Drug Class	Drug Name	Copayment	Covered for Dual Eligible
A1A - DIGITALIS GLYCOSIDES			
	DIGOXIN 125 MCG TABLET	0	N
	DIGOXIN 250 MCG TABLET	0	N
	DIGOXIN 50 MCG/ML SOLUTION	0	N
A1B - XANTHINES			
	CAFFEINE CIT 60 MG/3 ML ORA	0	N
	ELIXOPHYLLIN 80 MG/15 ML EL	2	N
	THEO-24 ER 100 MG CAPSULE	2	N
	THEO-24 ER 200 MG CAPSULE	2	N
	THEO-24 ER 300 MG CAPSULE	2	N
	THEO-24 ER 400 MG CAPSULE	2	N
	THEOPHYLLINE 80 MG/15 ML SO	0	N
	THEOPHYLLINE ER 100 MG TABL	0	N
	THEOPHYLLINE ER 200 MG TABL	0	N
	THEOPHYLLINE ER 300 MG TAB	0	N
	THEOPHYLLINE ER 400 MG TABL	0	N
	THEOPHYLLINE ER 450 MG TAB	0	N
	THEOPHYLLINE ER 600 MG TABL	0	N
A1D - GENERAL BRONCHODILATOR AGENTS			
	ATROVENT HFA INHALER 17MCG	2	N
	IPRATROPIUM BR 0.02% SOLN	0	N
	SPIRIVA 18 MCG CP-HANDIHALE	2	N
A2A - ANTIARRHYTHMICS			
	AMIODARONE HCL 200 MG TABLE	0	N
	DISOPYRAMIDE 100 MG CAPSULE	0	N
	DISOPYRAMIDE 150 MG CAPSULE	0	N
	FLECAINIDE ACETATE 100 MG T	0	N
	FLECAINIDE ACETATE 150 MG T	0	N
	FLECAINIDE ACETATE 50 MG TA	0	N
	MEXILETINE 150 MG CAPSULE	0	N
	MEXILETINE 200 MG CAPSULE	0	N
	MEXILETINE 250 MG CAPSULE	0	N
	NORPACE CR 100 MG CAPSULE	2	N
	NORPACE CR 150 MG CAPSULE	2	N
	PROPAFENONE HCL 150 MG TABL	0	N
	PROPAFENONE HCL 225 MG TAB	0	N
	PROPAFENONE HCL 300 MG TAB	0	N
	PROPAFENONE HCL ER 225 MG C	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	PROPAFENONE HCL ER 325 MG C	0	N
	PROPAFENONE HCL ER 425 MG C	0	N
	QUINIDINE GLUC ER 324 MG TA	0	N
	QUINIDINE SULF ER 300 MG TA	0	N
	QUINIDINE SULFATE 200 MG TA	0	N
	QUINIDINE SULFATE 300 MG TA	0	N
	TIKOSYN 125 MCG CAPSULE	2	N
	TIKOSYN 250 MCG CAPSULE	2	N
	TIKOSYN 500 MCG CAPSULE	2	N
A4A - ANTIHYPERTENSIVES, VASODILATORS			
	HYDRALAZINE 10 MG TABLET	0	N
	HYDRALAZINE 100 MG TABLET	0	N
	HYDRALAZINE 25 MG TABLET	0	N
	HYDRALAZINE 50 MG TABLET	0	N
	MINOXIDIL 10 MG TABLET	0	N
	MINOXIDIL 2.5 MG TABLET	0	N
A4B - ANTIHYPERTENSIVES, SYMPATHOLYTIC			
	CATAPRES-TTS 1 PATCH 0.1MG/24HR	0	N
	CATAPRES-TTS 2 PATCH 0.2MG/24HR	0	N
	CATAPRES-TTS 3 PATCH 0.3MG/24HR	0	N
	CLONIDINE HCL 0.1 MG TABLET	0	N
	CLONIDINE HCL 0.2 MG TABLET	0	N
	CLONIDINE HCL 0.3 MG TABLET	0	N
	CLORPRES 0.2-15 TABLET	2	N
	CLORPRES 0.3-15 TABLET	2	N
	GUANFACINE 1 MG TABLET	0	N
	GUANFACINE 2 MG TABLET	0	N
	METHYLDOPA 250 MG TABLET	0	N
	METHYLDOPA 500 MG TABLET	0	N
	METHYLDOPA-HCTZ 250-15 MG T	0	N
	METHYLDOPA-HCTZ 250-25 MG T	0	N
A4C - ANTIHYPERTENSIVES, GANGLIONIC BLOCKERS			
	VECAMYL 2.5 MG TABLET	2	N
A4D - ANTIHYPERTENSIVES, ACE INHIBITORS			
	BENAZEPRIL HCL 10 MG TABLET	0	N
	BENAZEPRIL HCL 20 MG TABLET	0	N
	BENAZEPRIL HCL 40 MG TABLET	0	N
	BENAZEPRIL HCL 5 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	CAPTOPRIL 100 MG TABLET	0	N
	CAPTOPRIL 12.5 MG TABLET	0	N
	CAPTOPRIL 25 MG TABLET	0	N
	CAPTOPRIL 50 MG TABLET	0	N
	ENALAPRIL MALEATE 10 MG TAB	0	N
	ENALAPRIL MALEATE 2.5 MG TA	0	N
	ENALAPRIL MALEATE 20 MG TAB	0	N
	ENALAPRIL MALEATE 5 MG TABL	0	N
	EPANED 1 MG/ML SOLUTION	2	N
	FOSINOPRIL SODIUM 10 MG TAB	0	N
	FOSINOPRIL SODIUM 20 MG TAB	0	N
	FOSINOPRIL SODIUM 40 MG TAB	0	N
	LISINOPRIL 10 MG TABLET	0	N
	LISINOPRIL 2.5 MG TABLET	0	N
	LISINOPRIL 20 MG TABLET	0	N
	LISINOPRIL 30 MG TABLET	0	N
	LISINOPRIL 40 MG TABLET	0	N
	LISINOPRIL 5 MG TABLET	0	N
	MOEXIPRIL HCL 15 MG TABLET	0	N
	MOEXIPRIL HCL 7.5 MG TABLET	0	N
	PERINDOPRIL ERBUMINE 2 MG T	0	N
	PERINDOPRIL ERBUMINE 4 MG T	0	N
	PERINDOPRIL ERBUMINE 8 MG T	0	N
	QUINAPRIL 10 MG TABLET	0	N
	QUINAPRIL 20 MG TABLET	0	N
	QUINAPRIL 40 MG TABLET	0	N
	QUINAPRIL 5 MG TABLET	0	N
	RAMIPRIL 1.25 MG CAPSULE	0	N
	RAMIPRIL 10 MG CAPSULE	0	N
	RAMIPRIL 2.5 MG CAPSULE	0	N
	RAMIPRIL 5 MG CAPSULE	0	N
	TRANDOLAPRIL 1 MG TABLET	0	N
	TRANDOLAPRIL 2 MG TABLET	0	N
	TRANDOLAPRIL 4 MG TABLET	0	N
A4F - ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST			
	DIOVAN 160 MG TABLET	2	N
	DIOVAN 320 MG TABLET	2	N
	DIOVAN 40 MG TABLET	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	DIOVAN 80 MG TABLET	2	N
	IRBESARTAN 150 MG TABLET	0	N
	IRBESARTAN 300 MG TABLET	0	N
	IRBESARTAN 75 MG TABLET	0	N
	LOSARTAN POTASSIUM 100 MG T	0	N
	LOSARTAN POTASSIUM 25 MG TA	0	N
	LOSARTAN POTASSIUM 50 MG TA	0	N
	VALSARTAN 160 MG TABLET	0	N
	VALSARTAN 320 MG TABLET	0	N
	VALSARTAN 40 MG TABLET	0	N
	VALSARTAN 80 MG TABLET	0	N
A4I - ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB			
	IRBESARTAN-HCTZ 150-12.5 MG	0	N
	IRBESARTAN-HCTZ 300-12.5 MG	0	N
	LOSARTAN-HCTZ 100-12.5 MG T	0	N
	LOSARTAN-HCTZ 100-25 MG TAB	0	N
	LOSARTAN-HCTZ 50-12.5 MG TA	0	N
	VALSARTAN-HCTZ 160-12.5 MG	0	N
	VALSARTAN-HCTZ 160-25 MG TA	0	N
	VALSARTAN-HCTZ 320-12.5 MG	0	N
	VALSARTAN-HCTZ 320-25 MG TA	0	N
	VALSARTAN-HCTZ 80-12.5 MG T	0	N
A4J - ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC			
	BENAZEPRIL-HCTZ 10-12.5 MG	0	N
	BENAZEPRIL-HCTZ 20-12.5 MG	0	N
	BENAZEPRIL-HCTZ 20-25 MG TA	0	N
	BENAZEPRIL-HCTZ 5-6.25 MG T	0	N
	CAPTOPRIL-HCTZ 25-15 MG TAB	0	N
	CAPTOPRIL-HCTZ 25-25 MG TAB	0	N
	CAPTOPRIL-HCTZ 50-15 MG TAB	0	N
	CAPTOPRIL-HCTZ 50-25 MG TAB	0	N
	ENALAPRIL-HCTZ 10-25 MG TAB	0	N
	ENALAPRIL-HCTZ 5-12.5 MG TA	0	N
	FOSINOPRIL-HCTZ 10-12.5 MG	0	N
	FOSINOPRIL-HCTZ 20-12.5 MG	0	N
	LISINOPRIL-HCTZ 10-12.5 MG	0	N
	LISINOPRIL-HCTZ 20-12.5 MG	0	N
	LISINOPRIL-HCTZ 20-25 MG TA	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	MOEXIPRIL-HCTZ 15-12.5 MG T	0	N
	MOEXIPRIL-HCTZ 15-25 MG TAB	0	N
	MOEXIPRIL-HCTZ 7.5-12.5 MG	0	N
	QUINAPRIL-HCTZ 10-12.5 MG T	0	N
	QUINAPRIL-HCTZ 20-12.5 MG T	0	N
	QUINAPRIL-HCTZ 20-25 MG TAB	0	N
A4K - ACE INHIBITOR-CALCIUM CHANNEL BLOCKER COMBINATION			
	AMLODIPINE-BENAZEPRIL 10-20	0	N
	AMLODIPINE-BENAZEPRIL 10-40	0	N
	AMLODIPINE-BENAZEPRIL 2.5-1	0	N
	AMLODIPINE-BENAZEPRIL 5-10	0	N
	AMLODIPINE-BENAZEPRIL 5-20	0	N
	AMLODIPINE-BENAZEPRIL 5-40	0	N
	TRANDOLAPR-VERAPAM ER 1-240	0	N
	TRANDOLAPR-VERAPAM ER 2-180	0	N
	TRANDOLAPR-VERAPAM ER 2-240	0	N
	TRANDOLAPR-VERAPAM ER 4-240	0	N
A4Y - ANTIHYPERTENSIVES, MISCELLANEOUS			
	DEMSER 250 MG CAPSULE	2	N
A7B - VASODILATORS,CORONARY			
	DILATRATE-SR 40 MG CAPSULE	2	N
	ISORDIL 40 MG TABLET	2	N
	ISOSORBIDE DN 10 MG TABLET	0	N
	ISOSORBIDE DN 20 MG TABLET	0	N
	ISOSORBIDE DN 30 MG TABLET	0	N
	ISOSORBIDE DN 5 MG TABLET	0	N
	ISOSORBIDE DN ER 40 MG TABL	0	N
	ISOSORBIDE MN 10 MG TABLET	0	N
	ISOSORBIDE MN 20 MG TABLET	0	N
	ISOSORBIDE MN ER 120 MG TAB	0	N
	ISOSORBIDE MN ER 30 MG TABL	0	N
	ISOSORBIDE MN ER 60 MG TABL	0	N
	NITRO-BID 2% OINTMENT	2	N
	NITRO-DUR 0.1 MG/HR PATCH	2	N
	NITRO-DUR 0.2 MG/HR PATCH	2	N
	NITRO-DUR 0.3 MG/HR PATCH	2	N
	NITRO-DUR 0.4 MG/HR PATCH	2	N
	NITRO-DUR 0.6 MG/HR PATCH	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	NITRO-DUR 0.8 MG/HR PATCH	2	N
	NITROGLYCERIN 0.1 MG/HR PAT	0	N
	NITROGLYCERIN 0.2 MG/HR PAT	0	N
	NITROGLYCERIN 0.4 MG/HR PAT	0	N
	NITROGLYCERIN 0.6 MG/HR PAT	0	N
	NITROGLYCERIN ER 6.5 MG CAP	0	N
	NITROGLYCERIN LINGUAL 0.4 M	0	N
	NITROSTAT 0.3 MG TABLET SL	2	N
	NITROSTAT 0.4 MG TABLET SL	2	N
	NITROSTAT 0.6 MG TABLET SL	2	N
A7C - VASODILATORS,PERIPHERAL			
	ERGOLOID MESYLATES 1 MG TAB	0	N
A9A - CALCIUM CHANNEL BLOCKING AGENTS			
	AMLODIPINE BESYLATE 10 MG T	0	N
	AMLODIPINE BESYLATE 2.5 MG	0	N
	AMLODIPINE BESYLATE 5 MG TA	0	N
	DILTIAZEM 120 MG TABLET	0	N
	DILTIAZEM 12HR ER 120 MG CA	0	N
	DILTIAZEM 12HR ER 60 MG CAP	0	N
	DILTIAZEM 12HR ER 90 MG CAP	0	N
	DILTIAZEM 24HR ER 120 MG CA	0	N
	DILTIAZEM 24HR ER 180 MG CA	0	N
	DILTIAZEM 24HR ER 240 MG CA	0	N
	DILTIAZEM 24HR ER 300 MG CA	0	N
	DILTIAZEM 24HR ER 360 MG CA	0	N
	DILTIAZEM 30 MG TABLET	0	N
	DILTIAZEM 60 MG TABLET	0	N
	DILTIAZEM 90 MG TABLET	0	N
	DILTIAZEM ER 120 MG CAPSULE	0	N
	DILTIAZEM ER 180 MG CAPSULE	0	N
	DILTIAZEM ER 240 MG CAPSULE	0	N
	DILTIAZEM HCL ER 120 MG CAP	0	N
	DILTIAZEM HCL ER 180 MG CAP	0	N
	DILTIAZEM HCL ER 240 MG CAP	0	N
	DILTIAZEM HCL ER 300 MG CAP	0	N
	DILTIAZEM HCL ER 360 MG CAP	0	N
	DILTIAZEM HCL ER 420 MG CAP	0	N
	FELODIPINE ER 10 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	FELODIPINE ER 2.5 MG TABLET	0	N
	FELODIPINE ER 5 MG TABLET	0	N
	NICARDIPINE 20 MG CAPSULE	0	N
	NICARDIPINE 30 MG CAPSULE	0	N
	NIFEDIPINE 10 MG CAPSULE	0	N
	NIFEDIPINE 20 MG CAPSULE	0	N
	NIFEDIPINE ER 30 MG TABLET	0	N
	NIFEDIPINE ER 60 MG TABLET	0	N
	NIFEDIPINE ER 90 MG TABLET	0	N
	VERAPAMIL 120 MG TABLET	0	N
	VERAPAMIL 360 MG CAP PELLET	0	N
	VERAPAMIL 40 MG TABLET	0	N
	VERAPAMIL 80 MG TABLET	0	N
	VERAPAMIL ER 120 MG CAPSULE	0	N
	VERAPAMIL ER 120 MG TABLET	0	N
	VERAPAMIL ER 180 MG CAPSULE	0	N
	VERAPAMIL ER 180 MG TABLET	0	N
	VERAPAMIL ER 240 MG CAPSULE	0	N
	VERAPAMIL ER 240 MG TABLET	0	N
B0A - GENERAL INHALATION AGENTS			
	SODIUM CHLORIDE 0.9% INHAL	0	Y
	SODIUM CHLORIDE 10% VIAL	0	N
	SODIUM CHLORIDE 3% VIAL	0	N
B0B - CYSTIC FIB-TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR			
	KALYDECO 150 MG TABLET	2	N
	KALYDECO 50 MG GRANULES PAC	2	N
	KALYDECO 75 MG GRANULES PAC	2	N
B3A - MUCOLYTICS			
	ACETYLCYSTEINE 10% VIAL 100 MG/ML	0	N
	ACETYLCYSTEINE 20% VIAL 200 MG/ML	0	N
	PULMOZYME 1 MG/ML AMPUL	2	N
B3J - EXPECTORANTS			
	GUAIFENESIN 200 MG/5ML	0	Y
	GUAIFENESIN 400 MG	0	Y
	GUAIFENESIN 100 MG/5 ML LIQ	0	Y
	GUAIFENESIN 200 MG TABLET	0	Y
	GUAIFENESIN ER 600 MG TABLE	0	Y
	MUCINEX ER 1,200 MG TABLET	2	Y

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	MUCINEX ER 600 MG TABLET	2	Y
B3N - DECONGESTANT-ANALGESIC-EXPECTORANT COMBINATION			
	GUAIFEN/PHENYLEPH/ACETAMINOPHN 200-5-325	2	N
	MUCINEX FAST-MAX COLD-SINUS 200-5-325	2	N
	MUCINEX SINUS-MAX PRESSURE 10-650/20	2	N
	MUCINEX SINUS-MAX PRESSUR-P 200-5-325	2	N
	MUCINEX SINUS-MAX SEVERE CP 200-5-325	2	N
B3O - 1ST GEN ANTIHISTAMINE-DECONGESTANT-ANALGESIC COMB			
	CHILD DELSYM COUGH+COLD NIG 5-325MG/10	2	N
	CHILD MUCINEX NIGHT TIME LI 5-325MG/10	2	N
	DELSYM COUGH+COLD NIGHTTIME 5-325MG/10	2	N
	DIPHENHYDRA/PHENYLEPH/ACETAMIN 25-5-325MG	0	N
	DIPHENHYDRA/PHENYLEPH/ACETAMIN 25-650/30	0	N
	MUCINEX FAST-MAX NITE COLD- 5-325MG/10	2	N
	MUCINEX SINUS-MAX NITE CONG 5-325MG/10	2	N
	PHENYLEPHRINE/ACETAMINOPHEN/CP 5-325-2MG	0	N
B3P - NON-NARC ANTITUS-1ST GEN ANTIHIST-DECON-ANALGES CB			
	DM HB/PE/ACETAMINOPHEN/CHLORPH 10-5-325-2	0	N
	DM HB/PE/ACETAMINOPHEN/CHLORPH 5-2.5-160	0	Y
	DM/PE/ACETAMINOPHEN/DOXYLAMINE 5-325MG/15	0	Y
B3Q - NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST			
	CAPCOF LIQUID 2-5-10MG/5	0	Y
	M-END PE LIQUID 3.33-6.3/5	2	Y
	PHENYLHISTINE DH LIQUID 30-10-2/5	0	Y
	PROMETHAZINE VC-CODEINE SYR 6.25-5-10	0	Y
	PRO-RED AC SYRUP 1-5-9 MG/5	2	Y
	RYDEX LIQUID 1.3-10-6.3	0	Y
B3R - NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST			
	BROMPHENIRAM/PHENYLEPHRINE/DM 2-5-10MG/5	0	Y
	BROMPHENIRAM/PHENYLEPHRINE/DM 1-2.5-5/5	0	Y
	CODITUSS DM SYRUP 8.33-5-10	0	Y
	DM/PHENYLEPH/CHLORPHENIRAMINE 15-10-4/5	0	Y
	DM/PHENYLEPH/CHLORPHENIRAMINE 15-5-2MG/5	0	Y
	D-METHORPHAN HB/P-EPD HCL/BPM 5-15-1MG/5	0	Y
	D-METHORPHAN HB/P-EPD HCL/BPM 10-30-2/5	0	Y
	D-METHORPHAN HB/P-EPHED HCL/CP 15-15-2/5	0	Y
	D-METHORPHAN HB/P-EPHED HCL/CP 5-15-1MG/5	0	Y
	M-END DM SYRUP 15-15-2/5	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	RESCON-DM LIQUID 10-30-2/5	2	Y
	TRI-DEX PE LIQUID 15-10-2/5	0	Y
B3T - NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.			
	GUAIFENESIN/DEXTROMETHORPHAN 400MG-20MG	0	Y
	GUAIFENESIN/DEXTROMETHORPHAN 300-20MG/5	0	Y
	GUAIFENESIN/DEXTROMETHORPHAN 200-10MG/5	0	Y
	GUAIFENESIN/DEXTROMETHORPHAN 100-10MG/5	0	Y
	GUAIFENESIN/DEXTROMETHORPHAN 100-5 MG/5	0	Y
	GUAIFENESIN/DEXTROMETHORPHAN 100-10MG/5	0	Y
	GUAIFENESIN/DEXTROMETHORPHAN 100-5 MG/5	0	Y
	GUAIFENESIN/DEXTROMETHORPHAN 600MG-30MG	0	Y
	GUAIFENESIN/DEXTROMETHORPHAN 1200-60MG	0	Y
	MUCINEX DM ER 1,200-60 MG T	2	Y
	MUCINEX DM ER 600-30 MG TAB	2	Y
B4A - NON-NARCOTIC ANTITUSSIVE-ANALGESIC COMBINATIONS			
	D-METHORPHAN HB/ACETAMINOPHEN 30-1000/30	0	Y
	D-METHORPHAN HB/ACETAMINOPHEN 5-160MG/5	0	Y
B4C - NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.			
	HYDROCOD-HOMATROP 5-1.5 MG	0	Y
	HYDROCODONE-HOMATROPINE SYR 5-1.5 MG/5	0	Y
B4D - NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE			
	PRO-CLEAR AC SYRUP 9-8.33MG/5	2	Y
	PROMETHAZINE-CODEINE SYRUP 6.25-10/5	0	Y
B4E - NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.			
	CAPRON DM LIQUID 7.5-7.5/5	2	Y
	DEXTROMETHORPHAN HB/DOXYLAMINE 15-6.25/15	0	Y
	DEXTROMETHORPHAN HBR/CHLOR-MAL 30 MG-4 MG	0	Y
	PROMETHAZINE-DM SYRUP 6.25-15/5	0	Y
B4G - NON-NARC ANTITUSS-1ST GEN ANTIHIST-ANALGESIC COMB.			
	DEXTROMETHORPHN/ACETAMINOPH/CP 15-500-2MG	0	Y
	D-METHORPHAN/ACETAMIN/DOXYLAMN 30-12.5/30	0	Y
	D-METHORPHAN/ACETAMIN/DOXYLAMN 15MG-325MG	0	Y
	D-METHORPHAN/ACETAMIN/DOXYLAMN 15-325/15	0	Y
B4L - NON-NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS			
	TRIAMINIC DAYTIME COLD-COUG 5-2.5 MG/5	2	Y
B4M - NON-NARCOTIC ANTITUSSIVE-DECONGESTANT-ANALGESIC CB			
	D-METHORPHAN/PE/ACETAMINOPHEN 10-5-325MG	0	Y
	D-METHORPHAN/PE/ACETAMINOPHEN 5-325MG/15	0	Y

