.00	Y
HECTOROL CAP 0.5MCG	$2.00	Y
HECTOROL CAP 1MCG	$2.00	Y
HECTOROL CAP 2.5MCG	$2.00	Y
KUVAN POW 100MG	$2.00	Y
KUVAN POW 500MG	$2.00	Y
KUVAN TAB 100MG	$2.00	Y
OCTREOTIDE INJ 1000MCG	$0.00	Y
OCTREOTIDE INJ 100MCG	$0.00	Y
OCTREOTIDE INJ 200MCG	$0.00	Y
OCTREOTIDE INJ 500MCG	$0.00	Y
OCTREOTIDE INJ 50MCG/ML	$0.00	Y
PARICALCITOL CAP 1 MCG	$0.00	Y
PARICALCITOL CAP 2 MCG	$0.00	Y
PARICALCITOL CAP 4 MCG	$0.00	Y
PHENYLBUTYRA POW SODIUM	$0.00	Y
RAVICTI LIQ 1.1GM/ML	$2.00	Y
ROCALTROL CAP 0.25MCG	$2.00	Y
ROCALTROL CAP 0.5MCG	$2.00	Y
ROCALTROL SOL 1MCG/ML	$2.00	Y
SAMSCA TAB 15MG	$2.00	Y
SAMSCA TAB 30MG	$2.00	Y
SANDOSTATIN INJ 1000MCG	$2.00	Y
SANDOSTATIN INJ 100MCG	$2.00	Y
SANDOSTATIN INJ 200MCG	$2.00	Y
SANDOSTATIN INJ 500MCG	$2.00	Y
SANDOSTATIN INJ 50MCG/ML	$2.00	Y
SENSIPAR TAB 30MG	$2.00	Y
SENSIPAR TAB 60MG	$2.00	Y
SENSIPAR TAB 90MG	$2.00	Y
SYNAREL SOL 2MG/ML	$2.00	Y
ESTROGENS		
ALORA DIS 0.025MG	$0.00	Y
ALORA DIS 0.05MG	$0.00	Y
ALORA DIS 0.075MG	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
ESTROGENS		
ALORA DIS 0.1MG	$0.00	Y
CENESTIN TAB 0.3MG	$2.00	Y
CENESTIN TAB 0.45MG	$2.00	Y
CENESTIN TAB 0.625MG	$2.00	Y
CENESTIN TAB 0.9MG	$2.00	Y
CENESTIN TAB 1.25MG	$2.00	Y
COMBIPATCH DIS .05/.14	$2.00	Y
COMBIPATCH DIS .05/.25	$2.00	Y
ENJUVIA TAB 0.3MG	$2.00	Y
ENJUVIA TAB 0.45MG	$2.00	Y
ENJUVIA TAB 0.625MG	$2.00	Y
ENJUVIA TAB 0.9MG	$2.00	Y
ENJUVIA TAB 1.25MG	$2.00	Y
ESTRA/NORETH TAB 1-0.5MG	$0.00	Y
ESTRADIOL DIS 0.025MG	$0.00	Y
ESTRADIOL DIS 0.0375MG	$0.00	Y
ESTRADIOL DIS 0.05MG	$0.00	Y
ESTRADIOL DIS 0.06MG	$0.00	Y
ESTRADIOL DIS 0.075MG	$0.00	Y
ESTRADIOL DIS 0.1MG	$0.00	Y
ESTRADIOL TAB 0.5MG	$0.00	Y
ESTRADIOL TAB 1MG	$0.00	Y
ESTRADIOL TAB 2MG	$0.00	Y
ESTROPIPATE TAB 0.75MG	$0.00	Y
ESTROPIPATE TAB 1.5MG	$0.00	Y
ESTROPIPATE TAB 3MG	$0.00	Y
FEMHRT TAB 0.5-2.5	$0.00	Y
FEMHRT 1/5 TAB	$0.00	Y
JEVANTIQUE TAB 1MG-5MCG	$0.00	Y
JINTELI TAB 1MG-5MCG	$0.00	Y
LOPREEZA TAB 1-0.5MG	$0.00	Y
MENEST TAB 0.3MG	$0.00	Y
MENEST TAB 0.625MG	$0.00	Y
MENEST TAB 1.25MG	$0.00	Y
MENEST TAB 2.5MG	$0.00	Y
MIMVEY TAB 1-0.5MG	$0.00	Y
NORETH/ETHIN TAB 1MG-5MCG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ESTROGENS		
ORTHO-EST TAB 0.625	$0.00	Y
ORTHO-EST TAB 1.25	$0.00	Y
PREMARIN TAB 0.3MG	$0.00	Y
PREMARIN TAB 0.45MG	$0.00	Y
PREMARIN TAB 0.625MG	$0.00	Y
PREMARIN TAB 0.9MG	$0.00	Y
PREMARIN TAB 1.25MG	$0.00	Y
PREMPHASE TAB	$2.00	Y
PREMPRO TAB .625-2.5	$2.00	Y
PREMPRO TAB 0.3-1.5	$2.00	Y
PREMPRO TAB 0.45-1.5	$2.00	Y
PREMPRO TAB 0.625-5	$2.00	Y
FLUOROQUINOLONES		
CIPROFLOXACN SUS 250MG/5	$0.00	Y
CIPROFLOXACN SUS 500MG/5	$0.00	Y
CIPROFLOXACN TAB 100MG	$0.00	Y
CIPROFLOXACN TAB 250MG	$0.00	Y
CIPROFLOXACN TAB 500MG	$0.00	Y
CIPROFLOXACN TAB 750MG	$0.00	Y
LEVOFLOXACIN SOL 25MG/ML	$0.00	Y
LEVOFLOXACIN TAB 250MG	$0.00	Y
LEVOFLOXACIN TAB 500MG	$0.00	Y
LEVOFLOXACIN TAB 750MG	$0.00	Y
OFLOXACIN TAB 200MG	$0.00	Y
OFLOXACIN TAB 300MG	$0.00	Y
OFLOXACIN TAB 400MG	$0.00	Y
GASTROINTESTINAL AGENTS - MISC.		
ALOSETRON TAB 0.5MG	$0.00	Y
ALOSETRON TAB 1MG	$0.00	Y
APRISO CAP 0.375GM	$2.00	Y
CALC ACETATE CAP 667MG	$0.00	Y
CALC ACETATE TAB 667MG	$0.00	Y
CANASA SUP 1000MG	$2.00	Y
CROMOLYN SOD CON 100/5ML	$0.00	Y
DELZICOL CAP 400MG	$2.00	Y
ENULOSE SOL 10GM/15	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
GASTROINTESTINAL AGENTS - MISC.		
GASTROCROM CON 100/5ML	$2.00	Y
GENERLAC SOL 10GM/15	$0.00	Y
LACTULOSE SOL 10GM/15	$0.00	Y
LOTRONEX TAB 0.5MG	$2.00	Y
LOTRONEX TAB 1MG	$2.00	Y
MESALAMINE ENE 4GM	$0.00	Y
MESALAMINE KIT 4GM	$0.00	Y
METOCLOPRAM SOL 10/10ML	$0.00	Y
METOCLOPRAM SOL 5MG/5ML	$0.00	Y
METOCLOPRAM TAB 10MG	$0.00	Y
METOCLOPRAM TAB 5MG	$0.00	Y
PENTASA CAP 250MG CR	$2.00	Y
PENTASA CAP 500MG CR	$2.00	Y
SULFASALAZIN TAB 500MG	$0.00	Y
SULFASALAZIN TAB 500MG DR	$0.00	Y
SULFAZINE TAB 500MG	$0.00	Y
SULFAZINE EC TAB 500MG	$0.00	Y
URSO 250 TAB 250MG	$2.00	Y
URSO FORTE TAB 500MG	$2.00	Y
URSODIOL CAP 300MG	$0.00	Y
URSODIOL TAB 250MG	$0.00	Y
URSODIOL TAB 500MG	$0.00	Y
GENERAL ANESTHETICS		
PROPOFOL INJ 10MG/ML	$0.00	Y
PROPOVEN INJ 10MG/ML	$0.00	Y
GENITOURINARY AGENTS - MISCELLANEOUS		
ACETIC ACID SOL 0.25%IRR	$0.00	Y
AMINOAC ACID SOL 1.5% IRR	$0.00	Y
ARGYL SALINE SOL 0.9%	$0.00	Y
CITRIC ACID/ SOL SOD CITR	$0.00	Y
CYSTAGON CAP 150MG	$2.00	Y
CYSTAGON CAP 50MG	$2.00	Y
CYTRA K GRA CRYSTALS	$0.00	Y
CYTRA-2 SOL	$0.00	Y
CYTRA-3 SYP	$0.00	Y
CYTRA-K SOL	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
GENITOURINARY AGENTS - MISCELLANEOUS		
ELMIRON CAP 100MG	$2.00	Y
FINASTERIDE TAB 5MG	$0.00	Y
GLYCINE SOL 1.5% IRR	$0.00	Y
K CITRATE SOL CITR ACD	$0.00	Y
K-PHOS TAB NO 2	$2.00	Y
K/NA CITRATE SOL CITR ACD	$0.00	Y
LITHOSTAT TAB 250MG	$2.00	Y
NEO/POLY GU SOL 40/ML IR	$0.00	Y
NEOSPORIN GU SOL 40/ML IR	$2.00	Y
PHENAZO TAB 200MG	$0.00	Y
PHENAZOPYRID TAB 100MG	$0.00	Y
PHENAZOPYRID TAB 200MG	$0.00	Y
POT CITRATE TAB 1080MG	$0.00	Y
POT CITRATE TAB 1620MG	$0.00	Y
POT CITRATE TAB 540MG ER	$0.00	Y
POT CITRATE- PAK CIT ACID	$0.00	Y
PROCYSBI CAP 25MG	$2.00	Y
PROCYSBI CAP 75MG	$2.00	Y
PYRIDIUM TAB 100MG	$2.00	Y
PYRIDIUM TAB 200MG	$2.00	Y
RENACIDIN SOL IRR	$2.00	Y
SOD CITRATE SOL CITR ACD	$0.00	Y
SODIUM CHLOR SOL 0.9% IRR	$0.00	Y
SORBITOL SOL 3% IRR	$0.00	Y
SORBITOL SOL 3.3% IRR	$0.00	Y
TAMSULOSIN CAP 0.4MG	$0.00	Y
TARON GRA CRYSTALS	$0.00	Y
THIOLA TAB 100MG	$2.00	Y
TRICITRATES SOL	$0.00	Y
UROCIT-K 10 TAB	$2.00	Y
UROCIT-K 15 TAB	$2.00	Y
UROCIT-K 5 TAB	$2.00	Y
VIRTRATE-2 SOL	$0.00	Y
VIRTRATE-2 SOL 500-334	$0.00	Y
VIRTRATE-3 SOL	$0.00	Y
VIRTRATE-K SOL	$0.00	Y
VIRTRATE-K SOL 1100-334	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
GOUT AGENTS		
ALLOPURINOL TAB 100MG	$0.00	Y
ALLOPURINOL TAB 300MG	$0.00	Y
PROBEN/COLCH TAB 500-0.5	$0.00	Y
PROBENECID TAB 500MG	$0.00	Y
HEMATOLOGICAL AGENTS - MISC.		