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
B4O - NON-NARC ANTITUSS-1ST ANTIHIST-DECONG-ANALG-EXPECT			
	CHL MUCINEX M-S COLD DAY-NI 5-325MG/10	2	Y
	MUCINEX FAST-MAX DAY-NITE L 10-650/20	2	Y
B4P - NON-NARC ANTITUSS-DECONGESTANT-ANALGESIC-EXPECT CB			
	CHILD'S MUCINEX COLD-CGH-SO 5-325MG/10	2	Y
	CHILD'S MUCINEX COLD-FEVER 5-325MG/10	2	Y
	DELSYM COUGH+COLD DAYTIME L 10-650/20	2	Y
	MUCINEX COLD-FLU-SORETHROAT 10-650/20	2	Y
	MUCINEX FAST-MAX COLD-FLU C 5-325-200	2	Y
	MUCINEX FAST-MAX SEV COLD C 5-325-200	2	Y
	MUCINEX FAST-MAX SEV COLD L 10-650/20	2	Y
	PHENYLEPHRINE/DM/ACETAMINOP/GG 5-325-200	0	N
	PHENYLEPHRINE/DM/ACETAMINOP/GG 5-325MG/15	0	Y
B4Q - NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB			
	P-EPHED HCL/CODEINE/GUAIFEN 30-10-100	0	Y
B4R - NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CMB			
	AQUANAZ TABLET 400-15-10	0	Y
	CAPMIST DM TABLET 400-15-60	0	Y
	CHILD MUCINEX CONGEST-COUGH 5-2.5 MG/5	2	Y
	CHILD MUCINEX MULTI-SYMPTOM 5-2.5 MG/5	2	Y
	GUAIFENESIN/DM/PSEUDOEPHEDRINE 200-15-30	0	Y
	GUAIFENESIN/D-METHORPHAN HB/PE 100-20-10	0	Y
	GUAIFENESIN/D-METHORPHAN HB/PE 200-10-5/5	0	Y
	GUAIFENESIN/D-METHORPHAN HB/PE 100-10-5MG	0	Y
	MUCINEX FAST-MAX CONGEST-CO 5-2.5 MG/5	2	Y
	TUSNEL PEDIATRIC LIQUID 50-5-15/5	2	Y
B4S - NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION			
	GUAIATUSSIN AC LIQUID 100-10MG/5	0	Y
	GUAIFENESIN/CODEINE PHOSPHATE 100-10MG/5	0	Y
	GUAIFENESIN/CODEINE PHOSPHATE 100-6.3/5	0	Y
	PRO-CLEAR CAPS 200MG-9MG	0	Y
B4T - DECONGEST-ANALGESIC,NON-SALICYLATE COMB.			
	PHENYLEPHRINE HCL/ACETAMINOPHN 5 MG-325MG	0	N
B4W - DECONGESTANT-EXPECTORANT COMBINATIONS			
	CHLD MUCINEX STUFFY NOSE-CO 100-2.5/5	2	N
	EXEFEN IR TABLET 400MG-60MG	0	N
	GUAIFENESIN/PHENYLEPHRINE HCL 100-5 MG/5	0	N
	GUAIFENESIN/PHENYLEPHRINE HCL 400MG-10MG	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	MUCINEX D ER 1,200-120 MG T 1200-120MG	2	N
	MUCINEX D ER 600-60 MG TABL 600MG-60MG	2	N
	RESCON-GG LIQUID 100-5 MG/5	2	N
	RESPAIRE-30 CAPSULE 150MG-30MG	2	N
B5G - DECONGESTANT-NSAID, COX NON-SPEC COMB.			
	IBUPROFEN/PSEUDOEPHEDRINE HCL 200MG-30MG	0	N
B6M - GLUCOCORTICOIDS, ORALLY INHALED			
	AEROSPAN 80 MCG INHALER	2	N
	FLOVENT 100 MCG DISKUS	2	N
	FLOVENT 250 MCG DISKUS	2	N
	FLOVENT 50 MCG DISKUS	2	N
	FLOVENT HFA 110 MCG INHALER	2	N
	FLOVENT HFA 220 MCG INHALER	2	N
	FLOVENT HFA 44 MCG INHALER	2	N
	PULMICORT 180 MCG FLEXHALER	2	N
	PULMICORT 90 MCG FLEXHALER	2	N
	QVAR 40 MCG ORAL INHALER	2	N
	QVAR 80 MCG ORAL INHALER	2	N
B6V - DECONGESTANTS, ORAL			
	PHENYLEPHRINE HCL 10 MG	0	N
	PSEUDOEPHEDRINE 60 MG TABLE	0	N
	PSEUDOEPHEDRINE ER 120 MG T	0	N
	PSEUDOEPHEDRINE HCL 30 MG/5 ML	0	N
	PSEUDOEPHEDRINE HCL 15 MG/5 ML	0	N
	PSEUDOEPHEDRINE HCL 30 MG	0	N
C0B - WATER			
	BACTERIOSTATIC WATER VIAL	0	N
	STERILE WATER FOR INJECTION	0	N
	WATER FOR INJECTION VIAL	0	N
C0D - ANTI-ALCOHOLIC PREPARATIONS			
	ACAMPROSATE CALC DR 333 MG	0	N
	DISULFIRAM 250 MG TABLET	0	N
	DISULFIRAM 500 MG TABLET	0	N
	VIVITROL 380 MG VIAL	0	N
C1A - ELECTROLYTE DEPLETERS			
	CALCIUM ACETATE 667 MG	0	N
	KAYEXALATE POWDER	2	N
	SODIUM POLYSTYRENE SULFONATE 15 G/60 ML	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
C1D - POTASSIUM REPLACEMENT			
	EFFER-K 10 MEQ TABLET EFF	2	N
	EFFER-K 20 MEQ TABLET EFF	2	N
	KLOR-CON 25 MEQ PACKET	2	N
	KLOR-CON M15 TABLET	2	N
	K-TAB ER 20 MEQ TABLET	2	N
	POTASSIUM 25 MEQ TABLET EFF	0	N
	POTASSIUM CL 10% 20MEQ/15ML	0	N
	POTASSIUM CL 20 MEQ PACKET	0	N
	POTASSIUM CL 20% 40MEQ/15ML	0	N
	POTASSIUM CL 25 MEQ TAB EFF	0	N
	POTASSIUM CL ER 10 MEQ CAPS	0	N
	POTASSIUM CL ER 10 MEQ TABL	0	N
	POTASSIUM CL ER 20 MEQ TABL	0	N
	POTASSIUM CL ER 8 MEQ CAPSU	0	N
	POTASSIUM CL ER 8 MEQ TABLE	0	N
C1F - CALCIUM REPLACEMENT			
	CALCI-CHEW TABLET 500(1250)	0	Y
	CALCI-MIX 1.25 GM CAPSULE	0	Y
	CALCIONATE 1.8 GM/5 ML SYRU 115MG/5ML	0	Y
	CALCIUM CARB & LACT/VITAMIN D3 200 MG-250	0	Y
	CALCIUM CARB/VIT D3/MINERALS 600 MG-400	0	Y
	CALCIUM CARBONATE 500(1250)	0	Y
	CALCIUM CARBONATE 600 MG	0	Y
	CALCIUM CARBONATE 500 MG/5ML	0	Y
	CALCIUM CARBONATE/VITAMIN D2 250 MG-125	0	Y
	CALCIUM CARBONATE/VITAMIN D3 600 MG-400	0	Y
	CALCIUM CARBONATE/VITAMIN D3 500 MG-200	0	Y
	CALCIUM CARBONATE/VITAMIN D3 600 MG-500	0	Y
	CALCIUM CARBONATE/VITAMIN D3 500 MG-600	0	Y
	CALCIUM CARBONATE/VITAMIN D3 600 MG-800	0	Y
	CALCIUM CARBONATE/VITAMIN D3 250 MG-125	0	Y
	CALCIUM CARBONATE/VITAMIN D3 600 MG-200	0	Y
	CALCIUM CARBONATE/VITAMIN D3 500 MG-100	0	Y
	CALCIUM CITRATE 200(950)MG	0	Y
	CALCIUM CITRATE/VITAMIN D3 315 MG-250	0	Y
	CALCIUM CITRATE/VITAMIN D3 200 MG-250	0	Y
	CALCIUM LACTATE 648 MG TABL 84 MG(648)	0	Y

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	FOSFREE TABLET 175.5-14.5	0	Y
	RISACAL-D TABLET 105 MG-120	0	Y
C1H - MAGNESIUM SALTS REPLACEMENT			
	MAG DELAY DR 64 MG TABLET 64 MG	0	Y
	MAG-G 500 MG TABLET 27 MG(500)	0	Y
	MAGNESIUM OXIDE 400 MG TABL	0	Y
	MAGONATE 54 MG/5 ML LIQUID 54 MG/5 ML	0	Y
	MAG-TAB SR 84 MG CAPLET 84 MG	2	Y
	SLOW-MAG 71.5 MG TABLET 71.5 MG	2	Y
C1P - PHOSPHATE REPLACEMENT			
	PHOS-NAK PACKET 280-250MG	2	Y
C1W - ELECTROLYTE MAINTENANCE			
	PEDIATRIC ELECTROLYTE SOLUT	0	Y
C3B - IRON REPLACEMENT			
	CHILD FERROUS SULFATE 15 MG/ML	0	Y
	DUOFER 28 MG TABLET 28 MG	0	Y
	FE FUMARATE/VIT C/B12/STOMC 200-250-10	0	Y
	FE FUMARATE/VIT C/B12-IF/FA 110-0.5MG	0	Y
	FERRAPLUS 90 TABLET 90-1-50 MG	2	Y
	FERROUS FUMARATE/FOLIC ACID 106 MG-1MG	0	Y
	FERROUS GLUCONATE 240(27)MG	0	Y
	FERROUS GLUCONATE 236(27)MG	0	Y
	FERROUS GLUCONATE 324 MG TA 324(37.5)	0	Y
	FERROUS SULF 220 MG/5 ML EL	0	Y
	FERROUS SULFATE 325(65) MG	0	Y
	FERROUS SULFATE 15MG/1.5ML	0	Y
	FERROUS SULFATE ER 140MG TA 140(45)MG	0	Y
	FERROUS SULFATE, DRIED 160(50) MG	0	Y
	FERROUS SULFATE, DRIED 159(45)MG	0	Y
	FERROUS SULFATE/VIT C/FA 105-500-.8	0	N
	HEMOCYTE PLUS CAPSULE 106 MG-1MG	0	Y
	IRON AG&FUM/C/FA/MV CMB11/CA-T 151-200-1	0	Y
	IRON AG/C/B12/CA/SUC.ACID/STOM 70-150-10	0	Y
	IRON ASPGLY&PS CMPLX/C/SUCAC 150-50-50	0	Y
	IRON ASPGLY&PS/C/B12/FA/CA/SUC 150-25-1	0	Y
	IRON ASPGLY/C/B12/FA/CA-TH/SUC 70-150-1MG	0	Y
	IRON BG&PS/VIT C/B12/FA/CA THR 150-60-1	0	Y
	IRON CHEWS 15 MG TABLET CHE 15 MG	0	Y

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	IRON FUM & AG/C/B12/FA/CA/SUCC 151-60-1MG	0	Y
	IRON FUM&POLYSAC#1/FA/MV NO.18 106 MG-1MG	0	Y
	IRON FUMARATE/VIT C/VIT B12/FA 460-60MG	0	Y
	IRON FUMARATE/VIT C/VIT B12/FA 200-250MG	0	Y
	IRON POLYSACCHARIDE COMPLEX 150 MG	0	Y
	IRON POLYSACCHARIDE COMPLEX 15 MG/ML	0	Y
	IRON POLYSACCHARIDE COMPLEX/D3 125 MG/5ML	0	Y
	IRON PS CMPLX/VIT B12/FA 150-25-1	0	Y
	IRON, CARB & GLUC/FA/B12/C/DSS 90-1-50 MG	2	Y
	IRON, CARBONYL/FA/C/B-6/B12/ZN 150-1.25MG	0	Y
	IRON/FA/VIT BCOMP,C/MINERALS 106 MG-1MG	0	Y
	IRON/MULTIVITS,STRESS FORMULA	0	Y
	NEPHRON FA TABLET 66.6-1MG	2	Y
	PRO FE 180 MG CAPSULE 180 MG	2	Y
C3C - ZINC REPLACEMENT			
	ZINC GLUCONATE 50 MG	0	Y
	ZINC SULFATE 220 MG CAPSULE 220(50)MG	2	Y
C3H - IODINE CONTAINING AGENTS			
	SSKI 1 GM/ML SOLUTION	0	Y
C4G - INSULINS			
	HUMALOG 100 UNITS/ML	2	N
	HUMALOG MIX 50-50	2	N
	HUMALOG MIX 75-25 75-25/ML	2	N
	HUMALOG MIX 75-25 VIAL	2	N
	HUMULIN 70-30	2	N
	HUMULIN N 100 UNITS/ML VIAL	2	N
	HUMULIN R 100 UNITS/ML VIAL	2	N
	HUMULIN R 500 UNITS/ML VIAL	2	N
	LANTUS 100 UNITS/ML VIAL	2	N
	NOVOLIN 70-30 100 UNIT/ML	2	N
	NOVOLIN R 100 UNITS/ML VIAL	2	N
	NOVOLOG 100 UNIT/ML	2	N
	NOVOLOG MIX 70-30 VIAL	2	N
C4K - ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE			
	CHLORPROPAMIDE 100 MG TABLE	0	N
	CHLORPROPAMIDE 250 MG TABLE	0	N
	GLIMEPIRIDE 1 MG TABLET	0	N
	GLIMEPIRIDE 2 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	GLIMEPIRIDE 4 MG TABLET	0	N
	GLIPIZIDE 10 MG TABLET	0	N
	GLIPIZIDE 5 MG TABLET	0	N
	GLIPIZIDE ER 10 MG TABLET	0	N
	GLIPIZIDE ER 2.5 MG TABLET	0	N
	GLIPIZIDE ER 5 MG TABLET	0	N
	GLYBURIDE 1.25 MG TABLET	0	N
	GLYBURIDE 2.5 MG TABLET	0	N
	GLYBURIDE 5 MG TABLET	0	N
	GLYBURIDE MICRO 1.5 MG TAB	0	N
	GLYBURIDE MICRO 3 MG TABLET	0	N
	GLYBURIDE MICRO 6 MG TABLET	0	N
	NATEGLINIDE 120 MG TABLET	0	N
	NATEGLINIDE 60 MG TABLET	0	N
	TOLAZAMIDE 250 MG TABLET	0	N
	TOLAZAMIDE 500 MG TABLET	0	N
	TOLBUTAMIDE 500 MG TABLET	0	N
C4L - ANTIHYPERGLYCEMIC, BIGUANIDE TYPE			
	METFORMIN HCL 1,000 MG TABL	0	N
	METFORMIN HCL 500 MG TABLET	0	N
	METFORMIN HCL 850 MG TABLET	0	N
	METFORMIN HCL ER 500 MG TAB	0	N
	METFORMIN HCL ER 750 MG TAB	0	N
C4M - ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIBITORS			
	ACARBOSE 100 MG TABLET	0	N
	ACARBOSE 25 MG TABLET	0	N
	ACARBOSE 50 MG TABLET	0	N
C4N - ANTIHYPERGLYCEMIC,THIAZOLIDINEDIONE(PPARG AGONIST)			
	PIOGLITAZONE HCL 15 MG TABL	0	N
	PIOGLITAZONE HCL 30 MG TABL	0	N
	PIOGLITAZONE HCL 45 MG TABL	0	N
C4S - ANTIHYPERGLYCEMIC,INSULIN-REL STIM.& BIGUANIDE CMB			
	GLIPIZIDE-METFORMIN 2.5-250	0	N
	GLIPIZIDE-METFORMIN 2.5-500	0	N
	GLIPIZIDE-METFORMIN 5-500 M	0	N
	GLYBURIDE-METFORMIN 2.5-500	0	N
	GLYBURIDE-METFORMIN 5-500 M	0	N
	GLYBURID-METFORMIN 1.25-250	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
C4T - ANTIHYPERGLYCEMIC,THIAZOLIDINEDIONE & BIGUANIDE			
	PIOGLITAZONE-METFORMIN 15MG-500MG	0	N
	PIOGLITAZONE-METFORMIN 15MG-850MG	0	N
C5B - PROTEIN REPLACEMENT			
	ARGININE 500 MG TABLET	0	Y
C5F - DIETARY SUPPLEMENT, MISCELLANEOUS			
	CYTO-Q MAX 100 MG/ML LIQUID 100 MG/ML	2	Y
	Q-SORB CO Q-10 PLUS 100 MG 100MG-20MG	2	Y
	UBIDECARENONE 100 MG	0	Y
	UBIDECARENONE 200 MG	0	Y
	UBIDECARENONE/VIT E ACETATE 100MG-150	0	Y
	UBIDECARENONE/VITAMIN E 50 MG-15/5	0	Y
C5O - DILUENT SOLUTIONS			
	DILUENT FOR EPOPROSTENOL VI	2	N
C6A - VITAMIN A PREPARATIONS			
	AQUASOL A 50,000 UNITS/ML V	0	Y
C6B - VITAMIN B PREPARATIONS			
	ACETYL/METHYL-B12/LMEFOLATE CA 600-2-6 MG	0	Y
	B CMPLX 4/VIT D3/C/FA/ZINC OX 1750-60-1	0	Y
	B COMPLEX & C NO.20/FOLIC ACID 1 MG	0	Y
	BIOTIN 5 MG CAPSULE 5 MG	0	N
	DIALYVITE 3,000 TABLET 3MG-15MG	2	Y
	DIALYVITE SUPREME D TABLET 3 MG-2000	2	Y
	FOLBEE PLUS CZ TABLET 5-1.5-25MG	2	Y
	FOLBEE PLUS TABLET 5 MG	2	Y
	FOLBEE TABLET 1-2.5-25MG	2	Y
	FOLBIC TABLET 2-2.5-25MG	2	Y
	FOLGARD RX TABLET 1-2.2-25MG	2	Y
	FOLIC ACID/VIT BCOMP,C 0.8 MG	0	Y
	FOLIC ACID/VIT BCOMP,C 1 MG-100MG	0	Y
	FOLPLEX 2.2 TABLET 0.5-2.2-25	2	Y
	LEUCOVORIN/PYRIDOX/MECOBALAMIN 4-50-2 MG	0	Y
	MULTIVIT, MINCMB#11/FOLIC ACID 5 MG	0	Y
	NEPHPLEX RX TABLET 1MG-60MG	2	Y
	NEPHRO-VITE TABLET 0.8 MG	2	Y
	NIVA-FOL TABLET 2-2.5-25MG	2	Y
	RENAL CAPS SOFTGEL 1 MG	2	Y
	RENO CAPS SOFTGEL 1 MG	2	Y

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	VIRT-GARD TABLET 1-2.2-25MG	2	Y
	VIRT-VITE FORTE TABLET 2-2.5-25MG	2	Y
	VIRT-VITE TABLET 1-2.5-25MG	2	Y
	VIT B CMPLX 3/FA/VIT C/BIOTIN 1MG-60MG	0	Y
	VIT B COMP/C/FA/IRON/VIT E 500-400-18	0	Y
	VIT B COMPLEX & C NO.13/FA/D3 1 MG-1750	0	Y
	VIT B CPLX #11/FA/C/BIOT/ZN OX 1 MG-100MG	0	Y
C6C - VITAMIN C PREPARATIONS			
	ASCORBIC ACID 250 MG	0	Y
	ASCORBIC ACID 500 MG	0	Y
C6D - VITAMIN D PREPARATIONS			
	CALCIFEROL 8,000 UNIT/ML DR 8000/ML	2	Y
	CALCITRIOL 0.25 MCG CAPSULE	0	Y
	CALCITRIOL 0.5 MCG CAPSULE	0	Y
	CALCITRIOL 1 MCG/ML SOLUTIO	0	Y
	CHOLECALCIFEROL (VITAMIN D3) 1000 UNIT	0	Y
	CHOLECALCIFEROL (VITAMIN D3) 2000 UNIT	0	Y
	CHOLECALCIFEROL (VITAMIN D3) 5000 UNIT	0	Y
	CHOLECALCIFEROL (VITAMIN D3) 10000 UNIT	0	Y
	CHOLECALCIFEROL (VITAMIN D3) 400/ML	0	Y
	CHOLECALCIFEROL (VITAMIN D3) 5000/ML	0	Y
	CHOLECALCIFEROL (VITAMIN D3) 50000 UNIT	0	Y
	CHOLECALCIFEROL (VITAMIN D3) 400 UNIT	0	Y
	CHOLECALCIFEROL (VITAMIN D3) 1000 UNIT	0	Y
	CHOLECALCIFEROL (VITAMIN D3) 5000 UNIT	0	Y
	CHOLECALCIFEROL (VITAMIN D3) 50000 UNIT	0	N
	CHOLECALCIFEROL (VITAMIN D3) 2000 UNIT	0	Y
	DRISDOL 8,000 UNITS/ML DROP 8000/ML	2	Y
	D-VI-SOL 400 UNITS/ML DROP 400/ML	2	Y
	ERGOCALCIFEROL (VITAMIN D2) 8000/ML	0	Y
	ERGOCALCIFEROL (VITAMIN D2) 50000 UNIT	0	Y
	ROCALTROL 0.25 MCG CAPSULE	2	Y
	ROCALTROL 0.5 MCG CAPSULE	2	Y
	ROCALTROL 1 MCG/ML ORAL SOL	2	Y
C6E - VITAMIN E PREPARATIONS			
	AQUA-E LIQUID 30-2MG/ML	2	Y
	AQUASOL E 50 UNIT/ML DROPS 50 UNIT/ML	2	Y
	VITAMIN E 50 UNIT/ML DROPS	0	Y