ADVATE INJ 1000UNIT	$2.00	Y
ADVATE INJ 1500UNIT	$2.00	Y
ADVATE INJ 2000UNIT	$2.00	Y
ADVATE INJ 250UNIT	$2.00	Y
ADVATE INJ 3000UNIT	$2.00	Y
ADVATE INJ 4000UNIT	$2.00	Y
ADVATE INJ 500UNIT	$2.00	Y
ADYNOVATE INJ 1000UNIT	$2.00	Y
ADYNOVATE INJ 2000UNIT	$2.00	Y
ADYNOVATE INJ 250UNIT	$2.00	Y
ADYNOVATE INJ 500UNIT	$2.00	Y
AGGRENOX CAP 25-200MG	$2.00	Y
ALPHANATE INJ VWF/HUM	$2.00	Y
ALPHANINE SD INJ 1000UNIT	$2.00	Y
ALPHANINE SD INJ 1500UNIT	$2.00	Y
ALPHANINE SD INJ 500UNIT	$2.00	Y
ALPROLIX INJ 1000UNIT	$2.00	Y
ALPROLIX INJ 2000UNIT	$2.00	Y
ALPROLIX INJ 3000UNIT	$2.00	Y
ALPROLIX INJ 500UNIT	$2.00	Y
ANAGRELIDE CAP 0.5MG	$0.00	Y
ANAGRELIDE CAP 1MG	$0.00	Y
ASA/DIPYRIDA CAP 25-200MG	$0.00	Y
BEBULIN INJ 200-1200	$2.00	Y
BEBULIN VH INJ 200-1200	$2.00	Y
BENEFIX INJ 1000UNIT	$2.00	Y
BENEFIX INJ 2000UNIT	$2.00	Y
BENEFIX INJ 250UNIT	$2.00	Y
BENEFIX INJ 3000UNIT	$2.00	Y
BENEFIX INJ 500UNIT	$2.00	Y
BRILINTA TAB 60MG	$2.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
HEMATOLOGICAL AGENTS - MISC.		
BRILINTA TAB 90MG	$2.00	Y
CILOSTAZOL TAB 100MG	$0.00	Y
CILOSTAZOL TAB 50MG	$0.00	Y
CLOPIDOGREL TAB 300MG	$0.00	Y
CLOPIDOGREL TAB 75MG	$0.00	Y
CORIFACT KIT	$2.00	Y
DIPYRIDAMOLE TAB 25MG	$0.00	Y
DIPYRIDAMOLE TAB 50MG	$0.00	Y
DIPYRIDAMOLE TAB 75MG	$0.00	Y
EFFIENT TAB 10MG	$2.00	Y
EFFIENT TAB 5MG	$2.00	Y
ELOCTATE INJ 1000UNIT	$2.00	Y
ELOCTATE INJ 1500UNIT	$2.00	Y
ELOCTATE INJ 2000UNIT	$2.00	Y
ELOCTATE INJ 250UNIT	$2.00	Y
ELOCTATE INJ 3000UNIT	$2.00	Y
ELOCTATE INJ 500UNIT	$2.00	Y
ELOCTATE INJ 750UNIT	$2.00	Y
EPTIFIBATIDE INJ 20/10ML	$0.00	Y
EPTIFIBATIDE INJ 200/100M	$0.00	Y
FEIBA INJ	$0.00	Y
FEIBA NF INJ	$0.00	Y
FEIBA VH INJ IMMUNO	$0.00	Y
HELIXATE FS INJ 1000UNIT	$2.00	Y
HELIXATE FS INJ 2000UNIT	$2.00	Y
HELIXATE FS INJ 250UNIT	$2.00	Y
HELIXATE FS INJ 3000UNIT	$2.00	Y
HELIXATE FS INJ 500UNIT	$2.00	Y
HELIXATE FS SOL 1000UNIT	$2.00	Y
HELIXATE FS SOL 250UNIT	$2.00	Y
HELIXATE FS SOL 500UNIT	$2.00	Y
HEMOFIL M INJ 1000UNIT	$2.00	Y
HEMOFIL M INJ 1700UNIT	$2.00	Y
HEMOFIL M INJ 220-400	$2.00	Y
HEMOFIL M INJ 250UNIT	$2.00	Y
HEMOFIL M INJ 401-800	$2.00	Y
HEMOFIL M INJ 500UNIT	$2.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
HEMATOLOGICAL AGENTS - MISC.		
HEMOFIL M SOL 501-2000	$2.00	Y
HEMOFIL M SOL 801-1500	$2.00	Y
HUMATE-P SOL 2400UNIT	$2.00	Y
HUMATE-P SOL 250-600	$2.00	Y
HUMATE-P SOL 500-1200	$2.00	Y
IXINITY INJ 1000UNIT	$2.00	Y
IXINITY INJ 1500UNIT	$2.00	Y
IXINITY INJ 500UNIT	$2.00	Y
KOATE-DVI INJ 1000UNIT	$2.00	Y
KOATE-DVI INJ 250UNIT	$2.00	Y
KOATE-DVI INJ 500UNIT	$2.00	Y
KOGENATE FS INJ 1000/BS	$2.00	Y
KOGENATE FS INJ 1000UNIT	$2.00	Y
KOGENATE FS INJ 2000/BS	$2.00	Y
KOGENATE FS INJ 2000UNIT	$2.00	Y
KOGENATE FS INJ 250/BS	$2.00	Y
KOGENATE FS INJ 250UNIT	$2.00	Y
KOGENATE FS INJ 3000/BS	$2.00	Y
KOGENATE FS INJ 3000UNIT	$2.00	Y
KOGENATE FS INJ 500/BS	$2.00	Y
KOGENATE FS INJ 500UNIT	$2.00	Y
MONOCLATE-P INJ 1000UNIT	$2.00	Y
MONOCLATE-P INJ 1500UNIT	$2.00	Y
MONOCLATE-P INJ 250UNIT	$2.00	Y
MONOCLATE-P INJ 500UNIT	$2.00	Y
MONONINE INJ 1000UNIT	$2.00	Y
MONONINE INJ 250UNIT	$2.00	Y
MONONINE INJ 500UNIT	$2.00	Y
NOVOEIGHT INJ 1000UNIT	$0.00	Y
NOVOEIGHT INJ 1500UNIT	$2.00	Y
NOVOEIGHT INJ 2000UNIT	$2.00	Y
NOVOEIGHT INJ 250UNIT	$0.00	Y
NOVOEIGHT INJ 3000UNIT	$2.00	Y
NOVOEIGHT INJ 500UNIT	$0.00	Y
NOVOSEVEN RT INJ 1MG	$2.00	Y
NOVOSEVEN RT INJ 2MG	$2.00	Y
NOVOSEVEN RT INJ 5MG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
HEMATOLOGICAL AGENTS - MISC.		
NOVOSEVEN RT INJ 8MG	$2.00	Y
NUWIQ INJ 1000UNIT	$0.00	Y
NUWIQ INJ 2000UNIT	$2.00	Y
NUWIQ INJ 250UNIT	$0.00	Y
NUWIQ INJ 500UNIT	$0.00	Y
NUWIQ KIT 1000UNIT	$2.00	Y
NUWIQ KIT 2000UNIT	$2.00	Y
NUWIQ KIT 250UNIT	$2.00	Y
NUWIQ KIT 500UNIT	$2.00	Y
OBIZUR INJ 500 UNIT	$2.00	Y
PENTOXIFYLLI TAB 400MG CR	$0.00	Y
PENTOXIFYLLI TAB 400MG ER	$0.00	Y
PROFILNINE INJ 1000UNIT	$2.00	Y
PROFILNINE INJ 1500UNIT	$2.00	Y
PROFILNINE INJ 500UNIT	$0.00	Y
RECOMBINATE INJ	$2.00	Y
RECOMBINATE INJ 220-400	$2.00	Y
RECOMBINATE INJ 401-800	$2.00	Y
RECOMBINATE INJ 801-1240	$2.00	Y
RIXUBIS INJ 1000UNIT	$2.00	Y
RIXUBIS INJ 2000UNIT	$2.00	Y
RIXUBIS INJ 250 UNIT	$2.00	Y
RIXUBIS INJ 3000UNIT	$2.00	Y
RIXUBIS INJ 500UNIT	$2.00	Y
TICLOPIDINE TAB 250MG	$0.00	Y
WILATE INJ	$2.00	Y
XYNTHA INJ 1000UNIT	$2.00	Y
XYNTHA INJ 2000UNIT	$2.00	Y
XYNTHA INJ 250UNIT	$2.00	Y
XYNTHA INJ 500UNIT	$2.00	Y
XYNTHA SOLOF INJ 1000UNIT	$2.00	Y
XYNTHA SOLOF INJ 2000UNIT	$2.00	Y
XYNTHA SOLOF INJ 3000UNIT	$2.00	Y
XYNTHA SOLOF INJ 500UNIT	$2.00	Y
XYNTHA SOLOF KIT 250UNIT	$2.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
HEMATOPOIETIC AGENTS		
AIRAVITE TAB	$0.00	N
AV-VITE FB TAB 2.5-25-1	$0.00	N
CENFOL TAB	$2.00	N
CENTRATEX CAP	$0.00	Y
CEREZYME INJ 200UNIT	$2.00	Y
CEREZYME INJ 400UNIT	$2.00	Y
CORVITA 150 TAB	$0.00	N
CORVITE 150 TAB	$2.00	N
CYANOCOBALAM INJ 1000MCG	$0.00	Y
DROXIA CAP 200MG	$2.00	Y
DROXIA CAP 300MG	$2.00	Y
DROXIA CAP 400MG	$2.00	Y
FA-B6-B12 TAB	$0.00	N
FA/B12/B6 TAB	$0.00	N
FABB TAB	$0.00	N
FE 90 PLUS TAB	$2.00	N
FE SUCC/AC-C CAP THRE/B12	$0.00	N
FEROCON CAP	$0.00	N
FEROTRINSIC CAP	$0.00	N
FERRALET 90 TAB	$2.00	Y
FERRAPLUS 90 TAB	$0.00	N
FERREX 150 CAP FORTE PL	$2.00	N
FERREX 28 TAB	$0.00	N
FERROCITE TAB PLUS	$0.00	N
FERROGELS FO CAP FORTE	$0.00	N
FOCALGIN DSS TAB 90-1MG	$2.00	N
FOLBEE TAB	$0.00	N
FOLCAPS TAB	$0.00	N
FOLGARD RX TAB	$2.00	Y
FOLIC ACID TAB 1000MCG	$0.00	Y
FOLIC ACID TAB 1MG	$0.00	Y
FOLPLEX 2.2 TAB	$0.00	N
FOLTRIN CAP	$0.00	N
GRANIX INJ 300/0.5	$2.00	N
GRANIX INJ 480/0.8	$2.00	N
HEMATINIC PL TAB COMPLEX	$0.00	N
HEMATINIC PL TAB VIT/MIN	$0.00	N

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Drug Name	CoPay	Covered for Dual Eligible
HEMATOPOIETIC AGENTS		
HEMATINIC/FA TAB	$0.00	N
HEMATOGEN CAP	$0.00	N
HEMATOGEN CAP FORTE	$0.00	N
HEMATOGEN FA CAP	$2.00	N
HEMOCYTE TAB -PLUS	$0.00	N
HEMOCYTE PLS CAP	$0.00	N
HEMOCYTE-F TAB	$0.00	N
IFEREX 150 CAP FORTE	$0.00	Y
LEUKINE INJ 250MCG	$2.00	Y
LEUKINE INJ 500 MCG	$2.00	Y
MARTINIC CAP	$0.00	N
MULTIGEN TAB	$2.00	N
MULTIGEN TAB FOLIC	$0.00	N
MULTIGEN PLS TAB	$2.00	N
MV FE/C/B12/ TAB CA/SUCC	$0.00	N
MV FE/C/B12/ TAB FA/SUCC	$0.00	N
MYFERON 150 CAP FORTE	$0.00	N
NATALVIRT TAB FLT	$2.00	N
NEPHRON FA TAB	$2.00	N
NEULASTA INJ 6MG/0.6M	$2.00	Y
NEUMEGA INJ 5MG	$2.00	Y
NEUPOGEN INJ 300/0.5	$2.00	Y
NEUPOGEN INJ 300MCG	$2.00	Y
NEUPOGEN INJ 480/0.8	$2.00	Y