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
C6F - PRENATAL VITAMIN PREPARATIONS			
	ACTIVE OB SOFTGEL 20-1-320MG	0	N
	BAL-CARE DHA ESSENTIAL PACK 27-1-374MG	0	N
	CITRANATAL ASSURE COMBO PAC 35-1-50 MG	0	N
	CITRANATAL DHA PACK 27-1-50 MG	0	N
	CITRANATAL RX TABLET 27-1-50 MG	0	N
	COMPLETE NATAL DHA 29-1-250MG	0	N
	COMPLETENATE TABLET CHEW 29 MG-1 MG	0	N
	DAILY PRENATAL COMBO PACK 28-800-440	0	N
	ELITE OB DHA SOFTGEL 28-1.25MG	0	N
	EXPECTA PRENATAL COMBO PACK 28-800-200	0	N
	EXTRA-VIRT PLUS DHA SOFTGEL 29-1.25-55	0	N
	FOCALGIN CA COMBO PACK 35-1-50 MG	0	N
	FOLIVANE-PRX DHA NF CAPSULE 30-1.24-55	0	N
	GESTICARE DHA COMBO PACK 27-1-250MG	0	N
	INATAL ULTRA TABLET 90-1-50 MG	0	N
	INFANATE BALANCE SOFTGEL 29-1-50 MG	0	N
	MARNATAL-F CAPSULE 60 MG-1 MG	0	N
	NESTABS ABC PRENATAL COMBO 32-1-120MG	0	N
	NEWGEN TABLET 32 MG-1 MG	0	N
	NEXA PLUS SOFTGEL 29-1.25-55	0	N
	OB COMPLETE ONE SOFTGEL 40-10-1 MG	0	N
	OB COMPLETE PETITE SOFTGEL 35-5-1 MG	0	N
	OB COMPLETE PREMIER TABLET 30-20-1 MG	0	N
	OB COMPLETE WITH DHA SOFTGE 30-10-1 MG	0	N
	O-CAL PRENATAL TABLET 15 MG-1 MG	0	N
	PAIRE OB PLUS DHA COMBO PAC 22-6-1-200	0	N
	PNV #19/IRON PS&HEME/FOLIC/DHA 22-6-1-200	0	N
	PNV #87/IRON BISGLY/FA/DHA 32-1-230MG	0	N
	PNV 11-IRON FUM-FOLIC ACID-OM3 28-1-200MG	0	N
	PNV COMBO #22/IRON/FA/OM3/DHA 28-6-1-203	0	N
	PNV COMBO#47/IRON/FA #1/DHA 27-1-300MG	0	N
	PNV NO.118/IRON FUMARATE/FA 29 MG-1 MG	0	N
	PNV NO.15/IRON FUM & PS CMP/FA 85 MG-1 MG	0	N
	PNV NO.23-IRON PS COMPLEX-FA 155 MG-1MG	0	N
	PNV W-CA #40/IRON FUM/FA CMB#1 27 MG-1 MG	0	N
	PNV W-CA NO.37/IRON/FA/OMEGA-3 27-1-330MG	0	N
	PNV WITH CA #68/IRON/FA#1/DHA 28-1-300MG	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	PNV WITH CA#74/IRON/FOLIC ACID 27 MG-1 MG	0	N
	PNV WITH CA,NO.70/IRON/FA/DHA 28-1-250MG	0	N
	PNV WITH CA,NO.72/IRON/FA 27 MG-1 MG	0	N
	PNV W-O CA NO5/FE FUMARATE/FA 106.5-1MG	0	N
	PNV#16/IRON FUM & PS/FA/OM-3 35-1-200MG	0	N
	PNV#20/IRON/FA/DS/FISH/DHA/EPA 27-1-500MG	0	N
	PNV#21/IRON PS& HEME POLYP/FA 28-6-1 MG	0	N
	PNV#79/IRON/FA/LMFOLATE CA/DHA 27-1.13 MG	0	N
	PNV119/IRON FUMARATE/FA/DSS 29-1-25 MG	0	N
	PNV17/IRON/FA/FISH OIL/DHA/OM 35-5-1.2MG	0	N
	PNV22/IRON CBN&GLUC/FA/DSS/DHA 27-1-50 MG	0	N
	PNV34/IRON,CARBONYL/FA/DSS/DHA 30-1-50 MG	0	N
	PNV53/IRON B-G HCL-P/FA/OMEGA3 29-1-400MG	0	N
	PNV59/IRON,CARB&FUM/FA/DSS/DHA 27-1-50 MG	0	N
	PNV66/IRON FUMARATE/FA/DSS/DHA 26-1.2-55	0	N
	PNV66/IRON FUMARATE/FA/DSS/DHA 27-1.25-55	0	N
	PNV69/IRON,CARBONYL/FA/DSS/DHA 28-1-50 MG	0	N
	PNV72/IRON,CARB&GLU/FA/DSS/DHA 90-1-300MG	0	N
	PNV80/IRON FUMARATE/FA/DSS/DHA 29-1.25-55	0	N
	PNV81/SOD IRON EDTA& PS/FA/OM3 27-1-430MG	0	N
	PNV95/FERROUS FUMARATE/FA 28MG-0.8MG	0	N
	PNV-FERROUS FUMARATE-DOCU-F 29-1-25 MG	0	N
	PR NATAL 400 EC COMBO PACK 29-1-400MG	0	N
	PR NATAL 430 COMBO PACK 29-1-430MG	0	N
	PR NATAL 430 EC COMBO PACK 29-1-430MG	0	N
	PREFERA-OB PLUS DHA COMBO P 28-6-1 MG	0	N
	PRENAISSANCE 90 DHA COMBO P 90-1-300MG	0	N
	PRENAISSANCE PROMISE COMBO 35-1-50 MG	0	N
	PRENATA CHEWABLE TABLET 29 MG-1 MG	0	N
	PRENATAL #48/IRON CB&GLU/FA/B6 20-1-25 MG	0	N
	PRENATAL TABLET 27MG-0.8MG	0	N
	PRENATAL VIT #76/IRON,CARB/FA 29 MG-1 MG	0	N
	PRENATAL VIT 15/IRON CB/FA/DSS 90-1-50 MG	0	N
	PRENATAL VIT 16/IRON CB/FA/DSS 90-1-50 MG	0	N
	PRENATAL VIT NO.73/IRON/FA 28 MG-1 MG	0	N
	PRENATAL VIT NO.78/IRON/FA 29 MG-1 MG	0	N
	PRENATAL VIT#86/IRON BISGLY/FA 32 MG-1 MG	0	N
	PRENATAL VIT27&CALCIUM/IRON/FA 60 MG-1 MG	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	PRENATAL VITAMIN TABLET 28MG-0.8MG	0	N
	PRENATAL VITAMIN TABLET 27MG-0.8MG	0	N
	PRENATE AM TABLET 1MG-500MG	0	N
	PRENATE DHA SOFTGEL 18-1-300MG	0	N
	PRENATE ELITE TABLET 20 MG-1 MG	0	N
	PRENATE ENHANCE SOFTGEL 28-1-400MG	0	N
	PRENATE ESSENTIAL SOFTGEL 18-1-300MG	0	N
	PRENATE MINI SOFTGEL 18-1-350MG	0	N
	PRENATE PIXIE SOFTGEL 10-1-200MG	0	N
	PRENATE RESTORE SOFTGEL 27-1-400MG	0	N
	PRENATE STAR TABLET 20 MG-1 MG	0	N
	PREQUE 10 TABLET 15-0.5-25	0	N
	PROVIDA OB CAPSULE 40-1.25 MG	0	N
	PUREFE OB PLUS CAPSULE 106 MG-1MG	0	N
	PUREFE PLUS CAPSULE 106 MG-1MG	0	N
	SELECT-OB + DHA PACK 29-1-250MG	0	N
	SELECT-OB CHEWABLE CAPLET 29 MG-1 MG	0	N
	SE-TAN DHA CAPSULE 30-1-310.1	0	N
	STUART ONE CAPSULE 27-800-200	0	N
	TARON-BC TABLET 20-1-25 MG	0	N
	TARON-PREX PRENATAL DHA CAP 30-1.2-55	0	N
	TL FOLATE TABLET 27 MG-1 MG	0	N
	TRICARE PRENATAL TABLET 27 MG-1 MG	0	N
	TRISTART DHA SOFTGEL 31-1-200MG	0	N
	TRIVEEN-ONE CAPSULE 27-1-250MG	0	N
	ULTIMATECARE ONE NF CAPSULE 27-1-50 MG	0	N
	VENATAL COMPLETE DHA COMBO 27-1-430MG	0	N
	VINACAL PRENATAL TABLET 27-1-50 MG	0	N
	VINATE CARE CHEWABLE TABLET 40-1MG	0	N
	VINATE DHA RF GELCAP 27-1.13 MG	0	N
	VINATE PN CARE TABLET 30-50-1MG	0	N
	VIRT-BAL DHA COMBO PACK 26-1-374MG	0	N
	VITAFOL NANO TABLET 18 MG-1 MG	0	N
	VITAFOL ULTRA SOFTGEL 29-1-200MG	0	N
	VITAFOL-ONE CAPSULE 29-1-200MG	0	N
	VITASPIRE TABLET 29 MG-1 MG	0	N
	VP CH ULTRA SOFTGEL 27-1-50 MG	0	N
	VP-CH PLUS SOFTGEL 29-1-50 MG	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	VP-ERA OB PLUS TABLET 22-6-1MG	0	N
	VP-PNV-DHA CAPSULE 28-1-200MG	0	N
	ZATEAN-CH CAPSULE 27-1-50 MG	0	N
C6G - GERIATRIC VITAMIN PREPARATIONS			
	GERIATRIC MULTIVITAMIN W/IRON, MINERALS	0	Y
C6H - PEDIATRIC VITAMIN PREPARATIONS			
	CHILDREN'S CHEWABLE VITAMINS 300 MCG	0	Y
	COMPLETE FORMULATION D3000 3000-800	2	Y
	COMPLETE FORMULATION MULTIV 1500-1000	2	Y
	COMPLETE FORMULATION MULTIV 1500-800	2	Y
	COMPLETE FORMULATION PEDIAT 750-500/.5	2	Y
	MULTI-VIT W-FLUOR 0.25 MG/M	0	N
	MULTI-VIT W-FLUOR 0.5 MG/ML	0	N
	MULTIVIT-FLUOR 0.25 MG TAB 0.25 MG	0	Y
	MULTIVIT-FLUOR 0.25 MG TAB	0	Y
	MULTIVIT-FLUOR 0.5 MG TAB C 0.5 MG	0	Y
	MULTIVIT-FLUOR 0.5 MG TAB C	0	Y
	MULTIVIT-FLUOR 0.5 MG/ML DR 0.5 MG/ML	0	Y
	MULTIVIT-FLUORIDE 1 MG TAB 1 MG	0	Y
	MULTIVIT-FLUORIDE 1 MG TAB	0	Y
	MULTIVIT-FLUOR-IRON 0.25 MG	0	N
	MYKIDZ IRON FL SUSPENSION 10-0.25/2	2	Y
	MYKIDZ IRON SUSPENSION 10MG-400/2	2	Y
	PEDI MV NO.83 WITH FLUORIDE 0.25 MG/ML	0	N
	PEDI MV NO.84 WITH FLUORIDE 0.5 MG/ML	0	N
	PEDI MV/IRON FUMARATE 15 MG	0	Y
	PEDI MVI NO.82 WITH FLUORIDE 0.25 MG/ML	0	Y
	POLY-VITAMIN DROPS 1500-400/1	0	Y
	POLYVITAMIN W-IRON DROPS 1500-10/ML	0	Y
	TRI-VITAMIN DROPS 1500-35/ML	0	Y
	TRI-VIT-FLUOR 0.5 MG/ML DRO 0.5 MG/ML	0	Y
	VITAMINS A,C,D & FLUORIDE D 0.25 MG/ML	0	Y
C6I - ANTIOXIDANT MULTIVITAMIN COMBINATIONS			
	VIT A,C & E/LUTEIN/MINERALS 1000-60-2	0	Y
	VIT A/VIT C/VIT E/ZINC/COPPER 14320-226	0	Y
C6K - VITAMIN K PREPARATIONS			
	MEPHYTON 5 MG TABLET 5 MG	2	Y

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	CYANOCOBALAMIN 1,000 MCG/ML	0	Y
C6L - VITAMIN B12 PREPARATIONS			
	FOLIC ACID 1 MG TABLET	0	Y
	FOLIC ACID 800 MCG TABLET	0	Y
C6N - NIACIN PREPARATIONS			
	NIACIN 500 MG CAPSULE SA	0	Y
	NIACIN 500 MG TABLET	0	Y
	NIACIN 750 MG TABLET SA	2	Y
	NIACIN ER 500 MG TABLET	0	Y
	NIACIN INOSITOL 500 MG CAP	0	Y
	NIACIN SA 250 MG CAPSULE	0	Y
	SLO-NIACIN 250 MG TABLET	2	Y
C6Q - VITAMIN B6 PREPARATIONS			
	PYRIDOXINE 100 MG/ML VIAL	0	Y
C6Z - MULTIVITAMIN PREPARATIONS			
	B COMPLEX WITH VITAMIN C	0	Y
	CORVITE FREE TABLET 1.25-35MG	2	Y
	FOLIC ACID/MV,FE,OTHER MIN 0.4MG-18MG	0	Y
	FOLIC ACID/MV,FE,OTHER MIN/LUT 0.4-18-250	0	Y
	MULTIVIT WITH CALCIUM,IRON,MIN 18MG-0.4MG	0	Y
	MULTIVIT,THER IRON,CA,FA & MIN 27MG-0.4MG	0	Y
	MULTIVITAMIN	0	Y
	MULTIVITAMIN W/IRON, MINERALS	0	Y
	MULTIVITAMIN WITH MINERALS	0	Y
	MULTIVITAMIN/FERROUS GLUCONATE 10 MG/5 ML	0	Y
	MULTIVITAMIN/IRON/FOLIC ACID 18MG-0.4MG	0	Y
	MULTIVITAMINS WITH IRON	0	Y
	MULTIVIT-MIN/FA/LYCOPEN/LUTEIN .4-300-250	0	Y
	MULTIVIT-MIN/FA/LYCOPEN/LUTEIN 500-300MCG	0	Y
	MULTIVIT-MIN/FA/LYCOPEN/LUTEIN 300-600MCG	0	Y
	MULTIVITS W-MIN/FERROUS GLUC 9 MG/15 ML	0	Y
	MULTIVITS,CA,MIN/IRON/FA/LYCOP 8-200-600	0	Y
	MULTIVITS,CA,MINERALS/IRON/FA 9MG-400MCG	0	Y
	MULTIVITS,STRESS FORMULA	0	Y
	MULTIVITS,STRESS FORMULA/ZINC	0	Y
	MULTIVITS,TH W-FE,OTHER MIN 27MG-0.4MG	0	Y
	MULTIVITS,TH W-FE,OTHER MIN 27-0.33MG	0	Y
	MULTIVITS,TH W-FE,OTHER MIN	0	Y

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	MULTIVITS-MIN/IRON/FA/LUTEIN 8-400-300	0	Y
	MV,CA,MIN/IRON FUM/FA/LYCO/LUT 18-500-300	0	Y
C7A - HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS			
	ALLOPURINOL 100 MG TABLET	0	N
	ALLOPURINOL 300 MG TABLET	0	N
C7D - METABOLIC DEFICIENCY AGENTS			
	CYSTADANE POWDER 1 G/1.7 ML	2	N
C7F - APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.			
	MEGACE ES 625 MG/5 ML SUSP	2	N
	MEGESTROL 625 MG/5 ML SUSP	0	N
	MEGESTROL ACET 40 MG/ML SUS	0	N
C7H - PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE			
	KUVAN 100 MG POWDER PACKET	2	N
	KUVAN 100 MG TABLET	2	N
	KUVAN 500 MG POWDER PACKET	0	N
C8A - METALLIC POISON,AGENTS TO TREAT			
	CHEMET 100 MG CAPSULE	2	N
	EXJADE 125 MG TABLET	2	N
	EXJADE 250 MG TABLET	2	N
	EXJADE 500 MG TABLET	2	N
	FERRIPROX 100 MG/ML SOLUTIO	2	N
	FERRIPROX 500 MG TABLET	2	N
	GALZIN 25 MG CAPSULE	2	N
	GALZIN 50 MG CAPSULE	2	N
	JADENU 180 MG TABLET	2	N
	JADENU 360 MG TABLET	2	N
	JADENU 90 MG TABLET	2	N
	SYPRINE 250 MG CAPSULE	2	N
C8E - ANTIDOTES,MISCELLANEOUS			
	ACETYLCYSTEINE 6 GRAM/30 ML	0	N
D1A - PERIODONTAL COLLAGENASE INHIBITORS			
	DOXYCYCLINE HYCLATE 20 MG T	0	N
D1D - DENTAL AIDS AND PREPARATIONS			
	CHLORHEXIDINE 0.12% RINSE	0	N
	TRIAMCINOLONE 0.1% PASTE	0	N
D2A - FLUORIDE PREPARATIONS			
	FLUOR-A-DAY 0.25 MG TAB CHE	0	N
	FLUOR-A-DAY 0.5 MG TAB CHEW	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	FLUOR-A-DAY 1 MG TABLET CHE	0	N
	FLUOR-A-DAY 2.5 MG/ML DROPS	0	N
	FLUORIDE 0.5 MG TABLET CHEW	0	N
	FLUORIDE 1 MG TABLET CHEWAB	0	N
	LUDENT FLUORIDE 0.25 MG TB	0	N
	PREVIDENT 5000 1.1% DRY MOU 1.1 %	2	N
	SODIUM FLUORIDE 0.5 MG/ML D	0	N
	SODIUM FLUORIDE CREAM 1.1 %	0	N
D4B - ANTACIDS			
	ALUMINUM HYDROXIDE GEL 320 MG/5ML	0	Y
	CALCIUM CARBONATE 648 MG TA 260MG(648)	0	Y
	FOAMING ANTACID LIQUID 358-95/15	0	Y
	MAG HYDROX/AL HYDROX/SIMETH 200-200-20	0	Y
	MAG HYDROX/AL HYDROX/SIMETH 400-400-40	0	Y
	SODIUM BICARB 325 MG TABLET	0	Y
	SODIUM BICARB 650 MG TABLET	0	Y
D4D - ANTIDIARRHEAL MICROORGANISMS AGENTS			
	ACIDOPHILUS CAPLET 25MM-100MG	0	N
	ACIDOPHILUS X-STR CAPTAB 35MM-25MM	0	Y
D4E - ANTI-ULCER PREPARATIONS			
	CARAFATE 1 GM/10 ML SUSP	0	N
	MISOPROSTOL 100 MCG TABLET	0	N
	MISOPROSTOL 200 MCG TABLET	0	N
	SUCRALFATE 1 GM TABLET	0	N
D4F - ANTI-ULCER-H.PYLORI AGENTS			
	LANSOPRAZOL-AMOXICIL-CLARIT 30-500-500	0	N
	OMECLAMOX-PAK COMBO PACK	2	N
	PYLERA CAPSULE 125-125 MG	2	N
D4G - GASTRIC ENZYMES			
	LACTRASE 250 MG CAPSULE 250 MG	2	N
D4J - PROTON-PUMP INHIBITORS			
	LANSOPRAZOLE DR 15 MG CAPSU	0	N
	LANSOPRAZOLE DR 30 MG CAPSU	0	N
	OMEPRAZOLE DR 10 MG CAPSULE	0	N
	OMEPRAZOLE DR 20 MG CAPSULE	0	N
	OMEPRAZOLE DR 20 MG TABLET	0	N
	OMEPRAZOLE DR 40 MG CAPSULE	0	N
	OMEPRAZOLE-BICARB 20-1,100	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	PANTOPRAZOLE SOD DR 20 MG T	0	N
	PANTOPRAZOLE SOD DR 40 MG T	0	N
	PRILOSEC OTC 20.6 MG TABLET	0	N
D4N - ANTIFLATULENTS			
	SIMETHICONE 125 MG TAB CHEW	0	Y
	SIMETHICONE 40 MG/0.6 ML DR	0	Y
	SIMETHICONE 80 MG TAB CHEW	0	Y
D6C - IRRITABLE BOWEL SYNDROME AGENTS, 5-HT3 ANTAGONIST			
	ALOSETRON HCL 0.5 MG TABLET 0.5 MG	0	N
	ALOSETRON HCL 1 MG TABLET 1 MG	0	N
	LOTRONEX 0.5 MG TABLET 0.5 MG	2	N
	LOTRONEX 1 MG TABLET 1 MG	2	N
D6D - ANTIDIARRHEALS			
	BISMUTH SUBSALICYLATE 262MG/15ML	0	Y
	BISMUTH SUBSALICYLATE 525MG/15ML	0	Y
	DIPHENOXYLATE HCL/ATROPINE 2.5-.025/5	0	N
	DIPHENOXYLATE HCL/ATROPINE 2.5-.025MG	0	N
	LOPERAMIDE 1 MG/5 ML LIQUID	0	N
	LOPERAMIDE 2 MG	0	N
	MOTOFEN TABLET 1-0.025MG	2	N
	PAREGORIC LIQUID 2 MG/5 ML	0	N
D6F - DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT			
	APRISO ER 0.375 GRAM CAPSUL 0.375G	2	N
	DELZICOL DR 400 MG CAPSULE 400 MG	2	N
	PENTASA 250 MG CAPSULE 250 MG	2	N
	PENTASA 500 MG CAPSULE 500 MG	2	N
	SULFASALAZINE 500 MG TABLET	0	N
	SULFASALAZINE DR 500 MG TAB	0	N
D6S - LAXATIVES AND CATHARTICS			
	BISACODYL 5 MG	0	Y
	BISACODYL EC 5 MG TABLET	0	Y
	COLYTE WITH FLAVOR PACKETS 240-22.72G	2	N
	COLYTE WITH FLAVOR PACKS 227.1-21.5	2	N
	DOCUSATE CAL 240 MG CAPSULE	0	Y
	DOCUSATE SODIUM 50 MG/5 ML	0	Y
	DOCUSATE SODIUM 100 MG CAPS	0	Y
	DOCUSATE SODIUM 250 MG CAPS	0	Y
	DOCUSATE SODIUM-SENNA TABLE 8.6MG-50MG	0	Y

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	FIBER LAXATIVE 625 MG CAPLE	0	Y
	FIBER THERAPY 500 MG	0	Y
	FLEET PEDIA-LAX STOOL SOFTE 50 MG/15ML	2	Y
	GOLYTELY PACKET 227.1-21.5	2	N
	GOLYTELY SOLUTION 236-22.74G	2	N
	KONSYL EASY MIX FIBER POWDE 4.3 G/6 G	0	Y
	KONSYL PSYLLIUM FIBER POWDE 3.5G/5.8G	0	Y
	LACTULOSE 10 GM/15 ML SOLUT	0	N
	LACTULOSE 20 GM/30 ML SOLUT 20 G/30 ML	0	N
	MAGNESIUM CITRATE SOLUTION	0	Y
	MILK OF MAGNESIA CONCENTRAT 2400 MG/10	0	Y
	MILK OF MAGNESIA SUSPENSION 400 MG/5ML	0	Y
	NULYTELY WITH FLAVOR PACKS 420G	2	N
	ORAL SALINE LAXATIVE LIQUID 7.2-2.7/15	0	Y
	PEG 3350 ELECTROLYTE SOLN 240-22.72G	0	N
	PEG 3350-ELECTROLYTE SOLUTI 420G	0	N
	POLYETHYLENE GLYCOL 3350 PO	0	Y
	PSYLLIUM HUSK 0.52G	0	Y
	PSYLLIUM HUSK (WITH SUGAR) 3.4 G/7 G	0	Y
	PSYLLIUM HUSK (WITH SUGAR) 3.4G/11G	0	Y
	PSYLLIUM HUSK/ASPARTAME 3.4G/5.8G	0	Y
	PSYLLIUM HUSK/ASPARTAME 3.5 G	0	Y
	PSYLLIUM SEED	0	Y
	PSYLLIUM SEED (WITH DEXTROSE)	0	Y
	PSYLLIUM SEED (WITH SUGAR)	0	Y
	SENNA 8.8 MG/5 ML SYRUP	0	Y
	SENNA LAXATIVE 8.6 MG TAB	0	Y
D7A - BILE SALTS			
	URSODIOL 250 MG TABLET 250 MG	0	N
	URSODIOL 300 MG CAPSULE 300 MG	0	N
	URSODIOL 500 MG TABLET 500 MG	0	N
D7T - BILIARY DIAGNOSTICS			
	CHOLESTYRAMINE LIGHT PACKET 4 G	0	N
	CHOLESTYRAMINE LIGHT POWDER 4 G	0	N
	CHOLESTYRAMINE PACKET 4 G	0	N
	CHOLESTYRAMINE POWDER 4 G	0	N
	COLESTIPOL HCL 1 GM TABLET 1 G	0	N
D8A - PANCREATIC ENZYMES			

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	CREON DR 12,000 UNITS CAPSU 12K-38K-60	2	N
	CREON DR 24,000 UNITS CAPSU 24-76-120K	2	N
	CREON DR 3,000 UNITS CAPSUL 3-9.5-15K	2	N
	CREON DR 36,000 UNITS CAPSU 36-114-180	2	N
	CREON DR 6,000 UNITS CAPSUL 6K-19K-30K	2	N
	PANCRELIPASE DR 5,000 UNIT 5K-17K-27K	0	N
	ZENPEP DR 10,000 UNITS CAPS 10-34-55K	2	N
	ZENPEP DR 15,000 UNITS CAPS 15-51-82K	2	N
	ZENPEP DR 20,000 UNITS CAPS 20-68-109K	2	N
	ZENPEP DR 25,000 UNITS CAPS 25-85-136K	2	N
	ZENPEP DR 3,000 UNITS CAPSU 3K-10K-16K	2	N
	ZENPEP DR 40,000 UNITS CAPS 40K-136K	2	N
	ZENPEP DR 5,000 UNITS CAPSU 5K-17K-27K	2	N
D9A - AMMONIA INHIBITORS			
	BUPHENYL 500 MG TABLET 500 MG	2	N
	BUPHENYL POWDER 0.94 G/G	2	N
	CARBAGLU 200 MG DISPER TABL 200 MG	2	N
	LACTULOSE 10 GM/15 ML SOLUT	0	N
	LITHOSTAT 250 MG TABLET 250 MG	2	N
	RAVICTI 1.1 GRAM/ML LIQUID 1.1GRAM/ML	2	N
	SODIUM PHENYLBUTYRATE POWDE 0.94 G/G	0	N
E0G - PRENATAL VITAMINS WITHOUT IRON			
	PNV W-O IRON/FA/CALCIUM/B6/B12 1-200-75	0	N
	PNV/FA/B6/CALCIUM PHOS/GINGER 1.2-40-100	0	N
	PRENAISSANCE NEXT-B TABLET 1.2-42 MG	0	N
F1A - ANDROGENIC AGENTS			
	ANDRODERM 2 MG/24HR PATCH 2 MG/24 HR	2	N
	ANDRODERM 4 MG/24HR PATCH 4 MG/24 HR	2	N
	ANDROGEL 1% GEL PUMP 1.25G (1%)	0	N
	ANDROGEL 1%(2.5G) GEL PACKE 25MG(1%)	0	N
	ANDROGEL 1%(5G) GEL PACKET 50 MG (1%)	0	N
	ANDROGEL 1.62% GEL PUMP 20.25/1.25	2	N
	ANDROGEL 1.62%(1.25G) GEL P 1.25G-1.62	2	N
	ANDROGEL 1.62%(2.5G) GEL PC 2.5G-1.62%	2	N
	ANDROID 10 MG CAPSULE 10 MG	2	N
	ANDROXY 10 MG TABLET 10 MG	0	N
	METHITEST 10 MG TABLET 10 MG	2	N
	METHYLTESTOSTERONE 10 MG CA 10 MG	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	TESTRED 10 MG CAPSULE 10 MG	2	N
G1A - ESTROGENIC AGENTS			
	ALORA 0.025 MG PATCH .025MG/24H	2	N
	ALORA 0.05 MG PATCH 0.05MG/24H	2	N
	ALORA 0.075 MG PATCH .075MG/24H	2	N
	ALORA 0.1 MG PATCH 0.1MG/24HR	2	N
	COMBIPATCH .05-.14/24	2	N
	COMBIPATCH .05-.25/24	2	N
	ENJUVIA 0.3 MG TABLET 0.3 MG	2	N
	ENJUVIA 0.45 MG TABLET 0.45MG	2	N
	ENJUVIA 0.625 MG TABLET 0.625 MG	2	N
	ENJUVIA 0.9 MG TABLET 0.9 MG	2	N
	ENJUVIA 1.25 MG TABLET 1.25 MG	2	N
	ESTRADIOL 0.025 MG/DAY PATC	0	N
	ESTRADIOL 0.0375 MG/DAY PAT	0	N
	ESTRADIOL 0.05 MG/DAY PATCH	0	N
	ESTRADIOL 0.06 MG/DAY PATCH	0	N
	ESTRADIOL 0.075 MG/DAY PATC	0	N
	ESTRADIOL 0.1 MG/DAY PATCH	0	N
	ESTRADIOL 0.5 MG TABLET 0.5 MG	0	N
	ESTRADIOL 1 MG TABLET 1 MG	0	N
	ESTRADIOL 2 MG TABLET 2 MG	0	N
	ESTRADIOL-NORETH 1 MG-0.5MG	0	N
	ESTROPIPATE 0.625(0.75 MG) 0.75 MG	0	N
	ESTROPIPATE 1.25(1.5 MG) TA 1.5 MG	0	N
	ESTROPIPATE 2.5(3 MG) TAB 3 MG	0	N
	FEMHRT 0.5 MG-2.5 MCG TABLE 0.5MG-2.5	0	N
	MENEST 0.3 MG TABLET 0.3 MG	2	N
	MENEST 0.625 MG TABLET 0.625 MG	2	N
	MENEST 1.25 MG TABLET 1.25 MG	2	N
	MENEST 2.5 MG TABLET 2.5 MG	2	N
	NORETHIN-ETH ESTRAD 1MG-5MCG	0	N
	PREMARIN 0.3 MG TABLET 0.3 MG	2	N
	PREMARIN 0.45 MG TABLET 0.45MG	2	N
	PREMARIN 0.625 MG TABLET 0.625 MG	2	N
	PREMARIN 0.9 MG TABLET 0.9 MG	2	N
	PREMARIN 1.25 MG TABLET 1.25 MG	2	N
	PREMPHASE 0.625-5 MG TABLET	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	PREMPRO 0.3 MG-1.5 MG TABLE 0.3-1.5MG	2	N
	PREMPRO 0.45-1.5 MG TABLET 0.45-1.5MG	2	N
	PREMPRO 0.625-2.5 MG TABLET	2	N
G2A - PROGESTATIONAL AGENTS			
	AYGESTIN 5 MG TABLET	2	N
	CRINONE 4% GEL	2	N
	MEDROXYPROGESTERONE 10 MG T	0	N
	MEDROXYPROGESTERONE 2.5 MG	0	N
	MEDROXYPROGESTERONE 5 MG TA	0	N
	NORETHINDRONE 5 MG TABLET	0	N
	PROGESTERONE 100 MG CAPSULE	0	N
	PROGESTERONE 200 MG CAPSULE	0	N
	PROMETRIUM 100 MG CAPSULE	0	N
	PROMETRIUM 200 MG CAPSULE	0	N
G3A - OXYTOCICS			
	METHYLERGONOVINE 0.2 MG TAB	0	N
G8A - CONTRACEPTIVES,ORAL			
	BEYAZ 28 TABLET 3-0.02(24)	0	N
	DESOG-E.ESTRADIOL/E.ESTRADIOL 21-5	0	N
	DESOGESTREL-ETHINYL ESTRADIOL 7 DAYS X 3	0	N
	DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.03	0	N
	DROSPIRENONE-ETH ESTRADIOL 0.03MG-3MG	0	N
	ELLA 30 MG TABLET	0	N
	ETHINYL ESTRADIOL/DROSPIRENONE 0.02-3(24)	0	N
	ETHYNODIOL D-ETHINYL ESTRADIOL 1 MG-35MCG	0	N
	ETHYNODIOL D-ETHINYL ESTRADIOL 1 MG-50MCG	0	N
	LEVONORGESTREL 0.75 MG TABL	0	N
	LEVONORGESTREL 1.5 MG TABLE	0	N
	LEVONORGESTREL-ETHIN ESTRADIOL 0.15-0.03	0	N
	LEVONORGESTREL-ETHIN ESTRADIOL 6-5-10	0	N
	LEVONORGESTREL-ETHIN ESTRADIOL 0.1-0.02	0	N
	LEVONORGESTREL-ETHIN ESTRADIOL 0.15-0.03	0	N
	LEVONORGESTREL-ETHIN ESTRADIOL 90-20MCG	0	N
	L-NORGEST/E.ESTRADION-E.ESTRAD 100-20(84)	0	N
	L-NORGEST/E.ESTRADION-E.ESTRAD 150-30(84)	0	N
	LO LOESTRIN FE 1-10 TABLET 1MG-10(24)	0	N
	MINASTRIN 24 FE CHEWABLE TA 1MG-20(24)	0	N
	NATAZIA 28 TABLET 3-2-1(28)	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	NECON 10-11-28 TABLET 10-11	0	N
	NORETH-ETHINYL ESTRADIOL/IRON 0.8-25(24)	0	N
	NORETH-ETHINYL ESTRADIOL/IRON 0.4-35(21)	0	N
	NORETHINDRONE 0.35 MG TABLE	0	N
	NORETHINDRONE AC-ETH ESTRADIOL 1.5-0.03MG	0	N
	NORETHINDRONE AC-ETH ESTRADIOL 1MG-20MCG	0	N
	NORETHINDRONE-E.ESTRADIOL-IRON 1MG-20(24)	0	N
	NORETHINDRONE-E.ESTRADIOL-IRON 1.5-30(21)	0	N
	NORETHINDRONE-E.ESTRADIOL-IRON 1MG-20(21)	0	N
	NORETHINDRONE-E.ESTRADIOL-IRON 5-7-9-7	0	N
	NORETHINDRONE-ETHINYL ESTRAD 0.4-0.035	0	N
	NORETHINDRONE-ETHINYL ESTRAD 0.5-0.035	0	N
	NORETHINDRONE-ETHINYL ESTRAD 1 MG-35MCG	0	N
	NORETHINDRONE-ETHINYL ESTRAD 7 DAYS X 3	0	N
	NORETHINDRONE-ETHINYL ESTRAD 7-9-5	0	N
	NORETHINDRONE-MESTRANOL 1 MG-50MCG	0	N
	NORG-EE 0.18-0.215-0.25/0.0 7DAYSX3 28	0	N
	NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035	0	N
	NORGESTREL-ETHINYL ESTRADIOL 0.3-0.03MG	0	N
	NORGESTREL-ETHINYL ESTRADIOL 0.5 MG-50	0	N
	ORTHO TRI-CYCLEN LO TABLET 7DAYSX3 LO	0	N
	QUARTETTE TABLET 0.15MG(84)	0	N
	SAFYRAL TABLET 3-0.03(21)	0	N
G8F - CONTRACEPTIVES,TRANSDERMAL			
	NORELGESTROMIN/ETHIN.ESTRADIOL PATCH 150-35/24H	0	N
G9B - CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC			
	NUVARING VAGINAL RING .12-.015MG	0	N
H0A - LOCAL ANESTHETICS			
	LIDOCAINE 2% VISCOUS SOLN 2 %	0	N
	LIDOCAINE HCL 2% JELLY 2 %	0	N
H0E - AGENTS TO TREAT MULTIPLE SCLEROSIS			
	AVONEX ADMIN PACK 30 MCG VL	2	N
	AVONEX PEN 30 MCG/0.5 ML KI	2	N
	AVONEX PREFILLED SYR 30 MCG	2	N
	BETASERON 0.3 MG KIT 0.3 MG	2	N
	COPAXONE 20 MG/ML SYRINGE	2	N
	GILENYA 0.5 MG CAPSULE	2	N
	REBIF 22 MCG/0.5 ML SYRINGE	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	REBIF 44 MCG/0.5 ML SYRINGE	2	N
	REBIF REBIDOSE 22 MCG/0.5 M 22MCG/.5ML	2	N
	REBIF REBIDOSE 44 MCG/0.5 M 44MCG/.5ML	2	N
	REBIF REBIDOSE TITRATION PA 8.8-22(6)	2	N
	REBIF TITRATION PACK 8.8-22(6)	2	N
H2C - GENERAL ANESTHETICS,INJECTABLE			
	MIDAZOLAM HCL 2 MG/2 ML VIA 2 MG/2 ML	0	N
	MIDAZOLAM HCL 5 MG/5 ML VIA 5 MG/5 ML	0	N
	MIDAZOLAM HCL 5 MG/ML VIAL 5 MG/ML(1)	0	N
H2D - BARBITURATES			
	BUTISOL SODIUM 30 MG TABLET	2	N
	BUTISOL SODIUM 50 MG TABLET	2	N
	PHENOBARBITAL 100 MG TABLET	0	N
	PHENOBARBITAL 15 MG TABLET	0	N
	PHENOBARBITAL 16.2 MG TABLE	0	N
	PHENOBARBITAL 20 MG/5 ML 20 MG/5 ML	0	N
	PHENOBARBITAL 30 MG TABLET	0	N
	PHENOBARBITAL 32.4 MG TABLE	0	N
	PHENOBARBITAL 60 MG TABLET	0	N
	PHENOBARBITAL 64.8 MG TABLE	0	N
	PHENOBARBITAL 97.2 MG TABLE	0	N
	SECONAL SODIUM 100 MG CAPSU	2	N
H2E - SEDATIVE-HYPNOTICS,NON-BARBITURATE			
	DIPHENHYDRAMINE 25 MG	0	Y
	ESTAZOLAM 1 MG TABLET	0	N
	ESTAZOLAM 2 MG TABLET	0	N
	ESZOPICLONE 1 MG TABLET	0	N
	ESZOPICLONE 2 MG TABLET	0	N
	ESZOPICLONE 3 MG TABLET	0	N
	FLURAZEPAM 15 MG CAPSULE	0	N
	FLURAZEPAM 30 MG CAPSULE	0	N
	MIDAZOLAM HCL 2 MG/ML SYRUP	0	N
	TEMAZEPAM 15 MG CAPSULE	0	N
	TEMAZEPAM 30 MG CAPSULE	0	N
	TRIAZOLAM 0.125 MG TABLET	0	N
	TRIAZOLAM 0.25 MG TABLET	0	N
	ZALEPLON 10 MG CAPSULE	0	N
	ZALEPLON 5 MG CAPSULE	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	ZOLPIDEM TARTRATE 10 MG TAB	0	N
	ZOLPIDEM TARTRATE 5 MG TABL	0	N
H2F - ANTI-ANXIETY DRUGS			
	ALPRAZOLAM 0.25 MG TABLET	0	N
	ALPRAZOLAM 0.5 MG TABLET	0	N
	ALPRAZOLAM 1 MG TABLET	0	N
	ALPRAZOLAM 2 MG TABLET	0	N
	BUSPIRONE HCL 10 MG TABLET	0	N
	BUSPIRONE HCL 15 MG TABLET	0	N
	BUSPIRONE HCL 30 MG TABLET	0	N
	BUSPIRONE HCL 5 MG TABLET	0	N
	BUSPIRONE HCL 7.5 MG TABLET	0	N
	CHLORDIAZEPOXIDE 10 MG CAPS	0	N
	CHLORDIAZEPOXIDE 25 MG CAPS	0	N
	CHLORDIAZEPOXIDE 5 MG CAPSU	0	N
	CLORAZEPATE 15 MG TABLET	0	N
	CLORAZEPATE 3.75 MG TABLET	0	N
	CLORAZEPATE 7.5 MG TABLET	0	N
	DIAZEPAM 10 MG TABLET	0	N
	DIAZEPAM 2 MG TABLET	0	N
	DIAZEPAM 5 MG TABLET	0	N
	DIAZEPAM 5 MG/5 ML SOLUTION	0	N
	DIAZEPAM 5 MG/ML ORAL CONC	0	N
	LORAZEPAM 0.5 MG TABLET	0	N
	LORAZEPAM 1 MG TABLET	0	N
	LORAZEPAM 2 MG TABLET	0	N
	LORAZEPAM 2 MG/ML ORAL CONC	0	N
	MEPROBAMATE 200 MG TABLET	0	N
	MEPROBAMATE 400 MG TABLET	0	N
	OXAZEPAM 10 MG CAPSULE	0	N
	OXAZEPAM 15 MG CAPSULE	0	N
	OXAZEPAM 30 MG CAPSULE	0	N
H2G - ANTI-PSYCHOTICS,PHENOTHIAZINES			
	CHLORPROMAZINE 10 MG TABLET	0	N
	CHLORPROMAZINE 100 MG TABLE	0	N
	CHLORPROMAZINE 200 MG TABLE	0	N
	CHLORPROMAZINE 25 MG TABLET	0	N
	CHLORPROMAZINE 50 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	FLUPHENAZINE 1 MG TABLET	0	N
	FLUPHENAZINE 10 MG TABLET	0	N
	FLUPHENAZINE 2.5 MG TABLET	0	N
	FLUPHENAZINE 2.5 MG/5 ML EL	0	N
	FLUPHENAZINE 2.5 MG/ML VIAL	0	N
	FLUPHENAZINE 5 MG TABLET	0	N
	FLUPHENAZINE 5 MG/ML CONC	0	N
	FLUPHENAZINE DEC 25 MG/ML	0	N
	PERPHENAZINE 16 MG TABLET	0	N
	PERPHENAZINE 2 MG TABLET	0	N
	PERPHENAZINE 4 MG TABLET	0	N
	PERPHENAZINE 8 MG TABLET	0	N
	THIORIDAZINE 10 MG TABLET	0	N
	THIORIDAZINE 100 MG TABLET	0	N
	THIORIDAZINE 25 MG TABLET	0	N
	THIORIDAZINE 50 MG TABLET	0	N
	TRIFLUOPERAZINE 1 MG TABLET	0	N
	TRIFLUOPERAZINE 10 MG TABLE	0	N
	TRIFLUOPERAZINE 2 MG TABLET	0	N
	TRIFLUOPERAZINE 5 MG TABLET	0	N
H2M - BIPOLAR DISORDER DRUGS			
	EQUETRO 100 MG CAPSULE	2	N
	EQUETRO 200 MG CAPSULE	2	N
	EQUETRO 300 MG CAPSULE	2	N
	LITHIUM 8 MEQ/5 ML SOLUTION	0	N
	LITHIUM CARBONATE 150 MG CA	0	N
	LITHIUM CARBONATE 300 MG CA	0	N
	LITHIUM CARBONATE 300 MG TA	0	N
	LITHIUM CARBONATE 600 MG CA	0	N
	LITHIUM CARBONATE ER 300 MG	0	N
	LITHIUM CARBONATE ER 450 MG	0	N
	LITHOBID ER 300 MG TABLET	2	N
H2S - SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)			
	CITALOPRAM HBR 10 MG TABLET	0	N
	CITALOPRAM HBR 10 MG/5 ML S	0	N
	CITALOPRAM HBR 20 MG TABLET	0	N
	CITALOPRAM HBR 40 MG TABLET	0	N
	ESCITALOPRAM 10 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	ESCITALOPRAM 20 MG TABLET	0	N
	ESCITALOPRAM 5 MG TABLET	0	N
	ESCITALOPRAM OXALATE 5 MG/5 ML	0	N
	FLUOXETINE 20 MG/5 ML SOLUT	0	N
	FLUOXETINE HCL 10 MG CAPSUL	0	N
	FLUOXETINE HCL 10 MG TABLET	0	N
	FLUOXETINE HCL 20 MG CAPSUL	0	N
	FLUOXETINE HCL 20 MG TABLET	0	N
	FLUOXETINE HCL 40 MG CAPSUL	0	N
	FLUVOXAMINE MALEATE 100 MG	0	N
	FLUVOXAMINE MALEATE 25 MG T	0	N
	FLUVOXAMINE MALEATE 50 MG T	0	N
	PAROXETINE HCL 10 MG TABLET	0	N
	PAROXETINE HCL 20 MG TABLET	0	N
	PAROXETINE HCL 30 MG TABLET	0	N
	PAROXETINE HCL 40 MG TABLET	0	N
	SERTRALINE 20 MG/ML ORAL CO	0	N
	SERTRALINE HCL 100 MG TABLE	0	N
	SERTRALINE HCL 25 MG TABLET	0	N
	SERTRALINE HCL 50 MG TABLET	0	N
H2U - TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB			
	AMITRIPTYLINE HCL 10 MG TAB	0	N
	AMITRIPTYLINE HCL 100 MG TA	0	N
	AMITRIPTYLINE HCL 150 MG TA	0	N
	AMITRIPTYLINE HCL 25 MG TAB	0	N
	AMITRIPTYLINE HCL 50 MG TAB	0	N
	AMITRIPTYLINE HCL 75 MG TAB	0	N
	AMOXAPINE 100 MG TABLET	0	N
	AMOXAPINE 150 MG TABLET	0	N
	AMOXAPINE 25 MG TABLET	0	N
	AMOXAPINE 50 MG TABLET	0	N
	CLOMIPRAMINE 25 MG CAPSULE	0	N
	CLOMIPRAMINE 50 MG CAPSULE	0	N
	CLOMIPRAMINE 75 MG CAPSULE	0	N
	DESIPRAMINE 10 MG TABLET	0	N
	DESIPRAMINE 100 MG TABLET	0	N
	DESIPRAMINE 150 MG TABLET	0	N
	DESIPRAMINE 25 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	DESIPRAMINE 50 MG TABLET	0	N
	DESIPRAMINE 75 MG TABLET	0	N
	DOXEPIN 10 MG CAPSULE	0	N
	DOXEPIN 10 MG/ML ORAL CONC	0	N
	DOXEPIN 100 MG CAPSULE	0	N
	DOXEPIN 150 MG CAPSULE	0	N
	DOXEPIN 25 MG CAPSULE	0	N
	DOXEPIN 50 MG CAPSULE	0	N
	DOXEPIN 75 MG CAPSULE	0	N
	IMIPRAMINE HCL 10 MG TABLET	0	N
	IMIPRAMINE HCL 25 MG TABLET	0	N
	IMIPRAMINE HCL 50 MG TABLET	0	N
	IMIPRAMINE PAMOATE 100 MG C	0	N
	IMIPRAMINE PAMOATE 125 MG C	0	N
	IMIPRAMINE PAMOATE 150 MG C	0	N
	IMIPRAMINE PAMOATE 75 MG CA	0	N
	MAPROTILINE 25 MG TABLET	0	N
	MAPROTILINE 50 MG TABLET	0	N
	MAPROTILINE 75 MG TABLET	0	N
	NORTRIPTYLINE 10 MG/5 ML SO	0	N
	NORTRIPTYLINE HCL 10 MG CAP	0	N
	NORTRIPTYLINE HCL 25 MG CAP	0	N
	NORTRIPTYLINE HCL 50 MG CAP	0	N
	NORTRIPTYLINE HCL 75 MG CAP	0	N
	PROTRIPTYLINE HCL 10 MG TAB	0	N
	PROTRIPTYLINE HCL 5 MG TABL	0	N
	SURMONTIL 100 MG CAPSULE	2	N
	SURMONTIL 25 MG CAPSULE	2	N
	SURMONTIL 50 MG CAPSULE	2	N
	TOFRANIL-PM 100 MG CAPSULE	2	N
	TOFRANIL-PM 125 MG CAPSULE	2	N
	TOFRANIL-PM 150 MG CAPSULE	2	N
	TOFRANIL-PM 75 MG CAPSULE	2	N
	TRIMIPRAMINE MALEATE 100 MG	0	N
	TRIMIPRAMINE MALEATE 25 MG	0	N
	TRIMIPRAMINE MALEATE 50 MG	0	N
H2V - TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY			
	DEXMETHYLPHENIDATE 10 MG TA	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	DEXMETHYLPHENIDATE 2.5 MG T	0	N
	DEXMETHYLPHENIDATE 5 MG TAB	0	N
	FOCALIN 10 MG TABLET	2	N
	FOCALIN 2.5 MG TABLET	2	N
	FOCALIN 5 MG TABLET	2	N
	FOCALIN XR 10 MG CAPSULE	0	N
	FOCALIN XR 15 MG CAPSULE	0	N
	FOCALIN XR 20 MG CAPSULE	0	N
	FOCALIN XR 25 MG CAPSULE	2	N
	FOCALIN XR 30 MG CAPSULE	0	N
	FOCALIN XR 35 MG CAPSULE	2	N
	FOCALIN XR 40 MG CAPSULE	0	N
	FOCALIN XR 5 MG CAPSULE	0	N
	METADATE CD 10 MG CAPSULE	0	N
	METADATE CD 20 MG CAPSULE	0	N
	METADATE CD 30 MG CAPSULE	0	N
	METADATE CD 40 MG CAPSULE	0	N
	METADATE CD 50 MG CAPSULE	0	N
	METADATE CD 60 MG CAPSULE	0	N
	METHYLIN 10 MG CHEWABLE TAB	0	N
	METHYLIN 10 MG/5 ML SOLUTIO	2	N
	METHYLIN 2.5 MG CHEWABLE TA	0	N
	METHYLIN 5 MG CHEWABLE TABL	0	N
	METHYLIN 5 MG/5 ML SOLUTION	2	N
	METHYLPHENIDATE 10 MG TABLE	0	N
	METHYLPHENIDATE 10 MG/5 ML	0	N
	METHYLPHENIDATE 20 MG TABLE	0	N
	METHYLPHENIDATE 5 MG TABLET	0	N
	METHYLPHENIDATE 5 MG/5 ML S	0	N
	METHYLPHENIDATE ER 10 MG TA	0	N
	METHYLPHENIDATE ER 18 MG TA	0	N
	METHYLPHENIDATE ER 20 MG TA	0	N
	METHYLPHENIDATE ER 27 MG TA	0	N
	METHYLPHENIDATE ER 36 MG TA	0	N
	METHYLPHENIDATE ER 54 MG TA	0	N
H2W - TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS			
	PERPHEN-AMITRIP 2 MG-10 MG	0	N
	PERPHEN-AMITRIP 2 MG-25 MG	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	PERPHEN-AMITRIP 4 MG-10 MG	0	N
	PERPHEN-AMITRIP 4 MG-25 MG	0	N
	PERPHEN-AMITRIP 4 MG-50 MG	0	N
H2X - TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS			
	CHLORDIAZEPO-AMITRIPTYL 12.5MG-5MG	0	N
	CHLORDIAZEPOX-AMITRIPTYL 25 MG-10MG	0	N
H3A - ANALGESICS, NARCOTICS			
	BELLADONNA-OPIUM 16.2-30 SU	0	N
	BELLADONNA-OPIUM 16.2-60 SU	0	N
	BUTORPHANOL 10 MG/ML SPRAY	0	N
	CODEINE SULFATE 15 MG TABLE	0	N
	CODEINE SULFATE 30 MG TABLE	0	N
	CODEINE SULFATE 30 MG/5 ML	0	N
	CODEINE SULFATE 60 MG TABLE	0	N
	DEMEROL 100 MG/ML SYRINGE	2	N
	DILAUDID 1 MG/ML LIQUID	2	N
	HYDROCODONE/ACETAMINOPHEN 5 MG-325MG	0	N
	HYDROCODONE/ACETAMINOPHEN 7.5-325MG	0	N
	HYDROCODONE/ACETAMINOPHEN 7.5-325/15	0	N
	HYDROCODONE/ACETAMINOPHEN 10MG-325MG	0	N
	HYDROCODONE/ACETAMINOPHEN 2.5-325MG	0	N
	HYDROCODONE/ACETAMINOPHEN 2.5-167/5	0	N
	HYDROMORPHONE 1 MG/ML SOLUT	2	N
	HYDROMORPHONE 1 MG/ML SYRIN	0	N
	HYDROMORPHONE 2 MG TABLET	0	N
	HYDROMORPHONE 2 MG/ML VIAL	0	N
	HYDROMORPHONE 3 MG SUPPOS	0	N
	HYDROMORPHONE 4 MG TABLET	0	N
	HYDROMORPHONE 5 MG/5 ML SOL	0	N
	HYDROMORPHONE 8 MG TABLET	0	N
	METHADONE 10 MG/5 ML SOLUTI	0	N
	METHADONE 10 MG/ML ORAL CON	0	N
	METHADONE 5 MG/5 ML SOLUTIO	0	N
	METHADONE HCL 10 MG TABLET	0	N
	METHADONE HCL 5 MG TABLET	0	N
	MORPHINE SULF 10 MG SUPPOS	0	N
	MORPHINE SULF 10 MG/5 ML SO	0	N
	MORPHINE SULF 100 MG/5 ML S	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	MORPHINE SULF 20 MG SUPPOS	0	N
	MORPHINE SULF 20 MG/5 ML SO	0	N
	MORPHINE SULF 30 MG SUPPOS	0	N
	MORPHINE SULF 5 MG SUPPOS	0	N
	MORPHINE SULF ER 100 MG TAB	0	N
	MORPHINE SULF ER 15 MG TABL	0	N
	MORPHINE SULF ER 200 MG TAB	0	N
	MORPHINE SULF ER 30 MG TABL	0	N
	MORPHINE SULF ER 60 MG TABL	0	N
	MORPHINE SULFATE IR 15 MG T	0	N
	MORPHINE SULFATE IR 30 MG T	0	N
	OXYCODONE HCL 10 MG TABLET	0	N
	OXYCODONE HCL 100 MG/5 ML S	0	N
	OXYCODONE HCL 15 MG TABLET	0	N
	OXYCODONE HCL 20 MG TABLET	0	N
	OXYCODONE HCL 30 MG TABLET	0	N
	OXYCODONE HCL 5 MG CAPSULE	0	N
	OXYCODONE HCL 5 MG TABLET	0	N
	OXYCODONE HCL 5 MG/5 ML SOL	0	N
	OXYCODONE HCL/ACETAMINOPHEN 7.5-325MG	0	N
	OXYCODONE HCL/ACETAMINOPHEN 10MG-325MG	0	N
	OXYCODONE HCL/ACETAMINOPHEN 5-325/5ML	0	N
	OXYCODONE HCL/ACETAMINOPHEN 5 MG-325MG	0	N
	OXYCODONE HCL/ACETAMINOPHEN 2.5-325MG	0	N
	OXYCODONE HCL/ASPIRIN 4.8355-325	0	N
	TRAMADOL HCL 50 MG TABLET	0	N
	TRAMADOL HCL/ACETAMINOPHEN 37.5-325MG	0	N
H3D - ANALGESIC/ANTIPYRETICS, SALICYLATES			
	ASPIRIN 325 MG TABLET	0	Y
	ASPIRIN 81 MG CHEW TABLET	0	Y
	ASPIRIN EC 325 MG TABLET	0	Y
	ASPIRIN EC 81 MG TABLET 81 MG	0	Y
	CHOLINE MAG TRISAL LIQUID 500 MG/5ML	0	N
	SALSALATE 500 MG TABLET	0	N
	SALSALATE 750 MG TABLET	0	N
H3E - ANALGESIC/ANTIPYRETICS,NON-SALICYLATE			
	ACETAMINOPHEN 500 MG	0	Y
	ACETAMINOPHEN 160 MG/5ML	0	Y