NEUPOGEN INJ 480MCG	$2.00	Y
NUFOL TAB	$0.00	N
POLY-IRON CAP 150 FORT	$0.00	N
POLYSACCHARI CAP IRON	$0.00	N
PROMACTA TAB 12.5MG	$2.00	Y
PROMACTA TAB 25MG	$2.00	Y
PROMACTA TAB 50MG	$2.00	Y
PROMACTA TAB 75MG	$2.00	Y
PUREFE CAP PLUS	$0.00	N
PUREVIT DUAL CAP FE PLUS	$0.00	N
SE-TAN PLUS CAP	$0.00	Y
TANDEM F CAP	$0.00	N
TANDEM PLUS CAP	$2.00	N

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
HEMATOPOIETIC AGENTS		
TARON FORTE CAP	$2.00	N
TL GARD RX TAB	$0.00	N
TL ICON CAP	$0.00	N
TL-FOL 500 TAB	$0.00	Y
TRICON CAP	$0.00	N
TRIGELS-F CAP FORTE	$0.00	Y
VIRT-GARD TAB 2.2-25-1	$0.00	N
VIRT-VITE TAB	$0.00	Y
HEMOSTATICS		
AMICAR SOL 0.25/ML	$2.00	Y
AMICAR SYP 25%	$2.00	Y
AMICAR TAB 1000MG	$2.00	Y
AMICAR TAB 500MG	$2.00	Y
AMINOCAPR AC SYP 25%	$0.00	Y
AMINOCAPR AC TAB 1000MG	$0.00	Y
AMINOCAPR AC TAB 500MG	$0.00	Y
LYSTEDA TAB 650MG	$2.00	Y
TRANEX ACID INJ 1000M/10	$0.00	Y
TRANEX ACID INJ 100MG/ML	$0.00	Y
TRANEX ACID TAB 650MG	$0.00	Y
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BUTISOL SOD ELX 30MG/5ML	$0.00	Y
BUTISOL SOD TAB 30MG	$0.00	Y
BUTISOL SOD TAB 50MG	$0.00	Y
ESTAZOLAM TAB 1MG	$0.00	Y
ESTAZOLAM TAB 2MG	$0.00	Y
ESZOPICLONE TAB 1MG	$0.00	Y
ESZOPICLONE TAB 2MG	$0.00	Y
ESZOPICLONE TAB 3MG	$0.00	Y
FLURAZEPAM CAP 15MG	$0.00	Y
FLURAZEPAM CAP 30MG	$0.00	Y
MIDAZOLAM INJ 10/10ML	$0.00	Y
MIDAZOLAM INJ 10MG/2ML	$0.00	Y
MIDAZOLAM INJ 25MG/5ML	$0.00	Y
MIDAZOLAM INJ 2MG/2ML	$0.00	Y
MIDAZOLAM INJ 50MG/10	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
MIDAZOLAM INJ 5MG/5ML	$0.00	Y
MIDAZOLAM INJ 5MG/ML	$0.00	Y
MIDAZOLAM SYP 2MG/ML	$0.00	Y
PHENOBARB ELX 20MG/5ML	$0.00	Y
PHENOBARB SOL 20MG/5ML	$0.00	Y
PHENOBARB TAB 100MG	$0.00	Y
PHENOBARB TAB 15MG	$0.00	Y
PHENOBARB TAB 16.2MG	$0.00	Y
PHENOBARB TAB 30MG	$0.00	Y
PHENOBARB TAB 32.4MG	$0.00	Y
PHENOBARB TAB 60MG	$0.00	Y
PHENOBARB TAB 64.8MG	$0.00	Y
PHENOBARB TAB 97.2MG	$0.00	Y
SECONAL CAP 100MG	$0.00	N
TEMAZEPAM CAP 15MG	$0.00	Y
TEMAZEPAM CAP 30MG	$0.00	Y
TRIAZOLAM TAB 0.125MG	$0.00	Y
TRIAZOLAM TAB 0.25MG	$0.00	Y
ZALEPLON CAP 10MG	$0.00	Y
ZALEPLON CAP 5MG	$0.00	Y
ZOLPIDEM TAB 10MG	$0.00	Y
ZOLPIDEM TAB 5MG	$0.00	Y
LAXATIVES		
COLYTE/FLAVR SOL PACKS	$2.00	Y
CONSTULOSE SOL 10GM/15	$0.00	Y
GAVILYTE-C SOL	$0.00	Y
GAVILYTE-G SOL	$0.00	Y
GAVILYTE-N SOL FLAV PK	$0.00	Y
GOLYTELY SOL	$2.00	Y
GOLYTELY SOL PINEAPPL	$2.00	Y
LACTULOSE SOL 10GM/15	$0.00	Y
LACTULOSE SOL 20GM/30	$0.00	Y
NULYTELY SOL FLAV PKS	$2.00	Y
PEG 3350 SOL ELECTROL	$0.00	Y
PEG-3350 SOL ELECTROL	$0.00	Y
PEG-3350/KCL SOL /SODIUM	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
LAXATIVES		
POLYETH GLYC POW 3350 NF	$0.00	Y
TRILYTE SOL	$0.00	Y
LOCAL ANESTHETICS-Parenteral		
LIDOCAINE INJ 4%	$0.00	Y
MACROLIDES		
AZITHROMYCIN POW 1GM PAK	$0.00	Y
AZITHROMYCIN SUS 100/5ML	$0.00	Y
AZITHROMYCIN SUS 200/5ML	$0.00	Y
AZITHROMYCIN TAB 250MG	$0.00	Y
AZITHROMYCIN TAB 500MG	$0.00	Y
AZITHROMYCIN TAB 600MG	$0.00	Y
CLARITHROMYC SUS 125/5ML	$0.00	Y
CLARITHROMYC SUS 250/5ML	$0.00	Y
CLARITHROMYC TAB 250MG	$0.00	Y
CLARITHROMYC TAB 500MG	$0.00	Y
CLARITHROMYC TAB 500MG ER	$0.00	Y
DIFICID TAB 200MG	$2.00	Y
MEDICAL DEVICES AND SUPPLIES		
ASSEMBLY MIS FIXTURE	$2.00	Y
BLUNT FILTER MIS CANNULA	$2.00	N
CONNECTOR MIS LUER LOC	$2.00	Y
CONNECTOR MIS Y-SITE	$2.00	Y
FILTER CONN MIS 5 MICRON	$2.00	N
I-PORT MIS 6MM	$2.00	Y
I-PORT MIS 9MM	$2.00	Y
I-PORT ADV MIS 6MM	$2.00	Y
I-PORT ADV MIS 9MM	$2.00	Y
INFUSION MIS ADAPTER	$2.00	Y
INFUSION MIS CLAMP	$2.00	Y
INJECTOR MIS LUER LOC	$2.00	Y
LUER ACCESS MIS DIS CAP	$2.00	Y
MILLEX-FG MIS 0.2UM	$2.00	Y
MONOJECT LS MIS CANN/BLN	$2.00	N
PROTECTOR 14 MIS PHASEAL	$2.00	Y
PROTECTOR 21 MIS PHASEAL	$2.00	Y
PROTECTOR 28 MIS PHASEAL	$2.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
MEDICAL DEVICES AND SUPPLIES		
PROTECTOR 50 MIS PHASEAL	$2.00	Y
SECONDARY MIS SET/DRIP	$2.00	Y
SMARTIP SYR MIS /CANNULA	$2.00	N
SYRINGE FILT MIS 25MM	$2.00	Y
VIAL ACCESS MIS CANN 6ML	$2.00	Y
MIGRAINE PRODUCTS		
ALSUMA INJ 6MG/0.5	$0.00	Y
CAFERGOT TAB 1-100MG	$2.00	Y
IMITREX INJ 4MG/0.5	$0.00	Y
IMITREX INJ 6MG/0.5	$0.00	Y
IMITREX SPR 20MG/ACT	$0.00	Y
IMITREX SPR 5MG/ACT	$0.00	Y
MIGERGOT SUP 2/100	$2.00	Y
MIGRANAL SPR 4MG/ML	$0.00	Y
NARATRIPTAN TAB 1MG	$0.00	Y
NARATRIPTAN TAB 2.5MG	$0.00	Y
RIZATRIPTAN TAB 10MG	$0.00	Y
RIZATRIPTAN TAB 10MG ODT	$0.00	Y
RIZATRIPTAN TAB 5MG	$0.00	Y
RIZATRIPTAN TAB 5MG ODT	$0.00	Y
SUMATRIPTAN TAB 100MG	$0.00	Y
SUMATRIPTAN TAB 25MG	$0.00	Y
SUMATRIPTAN TAB 50MG	$0.00	Y
MINERALS & ELECTROLYTES		
AV-PHOS 250 TAB NEUTRAL	$0.00	Y
EFFER-K TAB 10MEQ	$2.00	Y
EFFER-K TAB 20MEQ	$2.00	Y
EFFER-K TAB 25MEQ EF	$0.00	Y
EPIFLUR CHW 0.25MG F	$0.00	Y
EPIFLUR CHW 0.5MG F	$0.00	Y
EPIFLUR CHW 1MG F	$0.00	Y
FLUOR-A-DAY CHW 0.25MG F	$2.00	Y
FLUOR-A-DAY CHW 0.5MG F	$2.00	Y
FLUOR-A-DAY CHW 1MG F	$2.00	Y
FLUOR-A-DAY DRO 0.125MG	$0.00	Y
FLUORIDE CHW 0.25MG F	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
MINERALS & ELECTROLYTES		
FLUORIDE CHW 0.5MG F	$0.00	Y
FLUORIDE CHW 1MG F	$0.00	Y
FLUORITAB CHW 0.25MG F	$0.00	Y
FLUORITAB CHW 0.5MG F	$0.00	Y
FLUORITAB CHW 1MG F	$0.00	Y
FLUORITAB CHW 2.2MG	$0.00	Y
FLUORITAB DRO 0.125MG	$0.00	Y
FLURA-DROPS DRO 0.125MG	$0.00	Y
GALZIN CAP 25MG	$2.00	N
GALZIN CAP 50MG	$2.00	N
K-EFFERVESCE TAB 25MEQ EF	$0.00	Y
K-LOR POW 20MEQ	$2.00	Y
K-PHOS TAB	$2.00	Y
K-PHOS TAB NEUTRAL	$2.00	Y
K-PRIME TAB 25MEQ EF	$0.00	Y
K-SOL SOL 10%	$0.00	Y
K-SOL SOL 20%	$0.00	Y
K-TAB TAB 10MEQ CR	$2.00	Y
K-TAB TAB 20MEQ	$2.00	Y
K-TAB TAB 8MEQ CR	$2.00	Y
K-TABS TAB 10MEQ CR	$2.00	Y
K-VESCENT TAB 25MEQ EF	$0.00	Y
KARIDIUM DRO 0.125MG	$0.00	Y
KLOR-CON POW 20MEQ	$0.00	Y
KLOR-CON 10 TAB 10MEQ ER	$0.00	Y
KLOR-CON 8 TAB 8MEQ ER	$0.00	Y
KLOR-CON M10 TAB 10MEQ ER	$0.00	Y
KLOR-CON M15 TAB	$2.00	Y
KLOR-CON M15 TAB 15MEQ ER	$2.00	Y
KLOR-CON M20 TAB 20MEQ ER	$0.00	Y
KLOR-CON SPR CAP 10MEQ	$0.00	Y
KLOR-CON SPR CAP 8MEQ	$0.00	Y
KLOR-CON-25 POW 25MEQ	$2.00	Y
KLOR-CON/25 POW 25MEQ	$2.00	Y
KLOR-CON/EF TAB 25MEQ EF	$0.00	Y
KLOR-CON/EF TAB 25MEQ FR	$0.00	Y
LUDENT CHW 0.25MG F	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
MINERALS & ELECTROLYTES		
LUDENT CHW 0.5MG F	$0.00	Y
LUDENT CHW 1MG F	$0.00	Y
MICRO-K CAP 8MEQ CR	$2.00	Y
NAFRINSE CHW 1MG F	$0.00	Y
NAFRINSE DRO 0.125MG	$0.00	Y
PHOSPHA 250 TAB NEUTRAL	$0.00	Y
POT BICARBON TAB 25MEQ EF	$0.00	Y
POT CHLORIDE CAP 10MEQ ER	$0.00	Y
POT CHLORIDE CAP 8MEQ ER	$0.00	Y
POT CHLORIDE POW 20MEQ	$0.00	Y
POT CHLORIDE SOL 10%	$0.00	Y
POT CHLORIDE SOL 10% SF	$0.00	Y
POT CHLORIDE SOL 20%	$0.00	Y
POT CHLORIDE SOL 20% SF	$0.00	Y
POT CHLORIDE TAB 10MEQ CR	$0.00	Y
POT CHLORIDE TAB 10MEQ ER	$0.00	Y
POT CHLORIDE TAB 20MEQ ER	$0.00	Y
POT CHLORIDE TAB 25MEQ EF	$0.00	Y
POT CHLORIDE TAB 8MEQ CR	$0.00	Y
POT CHLORIDE TAB 8MEQ ER	$0.00	Y
POT CHLORIDE TAB 8MEQ SA	$0.00	Y
POT CHLORIDE TAB 8MEQ SR	$0.00	Y
POT CL MICRO TAB 10MEQ CR	$0.00	Y
POT CL MICRO TAB 10MEQ ER	$0.00	Y
POT CL MICRO TAB 20MEQ CR	$0.00	Y
POT CL MICRO TAB 20MEQ ER	$0.00	Y
POT/CHLORIDE TAB 25MEQ EF	$0.00	Y
POTASSIUM TAB 25MEQ EF	$0.00	Y
SOD FLUORIDE CHW 0.25MG F	$0.00	Y
SOD FLUORIDE CHW 0.5MG F	$0.00	Y
SOD FLUORIDE CHW 1.1MG	$0.00	Y
SOD FLUORIDE CHW 1MG F	$0.00	Y
SOD FLUORIDE CHW 2.2MG	$0.00	Y
SOD FLUORIDE DRO 0.5MG/ML	$0.00	Y
SSKI SOL 1GM/ML	$0.00	N
VIRT-PHOS TAB 250 NEUT	$0.00	Y
ZINC SULFATE CAP 220MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
MINERALS & ELECTROLYTES		
ZINC SULFATE GRA HEPTAHYR	$0.00	Y
ZINC SULFATE POW	$0.00	N
ZINC SULFATE POW HEPTAHYD	$0.00	Y
ZINC SULFATE POW MONOHYD	$0.00	N
ZINCATE CAP 220MG	$0.00	Y
MOUTH/THROAT/DENTAL AGENTS		
CEVIMELINE CAP 30MG	$0.00	Y
CHLORHEX GLU SOL 0.12%	$0.00	Y
CLOTRIMAZOLE LOZ 10MG	$0.00	Y
CLOTRIMAZOLE TRO 10MG	$0.00	Y
CONTROLRX CRE 1.1%	$0.00	Y
DENTA 5000 CRE PLUS	$0.00	Y
DENTA 5000 CRE PLUS 2PK	$0.00	Y
DENTALL 1100 CRE PLUS	$0.00	Y
LIDOCAINE SOL 2% VISC	$0.00	Y
LIDOCAINE SOL 4%	$0.00	Y
NYSTATIN SUS 100000	$0.00	Y
ORALONE PST 0.1%	$0.00	Y
PAROEX SOL 0.12%	$0.00	Y
PERIOGARD SOL 0.12%	$0.00	Y
PILOCARPINE TAB 5MG	$0.00	Y
PILOCARPINE TAB 7.5MG	$0.00	Y
PREVIDENT GEL 1.1%	$0.00	Y
PREVIDENT GEL 1.1% BER	$0.00	Y
PREVIDENT GEL 1.1% CHR	$0.00	Y
PREVIDENT GEL 1.1% MIN	$0.00	Y
SALAGEN TAB 5MG	$2.00	Y
SF 5000 PLUS CRE 1.1%	$0.00	Y
THERA-FLUR-N DRO 1.1%	$0.00	Y
TRIAMCIN/ORA PST 0.1%	$0.00	Y
TRIAMCINOLON PST 0.1%	$0.00	Y
MULTIVITAMINS		
ACD/FLUORIDE DRO 0.25MG	$0.00	Y
ACTIVE OB CAP	$2.00	Y
ADC/FLUORIDE DRO 0.25MG	$0.00	Y
AP-ZEL TAB	$2.00	N

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
MULTIVITAMINS		
ATABEX TAB PRENATAL	$2.00	Y
B-NEXA TAB	$2.00	Y
B-PLEX TAB	$0.00	N
B-PLEX PLUS TAB	$0.00	N
B3/AZEL/TURM TAB FA/B6/ZN	$0.00	N
BACMIN TAB	$2.00	N
BAL-CARE MIS DHA	$2.00	Y
BAL-CARE DHA MIS ESSNTIAL	$2.00	Y
BIOCEL TAB	$0.00	N
BP FOLINATAL TAB PLUS B	$2.00	Y
BP MULTINATL CHW PLUS	$2.00	Y
C-NATE DHA CAP 28-1-200	$2.00	Y
CALCIUM PNV CAP	$2.00	Y
CAVAN TAB PRENATAL	$2.00	Y
CAVAN ONE CAP OMEGA	$2.00	Y
CAVAN-ALPHA KIT	$2.00	Y
CAVAN-EC SOD MIS DHA	$2.00	Y
CHOICE-OB+ PAK DHA	$2.00	Y
CHOICE-TABS TAB	$0.00	Y
CITRANATAL CAP HARMONY	$2.00	Y
CITRANATAL MIS 90 DHA	$2.00	Y
CITRANATAL MIS B-CALM	$2.00	Y
CITRANATAL PAK ASSURE	$2.00	Y
CITRANATAL PAK DHA	$2.00	Y
CITRANATAL TAB RX	$2.00	Y
CO-NATAL FA TAB 29-1MG	$2.00	Y
COMPLETE NAT PAK DHA	$2.00	Y
COMPLETE-RF TAB PRENATAL	$2.00	Y
COMPLETENATE CHW	$2.00	Y
CONCEPT DHA CAP	$2.00	Y
CONCEPT OB CAP	$2.00	Y
CORVITE TAB	$0.00	N
CORVITE FREE TAB	$0.00	N
DIALYVITE TAB	$0.00	N
DIALYVITE TAB 3000	$2.00	N
DIALYVITE TAB 5000	$2.00	N
DIALYVITE TAB SUPREM D	$2.00	N

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
MULTIVITAMINS		
DIALYVITE/ TAB ZINC	$2.00	N
DOTHELLE DHA CAP	$2.00	Y
DUET DHA MIS 25-1-400	$2.00	Y
DUET DHA MIS 25-1-430	$2.00	Y
DUET DHA MIS BALANCED	$2.00	Y
DUET DHA 400 MIS 25-1-400	$2.00	Y
DUET DHA 430 MIS 25-1-430	$2.00	Y
DUET DHA EC MIS 25-1-400	$2.00	Y
DUET DHA EC MIS 25-1-430	$2.00	Y
ELITE OB CAP W/DHA	$2.00	Y
ELITE-OB TAB	$2.00	Y
ELITE-OB 400 CAP	$2.00	Y
EXTRA-VIRT CAP PLUS DHA	$2.00	Y
FOCALGIN 90 MIS DHA	$2.00	Y
FOCALGIN CA MIS	$2.00	Y
FOCALGIN-B TAB	$2.00	Y
FOLBECAL TAB	$2.00	Y
FOLBEE PLUS TAB	$0.00	N
FOLBEE PLUS TAB CZ	$0.00	N
FOLCAL DHA CAP	$2.00	Y
FOLCAPS CAP OMEGA 3	$2.00	Y
FOLIVANE-EC PAK CA DHA	$2.00	Y
FOLIVANE-OB CAP	$2.00	Y
FOLIVANE-PRX CAP DHA NF	$2.00	Y
FORTAVIT CAP	$2.00	N
GENTEX ADE TAB 28-1MG	$2.00	Y
GESTICARE PAK DHA	$2.00	Y
HEMENATAL OB MIS + DHA	$2.00	Y
HEMENATAL OB TAB 28-6-1MG	$2.00	Y
INATAL ADV TAB	$2.00	Y
INATAL GT TAB	$2.00	Y
INATAL ULTRA TAB	$2.00	Y
INFANATE CAP BALANCE	$2.00	Y
INFANATE CAP PLUS	$2.00	Y
L-METHYLFOLA CAP PNV DHA	$2.00	Y
LEVOMEFOLATE CAP DHA	$2.00	Y
LEVOMEFOLATE MIS	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
MULTIVITAMINS		
LYSIPLEX TAB PLUS	$0.00	N
M-VIT TAB 27-1MG	$2.00	Y
MACNATAL CN CAP DHA	$2.00	Y
MARNATAL-F CAP	$2.00	Y
MULT VIT-BET CHW FL 0.5MG	$0.00	Y
MULT VIT-BET CHW FL0.25MG	$0.00	Y
MULT-VIT/FL CHW 0.5MG	$0.00	Y
MULTI VIT/FL CHW 0.25MG	$0.00	Y
MULTI VIT/FL CHW 1MG	$0.00	Y
MULTI-B-PLUS TAB	$0.00	N
MULTI-VIT/FE DRO /FL 0.25	$0.00	Y
MULTI-VIT/FL CHW 0.25MG	$0.00	Y
MULTI-VIT/FL CHW 0.5MG	$0.00	Y
MULTI-VIT/FL CHW 1MG	$0.00	Y
MULTI-VIT/FL DRO /FE 0.25	$0.00	Y
MULTI-VIT/FL DRO 0.25MG	$0.00	Y
MULTI-VIT/FL DRO 0.5MG/ML	$0.00	Y
MULTIVIT/FL CHW 0.25MG	$0.00	Y
MULTIVIT/FL CHW 0.5MG	$0.00	Y
MULTIVIT/FL CHW 1MG	$0.00	Y
MVC-FLUORIDE CHW 0.25MG	$0.00	Y
MVC-FLUORIDE CHW 0.5MG	$0.00	Y
MVC-FLUORIDE CHW 1MG	$0.00	Y
MYKIDZ IRON SUS FL	$2.00	Y
MYNATAL TAB	$2.00	Y
MYNATAL TAB ADVANCE	$2.00	Y
MYNATAL PLUS TAB	$2.00	Y
MYNATAL-Z TAB	$2.00	Y
MYNEPHROCAPS CAP	$0.00	Y
NATAFORT TAB	$2.00	Y
NATAL-V RX TAB 29-1MG	$2.00	Y
NATALVIRT MIS 90 DHA	$2.00	Y
NATALVIRT CA PAK	$2.00	Y
NATALVIT TAB 75-1MG	$2.00	Y
NATELLE ONE CAP	$2.00	Y
NATELLE-EZ TAB	$2.00	Y
NEEVO PAK	$2.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
MULTIVITAMINS		
NEEVO DHA CAP	$2.00	Y
NEEVO DHA CAP 27-1.13	$2.00	Y
NEPHPLEX RX TAB	$2.00	N
NEPHRO-VITE TAB RX	$2.00	N
NEPHROCAPS CAP	$2.00	Y
NEPHROCAPS TAB QT	$2.00	Y
NEPHRONEX TAB 1MG	$0.00	N
NESTABS TAB	$2.00	Y
NESTABS ABC MIS	$2.00	Y
NESTABS DHA PAK	$2.00	Y
NEWGEN TAB 32-1MG	$2.00	Y
NEXA PLUS CAP	$2.00	Y
NEXA SELECT CAP	$2.00	Y
NICADAN TAB	$2.00	N
NICAZEL TAB	$2.00	Y
NICAZEL TAB FORTE	$2.00	N
NIVA-PLUS TAB	$2.00	Y
NUTRI-TAB OB MIS + DHA	$2.00	Y
NUTRI-TAB OB TAB 32-1MG	$2.00	Y
NUTRICAP TAB	$2.00	N
NUTRIFAC ZX TAB	$0.00	N
O-CAL TAB PRENATAL	$2.00	Y
O-CAL FA TAB	$2.00	N
OB COMPLETE CAP 400	$2.00	Y
OB COMPLETE CAP GOLD	$2.00	Y
OB COMPLETE CAP ONE	$2.00	Y
OB COMPLETE CAP PETITE	$2.00	Y
OB COMPLETE CHW	$2.00	Y
OB COMPLETE TAB	$2.00	Y
OB COMPLETE TAB PREMIER	$2.00	Y
OB COMPLETE/ CAP DHA	$2.00	Y
OB-NATAL ONE CAP 20-7-1MG	$2.00	Y
OB-NATAL ONE CAP 27-1MG	$2.00	Y
OBSTETRIX EC TAB	$2.00	Y