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	ACETAMINOPHEN 500MG/15ML	0	Y
	ACETAMINOPHEN 80MG/0.8ML	0	Y
	ACETAMINOPHEN 120 MG SUPPOS 120 MG	0	Y
	ACETAMINOPHEN 325 MG SUPPOSITORY	0	Y
	ACETAMINOPHEN 325 MG TABLET	0	Y
	ACETAMINOPHEN 500 MG TABLET	0	Y
	ACETAMINOPHEN 650 MG SUPPOS	0	Y
	ACETAMINOPHEN CHEW TAB 80 MG	0	Y
	ACETAMINOPHEN ODT 80 MG	0	Y
	ACETAMINOPHEN ODT 160 MG	0	Y
	FEVERALL 80 MG SUPPOSITORY 80 MG	0	Y
H3F - ANTIMIGRAINE PREPARATIONS			
	CAFERGOT TABLET 1 MG-100MG	2	N
	IMITREX 20 MG NASAL SPRAY	0	N
	IMITREX 4 MG/0.5 ML CARTRID	0	N
	IMITREX 4 MG/0.5 ML PEN INJ	0	N
	IMITREX 5 MG NASAL SPRAY	0	N
	IMITREX 6 MG/0.5 ML CARTRID	0	N
	IMITREX 6 MG/0.5 ML PEN INJ	0	N
	IMITREX 6 MG/0.5 ML VIAL	0	N
	MIGRANAL NASAL SPRAY 0.5MG/SPRY	2	N
	NARATRIPTAN 1 MG TABLET	0	N
	NARATRIPTAN 2.5 MG TABLET	0	N
	RIZATRIPTAN 10 MG ODT	0	N
	RIZATRIPTAN 10 MG TABLET	0	N
	RIZATRIPTAN 5 MG ODT	0	N
	RIZATRIPTAN 5 MG TABLET	0	N
	SUMATRIPTAN SUCC 100 MG TAB	0	N
	SUMATRIPTAN SUCC 25 MG TABL	0	N
	SUMATRIPTAN SUCC 50 MG TABL	0	N
H3K - ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.			
	BUTALBITAL/ACETAMINOPHEN 50MG-325MG	0	N
H3L - ANALG	BUTALB/ACETAMINOPHEN/CAFFEINE 50-325-40	0	N
	BUTALBIT/ACETAMIN/CAFF/CODEINE 50-325-30	0	N
H3M - NARC.& NON-SAL.ANALGESIC,BARBITURATE &XANTHINE CMB			
	BUTALBITAL/ASPIRIN/CAFFEINE 50-325-40	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
H3T - NARCOTIC ANTAGONISTS			
	NALOXONE 0.4 MG/ML SYRINGE 0.4 MG/ML	0	N
	NALOXONE 0.4 MG/ML VIAL	0	N
	NALOXONE 2 MG/2 ML SYRINGE 1 MG/ML	0	N
	NALTREXONE 50 MG TABLET 50 MG	0	N
	NARCAN 4 MG NASAL SPRAY	2	N
H3U - NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB			
	ACETAMINOPHEN WITH CODEINE 300MG/12.5	0	N
	ACETAMINOPHEN WITH CODEINE 120-12MG/5	0	N
	ACETAMINOPHEN WITH CODEINE 300MG-15MG	0	N
	ACETAMINOPHEN WITH CODEINE 300MG-30MG	0	N
	ACETAMINOPHEN WITH CODEINE 300MG-60MG	0	N
H4B - ANTICONVULSANTS			
	CARBAMAZEPINE 100 MG TAB CH	0	N
	CARBAMAZEPINE 100 MG/5 ML S	0	N
	CARBAMAZEPINE 200 MG TABLET	0	N
	CARBATROL ER 100 MG CAPSULE	0	N
	CARBATROL ER 200 MG CAPSULE	0	N
	CARBATROL ER 300 MG CAPSULE	0	N
	CLONAZEPAM 0.5 MG TABLET	0	N
	CLONAZEPAM 1 MG TABLET	0	N
	CLONAZEPAM 2 MG TABLET	0	N
	DIASTAT 2.5 MG PEDI SYSTEM	0	N
	DIASTAT ACUDIAL 12.5-15-20	0	N
	DIASTAT ACUDIAL 5-7.5-10 MG	0	N
	DILANTIN 30 MG CAPSULE	2	N
	DIVALPROEX SOD DR 125 MG TA	0	N
	DIVALPROEX SOD DR 250 MG TA	0	N
	DIVALPROEX SOD DR 500 MG TA	0	N
	DIVALPROEX SOD ER 250 MG TA	0	N
	DIVALPROEX SOD ER 500 MG TA	0	N
	DIVALPROEX SODIUM 125 MG CA	0	N
	ETHOSUXIMIDE 250 MG CAPSULE	0	N
	ETHOSUXIMIDE 250 MG/5 ML SO	0	N
	GABAPENTIN 100 MG CAPSULE	0	N
	GABAPENTIN 250 MG/5 ML SOLN	0	N
	GABAPENTIN 300 MG CAPSULE	0	N
	GABAPENTIN 400 MG CAPSULE	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	GABAPENTIN 600 MG TABLET	0	N
	GABAPENTIN 800 MG TABLET	0	N
	LAMOTRIGINE 100 MG TABLET	0	N
	LAMOTRIGINE 150 MG TABLET	0	N
	LAMOTRIGINE 200 MG TABLET	0	N
	LAMOTRIGINE 25 MG DISPER TA	0	N
	LAMOTRIGINE 25 MG TABLET	0	N
	LAMOTRIGINE 5 MG DISPER TAB	0	N
	LAMOTRIGINE ODT KIT (BLUE) 25(21)-50	0	N
	LAMOTRIGINE ODT KIT (GREEN) 50(42)-100	0	N
	LAMOTRIGINE ODT KIT (ORANGE 25-50-100	0	N
	LEVETIRACETAM 1,000 MG TABL	0	N
	LEVETIRACETAM 100 MG/ML SOL	0	N
	LEVETIRACETAM 250 MG TABLET	0	N
	LEVETIRACETAM 500 MG TABLET	0	N
	LEVETIRACETAM 500 MG/5 ML S	0	N
	LEVETIRACETAM 750 MG TABLET	0	N
	OXCARBAZEPINE 150 MG TABLET	0	N
	OXCARBAZEPINE 300 MG TABLET	0	N
	OXCARBAZEPINE 300 MG/5 ML S	0	N
	OXCARBAZEPINE 600 MG TABLET	0	N
	PHENYTOIN 100 MG/4 ML SUSP	0	N
	PHENYTOIN 125 MG/5 ML SUSP	0	N
	PHENYTOIN 50 MG TABLET CHEW	0	N
	PHENYTOIN SOD EXT 100 MG CA	0	N
	PHENYTOIN SOD EXT 200 MG CA	0	N
	PHENYTOIN SOD EXT 300 MG CA	0	N
	PRIMIDONE 250 MG TABLET	0	N
	PRIMIDONE 50 MG TABLET	0	N
	TEGRETOL XR 100 MG TABLET	0	N
	TEGRETOL XR 200 MG TABLET	0	N
	TEGRETOL XR 400 MG TABLET	0	N
	TOPIRAMATE 100 MG TABLET	0	N
	TOPIRAMATE 200 MG TABLET	0	N
	TOPIRAMATE 25 MG TABLET	0	N
	TOPIRAMATE 50 MG TABLET	0	N
	TRILEPTAL 300 MG/5 ML SUSP	2	N
	VALPROIC ACID 250 MG CAPSUL	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	VALPROIC ACID 250 MG/5 ML S	0	N
	ZARONTIN 250 MG CAPSULE	2	N
	ZONISAMIDE 100 MG CAPSULE	0	N
	ZONISAMIDE 25 MG CAPSULE	0	N
	ZONISAMIDE 50 MG CAPSULE	0	N
H6A - ANTIPARKINSONISM DRUGS,OTHER			
	AMANTADINE 100 MG CAPSULE	0	N
	AMANTADINE 100 MG TABLET	0	N
	AMANTADINE 50 MG/5 ML SOLUT	0	N
	BROMOCRIPTINE 2.5 MG TABLET	0	N
	BROMOCRIPTINE 5 MG CAPSULE	0	N
	CARBIDOPA-LEVO ER 25-100 TA	0	N
	CARBIDOPA-LEVO ER 50-200 TA	0	N
	CARBIDOPA-LEVODOPA 10-100 T	0	N
	CARBIDOPA-LEVODOPA 25-100 T	0	N
	CARBIDOPA-LEVODOPA 25-250 T	0	N
	ENTACAPONE 200 MG TABLET	0	N
	PRAMIPEXOLE 0.125 MG TABLET	0	N
	PRAMIPEXOLE 0.25 MG TABLET	0	N
	PRAMIPEXOLE 0.5 MG TABLET	0	N
	PRAMIPEXOLE 0.75 MG TABLET	0	N
	PRAMIPEXOLE 1 MG TABLET	0	N
	PRAMIPEXOLE 1.5 MG TABLET	0	N
	ROPINIROLE HCL 0.25 MG TABL	0	N
	ROPINIROLE HCL 0.5 MG TABLE	0	N
	ROPINIROLE HCL 1 MG TABLET	0	N
	ROPINIROLE HCL 2 MG TABLET	0	N
	ROPINIROLE HCL 3 MG TABLET	0	N
	ROPINIROLE HCL 4 MG TABLET	0	N
	ROPINIROLE HCL 5 MG TABLET	0	N
	SELEGILINE HCL 5 MG CAPSULE	0	N
	SELEGILINE HCL 5 MG TABLET	0	N
H6B - ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC			
	BENZTROPINE MES 0.5 MG TAB	0	N
	BENZTROPINE MES 1 MG TABLET	0	N
	BENZTROPINE MES 2 MG TABLET	0	N
	TRIHEXYPHENIDYL 2 MG TABLET	0	N
	TRIHEXYPHENIDYL 2 MG/5 ML E	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	TRIHEXYPHENIDYL 5 MG TABLET	0	N
H6C - ANTITUSSIVES,NON-NARCOTIC			
	BENZONATATE 100 MG CAPSULE	0	Y
	BENZONATATE 200 MG CAPSULE	0	Y
	DELSYM 30 MG/5 ML SUSPENSIO	2	Y
	DEXTROMETHORPHAN HBR 15 MG/5 ML	0	Y
	DEXTROMETHORPHAN HBR 5 MG/5 ML	0	Y
	DEXTROMETHORPHAN POLISTIREX 30 MG/5 ML	0	Y
H6H - SKELETAL MUSCLE RELAXANTS			
	BACLOFEN 10 MG TABLET	0	N
	BACLOFEN 20 MG TABLET	0	N
	CHLORZOXAZONE 500 MG TABLET	0	N
	CYCLOBENZAPRINE 10 MG TABLE	0	N
	CYCLOBENZAPRINE 5 MG TABLET	0	N
	DANTROLENE SODIUM 100 MG CA	0	N
	DANTROLENE SODIUM 25 MG CAP	0	N
	DANTROLENE SODIUM 50 MG CAP	0	N
	METHOCARBAMOL 500 MG TABLET	0	N
	METHOCARBAMOL 750 MG TABLET	0	N
	TIZANIDINE HCL 2 MG TABLET	0	N
	TIZANIDINE HCL 4 MG TABLET	0	N
H6J - ANTIEMETIC/ANTIVERTIGO AGENTS			
	CESAMET 1 MG CAPSULE	2	N
	DIMENHYDRINATE 50 MG TABLET	0	N
	DRONABINOL 10 MG CAPSULE	0	N
	DRONABINOL 2.5 MG CAPSULE	0	N
	DRONABINOL 5 MG CAPSULE	0	N
	EMEND 125 MG CAPSULE	2	N
	EMEND 40 MG CAPSULE	2	N
	EMEND 80 MG CAPSULE	2	N
	EMEND TRIFOLD PACK 125MG-80MG	2	N
	MARINOL 10 MG CAPSULE	2	N
	MARINOL 2.5 MG CAPSULE	2	N
	MARINOL 5 MG CAPSULE	2	N
	MECLIZINE 12.5 MG TABLET	0	N
	MECLIZINE 25 MG TABLET	0	N
	MECLIZINE 25 MG TABLET CHEW	0	N
	ONDANSETRON 4 MG/5 ML SOLUT	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	ONDANSETRON HCL 4 MG TABLET	0	N
	ONDANSETRON HCL 8 MG TABLET	0	N
	ONDANSETRON ODT 4 MG TABLET	0	N
	ONDANSETRON ODT 8 MG TABLET	0	N
	PHOSP ACID/DEXTROSE/FRUCTOSE	0	N
	PROCHLORPERAZINE 10 MG TAB	0	N
	PROCHLORPERAZINE 25 MG SUPP	0	N
	PROCHLORPERAZINE 5 MG TABLE	0	N
	PROMETHAZINE 12.5 MG SUPPOS	0	N
	PROMETHAZINE 25 MG SUPPOSIT	0	N
	PROMETHAZINE 50 MG SUPPOSIT	0	N
	TRANSDERM-SCOP 1.5 MG/3 DAY	2	N
	TRIMETHOBENZAMIDE 300 MG CA	0	N
H6L - MOVEMENT DISORDERS (DRUG THERAPY)			
	TETRABENAZINE 12.5 MG TABLE	0	N
	TETRABENAZINE 25 MG TABLET	0	N
	XENAZINE 12.5 MG TABLET	2	N
	XENAZINE 25 MG TABLET	2	N
H7B - ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS			
	MIRTAZAPINE 15 MG ODT	0	N
	MIRTAZAPINE 15 MG TABLET	0	N
	MIRTAZAPINE 30 MG ODT	0	N
	MIRTAZAPINE 30 MG TABLET	0	N
	MIRTAZAPINE 45 MG ODT	0	N
	MIRTAZAPINE 45 MG TABLET	0	N
	MIRTAZAPINE 7.5 MG TABLET	0	N
H7C - SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)			
	DULOXETINE HCL DR 20 MG CAP	0	N
	DULOXETINE HCL DR 30 MG CAP	0	N
	DULOXETINE HCL DR 60 MG CAP	0	N
	VENLAFAXINE HCL 100 MG TABL	0	N
	VENLAFAXINE HCL 25 MG TABLE	0	N
	VENLAFAXINE HCL 37.5 MG TAB	0	N
	VENLAFAXINE HCL 50 MG TABLE	0	N
	VENLAFAXINE HCL 75 MG TABLE	0	N
	VENLAFAXINE HCL ER 150 MG C	0	N
	VENLAFAXINE HCL ER 37.5 MG	0	N
	VENLAFAXINE HCL ER 75 MG CA	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
H7D - NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)			
	BUPROPION HCL 100 MG TABLET	0	N
	BUPROPION HCL 75 MG TABLET	0	N
	BUPROPION HCL SR 100 MG TAB	0	N
	BUPROPION HCL SR 150 MG TAB	0	N
	BUPROPION HCL SR 200 MG TAB	0	N
	BUPROPION HCL XL 150 MG TAB	0	N
	BUPROPION HCL XL 300 MG TAB	0	N
H7E - SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)			
	NEFAZODONE HCL 100 MG TABLE	0	N
	NEFAZODONE HCL 150 MG TABLE	0	N
	NEFAZODONE HCL 200 MG TABLE	0	N
	NEFAZODONE HCL 250 MG TABLE	0	N
	NEFAZODONE HCL 50 MG TABLET	0	N
	TRAZODONE 100 MG TABLET	0	N
	TRAZODONE 150 MG TABLET	0	N
	TRAZODONE 50 MG TABLET	0	N
H7N - SMOKING DETERRENTS, OTHER			
	BUPROPION HCL SR 150 MG TAB	0	N
H7O - ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES			
	HALDOL DECANOATE 100 AMPUL	2	N
	HALDOL DECANOATE 50 AMPUL	2	N
	HALOPERIDOL 0.5 MG TABLET	0	N
	HALOPERIDOL 1 MG TABLET	0	N
	HALOPERIDOL 10 MG TABLET	0	N
	HALOPERIDOL 2 MG TABLET	0	N
	HALOPERIDOL 20 MG TABLET	0	N
	HALOPERIDOL 5 MG TABLET	0	N
	HALOPERIDOL DEC 100 MG/ML V	0	N
	HALOPERIDOL DEC 50 MG/ML VI	0	N
	HALOPERIDOL LAC 2 MG/ML CON	0	N
H7P - ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES			
	THIOTHIXENE 1 MG CAPSULE	0	N
	THIOTHIXENE 10 MG CAPSULE	0	N
	THIOTHIXENE 2 MG CAPSULE	0	N
	THIOTHIXENE 5 MG CAPSULE	0	N
H7R - ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDINES			
	ORAP 1 MG TABLET	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	ORAP 2 MG TABLET	2	N
	PIMOZIDE 1 MG TABLET	0	N
	PIMOZIDE 2 MG TABLET	0	N
H7T - ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG			
	INVEGA SUSTENNA 117 MG PREF	0	N
	INVEGA SUSTENNA 156 MG PREF	0	N
	INVEGA SUSTENNA 234 MG PREF	0	N
	INVEGA SUSTENNA 39 MG PREF	0	N
	INVEGA SUSTENNA 78 MG PREF	0	N
	INVEGA TRINZA 273 MG/0.875	0	N
	INVEGA TRINZA 410 MG/1.315	0	N
	INVEGA TRINZA 546 MG/1.75 M	0	N
	INVEGA TRINZA 819 MG/2.625	0	N
	QUETIAPINE FUMARATE 100 MG	0	N
	QUETIAPINE FUMARATE 200 MG	0	N
	QUETIAPINE FUMARATE 25 MG T	0	N
	QUETIAPINE FUMARATE 300 MG	0	N
	QUETIAPINE FUMARATE 400 MG	0	N
	QUETIAPINE FUMARATE 50 MG T	0	N
	RISPERDAL CONSTA 12.5 MG SY	0	N
	RISPERDAL CONSTA 25 MG SYR	0	N
	RISPERDAL CONSTA 37.5 MG SY	0	N
	RISPERDAL CONSTA 50 MG SYR	0	N
	RISPERIDONE 0.25 MG ODT	0	N
	RISPERIDONE 0.25 MG TABLET	0	N
	RISPERIDONE 0.5 MG ODT	0	N
	RISPERIDONE 0.5 MG TABLET	0	N
	RISPERIDONE 1 MG ODT	0	N
	RISPERIDONE 1 MG TABLET	0	N
	RISPERIDONE 1 MG/ML SOLUTIO	0	N
	RISPERIDONE 2 MG ODT	0	N
	RISPERIDONE 2 MG TABLET	0	N
	RISPERIDONE 3 MG ODT	0	N
	RISPERIDONE 3 MG TABLET	0	N
	RISPERIDONE 4 MG ODT	0	N
	RISPERIDONE 4 MG TABLET	0	N
	ZIPRASIDONE HCL 20 MG CAPSU	0	N
	ZIPRASIDONE HCL 40 MG CAPSU	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	ZIPRASIDONE HCL 60 MG CAPSU	0	N
	ZIPRASIDONE HCL 80 MG CAPSU	0	N
	ZYPREXA RELPREVV 210 MG VIA	0	N
	ZYPREXA RELPREVV 300 MG VIA	0	N
	ZYPREXA RELPREVV 405 MG VIA	0	N
H7U - ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS			
	LOXAPINE 10 MG CAPSULE	0	N
	LOXAPINE 25 MG CAPSULE	0	N
	LOXAPINE 5 MG CAPSULE	0	N
	LOXAPINE 50 MG CAPSULE	0	N
H7X - ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED			
	ABILIFY MAINTENA ER 300 MG	0	N
	ABILIFY MAINTENA ER 400 MG	0	N
H7Y - TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE			
	STRATTERA 10 MG CAPSULE	2	N
	STRATTERA 100 MG CAPSULE	2	N
	STRATTERA 18 MG CAPSULE	2	N
	STRATTERA 25 MG CAPSULE	2	N
	STRATTERA 40 MG CAPSULE	2	N
	STRATTERA 60 MG CAPSULE	2	N
	STRATTERA 80 MG CAPSULE	2	N
H8M - TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIST			
	GUANFACINE HCL ER 1 MG TABL	0	N
	GUANFACINE HCL ER 2 MG TABL	0	N
	GUANFACINE HCL ER 3 MG TABL	0	N
	GUANFACINE HCL ER 4 MG TABL	0	N
H8O - PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS			
	NUEDEXTA 20-10 MG CAPSULE	2	N
J1A - PARASYMPATHETIC AGENTS			
	BETHANECHOL 10 MG TABLET	0	N
	BETHANECHOL 25 MG TABLET	0	N
	BETHANECHOL 5 MG TABLET	0	N
	BETHANECHOL 50 MG TABLET	0	N
	CEVIMELINE HCL 30 MG CAPSUL	0	N
	GUANIDINE HCL 125 MG TABLET	2	N
	PILOCARPINE HCL 5 MG TABLET	0	N
	PILOCARPINE HCL 7.5 MG TABL	0	N
	SALAGEN 5 MG TABLET	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
J1B - CHOLINESTERASE INHIBITORS			
	DONEPEZIL HCL 10 MG TABLET	0	N
	DONEPEZIL HCL 5 MG TABLET	0	N
	DONEPEZIL HCL ODT 10 MG TAB	0	N
	DONEPEZIL HCL ODT 5 MG TABL	0	N
	GALANTAMINE 4 MG/ML ORAL SO	0	N
	GALANTAMINE ER 16 MG CAPSUL	0	N
	GALANTAMINE ER 24 MG CAPSUL	0	N
	GALANTAMINE ER 8 MG CAPSULE	0	N
	GALANTAMINE HBR 12 MG TABLE	0	N
	GALANTAMINE HBR 4 MG TABLET	0	N
	GALANTAMINE HBR 8 MG TABLET	0	N
	MESTINON 180 MG TIMESPAN	2	N
	MESTINON 60 MG/5 ML SYRUP	2	N
	PYRIDOSTIGMINE BR 60 MG TAB	0	N
	PYRIDOSTIGMINE ER 180 MG TA	0	N
	RIVASTIGMINE 1.5 MG CAPSULE	0	N
	RIVASTIGMINE 3 MG CAPSULE	0	N
	RIVASTIGMINE 4.5 MG CAPSULE	0	N
	RIVASTIGMINE 6 MG CAPSULE	0	N
J2A - BELLADONNA ALKALOIDS			
	HYOSCYAMINE 0.125 MG ODT	0	N
	HYOSCYAMINE 0.125 MG TAB SL	0	N
	HYOSCYAMINE 0.125 MG/ML DRO	0	N
	HYOSCYAMINE 125 MCG/5 ML EL	0	N
	HYOSCYAMINE SULF 0.125 MG T	0	N
	METHSCOPOLAMINE BROM 2.5 MG	0	N
	METHSCOPOLAMINE BROM 5 MG T	0	N
	NULEV 0.125 MG CHEWABLE MEL	2	N
	OSCIMIN SR 0.375 MG TABLET	0	N
	PAMINE 2.5 MG TABLET	2	N
	SYMAX FASTABS 0.125 MG TABL	2	N
J2B - ANTICHOLINERGICS,QUATERNARY AMMONIUM			
	CANTIL 25 MG TABLET	2	N
	CUVPOSA 1 MG/5 ML SOLUTION	2	N
	GLYCOPYRROLATE 1 MG TABLET	0	N
	GLYCOPYRROLATE 2 MG TABLET	0	N
	PROPANTHELINE 15 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
J2D - ANTICHOLINERGICS/ANTISPASMODICS			
	DICYCLOMINE 10 MG CAPSULE	0	N
	DICYCLOMINE 10 MG/5 ML SOLN	0	N
	DICYCLOMINE 20 MG TABLET	0	N
J3A - SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)			
	NICOTINE 14 MG/24HR PATCH	0	Y
	NICOTINE 2 MG CHEWING GUM	0	Y
	NICOTINE 2 MG LOZENGE	0	Y
	NICOTINE 21 MG/24HR PATCH	0	Y
	NICOTINE 4 MG CHEWING GUM	0	Y
	NICOTINE 4 MG LOZENGE	0	Y
	NICOTINE 7 MG/24HR PATCH	0	Y
	NICOTROL CARTRIDGE INHALER 10 MG	0	Y
	NICOTROL NS 10 MG/ML SPRAY	0	Y
J3C - SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST			
	CHANTIX 0.5 MG TABLET	2	N
	CHANTIX 1 MG CONT MONTH BOX	2	N
	CHANTIX 1 MG TABLET	2	N
	CHANTIX STARTING MONTH BOX 0.5 (11)-1	2	N
J5B - ADRENERGICS, AROMATIC, NON-CATECHOLAMINE			
	ADDERALL XR 10 MG CAPSULE	0	N
	ADDERALL XR 15 MG CAPSULE	0	N
	ADDERALL XR 20 MG CAPSULE	0	N
	ADDERALL XR 25 MG CAPSULE	0	N
	ADDERALL XR 30 MG CAPSULE	0	N
	ADDERALL XR 5 MG CAPSULE	0	N
	D-AMPHETAMINE ER 10 MG CAPS	0	N
	D-AMPHETAMINE ER 15 MG CAPS	0	N
	D-AMPHETAMINE ER 5 MG CAPSU	0	N
	DEXTROAMP-AMPHETAM 12.5 MG	0	N
	DEXTROAMP-AMPHETAM 7.5 MG T	0	N
	DEXTROAMP-AMPHETAMIN 10 MG	0	N
	DEXTROAMP-AMPHETAMIN 15 MG	0	N
	DEXTROAMP-AMPHETAMIN 20 MG	0	N
	DEXTROAMP-AMPHETAMIN 30 MG	0	N
	DEXTROAMP-AMPHETAMINE 5 MG	0	N
	DEXTROAMPHETAMINE 10 MG TAB	0	N
	DEXTROAMPHETAMINE 5 MG TAB	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	VYVANSE 10 MG CAPSULE	2	N
	VYVANSE 20 MG CAPSULE	2	N
	VYVANSE 30 MG CAPSULE	2	N
	VYVANSE 40 MG CAPSULE	2	N
	VYVANSE 50 MG CAPSULE	2	N
	VYVANSE 60 MG CAPSULE	2	N
	VYVANSE 70 MG CAPSULE	2	N
J5D - BETA-ADRENERGIC AGENTS			
	ALBUTEROL 2.5 MG/0.5 ML SOL	0	N
	ALBUTEROL 5 MG/ML SOLUTION	0	N
	ALBUTEROL SUL 2.5 MG/3 ML S	0	N
	ALBUTEROL SULF 2 MG/5 ML SY	0	N
	ALBUTEROL SULFATE 2 MG TAB	0	N
	ALBUTEROL SULFATE 4 MG TAB	0	N
	ALBUTEROL SULFATE ER 4 MG T	0	N
	ALBUTEROL SULFATE ER 8 MG T	0	N
	METAPROTERENOL 10 MG TABLET	0	N
	METAPROTERENOL 10 MG/5 ML S	0	N
	METAPROTERENOL 20 MG TABLET	0	N
	PROAIR HFA 90 MCG INHALER	0	N
	PROVENTIL HFA 90 MCG INHALE	2	N
	TERBUTALINE SULFATE 2.5 MG	0	N
	TERBUTALINE SULFATE 5 MG TA	0	N
J5F - ANAPHYLAXIS THERAPY AGENTS			
	AUVI-Q 0.15 MG AUTO-INJECTO	2	N
	AUVI-Q 0.3 MG AUTO-INJECTOR	2	N
	EPINEPHRINE 0.15 MG AUTO-IN	0	N
	EPINEPHRINE 0.3 MG AUTO-INJ	0	N
	EPIPEN 2-PAK 0.3 MG AUTO-IN	2	N
	EPIPEN JR 2-PAK 0.15 MG INJ	2	N
J5H - ADRENERGIC VASOPRESSOR AGENTS			
	MIDODRINE HCL 10 MG TABLET	0	N
	MIDODRINE HCL 2.5 MG TABLET	0	N
	MIDODRINE HCL 5 MG TABLET	0	N
J5J - BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS			
	IPRAT-ALBUT 0.5-3(2.5) MG/3	0	N
J7A - ALPHA/BETA-ADRENERGIC BLOCKING AGENTS			
	CARVEDILOL 12.5 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	CARVEDILOL 25 MG TABLET	0	N
	CARVEDILOL 3.125 MG TABLET	0	N
	CARVEDILOL 6.25 MG TABLET	0	N
	LABETALOL HCL 100 MG TABLET	0	N
	LABETALOL HCL 200 MG TABLET	0	N
	LABETALOL HCL 300 MG TABLET	0	N
J7B - ALPHA-ADRENERGIC BLOCKING AGENTS			
	DOXAZOSIN MESYLATE 1 MG TAB	0	N
	DOXAZOSIN MESYLATE 2 MG TAB	0	N
	DOXAZOSIN MESYLATE 4 MG TAB	0	N
	DOXAZOSIN MESYLATE 8 MG TAB	0	N
	PRAZOSIN 1 MG CAPSULE	0	N
	PRAZOSIN 2 MG CAPSULE	0	N
	PRAZOSIN 5 MG CAPSULE	0	N
	TERAZOSIN 1 MG CAPSULE	0	N
	TERAZOSIN 10 MG CAPSULE	0	N
	TERAZOSIN 2 MG CAPSULE	0	N
	TERAZOSIN 5 MG CAPSULE	0	N
J7C - BETA-ADRENERGIC BLOCKING AGENTS			
	ACEBUTOLOL 200 MG CAPSULE	0	N
	ACEBUTOLOL 400 MG CAPSULE	0	N
	ATENOLOL 100 MG TABLET	0	N
	ATENOLOL 25 MG TABLET	0	N
	ATENOLOL 50 MG TABLET	0	N
	BETAXOLOL 10 MG TABLET	0	N
	BETAXOLOL 20 MG TABLET	0	N
	BISOPROLOL FUMARATE 10 MG T	0	N
	BISOPROLOL FUMARATE 5 MG TA	0	N
	HEMANGEOL 4.28 MG/ML ORAL (AGES 0-2)	*	N
	METOPROLOL SUCC ER 100 MG T	0	N
	METOPROLOL SUCC ER 200 MG T	0	N
	METOPROLOL SUCC ER 25 MG TA	0	N
	METOPROLOL SUCC ER 50 MG TA	0	N
	METOPROLOL TARTRATE 100 MG	0	N
	METOPROLOL TARTRATE 25 MG T	0	N
	METOPROLOL TARTRATE 50 MG T	0	N
	NADOLOL 20 MG TABLET	0	N
	NADOLOL 40 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	NADOLOL 80 MG TABLET	0	N
	PINDOLOL 10 MG TABLET	0	N
	PINDOLOL 5 MG TABLET	0	N
	PROPRANOLOL 10 MG TABLET	0	N
	PROPRANOLOL 20 MG TABLET	0	N
	PROPRANOLOL 20 MG/5 ML SOLN	0	N
	PROPRANOLOL 40 MG TABLET	0	N
	PROPRANOLOL 40 MG/5 ML SOLN	0	N
	PROPRANOLOL 60 MG TABLET	0	N
	PROPRANOLOL 80 MG TABLET	0	N
	PROPRANOLOL ER 120 MG CAPSU	0	N
	PROPRANOLOL ER 160 MG CAPSU	0	N
	PROPRANOLOL ER 60 MG CAPSUL	0	N
	PROPRANOLOL ER 80 MG CAPSUL	0	N
	SOTALOL 120 MG TABLET	0	N
	SOTALOL 160 MG TABLET	0	N
	SOTALOL 240 MG TABLET	0	N
	SOTALOL 80 MG TABLET	0	N
	SOTALOL AF 120 MG TABLET	0	N
	SOTALOL AF 160 MG TABLET	0	N
	SOTALOL AF 80 MG TABLET	0	N
	SOTYLIZE 5 MG/ML ORAL SOLUT (AGES 0-6)	*	N
	TIMOLOL MALEATE 10 MG TABLE	0	N
	TIMOLOL MALEATE 20 MG TABLE	0	N
	TIMOLOL MALEATE 5 MG TABLET	0	N
J7H - BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE & RELATED			
	ATENOLOL-CHLORTHALIDONE 100	0	N
	ATENOLOL-CHLORTHALIDONE 50-	0	N
	BISOPROLOL-HCTZ 10-6.25 MG	0	N
	BISOPROLOL-HCTZ 2.5-6.25 MG	0	N
	BISOPROLOL-HCTZ 5-6.25 MG T	0	N
	DUTOPROL 100-12.5 MG TABLET	2	N
	DUTOPROL 25-12.5 MG TABLET	2	N
	DUTOPROL 50-12.5 MG TABLET	2	N
	METOPROLOL-HCTZ 100-25 MG T	0	N
	METOPROLOL-HCTZ 100-50 MG T	0	N
	METOPROLOL-HCTZ 50-25 MG TA	0	N
	NADOLOL-BENDROFLU 40-5 MG T	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	NADOLOL-BENDROFLU 80-5 MG T	0	N
	PROPRANOLOL-HCTZ 40-25 MG T	0	N
	PROPRANOLOL-HCTZ 80-25 MG T	0	N
J9A - INTESTINAL MOTILITY STIMULANTS			
	METOCLOPRAMIDE 10 MG TABLET	0	N
	METOCLOPRAMIDE 10 MG/10 ML	0	N
	METOCLOPRAMIDE 5 MG TABLET	0	N
	METOCLOPRAMIDE 5 MG/5 ML SO	0	N
L0B - TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES			
	SANTYL OINTMENT 250 UNIT/G	2	N
L1A - ANTIPSORIATIC AGENTS,SYSTEMIC			
	SORIATANE 10 MG CAPSULE	0	N
	SORIATANE 17.5 MG CAPSULE	0	N
	SORIATANE 25 MG CAPSULE	0	N
L2A - EMOLLIENTS			
	AMMONIUM LACTATE 12% CREAM 12 %	0	Y
	AMMONIUM LACTATE 12% LOTION	0	Y
	GLYCERIN 99.5% LIQUID	0	N
	MINERAL OIL/HYDROPHIL PETROLAT	0	N
	MINERAL OIL/PETROLATUM,WHITE	0	Y
L3A - PROTECTIVES			
	ALOE VESTA 43% PROTECTIVE O 43 %	0	Y
	ALOE VESTA SKIN CONDITIONER 3 %	2	Y
	BAZA PROTECT CREAM	2	Y
	DERMAMED OINTMENT	2	Y
	DERMAPHOR OINTMENT 44 %	2	Y
	PERIGUARD OINTMENT	2	Y
	REMEDY NUTRASHIELD PROTECTA 1 %	2	Y
	REMEDY SKIN REPAIR CREAM 1.5 %	2	Y
	S-C MOIST BARRIER OINT-ALOE 98.3%	0	Y
	S-C MOIST BARRIER OINT-ALOE 92.8%	0	Y
	SENSI-CARE MOISTURIZING 2 C 1 %-30 %	2	Y
	SENSI-CARE PROTECTIVE OINTM 15%-49%	2	Y
L3P - ANTIPRURITICS,TOPICAL			
	DIPHENHYDRAMINE HCL/ZINC ACET 2 %-0.1 %	0	N
	PRUDOXIN 5% CREAM	2	N
	ZONALON 5% CREAM	2	N
L5A - KERATOLYTICS			