PAIRE OB MIS	$2.00	Y
PNV FE FUM TAB DOC/FA	$2.00	Y
PNV FOLIC AC TAB + IRON	$2.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
MULTIVITAMINS		
PNV OB+DHA PAK	$2.00	Y
PNV PRENATAL TAB PLUS	$2.00	Y
PNV TABS TAB 29-1MG	$2.00	Y
PNV-DHA CAP	$2.00	Y
PNV-DHA CAP DOCUSATE	$2.00	Y
PNV-FIRST CAP	$2.00	Y
PNV-OB/DHA PAK	$2.00	Y
PNV-OMEGA CAP	$2.00	Y
PNV-SELECT TAB	$2.00	Y
PNV-TOTAL CAP	$2.00	Y
PNV-VP-U CAP 106.5-1	$2.00	Y
POLY-VIT/FL CHW 0.5MG	$0.00	Y
POLY-VIT/FL DRO 0.25MG	$0.00	Y
POLY-VIT/FL DRO 0.5MG	$0.00	Y
POLYVIT/FL DRO 0.5MG/ML	$0.00	Y
PR NATAL 400 PAK	$2.00	Y
PR NATAL 400 PAK EC	$2.00	Y
PR NATAL 430 PAK	$2.00	Y
PR NATAL 430 PAK EC	$2.00	Y
PREFERA OB MIS + DHA	$2.00	Y
PREFERA OB TAB	$2.00	Y
PREFERAOB CAP ONE	$2.00	Y
PREFERAOB MIS +DHA	$2.00	Y
PREFOL-DHA CAP	$2.00	Y
PRENA1 CAP QUATREFO	$2.00	Y
PRENAFIRST TAB	$2.00	Y
PRENAISSANCE CAP	$2.00	Y
PRENAISSANCE CAP BALANCE	$2.00	Y
PRENAISSANCE CAP PLUS	$2.00	Y
PRENAISSANCE MIS HARMONY	$2.00	Y
PRENAISSANCE PAK 90 DHA	$2.00	Y
PRENAISSANCE PAK DHA	$2.00	Y
PRENAISSANCE PAK PROMISE	$2.00	Y
PRENAISSANCE TAB NEXT	$2.00	Y
PRENAISSANCE TAB NEXT-B	$2.00	Y
PRENAPLUS TAB	$2.00	Y
PRENAT PLUS TAB 27-1MG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
MULTIVITAMINS		
PRENATA CHW 29-1MG	$2.00	Y
PRENATABS TAB OBN	$2.00	Y
PRENATABS FA TAB	$2.00	Y
PRENATABS RX TAB	$2.00	Y
PRENATAL MIS COMPLEAT	$2.00	Y
PRENATAL TAB	$2.00	Y
PRENATAL TAB 27-1MG	$2.00	Y
PRENATAL TAB FORMULA	$2.00	Y
PRENATAL TAB LOW IRON	$2.00	Y
PRENATAL TAB MUTIVIT	$2.00	Y
PRENATAL TAB PLUS	$2.00	Y
PRENATAL TAB PLUS FE	$2.00	Y
PRENATAL TAB PLUS/FE	$2.00	Y
PRENATAL 19 CHW 29-1MG	$2.00	Y
PRENATAL 19 CHW TAB	$2.00	Y
PRENATAL 19 TAB	$2.00	Y
PRENATAL 19 TAB 29-1MG	$2.00	Y
PRENATAL AD TAB	$2.00	Y
PRENATAL VIT TAB LOW IRON	$2.00	Y
PRENATAL VIT TAB PLUS	$2.00	Y
PRENATAL+FE TAB 29-1MG	$2.00	Y
PRENATAL-U CAP 106.5-1	$2.00	Y
PRENATAL/FA TAB	$2.00	Y
PRENATE CAP ENHANCE	$2.00	Y
PRENATE CAP ESSENT	$2.00	Y
PRENATE CAP PIXIE	$2.00	Y
PRENATE CAP RESTORE	$2.00	Y
PRENATE TAB ELITE	$2.00	Y
PRENATE AM TAB 1MG	$2.00	Y
PRENATE DHA CAP	$2.00	Y
PRENATE MINI CAP	$2.00	Y
PRENATE STAR TAB 20-1MG	$2.00	Y
PRENEXA CAP	$2.00	Y
PREPLUS TAB 27-1MG	$2.00	Y
PREQUE 10 TAB	$2.00	Y
PRETAB TAB 29-1MG	$2.00	Y
PROTECT PLUS CAP	$2.00	N

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
MULTIVITAMINS		
PROVIDA OB CAP	$2.00	Y
PUREFE OB CAP PLUS	$2.00	Y
QUFLORA PED DRO 0.25MG	$2.00	Y
QUFLORA PED DRO 0.5MG/ML	$2.00	Y
R-NATAL OB CAP 20-1-320	$2.00	Y
REAPHIRM CAP	$2.00	Y
RELNATE DHA CAP	$2.00	Y
RENA-VITE RX TAB	$0.00	N
RENAL CAP SOFTGEL	$0.00	N
RENALPREN CAP	$0.00	N
RENAX TAB 2.5MG	$2.00	N
RENO CAP	$0.00	N
REQ 49+ TAB	$2.00	N
RULAVITE DHA CAP	$2.00	Y
SE-CARE CHW	$2.00	Y
SE-NATAL 19 CHW	$2.00	Y
SE-NATAL 19 TAB	$2.00	Y
SE-NATAL ONE TAB	$2.00	Y
SE-PLETE DHA CAP	$2.00	Y
SE-TAN DHA CAP	$2.00	Y
SELECT-OB CHW	$2.00	Y
SELECT-OB+ PAK DHA	$2.00	Y
SETON ET-EC PAK	$2.00	Y
SETONET PAK	$2.00	Y
SIDEROL TAB	$2.00	N
STROVITE TAB	$2.00	N
STROVITE TAB ADVANCE	$2.00	N
STROVITE FOR TAB	$2.00	N
STROVITE ONE TAB	$2.00	N
STROVITE PLU TAB	$0.00	N
TANDEM DHA CAP	$2.00	Y
TANDEM OB CAP	$2.00	Y
TARON EC PAK CALCIUM	$2.00	Y
TARON-BC MIS	$2.00	Y
TARON-C DHA CAP	$2.00	Y
TARON-DUO EC PAK	$2.00	Y
TARON-EC CAL TAB 28-1MG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
MULTIVITAMINS		
TARON-PREX CAP	$2.00	Y
TEXAVITE LQ LIQ	$2.00	N
THRIVITE 19 TAB	$2.00	Y
THRIVITE RX TAB 29-1MG	$2.00	Y
TL FOLATE TAB	$2.00	Y
TL-CARE DHA CAP 27-1-500	$2.00	Y
TL-SELECT CAP	$2.00	Y
TL-SELECT CAP DHA	$2.00	Y
TRI RX TAB	$2.00	Y
TRI-TABS DHA MIS	$2.00	Y
TRI-VIT/FE DRO /FL 0.25	$2.00	Y
TRI-VIT/FL DRO 0.25MG	$0.00	Y
TRI-VIT/FL DRO 0.5MG	$0.00	Y
TRI-VIT/FLUO DRO 0.25MG	$0.00	Y
TRI-VIT/FLUO DRO 0.5MG	$0.00	Y
TRI-VITA/FL DRO 0.25MG	$0.00	Y
TRI-ZEL TAB	$2.00	N
TRIADVANCE TAB	$2.00	Y
TRICARE TAB PRENATAL	$2.00	Y
TRICARE DHA CAP 301	$2.00	Y
TRICARE PRE CAP 27-1-500	$2.00	Y
TRIMESIS RX TAB	$2.00	Y
TRINATAL TAB ULTRA	$2.00	Y
TRINATAL GT TAB	$2.00	Y
TRINATAL RX TAB 1	$2.00	Y
TRINATE TAB	$2.00	Y
TRIPHROCAPS CAP	$0.00	Y
TRISTART DHA CAP	$2.00	Y
TRIVEEN-DUO PAK DHA	$2.00	Y
TRIVEEN-ONE CAP	$2.00	Y
TRIVEEN-PRX CAP RNF	$2.00	Y
TRIVEEN-TEN TAB	$2.00	Y
TRIVEEN-U CAP	$2.00	Y
UDAMIN TAB	$2.00	Y
UDAMIN SP TAB	$2.00	Y
ULTIMATE OB MIS DHA	$2.00	Y
ULTIMATECARE CAP ONE	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
MULTIVITAMINS		
ULTIMATECARE CAP ONE NF	$2.00	Y
ULTIMATECARE MIS ADVANTAG	$2.00	Y
ULTIMATECARE MIS COMBO	$2.00	Y
ULTRA TABS TAB	$2.00	Y
V-C FORTE CAP	$0.00	N
V-NATAL TAB 32-1MG	$2.00	Y
V-NATAL DHA MIS	$2.00	Y
VEMAVITE- CAP PRX 2	$2.00	Y
VENA-BAL MIS DHA	$2.00	Y
VENATAL COMP MIS DHA	$2.00	Y
VENATAL-FA TAB	$2.00	Y
VIC-FORTE CAP	$0.00	N
VICAP FORTE CAP	$0.00	N
VINACAL TAB	$2.00	Y
VINACAL B MIS	$2.00	Y
VINATE AZ TAB	$2.00	Y
VINATE AZ EX TAB	$2.00	Y
VINATE CAL TAB	$2.00	Y
VINATE CARE CHW	$2.00	Y
VINATE DHA CAP	$2.00	Y
VINATE DHA CAP 27-1.13	$2.00	Y
VINATE GT TAB	$2.00	Y
VINATE IC CAP	$2.00	Y
VINATE II TAB	$2.00	Y
VINATE ONE TAB	$2.00	Y
VINATE PN TAB CARE	$2.00	Y
VINATE ULTRA TAB	$2.00	Y
VIRT NATE TAB	$2.00	Y
VIRT NATE TAB 28-1MG	$2.00	Y
VIRT-ADVANCE TAB 90-1MG	$2.00	Y
VIRT-BAL DHA MIS	$2.00	Y
VIRT-BAL DHA MIS PLUS	$2.00	Y
VIRT-C DHA CAP	$2.00	Y
VIRT-CAPS CAP	$0.00	N
VIRT-CARE CAP ONE	$2.00	Y
VIRT-NATE CAP DHA	$2.00	Y
VIRT-PN TAB	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
MULTIVITAMINS		
VIRT-PN DHA CAP	$2.00	Y
VIRT-PN PLUS CAP	$2.00	Y
VIRT-SELECT CAP	$2.00	Y
VIRT-VITE TAB PLUS	$0.00	N
VIRT-VITE GT TAB 90-1MG	$2.00	Y
VIRTPREX CAP	$2.00	Y
VITA S FORTE TAB	$0.00	N
VITACEL TAB	$0.00	N
VITAFOL CAP ULTRA	$2.00	Y
VITAFOL SYP	$2.00	N
VITAFOL FE+ CAP	$2.00	Y
VITAFOL-NANO TAB	$2.00	Y
VITAFOL-OB PAK +DHA	$2.00	Y
VITAFOL-OB TAB 65-1MG	$2.00	Y
VITAFOL-ONE CAP	$2.00	Y
VITAFOL-PLUS CAP	$2.00	Y
VITAFOL-PN TAB	$2.00	Y
VITAL-D RX TAB	$2.00	N
VITAMAX PED DRO	$0.00	N
VITAMEDMD CAP ONE RX	$2.00	Y
VITAROCA PLU TAB	$2.00	N
VITASPIRE TAB	$2.00	Y
VIVA CT CHW 28-1MG	$2.00	Y
VIVA DHA CAP	$2.00	Y
VOL-CARE RX TAB	$0.00	Y
VOL-NATE TAB	$2.00	Y
VOL-PLUS TAB	$2.00	Y
VOL-TAB RX TAB	$2.00	Y
VP CH ULTRA CAP	$2.00	Y
VP-CH PLUS CAP	$2.00	Y
VP-CH-PNV CAP	$2.00	Y
VP-ERA OB PAK PLUS	$2.00	Y
VP-GGR-B6 TAB PRENATAL	$2.00	Y
VP-HEME OB MIS + DHA	$2.00	Y
VP-HEME OB TAB	$2.00	Y
VP-HEME ONE CAP	$2.00	Y