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	ACNEFREE ACNE CLEARING SYST 2.5 %-3.7%	0	N
	BENZOYL PEROXIDE 10% GEL	0	N
	BENZOYL PEROXIDE 10% LOTION	0	N
	BENZOYL PEROXIDE 10% WASH	0	N
	BENZOYL PEROXIDE 2.5% GEL	0	N
	BENZOYL PEROXIDE 5% GEL	0	N
	BENZOYL PEROXIDE 5% LOTION	0	N
	BENZOYL PEROXIDE 5% WASH	0	N
	BENZOYL PEROXIDE 6% CLEANSE	0	N
	BP-50% UREA EMULSION	0	N
	BPO 4% GEL 4 %	0	N
	BPO 8% GEL 8 %	0	N
	CONDYLOX 0.5% GEL	2	N
	CONDYLOX 0.5% TOPICAL SOLN	2	N
	DHS SAL 3% SHAMPOO	0	N
	PANOXYL 3% CREAM	0	N
	PANOXYL-4 ACNE CREAMY WASH	0	N
	PODOFILOX 0.5% TOPICAL SOLN	0	N
	SALACTIC FILM SOLUTION 17 %	2	N
	SALICYLIC ACID 6% CREAM KIT	0	N
	SALICYLIC ACID 6% LOTION KI	0	N
	SALICYLIC ACID 6% SHAMPOO	0	N
	SAL-PLANT 17% GEL	2	N
	UREA 40% LOTION	0	N
L5E - ANTISEBORRHEIC AGENTS			
	ANTI-DANDRUFF 1% SHAMPOO	0	N
	DHS ZINC 2% SHAMPOO	2	Y
	SELENIUM SULFIDE 2.25% SHAM	0	N
	SELENIUM SULFIDE 2.5% LOTIO	0	N
L5F - ANTIPSORIATICS AGENTS			
	CALCIPOTRIENE 0.005% OINTME	0	N
	CALCIPOTRIENE 0.005% SOLUTI	0	N
	DOVONEX 0.005% CREAM	2	N
L5G - ROSACEA AGENTS, TOPICAL			
	METROGEL TOPICAL 1% GEL	2	N
	METROGEL TOPICAL 1% PUMP	2	N
	METROLOTION TOPICAL 0.75%	0	N
	METRONIDAZOLE 0.75% CREAM	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	METRONIDAZOLE TOPICAL 0.75%	0	N
	METRONIDAZOLE TOPICAL 1% GE	0	N
	NORITATE 1% CREAM	2	N
L5H - ACNE AGENTS,TOPICAL			
	AZELEX 20% CREAM (AGE UNDER 23)	2	N
	BENZACLIN GEL PUMP 1 %-5 %	2	N
	CLINDAMYCIN PHOS/BENZOYL PEROX 1 %-5 %	0	N
	CLINDAMYCIN PHOS/BENZOYL PEROX 1.2(1)%-5%	0	N
	KLARON 10% LOTION	0	N
L6A - IRRITANTS/COUNTER-IRRITANTS			
	BETATAR GEL SHAMPOO 2.5 %	0	N
	DHS TAR 0.5% SHAMPOO	0	N
	TRIXAICIN 0.025% CREAM	0	N
	TRIXAICIN HP 0.075% CREAM	0	Y
	ZIKS ARTHRITIS PAIN RELIEF 0.025%-12%	2	N
L9A - TOPICAL AGENTS,MISCELLANEOUS			
	UREA 10% LOTION	0	N
M0E - ANTIHEMOPHILIC FACTORS			
	ADVATE	2	N
	ALPHANATE	2	N
	ELOCTATE	2	N
	FEIBA NF	2	N
	FEIBA NF	2	N
	HELIXATE FS	0	N
	HEMOFIL M	2	N
	HUMATE-P	2	N
	KOATE-DVI	2	N
	KOGENATE FS	2	N
	MONOCLATE-P	2	N
	NOVOSEVEN RT	2	N
	RECOMBINATE	2	N
	XYNTHA	2	N
M0F - FACTOR IX PREPARATIONS			
	ALPROLIX	2	N
	BENEFIX	2	N
	MONONINE	2	N
	RIXUBIS	2	N
M0I - FACTOR IX COMPLEX (PCC) PREPARATIONS			