VP-HEME-OB TAB 28-6-1MG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
MULTIVITAMINS		
VP-PNV-DHA CAP	$2.00	Y
VP-VITE RX TAB	$0.00	N
VP-ZEL TAB	$2.00	Y
ZATEAN-CH CAP	$2.00	Y
ZATEAN-PN CAP DHA	$2.00	Y
ZATEAN-PN CAP PLUS	$2.00	Y
ZATEAN-PN TAB	$2.00	Y
ZINGIBER TAB	$2.00	Y
MUSCULOSKELETAL THERAPY AGENTS		
BACLOFEN TAB 10MG	$0.00	Y
BACLOFEN TAB 20MG	$0.00	Y
CHLORZOXAZON TAB 500MG	$0.00	Y
CYCLOBENZAPR TAB 10MG	$0.00	Y
CYCLOBENZAPR TAB 5MG	$0.00	Y
DANTROLENE CAP 100MG	$0.00	Y
DANTROLENE CAP 25MG	$0.00	Y
DANTROLENE CAP 50MG	$0.00	Y
ED BACLOFEN TAB 10MG	$0.00	Y
METHOCARBAM TAB 500MG	$0.00	Y
METHOCARBAM TAB 750MG	$0.00	Y
TIZANIDINE TAB 2MG	$0.00	Y
TIZANIDINE TAB 4MG	$0.00	Y
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ADRENALIN SOL 1:1000	$2.00	Y
ASTELIN NASA SPR 137MCG	$0.00	Y
ASTEPRO SPR 0.15%	$0.00	Y
BACTROBAN OIN NASAL 2%	$2.00	Y
FLUNISOLIDE SPR 0.025%	$0.00	Y
FLUNISOLIDE SPR 29MCG	$0.00	Y
FLUTICASONE SPR 50MCG	$0.00	Y
IPRATROPIUM SPR 0.03%	$0.00	Y
IPRATROPIUM SPR 0.06%	$0.00	Y
PATANASE SPR 0.6%	$0.00	Y
PSEUDOEPHEDR TAB 30MG	$0.00	Y
PSEUDOEPHEDR TAB 60MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
NEUROMUSCULAR AGENTS		
CISATRACURIU INJ 10MG/ML	$0.00	Y
NUTRIENTS		
L-ARGININE POW	$0.00	Y
L-GLUTAMINE POW	$0.00	Y
L-ISOLEUCINE POW	$0.00	Y
OPHTHALMIC AGENTS		
AK-POLY-BAC OIN OP	$0.00	Y
ALPHAGAN P SOL 0.15%	$0.00	Y
ALREX SUS 0.2%	$2.00	Y
ALTACAINE SOL 0.5% OP	$0.00	Y
ALTAFRIN SOL 10% OP	$0.00	Y
ALTAFRIN SOL 2.5% OP	$0.00	Y
ATROPIN-CARE SOL 1% OP	$0.00	Y
ATROPINE SUL OIN 1% OP	$0.00	Y
ATROPINE SUL SOL 1% OP	$0.00	Y
BAC/NEO/POLY OIN OP	$0.00	Y
BACIT/POLYMY OIN OP	$0.00	Y
BACITRACIN OIN OP	$0.00	Y
BEPREVE DRO 1.5%	$2.00	Y
BETAXOLOL SOL 0.5% OP	$0.00	Y
BRIMONIDINE SOL 0.2% OP	$0.00	Y
CARTEOLOL SOL 1% OP	$0.00	Y
CIPROFLOXACN SOL 0.3% OP	$0.00	Y
CROMOLYN SOD SOL 4% OP	$0.00	Y
CYCLOGYL SOL 0.5% OP	$2.00	Y
CYCLOMYDRIL SOL OP	$2.00	Y
CYCLOPENTOL SOL 1% OP	$0.00	Y
DEXAMETH PHO SOL 0.1% OP	$0.00	Y
DICLOFENAC SOL 0.1% OP	$0.00	Y
DORZOL/TIMOL SOL 22.3-6.8	$0.00	Y
DORZOLAMIDE SOL 2% OP	$0.00	Y
DUREZOL EMU 0.05%	$2.00	Y
ERYTHROMYCIN OIN 5MG/GM	$0.00	Y
ERYTHROMYCIN OIN OP	$0.00	Y
FLUOROMETHOL SUS 0.1% OP	$0.00	Y
FLURBIPROFEN SOL 0.03% OP	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
OPHTHALMIC AGENTS		
FML OIN 0.1% OP	$2.00	Y
FML FORTE SUS 0.25% OP	$2.00	Y
GARAMYCIN OIN 0.3% OP	$0.00	Y
GARAMYCIN SOL 0.3% OP	$2.00	Y
GENTAK OIN 0.3% OP	$0.00	Y
GENTAMICIN OIN 0.3% OP	$0.00	Y
GENTAMICIN SOL 0.3% OP	$0.00	Y
ILOTYCIN OIN OP	$0.00	Y
ISO ATROPINE SOL 1% OP	$2.00	Y
ISO CARBACHO SOL 1.5% OP	$2.00	Y
ISO CARBACHO SOL 3% OP	$0.00	Y
ISO HYOSCINE SOL 0.25% OP	$2.00	Y
ISOPTO CARP SOL 1% OP	$2.00	Y
ISOPTO CARP SOL 2% OP	$2.00	Y
ISOPTO CARP SOL 4% OP	$2.00	Y
KETOROLAC SOL 0.4%	$0.00	Y
KETOROLAC SOL 0.5%	$0.00	Y
KETOTIF FUM DRO 0.025%OP	$0.00	Y
LATANOPROST SOL 0.005%	$0.00	Y
LEVOBUNOLOL SOL 0.25% OP	$0.00	Y
LEVOBUNOLOL SOL 0.5% OP	$0.00	Y
LOTEMAX GEL 0.5%	$2.00	Y
LOTEMAX OIN 0.5%	$2.00	Y
LOTEMAX SUS 0.5%	$2.00	Y
MAXIDEX SUS 0.1% OP	$0.00	Y
METIPRANOLOL SOL 0.3% OPH	$0.00	Y
MIOSTAT INJ 0.01% OP	$2.00	Y
MYDRAL SOL 0.5% OP	$0.00	Y
MYDRAL SOL 1% OP	$0.00	Y
NATACYN SUS 5% OP	$2.00	Y
NEO-POLYCIN OIN HC 1%OP	$0.00	Y
NEO-POLYCIN OIN OP	$0.00	Y
NEO/BAC/POLY OIN OP	$0.00	Y
NEO/POLY/BAC OIN /HC 1%OP	$0.00	Y
NEO/POLY/BAC OIN OP	$0.00	Y
NEO/POLY/DEX OIN 0.1% OP	$0.00	Y
NEO/POLY/DEX SUS 0.1% OP	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
OPHTHALMIC AGENTS		
NEO/POLY/GRA SOL OP	$0.00	Y
NEOFRIN SOL 10% OP	$0.00	Y
NEOFRIN SOL 2.5% OP	$0.00	Y
OFLOXACIN DRO 0.3% OP	$0.00	Y
OPTIVAR DRO 0.05%	$0.00	Y
PATADAY SOL 0.2%	$2.00	Y
PHENYLEPHRIN SOL 10% OP	$0.00	Y
PHENYLEPHRIN SOL 2.5% OP	$0.00	Y
PHOSPHOLINE SOL 0.125%OP	$2.00	Y
PILOCARPINE SOL 1% OP	$0.00	Y
PILOCARPINE SOL 2% OP	$0.00	Y
PILOCARPINE SOL 4% OP	$0.00	Y
PILOPINE HS GEL 4% OP	$2.00	Y
POLY-DEX OIN 0.1% OP	$0.00	Y
POLYCIN OIN OP	$0.00	Y
POLYCIN B OIN OP	$0.00	Y
POLYMYXIN B/ SOL TRIMETHP	$0.00	Y
PRED MILD SUS 0.12% OP	$2.00	Y
PRED SOD PHO SOL 1% OP	$0.00	Y
PREDNISOLONE SUS 1% OP	$0.00	Y
RESTASIS EMU 0.05%	$2.00	Y
ROMYCIN OIN OP	$0.00	Y
SOD SULFACET SOL 10% OP	$0.00	Y
SULF/PRED NA SOL OP	$0.00	Y
SULFACET SOD SOL 10% OP	$0.00	Y
TETCAINE SOL 0.5% OP	$0.00	Y
TETRACAINE SOL 0.5% OP	$0.00	Y
TETRAVISC SOL 0.5% OP	$0.00	Y
TETRAVISC SOL FORTE	$0.00	Y
TIMOLOL GEL SOL 0.25% OP	$0.00	Y
TIMOLOL GEL SOL 0.5% OP	$0.00	Y
TIMOLOL MAL SOL 0.25% OP	$0.00	Y
TIMOLOL MAL SOL 0.5% OP	$0.00	Y
TOBRADEX SUS 0.3-0.1%	$0.00	Y
TOBRAMYCIN SOL 0.3% OP	$0.00	Y
TRIFLURIDINE SOL 1% OP	$0.00	Y
TRIMETHOPRIM SOL POLYMYXN	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
OPHTHALMIC AGENTS		
TRIPLE ANTIB OIN OP	$0.00	Y
TROPICAMIDE SOL 0.5% OP	$0.00	Y
TROPICAMIDE SOL 1% OP	$0.00	Y
VEXOL SUS 1% OP	$2.00	Y
VIROPTIC SOL 1% OP	$2.00	Y
OTIC AGENTS		
ACE ACD/ALUM SOL 2% OTIC	$0.00	Y
ACETIC ACID SOL 2% OTIC	$0.00	Y
ANTIBIOT EAR SOL 1% OTIC	$0.00	Y
ANTIPY/BENZO SOL OTIC	$0.00	Y
AURAX SOL 5.5-1.4%	$0.00	Y
AURODEX SOL OTIC	$0.00	Y
AUROGUARD SOL OTIC	$0.00	Y
CIPRODEX SUS 0.3-0.1%	$2.00	Y
FLUOCIN ACET OIL 0.01%	$0.00	Y
FLUOCIN ACET OIL EAR0.01%	$0.00	Y
NEO/POLY/HC SOL 1% OTIC	$0.00	Y
NEO/POLY/HC SUS 1% OTIC	$0.00	Y
OFLOXACIN DRO 0.3%OTIC	$0.00	Y
PINNACAINE DRO 20% OTIC	$2.00	Y
OXYTOCICS		
METHYLERGON TAB 0.2MG	$0.00	Y
PENICILLINS		
AMOX-POT CLA TAB ER	$0.00	Y
AMOX/K CLAV CHW 200MG	$0.00	Y
AMOX/K CLAV CHW 400MG	$0.00	Y
AMOX/K CLAV SUS 200/5ML	$0.00	Y
AMOX/K CLAV SUS 250/5ML	$0.00	Y
AMOX/K CLAV SUS 400/5ML	$0.00	Y
AMOX/K CLAV SUS 600/5ML	$0.00	Y
AMOX/K CLAV TAB 250-125	$0.00	Y
AMOX/K CLAV TAB 250MG	$0.00	Y
AMOX/K CLAV TAB 500-125	$0.00	Y
AMOX/K CLAV TAB 500MG	$0.00	Y
AMOX/K CLAV TAB 875MG	$0.00	Y
AMOXICILLIN CAP 250MG	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
PENICILLINS		
AMOXICILLIN CAP 500MG	$0.00	Y
AMOXICILLIN CHW 125MG	$0.00	Y
AMOXICILLIN CHW 250MG	$0.00	Y
AMOXICILLIN SUS 125/5ML	$0.00	Y
AMOXICILLIN SUS 200/5ML	$0.00	Y
AMOXICILLIN SUS 250/5ML	$0.00	Y
AMOXICILLIN SUS 250MG/5M	$0.00	Y
AMOXICILLIN SUS 400/5ML	$0.00	Y
AMOXICILLIN TAB 875MG	$0.00	Y
AMPICILLIN CAP 250MG	$0.00	Y
AMPICILLIN CAP 500MG	$0.00	Y
AMPICILLIN SUS 125/5ML	$0.00	Y
AMPICILLIN SUS 250/5ML	$0.00	Y
AUGMENTIN SUS 125/5ML	$2.00	Y
AUGMENTIN SUS ES-600	$2.00	Y
AUGMENTIN XR TAB 12HR	$2.00	Y
DICLOXACILL CAP 250MG	$0.00	Y
DICLOXACILL CAP 500MG	$0.00	Y
PENICILLN VK SOL 125/5ML	$0.00	Y
PENICILLN VK SOL 250/5ML	$0.00	Y
PENICILLN VK TAB 250MG	$0.00	Y
PENICILLN VK TAB 500MG	$0.00	Y
PHARMACEUTICAL ADJUVANTS		
BACTER WATER INJ BENZ ALC	$0.00	Y
BASE W301 CRE	$0.00	Y
CONCENTRATE CRE	$0.00	Y
CREAM BASE CRE	$0.00	Y
EMOLLIENT CRE	$0.00	Y
LIPOBASE CRE HEAVY	$0.00	N
LIPOBASE CRE REGULAR	$0.00	Y
SOD BENZOATE POW	$0.00	Y
STERA BASE CRE	$0.00	Y
STERIL WATER INJ	$0.00	Y
STERILE DILU SOL EPOPROS	$0.00	Y
STERILE DILU SOL FLOLAN	$2.00	Y
SUSPENSION SUS VEHICLE	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
PHARMACEUTICAL ADJUVANTS		
SYRUP SYP VEHICLE	$0.00	Y
SYRUP SF SYP VEHICLE	$0.00	Y
PROGESTINS		
AYGESTIN TAB 5MG	$2.00	Y
MAKENA INJ 250MG/ML	$0.00	Y
MEDROXYPR AC TAB 10MG	$0.00	Y
MEDROXYPR AC TAB 2.5MG	$0.00	Y
MEDROXYPR AC TAB 5MG	$0.00	Y
MEGACE ES SUS	$2.00	Y
MEGACE ES SUS 625/5ML	$2.00	Y
MEGESTROL SUS 625MG/5M	$0.00	Y
NORETHIN ACE TAB 5MG	$0.00	Y
PROGESTERONE CAP 100MG	$0.00	Y
PROGESTERONE CAP 200MG	$0.00	Y
PROMETRIUM CAP 100MG	$2.00	Y
PROMETRIUM CAP 200MG	$2.00	Y
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ACAMPRO CAL TAB 333MG	$0.00	Y
AVONEX KIT 30MCG	$2.00	Y
AVONEX PEN KIT 30MCG	$2.00	Y
AVONEX PREFL KIT 30MCG	$2.00	Y
BETASERON INJ 0.3MG	$2.00	Y
BUPROBAN TAB 150MG	$0.00	Y
BUPROPION TAB 150MG	$0.00	Y
CAMPRAL TAB 333MG	$2.00	Y
CDP/AMITRIP TAB 10-25MG	$0.00	Y
CDP/AMITRIP TAB 5-12.5MG	$0.00	Y
CHANTIX PAK 0.5& 1MG	$2.00	Y
CHANTIX PAK 1MG	$2.00	Y
CHANTIX TAB 0.5MG	$2.00	Y
CHANTIX TAB 1MG	$2.00	Y
COPAXONE INJ 20MG/ML	$0.00	Y
DISULFIRAM TAB 250MG	$0.00	Y
DISULFIRAM TAB 500MG	$0.00	Y
DONEPEZIL TAB 10MG	$0.00	Y
DONEPEZIL TAB 10MG ODT	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
DONEPEZIL TAB 5MG	$0.00	Y
DONEPEZIL TAB 5MG ODT	$0.00	Y
ERGOLOID MES TAB 1MG ORAL	$0.00	Y
FLUOXETINE CAP 10MG	$0.00	Y
FLUOXETINE CAP 20MG	$0.00	Y
GALANTAMINE CAP 16MG ER	$0.00	Y
GALANTAMINE CAP 24MG ER	$0.00	Y
GALANTAMINE CAP 8MG ER	$0.00	Y
GALANTAMINE SOL 4MG/ML	$0.00	Y
GALANTAMINE TAB 12MG	$0.00	Y
GALANTAMINE TAB 4MG	$0.00	Y
GALANTAMINE TAB 8MG	$0.00	Y
GILENYA CAP 0.5MG	$2.00	Y
NICOTROL INH	$2.00	Y
NICOTROL NS SPR 10MG/ML	$2.00	Y
NUEDEXTA CAP 20-10MG	$2.00	Y
ORAP TAB 1MG	$2.00	Y
ORAP TAB 2MG	$2.00	Y
PERPHEN/AMIT TAB 2-10MG	$0.00	Y
PERPHEN/AMIT TAB 2-25MG	$0.00	Y
PERPHEN/AMIT TAB 4-10MG	$0.00	Y
PERPHEN/AMIT TAB 4-25MG	$0.00	Y
PERPHEN/AMIT TAB 4-50MG	$0.00	Y
PIMOZIDE TAB 1MG	$0.00	Y
PIMOZIDE TAB 2MG	$0.00	Y
REBIF INJ 22/0.5	$2.00	Y
REBIF INJ 44/0.5	$2.00	Y
REBIF REBIDO INJ 22/0.5	$2.00	Y
REBIF REBIDO INJ 44/0.5	$2.00	Y
REBIF REBIDO INJ TITRATN	$2.00	Y
REBIF TITRTN INJ PACK	$2.00	Y
RIVASTIGMINE CAP 1.5MG	$0.00	Y
RIVASTIGMINE CAP 3MG	$0.00	Y
RIVASTIGMINE CAP 4.5MG	$0.00	Y
RIVASTIGMINE CAP 6MG	$0.00	Y
TETRABENAZIN TAB 12.5MG	$0.00	Y
TETRABENAZIN TAB 25MG	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
XENAZINE TAB 12.5MG	$2.00	Y
XENAZINE TAB 25MG	$2.00	Y
RESPIRATORY AGENTS - MISC.		
KALYDECO PAK 50MG	$2.00	Y
KALYDECO PAK 75MG	$2.00	Y
KALYDECO TAB 150MG	$2.00	Y
PULMOZYME SOL 1MG/ML	$2.00	Y
SULFONAMIDES		
SULFADIAZINE TAB 500MG	$0.00	Y
TETRACYCLINES		
DOXYCYCL HYC CAP 100MG	$0.00	Y
DOXYCYCL HYC CAP 50MG	$0.00	Y
DOXYCYCL HYC TAB 100MG	$0.00	Y
DOXYCYCLINE SUS 25MG/5ML	$0.00	Y
DOXYCYCLINE TAB 20MG	$0.00	Y
MINOCYCLINE CAP 100MG	$0.00	Y
MINOCYCLINE CAP 50MG	$0.00	Y
MINOCYCLINE CAP 75MG	$0.00	Y
MORGIDOX CAP 1X100MG	$0.00	Y
MORGIDOX CAP 2X100MG	$0.00	Y
TETRACYCLINE CAP 250MG	$0.00	Y
TETRACYCLINE CAP 500MG	$0.00	Y
VIBRAMYCIN SUS 25MG/5ML	$2.00	Y
VIBRAMYCIN SYP 50MG/5ML	$0.00	Y
THYROID AGENTS		
ARMOUR THYRO TAB 120MG	$2.00	Y
ARMOUR THYRO TAB 15MG	$2.00	Y
ARMOUR THYRO TAB 180MG	$2.00	Y
ARMOUR THYRO TAB 240MG	$2.00	Y
ARMOUR THYRO TAB 300MG	$2.00	Y
ARMOUR THYRO TAB 30MG	$2.00	Y
ARMOUR THYRO TAB 60MG	$2.00	Y
ARMOUR THYRO TAB 90MG	$2.00	Y
CYTOMEL TAB 25MCG	$0.00	Y
CYTOMEL TAB 50MCG	$0.00	Y
CYTOMEL TAB 5MCG	$0.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
THYROID AGENTS		
LEVOTHROID TAB 100MCG	$0.00	Y
LEVOTHROID TAB 112MCG	$0.00	Y
LEVOTHROID TAB 125MCG	$0.00	Y
LEVOTHROID TAB 137MCG	$0.00	Y
LEVOTHROID TAB 150MCG	$0.00	Y
LEVOTHROID TAB 175MCG	$0.00	Y
LEVOTHROID TAB 200MCG	$0.00	Y
LEVOTHROID TAB 25MCG	$0.00	Y
LEVOTHROID TAB 300MCG	$0.00	Y
LEVOTHROID TAB 50MCG	$0.00	Y
LEVOTHROID TAB 75MCG	$0.00	Y
LEVOTHROID TAB 88MCG	$0.00	Y
LEVOTHYROXIN TAB 100MCG	$0.00	Y
LEVOTHYROXIN TAB 112MCG	$0.00	Y
LEVOTHYROXIN TAB 125MCG	$0.00	Y
LEVOTHYROXIN TAB 137MCG	$0.00	Y
LEVOTHYROXIN TAB 150MCG	$0.00	Y
LEVOTHYROXIN TAB 175MCG	$0.00	Y
LEVOTHYROXIN TAB 200MCG	$0.00	Y
LEVOTHYROXIN TAB 25MCG	$0.00	Y
LEVOTHYROXIN TAB 300MCG	$0.00	Y
LEVOTHYROXIN TAB 50MCG	$0.00	Y
LEVOTHYROXIN TAB 75MCG	$0.00	Y
LEVOTHYROXIN TAB 88MCG	$0.00	Y
LEVOXYL TAB 100MCG	$0.00	Y
LEVOXYL TAB 112MCG	$0.00	Y
LEVOXYL TAB 125MCG	$0.00	Y
LEVOXYL TAB 175MCG	$0.00	Y
LEVOXYL TAB 200MCG	$0.00	Y
LEVOXYL TAB 25MCG	$0.00	Y
LEVOXYL TAB 88MCG	$0.00	Y
METHIMAZOLE TAB 10MG	$0.00	Y
METHIMAZOLE TAB 5MG	$0.00	Y
NATURE THROI TAB 162.5MG	$2.00	Y
NATURE-THROI TAB 113.75MG	$2.00	Y
NATURE-THROI TAB 130MG	$2.00	Y
NATURE-THROI TAB 146.25MG	$2.00	Y

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Drug Name	CoPay	Covered for Dual Eligible
THYROID AGENTS		
NATURE-THROI TAB 16.25MG	$2.00	Y
NATURE-THROI TAB 195MG	$2.00	Y
NATURE-THROI TAB 260MG	$2.00	Y
NATURE-THROI TAB 32.5MG	$2.00	Y
NATURE-THROI TAB 325MG	$2.00	Y
NATURE-THROI TAB 48.75MG	$2.00	Y
NATURE-THROI TAB 65MG	$2.00	Y
NATURE-THROI TAB 81.25MG	$2.00	Y
NATURE-THROI TAB 97.5MG	$2.00	Y
NP THYROID TAB 30MG	$0.00	Y
NP THYROID TAB 60MG	$0.00	Y
NP THYROID TAB 90MG	$0.00	Y
PROPYLTHIOUR TAB 50MG	$0.00	Y
THYROLAR-1 TAB 60MG	$2.00	Y
THYROLAR-1/2 TAB 30MG	$2.00	Y
THYROLAR-1/4 TAB 15MG	$2.00	Y
THYROLAR-2 TAB 120MG	$2.00	Y
THYROLAR-3 TAB 180MG	$2.00	Y
UNITH DIRECT TAB 100MCG	$0.00	Y
UNITH DIRECT TAB 112MCG	$0.00	Y
UNITH DIRECT TAB 125MCG	$0.00	Y
UNITH DIRECT TAB 150MCG	$0.00	Y
UNITH DIRECT TAB 175MCG	$0.00	Y
UNITH DIRECT TAB 200MCG	$0.00	Y
UNITH DIRECT TAB 25MCG	$0.00	Y
UNITH DIRECT TAB 300MCG	$0.00	Y
UNITH DIRECT TAB 50MCG	$0.00	Y
UNITH DIRECT TAB 75MCG	$0.00	Y
UNITH DIRECT TAB 88MCG	$0.00	Y
UNITHROID TAB 100MCG	$0.00	Y
UNITHROID TAB 112MCG	$0.00	Y
UNITHROID TAB 125MCG	$0.00	Y
UNITHROID TAB 137MCG	$0.00	Y
UNITHROID TAB 150MCG	$0.00	Y
UNITHROID TAB 175MCG	$0.00	Y