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	BEBULIN	2	N
	PROFILNINE	2	N
M0O - FACTOR XIII PREPARATIONS			
	CORIFACT	2	N
M4D - ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS			
	ATORVASTATIN 10 MG TABLET	0	N
	ATORVASTATIN 20 MG TABLET	0	N
	ATORVASTATIN 40 MG TABLET	0	N
	ATORVASTATIN 80 MG TABLET	0	N
	LOVASTATIN 10 MG TABLET	0	N
	LOVASTATIN 20 MG TABLET	0	N
	LOVASTATIN 40 MG TABLET	0	N
	PRAVASTATIN SODIUM 10 MG TA	0	N
	PRAVASTATIN SODIUM 20 MG TA	0	N
	PRAVASTATIN SODIUM 40 MG TA	0	N
	PRAVASTATIN SODIUM 80 MG TA	0	N
	SIMVASTATIN 10 MG TABLET	0	N
	SIMVASTATIN 20 MG TABLET	0	N
	SIMVASTATIN 40 MG TABLET	0	N
	SIMVASTATIN 5 MG TABLET	0	N
	SIMVASTATIN 80 MG TABLET	0	N
M4E - LIPOTROPICS			
	FENOFIBRATE 130 MG CAPSULE	0	N
	FENOFIBRATE 134 MG CAPSULE	0	N
	FENOFIBRATE 145 MG TABLET	0	N
	FENOFIBRATE 150 MG CAPSULE	0	N
	FENOFIBRATE 160 MG TABLET	0	N
	FENOFIBRATE 200 MG CAPSULE	0	N
	FENOFIBRATE 43 MG CAPSULE	0	N
	FENOFIBRATE 48 MG TABLET	0	N
	FENOFIBRATE 50 MG CAPSULE	0	N
	FENOFIBRATE 54 MG TABLET	0	N
	FENOFIBRATE 67 MG CAPSULE	0	N
	FENOFIBRIC ACID 105 MG TABL	0	N
	FENOFIBRIC ACID 35 MG TABLE	0	N
	FENOFIBRIC ACID DR 135 MG C	0	N
	FENOFIBRIC ACID DR 45 MG CA	0	N
	FISH OIL 1,000 MG SOFTGEL	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	GEMFIBROZIL 600 MG TABLET	0	N
	NIASPAN ER 1,000 MG TABLET	0	N
	NIASPAN ER 500 MG TABLET	0	N
	NIASPAN ER 750 MG TABLET	0	N
	OMEGA-3 FATTY ACIDS/FISH OIL 340-1000MG	0	Y
	OMEGA-3 FATTY ACIDS/FISH OIL 360-1200MG	0	Y
	OMEGA-3/DHA/EPA/FISH OIL 300-1000MG	0	N
	SEA-OMEGA 50 CAPSULE	0	N
M4G - AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)			
	GLUCAGON 1 MG EMERGENCY KIT	2	N
	GLUCOSE 4 GRAM TABLET CHEW	0	N
	GLUTOSE GEL 40 %	2	N
	PROGLYCEM 50 MG/ML ORAL SUS	2	N
M4L - ANTIHYPERLIPIDEMIC-HMG COA REDUCTASE INHIB.&NIACIN			
	SIMCOR 1,000-20 MG TABLET	2	N
	SIMCOR 1,000-40 MG TABLET	2	N
	SIMCOR 500-20 MG TABLET	2	N
	SIMCOR 500-40 MG TABLET	2	N
	SIMCOR 750-20 MG TABLET	2	N
M9D - ANTIFIBRINOLYTIC AGENTS			
	AMICAR 0.25 GRAM/ML ORAL SO	2	N
	AMICAR 1,000 MG TABLET	2	N
	AMICAR 500 MG TABLET	2	N
	AMINOCAPROIC ACID 1,000 MG	0	N
	AMINOCAPROIC ACID 25% SOLUT	0	N
	AMINOCAPROIC ACID 500 MG TA	0	N
	LYSTEDA 650 MG TABLET	2	N
	TRANEXAMIC ACID 650 MG TABL	0	N
M9K - HEPARIN AND RELATED PREPARATIONS			
	HEPARIN SODIUM,PORCINE 10 UNIT/ML	0	N
	HEPARIN SODIUM,PORCINE 100/ML	0	N
M9L - ANTICOAGULANTS,COUMARIN TYPE			
	WARFARIN SODIUM 1 MG TABLET	0	N
	WARFARIN SODIUM 10 MG TABLE	0	N
	WARFARIN SODIUM 2 MG TABLET	0	N
	WARFARIN SODIUM 2.5 MG TABL	0	N
	WARFARIN SODIUM 3 MG TABLET	0	N
	WARFARIN SODIUM 4 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	WARFARIN SODIUM 5 MG TABLET	0	N
	WARFARIN SODIUM 6 MG TABLET	0	N
	WARFARIN SODIUM 7.5 MG TABL	0	N
M9P - PLATELET AGGREGATION INHIBITORS			
	AGGRENOX 25 MG-200 MG CAPSU	2	N
	ASPIRIN-DIPYRIDAM ER 25-200	0	N
	BRILINTA 60 MG TABLET	2	N
	BRILINTA 90 MG TABLET	2	N
	CILOSTAZOL 100 MG TABLET	0	N
	CILOSTAZOL 50 MG TABLET	0	N
	CLOPIDOGREL 300 MG TABLET	0	N
	CLOPIDOGREL 75 MG TABLET	0	N
	DIPYRIDAMOLE 25 MG TABLET	0	N
	DIPYRIDAMOLE 50 MG TABLET	0	N
	DIPYRIDAMOLE 75 MG TABLET	0	N
	EFFIENT 10 MG TABLET	2	N
	EFFIENT 5 MG TABLET	2	N
	TICLOPIDINE 250 MG TABLET	0	N
M9S - HEMORRHEOLOGIC AGENTS			
	PENTOXIFYLLINE ER 400 MG TA	0	N
M9V - DIRECT FACTOR XA INHIBITORS			
	ELIQUIS 2.5 MG TABLET	2	N
	ELIQUIS 5 MG TABLET	2	N
	XARELTO 10 MG TABLET	2	N
	XARELTO 15 MG TABLET	2	N
	XARELTO 20 MG TABLET	2	N
	XARELTO STARTER PACK 15 MG-20MG	2	N
N1C - LEUKOCYTE (WBC) STIMULANTS			
	GRANIX 300 MCG/0.5 ML	2	N
	GRANIX 480 MCG/0.8 ML	2	N
	LEUKINE 250 MCG VIAL	2	N
	NEULASTA 6 MG/0.6 ML SYRING	2	N
	NEUPOGEN 300 MCG/0.5 ML SYR	2	N
	NEUPOGEN 300 MCG/ML VIAL	2	N
	NEUPOGEN 480 MCG/0.8 ML SYR	2	N
	NEUPOGEN 480 MCG/1.6 ML VIA	2	N
N1D - PLATELET REDUCING AGENTS			
	ANAGRELIDE HCL 0.5 MG CAPSU	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	ANAGRELIDE HCL 1 MG CAPSULE	0	N
N1E - PLATELET PROLIFERATION STIMULANTS			
	NEUMEGA 5 MG VIAL	2	N
N1F - THROMBOPOIETIN RECEPTOR AGONISTS			
	PROMACTA 12.5 MG TABLET	2	N
	PROMACTA 25 MG TABLET	2	N
	PROMACTA 50 MG TABLET	2	N
	PROMACTA 75 MG TABLET	2	N
N1H - SICKLE CELL ANEMIA AGENTS			
	DROXIA 200 MG CAPSULE	2	N
	DROXIA 300 MG CAPSULE	2	N
	DROXIA 400 MG CAPSULE	2	N
P0C - PREGNANCY FACILITATING/MAINTAINING AGENT,HORMONAL			
	CRINONE 8% GEL 8 %	2	N
P1B - SOMATOSTATIC AGENTS			
	OCTREOTIDE 1,000 MCG/ML	0	N
	OCTREOTIDE ACET 100 MCG/ML	0	N
	OCTREOTIDE ACET 200 MCG/ML	0	N
	OCTREOTIDE ACET 50 MCG/ML	0	N
	OCTREOTIDE ACET 50 MCG/ML S	2	N
	OCTREOTIDE ACET 500 MCG/ML	2	N
	SANDOSTATIN 0.05 MG/ML	0	N
	SANDOSTATIN 0.1 MG/ML	0	N
	SANDOSTATIN 0.2 MG/ML VIAL	0	N
	SANDOSTATIN 1 MG/ML VIAL	0	N
P1F - PITUITARY SUPPRESSIVE AGENTS			
	CABERGOLINE 0.5 MG TABLET	0	N
	DANAZOL 100 MG CAPSULE	0	N
	DANAZOL 200 MG CAPSULE	0	N
	DANAZOL 50 MG CAPSULE	0	N
P1M - LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS			
	SYNAREL 2 MG/ML NASAL SPRAY	2	N
P2B - ANTIDIURETIC AND VASOPRESSOR HORMONES			
	DDAVP 0.01% NASAL SPRAY	2	N
	DDAVP 0.1 MG TABLET	2	N
	DDAVP 0.2 MG TABLET	2	N
	DDAVP 10 MCG/0.1 ML SOLUTIO	2	N
	DDAVP 4 MCG/ML AMPUL	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	DESMOPRESSIN 0.01% SPRAY	0	N
	DESMOPRESSIN 0.1 MG/ML SOL	0	N
	DESMOPRESSIN AC 4 MCG/ML AM	0	N
	DESMOPRESSIN ACETATE 0.1 MG	0	N
	DESMOPRESSIN ACETATE 0.2 MG	0	N
P3A - THYROID HORMONES			
	ARMOUR THYROID 120 MG TABLE	2	N
	ARMOUR THYROID 15 MG TABLET	2	N
	ARMOUR THYROID 180 MG TABLE	2	N
	ARMOUR THYROID 240 MG TABLE	2	N
	ARMOUR THYROID 30 MG TABLET	2	N
	ARMOUR THYROID 300 MG TABLE	2	N
	ARMOUR THYROID 60 MG TABLET	2	N
	ARMOUR THYROID 90 MG TABLET	2	N
	CYTOMEL 25 MCG TABLET	0	N
	CYTOMEL 5 MCG TABLET	0	N
	CYTOMEL 50 MCG TABLET	0	N
	LEVOTHYROXINE 100 MCG TABLE	0	N
	LEVOTHYROXINE 112 MCG TABLE	0	N
	LEVOTHYROXINE 125 MCG TABLE	0	N
	LEVOTHYROXINE 137 MCG TABLE	0	N
	LEVOTHYROXINE 150 MCG TABLE	0	N
	LEVOTHYROXINE 175 MCG TABLE	0	N
	LEVOTHYROXINE 200 MCG TABLE	0	N
	LEVOTHYROXINE 25 MCG TABLET	0	N
	LEVOTHYROXINE 300 MCG TABLE	0	N
	LEVOTHYROXINE 50 MCG TABLET	0	N
	LEVOTHYROXINE 75 MCG TABLET	0	N
	LEVOTHYROXINE 88 MCG TABLET	0	N
	NP THYROID 30 MG TABLET	0	N
	NP THYROID 60 MG TABLET	0	N
	NP THYROID 90 MG TABLET	0	N
	THYROLAR-1 STRENGTH TABLET 12.5-50MCG	2	N
	THYROLAR-1/2 STRENGTH TAB 6.25-25MCG	2	N
	THYROLAR-1/4 STRENGTH TAB 3.1-12.5	2	N
	THYROLAR-2 STRENGTH TABLET 25-100MCG	2	N
	THYROLAR-3 STRENGTH TABLET 37.5-150	2	N
P3L - ANTITHYROID PREPARATIONS			

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	METHIMAZOLE 10 MG TABLET	0	N
	METHIMAZOLE 5 MG TABLET	0	N
	PROPYLTHIOURACIL 50 MG TABL	0	N
P4D - HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE			
	DOXERCALCIFEROL 0.5 MCG CAP	0	N
	DOXERCALCIFEROL 1 MCG CAPSU	0	N
	DOXERCALCIFEROL 2.5 MCG CAP	0	N
	HECTOROL 0.5 MCG CAPSULE	2	N
	HECTOROL 1 MCG CAPSULE	2	N
	HECTOROL 2.5 MCG CAPSULE	2	N
	PARICALCITOL 1 MCG CAPSULE	0	N
	PARICALCITOL 2 MCG CAPSULE	0	N
	PARICALCITOL 4 MCG CAPSULE	0	N
P4L - BONE RESORPTION INHIBITORS			
	ALENDRONATE SODIUM 10 MG TA	0	N
	ALENDRONATE SODIUM 35 MG TA	0	N
	ALENDRONATE SODIUM 40 MG TA	0	N
	ALENDRONATE SODIUM 5 MG TAB	0	N
	ALENDRONATE SODIUM 70 MG TA	0	N
	EVISTA 60 MG TABLET	2	N
P4M - CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER			
	SENSIPAR 30 MG TABLET	2	N
	SENSIPAR 60 MG TABLET	2	N
	SENSIPAR 90 MG TABLET	2	N
P5A - GLUCOCORTICOIDS			
	BUDESONIDE EC 3 MG CAPSULE	0	N
	CORTEF 10 MG TABLET	2	N
	CORTEF 5 MG TABLET	2	N
	CORTISONE 25 MG TABLET	0	N
	DEXAMETHASONE 0.5 MG TABLET	0	N
	DEXAMETHASONE 0.5 MG/5 ML	0	N
	DEXAMETHASONE 0.75 MG TABLE	0	N
	DEXAMETHASONE 1 MG TABLET	0	N
	DEXAMETHASONE 1.5 MG TABLET	0	N
	DEXAMETHASONE 2 MG TABLET	0	N
	DEXAMETHASONE 4 MG TABLET	0	N
	DEXAMETHASONE 6 MG TABLET	0	N
	DEXAMETHASONE INTENSOL 1 MG/ML	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	DEXPAK 13 DAY 1.5 MG TABLET	2	N
	DEXPAK 6 DAY 1.5 MG TABLET	2	N
	ENTOCORT EC 3 MG CAPSULE	2	N
	HYDROCORTISONE 10 MG TABLET	0	N
	HYDROCORTISONE 20 MG TABLET	0	N
	HYDROCORTISONE 5 MG TABLET	0	N
	MEDROL 16 MG TABLET	2	N
	MEDROL 2 MG TABLET	2	N
	MEDROL 32 MG TABLET	2	N
	MEDROL 8 MG TABLET	2	N
	METHYLPREDNISOLONE 16 MG TA	0	N
	METHYLPREDNISOLONE 32 MG TA	0	N
	METHYLPREDNISOLONE 4 MG TAB	0	N
	METHYLPREDNISOLONE 8 MG TAB	0	N
	MILLIPRED 10 MG/5 ML SOLUTI	2	N
	ORAPRED ODT 15 MG TABLET	2	N
	ORAPRED ODT 30 MG TABLET	2	N
	PREDNISOLONE 15 MG/5 ML SOL	0	N
	PREDNISOLONE 5 MG/5 ML SOLN	0	N
	PREDNISOLONE ODT 15 MG TABL	2	N
	PREDNISOLONE ODT 30 MG TABL	2	N
	PREDNISONE 1 MG TABLET	0	N
	PREDNISONE 10 MG TABLET	0	N
	PREDNISONE 2.5 MG TABLET	0	N
	PREDNISONE 20 MG TABLET	0	N
	PREDNISONE 5 MG TABLET	0	N
	PREDNISONE 5 MG/5 ML SOLUTI	2	N
	PREDNISONE 50 MG TABLET	0	N
	VERIPRED 20 20 MG/5 ML SOLN	2	N
P5S - MINERALOCORTICOIDS			
	FLUDROCORTISONE 0.1 MG TABL	0	N
Q2C - OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE			
	RESTASIS 0.05% EYE EMULSION	2	N
Q2N - OPHTHALMIC ANTIFUNGAL AGENTS			
	NATACYN EYE DROPS 5 %	2	N
Q3A - RECTAL PREPARATIONS			
	ANUSOL-HC 2.5% CREAM	2	N
	PROCTOCORT 1% CREAM	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	PROCTOSOL-HC 2.5% CREAM	2	N
	PROCTOZONE-HC 2.5% CREAM	2	N
Q3B - RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)			
	CORTIFOAM 10% AEROSOL	0	N
	HYDROCORTISONE 100 MG/60 ML	0	N
Q3D - HEMORRHOIDAL PREPARATIONS			
	HEMORRHOIDAL OINTMENT	0	N
	HEMORRHOIDAL SUPPOSITORIES 0.25-3%	0	N
	HEMORRHOIDAL SUPPOSITORY 0.25 %	0	N
	PHENYLEPH/MINERAL OIL/PETROLAT 0.25 %-14%	0	N
	PHENYLEPHRINE HCL/COCOA BUTTER 0.25-88.44	0	N
Q3E - CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX			
	CANASA 1,000 MG SUPPOSITORY	2	N
	MESALAMINE 4 GM/60 ML ENEMA	0	N
	MESALAMINE 4 GM/60 ML KIT	0	N
Q3I - HEMORRHOIDAL PREP,ANTI-INFLAM STEROID/LOCAL ANESTH			
	ANALPRAM HC 1% CREAM 1 %-1 %	2	N
	PRAMCORT 1% CREAM 1 %-1 %	2	N
Q3S - LAXATIVES, LOCAL/RECTAL			
	BISACODYL 10 MG SUPPOSITORY 10 MG	0	Y
	DOCUSOL MINI-ENEMA 283 MG	2	Y
	ENEMA 19G-7G/118	0	Y
	ENEMEEZ MINI ENEMA 283 MG/5ML	2	Y
	ENEMEEZ PLUS MINI ENEMA 283-20MG/5	2	Y
	FLEET BISACODYL 10 MG ENEMA 10MG/30ML	2	Y
	FLEET ENEMA 19G-7G/118	2	Y
	FLEET MINERAL OIL ENEMA	2	Y
	FLEET PEDIA-LAX ENEMA 9.5-3.5/59	2	Y
	MINERAL OIL ENEMA	0	Y
Q4F - VAGINAL ANTIFUNGALS			
	CLOTRIMAZOLE 1% CREAM	0	N
	CLOTRIMAZOLE 3 DAY CREAM 2 %	0	N
	GYNAZOLE 1 2% CREAM 2 %	2	N
	MICONAZOLE 1 COMBINATION PA 1200MG-2%	0	N
	MICONAZOLE 100 MG VAG SUPP	0	N
	MICONAZOLE 3 200 MG VAG SUP	0	N
	MICONAZOLE 3 COMBO PACK 200 MG-2 %	0	N
	MICONAZOLE NITRATE 2% CREAM	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	MICONAZOLE NITRATE CREAM 4 %	0	N
	TERAZOL 3 CREAM	2	N
	TERAZOL 7 CREAM	2	N
	TERCONAZOLE 0.4% CREAM 0.4 %	0	N
	TERCONAZOLE 0.8% CREAM 0.8 %	0	N
	TERCONAZOLE 80 MG SUPPOSITO 80 MG	0	N
	TIOCONAZOLE 1 6.5% OINTMENT	0	N
Q4K - VAGINAL ESTROGEN PREPARATIONS			
	ESTRING 2 MG VAGINAL RING 7.5MCG/24H	2	N
	PREMARIN VAGINAL CREAM-APPL 0.625 MG/G	2	N
Q4S - VAGINAL SULFONAMIDES			
	AVC 15% CREAM	2	N
Q4W - VAGINAL ANTIBIOTICS			
	CLEOCIN 100 MG VAGINAL OVUL	2	N
	CLINDAMYCIN 2% VAGINAL CREA	0	N
	CLINDESSE 2% VAGINAL CREAM	2	N
	METROGEL-VAGINAL 0.75% GEL	2	N
	METRONIDAZOLE VAGINAL 0.75%	0	N
Q5A - TOPICAL PREPARATIONS,MISCELLANEOUS			
	PEDI-BORO SOAK PAKS 839-1191MG	0	Y
Q5B - TOPICAL PREPARATIONS,ANTIBACTERIALS			
	BETADINE 7.5% SCRUB	0	N
	POVIDONE-IODINE 10% OINTMEN	0	N
	POVIDONE-IODINE 10% SOLUTIO	0	N
Q5F - TOPICAL ANTIFUNGALS			
	ALEVAZOL 1% OINTMENT	0	N
	CICLOPIROX 0.77% CREAM	0	N
	CICLOPIROX 0.77% GEL	0	N
	CICLOPIROX 0.77% TOPICAL SU	0	N
	CICLOPIROX 1% SHAMPOO 1 %	0	N
	CICLOPIROX 8% SOLUTION	0	N
	CLOTRIMAZOLE 1% CREAM	0	N
	DESENEX 2% POWDER	2	N
	ECONAZOLE NITRATE 1% CREAM 1 %	0	N
	FUNGOID 2% TINCTURE 2 %	2	N
	KETOCONAZOLE 2% CREAM 2 %	0	N
	KETOCONAZOLE 2% SHAMPOO 2 %	0	N
	LAMISIL ANTIFUNGAL 1% SPRAY 1 %	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	LOPROX 1% SHAMPOO 1 %	2	N
	MICONAZOLE NITRATE 2% CREAM	0	N
	MICONAZOLE NITRATE OINT 2 %	0	N
	MICONAZOLE NITRATE POWDER 2 %	0	Y
	NYSTATIN 100,000 UNIT/GM CR	0	N
	NYSTATIN 100,000 UNIT/GM PO	0	N
	NYSTATIN 100,000 UNITS/GM OINT	0	N
	NYSTATIN-TRIAMCINOLONE CREA 100000-0.1	0	N
	NYSTATIN-TRIAMCINOLONE OINT 100000-0.1	0	N
	TERBINAFINE 1% CREAM	0	N
	TOLNAFTATE 1% CREAM	0	N
	TOLNAFTATE 1% POWDER	0	N
	TOLNAFTATE 1% SOLUTION 1 %	0	N
Q5H - TOPICAL LOCAL ANESTHETICS			
	LIDOCAINE 3% CREAM 3 %	0	N
	LIDOCAINE 4% CREAM 4 %	0	N
	LIDOCAINE 5% OINTMENT 5 %	0	N
	LIDOCAINE-PRILOCAINE CREAM 2.5 %-2.5%	0	N
	REGENECARE 2% WOUND GEL	2	N
Q5M - TOPICAL ANTIFUNGAL/ANTI-INFLAMMATORY,STEROID AGENT			
	CLOTRIMAZOLE-BETAMETHASONE 1 %-0.05 %	0	N
Q5N - TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS			
	CARAC 0.5% CREAM	2	N
	DICLOFENAC SODIUM 3% GEL	0	N
	FLUOROURACIL 0.5% CREAM	0	N
	FLUOROURACIL 2% TOPICAL SOL	0	N
	FLUOROURACIL 5% CREAM	0	N
	FLUOROURACIL 5% TOP SOLUTIO	0	N
	SOLARAZE 3% GEL	2	N
	VALCHLOR 0.016% GEL	2	N
Q5P - TOPICAL ANTI-INFLAMMATORY STEROIDAL			
	AMCINONIDE 0.1% CREAM	0	N
	AMCINONIDE 0.1% LOTION	0	N
	AMCINONIDE 0.1% OINTMENT	0	N
	BETAMETHASONE VA 0.1% CREAM	0	N
	BETAMETHASONE VA 0.1% LOTIO	0	N
	BETAMETHASONE VALER 0.1% OI	0	N
	DESONIDE 0.05% CREAM	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	DESONIDE 0.05% OINTMENT	0	N
	DIFLORASONE 0.05% CREAM	0	N
	DIFLORASONE 0.05% OINTMENT	0	N
	FLUOCINOLONE 0.01% BODY OIL	0	N
	FLUOCINOLONE 0.01% CREAM	0	N
	FLUOCINOLONE 0.01% SCALP OI	0	N
	FLUOCINOLONE 0.01% SOLUTION	0	N
	FLUOCINOLONE 0.025% CREAM	0	N
	FLUOCINOLONE 0.025% OINTMEN	0	N
	FLUOCINONIDE 0.05% CREAM	0	N
	FLUOCINONIDE 0.05% GEL	0	N
	FLUOCINONIDE 0.05% OINTMENT	0	N
	FLUOCINONIDE 0.05% SOLUTION	0	N
	FLUOCINONIDE-E 0.05% CREAM	0	N
	FLUTICASONE PROP 0.005% OIN	0	N
	FLUTICASONE PROP 0.05% CREA	0	N
	HYDROCORTISONE 0.1% SOLN	0	N
	HYDROCORTISONE 0.5% CREAM	0	N
	HYDROCORTISONE 0.5% OINTMEN 0.5 %	0	N
	HYDROCORTISONE 1 % CREAM	0	N
	HYDROCORTISONE 1% CREAM	0	N
	HYDROCORTISONE 1% OINTMENT 1 %	0	N
	HYDROCORTISONE 2.5% CREAM 2.5 %	0	N
	HYDROCORTISONE 2.5% LOTION	0	N
	HYDROCORTISONE 2.5% OINTMEN 2.5 %	0	N
	HYDROCORTISONE LOTION 1 %	0	N
	HYDROCORTISONE-ALOE 1% CREA	0	N
	MOMETASONE FUROATE 0.1% CRE	0	N
	MOMETASONE FUROATE 0.1% OIN	0	N
	MOMETASONE FUROATE 0.1% SOL	0	N
	PSORCON 0.05% CREAM	0	N
	TRIAMCINOLONE 0.025% CREAM	0	N
	TRIAMCINOLONE 0.025% OINT	0	N
	TRIAMCINOLONE 0.1% CREAM	0	N
	TRIAMCINOLONE 0.1% OINTMENT	0	N
	TRIAMCINOLONE 0.5% CREAM	0	N
	TRIAMCINOLONE 0.5% OINTMENT	0	N
Q5R - TOPICAL ANTIPARASITICS			