UNITHROID TAB 200MCG	$0.00	Y
UNITHROID TAB 25MCG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
THYROID AGENTS		
UNITHROID TAB 300MCG	$0.00	Y
UNITHROID TAB 50MCG	$0.00	Y
UNITHROID TAB 75MCG	$0.00	Y
UNITHROID TAB 88MCG	$0.00	Y
WESTHROID TAB 113.75MG	$2.00	Y
WESTHROID TAB 130MG	$2.00	Y
WESTHROID TAB 146.25MG	$2.00	Y
WESTHROID TAB 16.25MG	$2.00	Y
WESTHROID TAB 162.50MG	$2.00	Y
WESTHROID TAB 195MG	$2.00	Y
WESTHROID TAB 260MG	$2.00	Y
WESTHROID TAB 32.5MG	$2.00	Y
WESTHROID TAB 325MG	$2.00	Y
WESTHROID TAB 48.75MG	$2.00	Y
WESTHROID TAB 65MG	$2.00	Y
WESTHROID TAB 81.25MG	$2.00	Y
WESTHROID TAB 97.5MG	$2.00	Y
WESTHROID-P TAB 130MG	$2.00	Y
WESTHROID-P TAB 16.25MG	$2.00	Y
WESTHROID-P TAB 32.5MG	$2.00	Y
WESTHROID-P TAB 48.75MG	$2.00	Y
WESTHROID-P TAB 65MG	$2.00	Y
WESTHROID-P TAB 97.5MG	$2.00	Y
WP THYROID TAB 113.75MG	$2.00	Y
WP THYROID TAB 130MG	$2.00	Y
WP THYROID TAB 16.25MG	$2.00	Y
WP THYROID TAB 32.5MG	$2.00	Y
WP THYROID TAB 48.75MG	$2.00	Y
WP THYROID TAB 65MG	$2.00	Y
WP THYROID TAB 81.25MG	$2.00	Y
WP THYROID TAB 97.5MG	$2.00	Y
ULCER DRUGS		
BELLA/OPIUM SUP 16.2-30	$0.00	Y
BELLA/OPIUM SUP 16.2-60	$0.00	Y
CANTIL TAB 25MG	$2.00	Y
CARAFATE SUS 1GM/10ML	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ULCER DRUGS		
CIMETIDINE SOL 300/5ML	$0.00	Y
CIMETIDINE TAB 200MG	$0.00	Y
CIMETIDINE TAB 300MG	$0.00	Y
CIMETIDINE TAB 400MG	$0.00	Y
CIMETIDINE TAB 800MG	$0.00	Y
CUVPOSA SOL 1MG/5ML	$2.00	Y
DICYCLOMINE CAP 10MG	$0.00	Y
DICYCLOMINE SOL 10MG/5ML	$0.00	Y
DICYCLOMINE TAB 20MG	$0.00	Y
ED-SPAZ TAB 0.125MG	$0.00	Y
FAMOTIDINE SUS 40MG/5ML	$0.00	Y
FAMOTIDINE TAB 20MG	$0.00	Y
FAMOTIDINE TAB 40MG	$0.00	Y
GLYCOPYRROL TAB 1MG	$0.00	Y
GLYCOPYRROL TAB 2MG	$0.00	Y
HYOMAX-SL SUB 0.125MG	$0.00	Y
HYOSCYAMINE DRO 0.125/ML	$0.00	Y
HYOSCYAMINE ELX 0.125/5	$0.00	Y
HYOSCYAMINE SUB 0.125MG	$0.00	Y
HYOSCYAMINE TAB 0.125MG	$0.00	Y
HYOSCYAMINE TAB 0.375 ER	$0.00	Y
HYOSCYAMINE TAB 0.375 SR	$0.00	Y
HYOSYNE DRO 0.125/ML	$0.00	Y
HYOSYNE ELX 0.125/5	$0.00	Y
LANSOPR/AMOX MIS /CLARITH	$0.00	Y
LANSOPRAZOLE CAP 15MG DR	$0.00	Y
LANSOPRAZOLE CAP 30MG DR	$0.00	Y
METHSCOPOLAM TAB 2.5MG	$0.00	Y
METHSCOPOLAM TAB 5MG	$0.00	Y
MISOPROSTOL TAB 100MCG	$0.00	Y
MISOPROSTOL TAB 200MCG	$0.00	Y
NULEV TAB 0.125MG	$0.00	Y
OMECLAMOX- MIS PAK	$2.00	Y
OMEPRAZOLE CAP 10MG	$0.00	Y
OMEPRAZOLE CAP 20MG	$0.00	Y
OMEPRAZOLE CAP 40MG	$0.00	Y
OSCIMIN SUB 0.125MG	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
ULCER DRUGS		
OSCIMIN TAB 0.125MG	$0.00	Y
OSCIMIN SR TAB 0.375MG	$0.00	Y
PAMINE TAB 2.5MG	$2.00	Y
PAMINE FORTE TAB 5MG	$2.00	Y
PANTOPRAZOLE TAB 20MG	$0.00	Y
PANTOPRAZOLE TAB 40MG	$0.00	Y
PREVACID CAP 15MG DR	$2.00	Y
PREVACID TAB 15MG STB	$2.00	Y
PREVACID TAB 30MG STB	$2.00	Y
PROPANTHELIN TAB 15MG	$0.00	Y
PYLERA CAP	$2.00	Y
RANITIDINE CAP 150MG	$0.00	Y
RANITIDINE CAP 300MG	$0.00	Y
RANITIDINE TAB 150MG	$0.00	Y
RANITIDINE TAB 300MG	$0.00	Y
SUCRALFATE TAB 1GM	$0.00	Y
SYMAX FASTAB TAB 0.125MG	$0.00	Y
SYMAX-SL SUB 0.125MG	$0.00	Y
SYMAX-SR TAB 0.375MG	$0.00	Y
URINARY ANTI-INFECTIVES		
AZUPHEN MB CAP 120MG	$0.00	Y
FURADANTIN SUS 25MG/5ML	$2.00	Y
HIPREX TAB 1GM	$2.00	Y
MACRODANTIN CAP 25MG	$2.00	Y
METHENAM HIP TAB 1GM	$0.00	Y
METHENAM MAN TAB 1000MG	$0.00	Y
METHENAM MAN TAB 1GM	$0.00	Y
METHENAM MAN TAB 500MG	$0.00	Y
MONUROL PAK GRANULES	$2.00	Y
NITROFUR MAC CAP 100MG	$0.00	Y
NITROFUR MAC CAP 25MG	$0.00	Y
NITROFUR MAC CAP 50MG	$0.00	Y
NITROFURANTN CAP 100MG	$0.00	Y
NITROFURANTN SUS 25MG/5ML	$0.00	Y
NITROFURANTO CAP 100MG	$0.00	Y
PHOSPHASAL TAB	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
URINARY ANTI-INFECTIVES		
PROSED/DS TAB	$0.00	Y
UR N-C TAB	$0.00	Y
URAMIT MB CAP 118MG	$0.00	Y
URETRON D/S TAB	$0.00	Y
UREX TAB 1GM	$2.00	Y
URIBEL CAP 118MG	$0.00	Y
URIN D/S TAB	$0.00	Y
URO-BLUE TAB 81.6MG	$0.00	Y
URO-MP CAP 118MG	$0.00	Y
UROGESIC- TAB BLUE	$2.00	Y
UROLET MB TAB	$0.00	Y
URYL TAB	$0.00	Y
USTELL CAP	$0.00	Y
UTA CAP 120MG	$0.00	Y
UTICAP CAP	$0.00	Y
UTIRA-C TAB	$0.00	Y
UTRONA-C TAB	$0.00	Y
URINARY ANTISPASMODICS		
BETHANECHOL TAB 10MG	$0.00	Y
BETHANECHOL TAB 25MG	$0.00	Y
BETHANECHOL TAB 50MG	$0.00	Y
BETHANECHOL TAB 5MG	$0.00	Y
ENABLEX TAB 15MG	$0.00	Y
ENABLEX TAB 7.5MG	$0.00	Y
FLAVOXATE TAB 100MG	$0.00	Y
OXYBUTYNIN SYP 5MG/5ML	$0.00	Y
OXYBUTYNIN TAB 10MG ER	$0.00	Y
OXYBUTYNIN TAB 15MG ER	$0.00	Y
OXYBUTYNIN TAB 5MG	$0.00	Y
OXYBUTYNIN TAB 5MG ER	$0.00	Y
SANCTURA TAB 20MG	$2.00	Y
SANCTURA XR CAP 60MG	$0.00	Y
TROSPIUM CL TAB 20MG	$0.00	Y
VESICARE TAB 10MG	$2.00	Y
VESICARE TAB 5MG	$2.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
VACCINES		
AFLURIA INJ PF 11-12	$2.00	Y
AFLURIA INJ PF 12-13	$2.00	Y
AFLURIA INJ PF 13-14	$2.00	Y
AFLURIA INJ PF 14-15	$2.00	Y
AFLURIA INJ PF 15-16	$2.00	Y
FLUARIX INJ PF 11-12	$2.00	Y
FLUARIX INJ PF 12-13	$2.00	Y
FLUARIX PF INJ 2013-14	$2.00	Y
FLUARIX PF INJ 2014-15	$2.00	Y
FLUZONE INJ PF 11-12	$2.00	Y
FLUZONE INJ PF 12-13	$2.00	Y
FLUZONE INJ PF 13-14	$2.00	Y
FLUZONE INJ PF 14-15	$2.00	Y
FLUZONE PED/ INJ PF 11-12	$2.00	Y
FLUZONE PED/ INJ PF 12-13	$2.00	Y
FLUZONE PED/ INJ PF 13-14	$2.00	Y
VAGINAL PRODUCTS		
AVC CRE 15%	$0.00	Y
CLEOCIN SUP 100MG	$2.00	Y
CLINDAMYCIN CRE 2% VAG	$0.00	Y
CLINDESSE CRE 2%	$2.00	Y
CRINONE GEL 4% VAG	$2.00	Y
CRINONE GEL 8% VAG	$2.00	Y
ESTRING MIS 2MG	$2.00	Y
GYNAZOLE-1 CRE 2%	$2.00	Y
METROGEL-VAG GEL 0.75%	$2.00	Y
METRONIDAZOL GEL 0.75%VAG	$0.00	Y
MICONAZOLE 3 KIT COMBO PK	$0.00	Y
MICONAZOLE 3 SUP 200MG	$2.00	Y
PREMARIN VAG CRE 0.625MG	$2.00	Y
TERAZOL 3 SUP 80MG	$2.00	Y
TERCONAZOLE CRE 0.4%	$0.00	Y
TERCONAZOLE CRE 0.8%	$0.00	Y
TERCONAZOLE SUP 80MG	$0.00	Y
VANDAZOLE GEL 0.75%	$0.00	Y
ZAZOLE CRE 0.4%	$0.00	Y

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List of Drugs Covered Without Prior Authorization

Drug Name	CoPay	Covered for Dual Eligible
VAGINAL PRODUCTS		
ZAZOLE CRE 0.8%	$0.00	Y
ZAZOLE SUP 80MG	$0.00	Y
VASOPRESSORS		
AUVI-Q INJ 0.15MG	$2.00	Y
AUVI-Q INJ 0.3MG	$2.00	Y
EPINEPHRINE INJ 0.15MG	$0.00	Y
EPINEPHRINE INJ 0.3MG	$0.00	Y
EPIPEN 2-PAK INJ 0.3MG	$2.00	Y
EPIPEN-JR INJ 2-PAK	$2.00	Y
MIDODRINE TAB 10MG	$0.00	Y
MIDODRINE TAB 2.5MG	$0.00	Y
MIDODRINE TAB 5MG	$0.00	Y
TWINJECT INJ 0.3MG	$2.00	Y
VITAMINS		
AQUASOL A INJ 50000/ML	$2.00	N
DRISDOL CAP 50000UNT	$2.00	Y
ERGOCALCIFER CAP 50000UNT	$0.00	Y
MEPHYTON TAB 5MG	$2.00	Y
PYRIDOXINE INJ 100MG/ML	$0.00	N
VITAMIN D CAP 50000UNT	$0.00	Y