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	LICE SOLUTION KIT 4-.33-.5%	0	N
	NATROBA 0.9% TOPICAL SUSP	0	N
	PERMETHRIN 1% LOTION	0	N
	PERMETHRIN 5% CREAM 5 %	0	N
	PYRETHRIN LICE TREATMENT 4%-0.33%	0	N
	SKLICE 0.5% LOTION	2	N
Q5S - TOPICAL SULFONAMIDES			
	SILVADENE 1% CREAM	0	N
	SILVER SULFADIAZINE 1% CREA	0	N
	SULFAMYLON 8.5% CREAM 8.5 %	2	N
Q5V - TOPICAL ANTIVIRALS			
	ACYCLOVIR 5% OINTMENT	0	N
	DENAVIR 1% CREAM	2	N
	ZOVIRAX 5% CREAM	2	N
	ZOVIRAX 5% OINTMENT	2	N
Q5W - TOPICAL ANTIBIOTICS			
	BACITRACIN 500 UNIT/GM OINT	0	Y
	BACITRACIN-POLYMYXIN OINTME 500-10K/G	0	Y
	BACTROBAN 2% CREAM	2	N
	CLINDAMYCIN PH 1% GEL	0	N
	CLINDAMYCIN PH 1% SOLUTION	0	N
	CLINDAMYCIN PHOS 1% PLEDGET	0	N
	CLINDAMYCIN PHOSP 1% LOTION	0	N
	ERYTHROMYCIN 2% GEL	0	N
	ERYTHROMYCIN 2% SOLUTION 2 %	0	N
	ERYTHROMYCIN-BENZOYL GEL 3 %-5 %	0	N
	GENTAMICIN 0.1% CREAM	0	N
	GENTAMICIN 0.1% OINTMENT	0	N
	MUPIROCIN 2% CREAM	0	N
	MUPIROCIN 2% OINTMENT	0	N
	TRIPLE ANTIBIOTIC OINTMENT 3.5-400-5K	0	Y
	TRIPLE ANTIBIOTIC PLUS OINT 3.5-10K-10	0	Y
Q5X - TOPICAL ANTIBIOTIC & ANTI-INFLAMMATORY STEROID			
	CORTISPORIN OINTMENT 1 %	2	N
Q6A - OPHTHALMIC PREPARATIONS, MISCELLANEOUS			
	MURO-128 5% EYE DROPS 5 %	2	N
	MURO-128 5% EYE OINTMENT 5 %	2	N
	SODIUM CHLORIDE 5% EYE DROP 5 %	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	SODIUM CHLORIDE 5% EYE OINT 5 %	0	N
Q6C - EYE VASOCONSTRICTORS			
	PHENYLEPHRINE 10% EYE DROPS 10 %	0	N
	PHENYLEPHRINE 2.5% EYE DROP 2.5 %	0	N
Q6D - EYE VASOCONSTRICTORS (OTC ONLY)			
	EYE DROPS ALLERGY RELIEF 0.05-0.25%	0	N
	OPTI-CLEAR 0.05% EYE DROPS	0	Y
Q6G - MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS			
	ALPHAGAN P 0.15% EYE DROPS	0	N
	BETAXOLOL HCL 0.5% EYE DROP	0	N
	BRIMONIDINE 0.2% EYE DROP	0	N
	CARTEOLOL HCL 1% EYE DROPS	0	N
	DORZOLAMIDE HCL 2% EYE DROP	0	N
	DORZOLAMIDE-TIMOLOL EYE DRO 22.3-6.8/1	0	N
	ISOPTO CARPINE 2% EYE DROPS	2	N
	ISOPTO CARPINE 4% EYE DROPS	2	N
	LATANOPROST 0.005% EYE DROP	0	N
	LEVOBUNOLOL 0.5% EYE DROPS	0	N
	METIPRANOLOL 0.3% EYE DROPS	0	N
	PHOSPHOLINE IODIDE 0.125%	2	N
	PILOCARPINE 1% EYE DROPS	0	N
	PILOCARPINE 2% EYE DROPS	0	N
	PILOCARPINE 4% EYE DROPS	0	N
	TIMOLOL 0.25% EYE DROPS	0	N
	TIMOLOL 0.25% GEL-SOLUTION	0	N
	TIMOLOL 0.5% EYE DROPS	0	N
	TIMOLOL 0.5% GEL-SOLUTION	0	N
Q6H - EYE LOCAL ANESTHETICS			
	TETRACAINE 0.5% EYE DROPS	0	N
Q6I - EYE ANTIBIOTIC AND GLUCOCORTICOID COMBINATIONS			
	NEO-BACIT-POLY-HC EYE OINTM 3.5-10K-1	0	N
	NEOMYC-POLYM-DEXAMET EYE OI 3.5-10K-.1	0	N
	NEOMYC-POLYM-DEXAMETH EYE D 0.1 %	0	N
	TOBRADEX EYE DROPS 0.3 %-0.1%	0	N
Q6J - MYDRIATICS			
	ATROPINE 1% EYE DROPS	0	N
	ATROPINE 1% EYE OINTMENT	0	N
	CYCLOGYL 0.5% EYE DROPS	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	CYCLOGYL 1% EYE DROPS	2	N
	CYCLOGYL 2% EYE DROPS	2	N
	CYCLOMYDRIL EYE DROPS 0.2 %-1 %	2	N
	CYCLOPENTOLATE 1% EYE DROPS	0	N
	ISOPTO HYOSCINE 0.25% DROPS	2	N
	TROPICAMIDE 0.5% EYE DROPS	0	N
	TROPICAMIDE 1% EYE DROPS	0	N
Q6P - EYE ANTI-INFLAMMATORY AGENTS			
	ALREX 0.2% EYE DROPS	2	N
	DEXAMETHASONE 0.1% EYE DROP	0	N
	DICLOFENAC 0.1% EYE DROPS	0	N
	DUREZOL 0.05% EYE DROPS	2	N
	FLUOROMETHOLONE 0.1% DROPS	0	N
	FLURBIPROFEN 0.03% EYE DROP	0	N
	FML FORTE 0.25% EYE DROPS	2	N
	FML S.O.P. 0.1% OINTMENT	2	N
	KETOROLAC 0.4% OPHTH SOLUTI	0	N
	KETOROLAC 0.5% OPHTH SOLUTI	0	N
	LOTEMAX 0.5% EYE DROPS	2	N
	LOTEMAX 0.5% EYE OINTMENT	2	N
	LOTEMAX 0.5% OPHTHALMIC GEL	2	N
	MAXIDEX 0.1% EYE DROPS	2	N
	PRED MILD 0.12% EYE DROPS	2	N
	PREDNISOLONE AC 1% EYE DROP	0	N
	PREDNISOLONE SOD 1% EYE DRO	0	N
	VEXOL 1% EYE DROPS	2	N
Q6R - EYE ANTIHISTAMINES			
	BEPREVE 1.5% EYE DROPS	2	N
	KETOTIFEN FUM 0.025% EYE DR	0	N
	OPTIVAR 0.05% DROPS	0	N
	PATADAY 0.2% EYE DROPS	2	N
Q6S - EYE SULFONAMIDES			
	SULFACETAMIDE 10% EYE DROPS	0	N
	SULF-PRED 10-0.23% EYE DROP	0	N
Q6T - ARTIFICIAL TEARS			
	CARBOXYMETHYLCELLULOSE SODIUM 0.5 %	0	Y
	DEXTRAN 70/HYPROMELLOSE	0	Y
	FRESHKOTE EYE DROPS 2-0.9-1.8%	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	GENTEAL MILD 0.2% EYE DROPS	2	Y
	GENTEAL MILD-MODERATE EYE D 0.3 %	2	Y
	GENTEAL SEVERE 0.3% EYE GEL	2	Y
	HYPROMELLOSE 0.5 %	0	Y
	POLYVINYL ALCOHOL 1.4 %	0	Y
	POLYVINYL ALCOHOL/POVIDONE 0.5%-0.6%	0	Y
	PROPYLENE GLYCOL/PEG 400 0.3 %-0.4%	0	Y
	SYSTANE 0.3% EYE GEL	2	Y
	SYSTANE BALANCE 0.6% EYE DR	2	Y
	SYSTANE GEL EYE DROPS 0.3 %-0.4%	2	Y
	TEARS NATURALE FORTE DROPS 0.1-.3-.2%	2	Y
Q6U - EYE MAST CELL STABILIZERS			
	CROMOLYN 4% EYE DROPS	0	N
Q6V - EYE ANTIVIRALS			
	TRIFLURIDINE 1% EYE DROPS	0	N
	VIROPTIC 1% EYE DROPS	2	N
Q6W - OPHTHALMIC ANTIBIOTICS			
	BACITRACIN 500 UNIT/GM OPHT 500 UNIT/G	0	N
	BACITRACIN-POLYMYXIN EYE OI 500-10K/G	0	N
	CIPROFLOXACIN 0.3% EYE DROP	0	N
	ERYTHROMYCIN 0.5% EYE OINTM 5 MG/G	0	N
	GENTAMICIN 0.3% EYE OINTMEN 0.3 %	0	N
	NEOMYC-BACIT-POLYMIX EYE OI 3.5MG-400	0	N
	NEOMYC-POLYM-GRAMICID EYE D 1.75MG-10K	0	N
	OFLOXACIN 0.3% EYE DROPS	0	N
	POLYMYXIN B-TMP EYE DROPS 10000-1/ML	0	N
	TOBRAMYCIN 0.3% EYE DROPS	0	N
Q6Y - EYE PREPARATIONS, MISCELLANEOUS (OTC)			
	GENTEAL PM OINTMENT 3%-94%	2	Y
	LANOLIN/MIN OIL/PETROLAT,WHT	0	Y
	MINERAL OIL/PETROLATUM,WHITE 42.5-57.3%	0	Y
	MINERAL OIL/PETROLATUM,WHITE 15 %-83 %	0	Y
	PURALUBE OPHTHALMIC OINTMEN 15%-85%	2	Y
	SYSTANE NIGHTTIME EYE OINT 3%-94%	2	Y
Q7A - NOSE PREPARATIONS, MISCELLANEOUS (RX)			
	IPRATROPIUM 0.03% SPRAY 21 MCG	0	N
	IPRATROPIUM 0.06% SPRAY 42 MCG	0	N
Q7C - NOSE PREPARATIONS, VASOCONSTRICTORS (RX)			

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	ADRENALIN 1:1,000 NASAL SOL 1:1000	2	N
Q7D - NOSE PREPARATIONS, VASOCONSTRICTORS(OTC)			
	OXYMETAZOLINE HCL 0.05 %	0	Y
	PHENYLEPHRINE HCL 1 %	0	N
Q7E - NASAL ANTIHISTAMINE			
	ASTEPRO 0.15% NASAL SPRAY 205.5MCG	0	N
	PATANASE 665 MCG NASAL SPRA 0.6 %	0	N
Q7H - NASAL MAST CELL STABILIZERS			
	CROMOLYN SODIUM NASAL SOLUT 5.2 MG	0	Y
Q7P - NASAL ANTI-INFLAMMATORY STEROIDS			
	FLUNISOLIDE 0.025% SPRAY 25 MCG	0	N
	FLUTICASONE PROP 50 MCG SPR	0	N
Q7W - NOSE PREPARATIONS ANTIBIOTICS			
	BACTROBAN NASAL 2% OINTMENT 2 %	2	N
Q7Y - NOSE PREPARATIONS, MISCELLANEOUS (OTC)			
	SALINE MIST 0.65% NOSE SPRY	0	Y
Q8B - EAR PREPARATIONS, MISC. ANTI-INFECTIVES			
	ACETIC ACID 2% EAR SOLUTION 2 %	0	N
	ACETIC ACID-ALUMINUM DROPS 2 %	0	N
Q8F - OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS			
	CIPRODEX OTIC SUSPENSION 0.3 %-0.1%	2	N
Q8H - EAR PREPARATIONS,LOCAL ANESTHETICS			
	ANTIPYRINE-BENZOCAINE EAR D 5.4 %-1.4%	0	N
	PINNACAINE 20% OTIC DROPS 20 %	0	N
Q8P - EAR PREPARATIONS ANTI-INFLAMMATORY			
	FLUOCINOLONE OIL 0.01% EAR 0.01 %	0	N
Q8R - EAR PREPARATIONS,EAR WAX REMOVERS			
	CARBAMIDE PEROXIDE 6.5 %	0	Y
Q8W - EAR PREPARATIONS,ANTIBIOTICS			
	NEOMYCIN-POLYMYXIN-HC EAR S 3.5-10K-1	0	N
	OFLOXACIN 0.3% EAR DROPS 0.3 %	0	N
Q9B - BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS			
	FINASTERIDE 5 MG TABLET 5 MG	0	N
	TAMSULOSIN HCL 0.4 MG CAPSU 0.4 MG	0	N
R1A - URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT			
	FLAVOXATE HCL 100 MG TABLET	0	N
	OXYBUTYNIN 5 MG TABLET	0	N
	OXYBUTYNIN 5 MG/5 ML SYRUP	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	OXYBUTYNIN CL ER 10 MG TABL	0	N
	OXYBUTYNIN CL ER 15 MG TABL	0	N
	OXYBUTYNIN CL ER 5 MG TABLE	0	N
	TROSPIUM CHLORIDE 20 MG TAB	0	N
R1E - CARBONIC ANHYDRASE INHIBITORS			
	ACETAZOLAMIDE 125 MG TABLET	0	N
	ACETAZOLAMIDE 250 MG TABLET	0	N
	DIAMOX SEQUELS ER 500 MG CA	0	N
	METHAZOLAMIDE 25 MG TABLET	0	N
	METHAZOLAMIDE 50 MG TABLET	0	N
R1F - THIAZIDE AND RELATED DIURETICS			
	CHLOROTHIAZIDE 250 MG TABLE	0	N
	CHLOROTHIAZIDE 500 MG TABLE	0	N
	CHLORTHALIDONE 25 MG TABLET	0	N
	CHLORTHALIDONE 50 MG TABLET	0	N
	DIURIL 250 MG/5 ML ORAL SUS	2	N
	HYDROCHLOROTHIAZIDE 12.5 MG	0	N
	HYDROCHLOROTHIAZIDE 25 MG T	0	N
	HYDROCHLOROTHIAZIDE 50 MG T	0	N
	INDAPAMIDE 1.25 MG TABLET	0	N
	INDAPAMIDE 2.5 MG TABLET	0	N
	METHYCLOTHIAZIDE 5 MG TABLE	0	N
	METOLAZONE 10 MG TABLET	0	N
	METOLAZONE 2.5 MG TABLET	0	N
	METOLAZONE 5 MG TABLET	0	N
R1H - POTASSIUM SPARING DIURETICS			
	AMILORIDE HCL 5 MG TABLET	0	N
	EPLERENONE 25 MG TABLET	0	N
	EPLERENONE 50 MG TABLET	0	N
	SPIRONOLACTONE 100 MG TABLE	0	N
	SPIRONOLACTONE 25 MG TABLET	0	N
	SPIRONOLACTONE 50 MG TABLET	0	N
R1I - URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.			
	ENABLEX 15 MG TABLET	2	N
	ENABLEX 7.5 MG TABLET	2	N
	VESICARE 10 MG TABLET	2	N
	VESICARE 5 MG TABLET	2	N
R1L - POTASSIUM SPARING DIURETICS IN COMBINATION			

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	AMILORIDE HCL-HCTZ 5-50 MG	0	N
	SPIRONOLACTONE-HCTZ 25-25 T	0	N
	TRIAMTERENE-HCTZ 37.5-25 MG	0	N
	TRIAMTERENE-HCTZ 50-25 MG C	0	N
	TRIAMTERENE-HCTZ 75-50 MG T	0	N
R1M - LOOP DIURETICS			
	BUMETANIDE 0.5 MG TABLET	0	N
	BUMETANIDE 1 MG TABLET	0	N
	BUMETANIDE 2 MG TABLET	0	N
	EDECRIN 25 MG TABLET	2	N
	FUROSEMIDE 10 MG/ML SOLUTIO	0	N
	FUROSEMIDE 20 MG TABLET	0	N
	FUROSEMIDE 40 MG TABLET	0	N
	FUROSEMIDE 40 MG/5 ML SOLN	0	N
	FUROSEMIDE 80 MG TABLET	0	N
	TORSEMIDE 10 MG TABLET	0	N
	TORSEMIDE 100 MG TABLET	0	N
	TORSEMIDE 20 MG TABLET	0	N
	TORSEMIDE 5 MG TABLET	0	N
R1N - ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS			
	SAMSCA 15 MG TABLET	2	N
	SAMSCA 30 MG TABLET	2	N
R1R - URICOSURIC AGENTS			
	PROBENECID 500 MG TABLET	0	N
R1S - URINARY PH MODIFIERS			
	K-PHOS #2 TABLET 700-305MG	2	Y
	K-PHOS NEUTRAL TABLET 250 MG	2	Y
	K-PHOS ORIGINAL TABLET 500 MG	2	Y
	PHOSPHA 250 NEUTRAL TABLET 250 MG	2	Y
	POT CITRATE-CITRIC ACID PAC 3300-1002	0	Y
	POTASS CIT-SOD CIT-CITRIC S 500-550/5	0	Y
	POTASSIUM CIT-CITRIC ACID S 1100-334/5	0	Y
	POTASSIUM CITRATE ER 10 MEQ	0	Y
	POTASSIUM CITRATE ER 15 MEQ	0	Y
	POTASSIUM CITRATE ER 5 MEQ	0	Y
	RENACIDIN IRRIGATION SOLN 6.602G/100	0	Y
	SOD CITRATE-CITRIC ACID SOL 334-500MG	0	Y
	UROCIT-K ER 15 MEQ TABLET	2	Y

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	UROCIT-K SR 10 MEQ TABLET	2	Y
	UROCIT-K SR 5 MEQ TABLET	2	Y
	VIRT-PHOS 250 NEUTRAL TABLE 250 MG	2	Y
R1W - CYSTINE-DEPLETING AGENTS, NEPHROPATHIC CYSTINOSIS			
	CYSTAGON 150 MG CAPSULE	2	N
	CYSTAGON 50 MG CAPSULE	2	N
	PROCYSBI DR 25 MG CAPSULE	2	N
	PROCYSBI DR 75 MG CAPSULE	2	N
R4A - KIDNEY STONE AGENTS			
	THIOLA 100 MG TABLET	2	N
R5A - URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)			
	PHENAZOPYRIDINE 100 MG TAB	0	N
	PHENAZOPYRIDINE 200 MG TAB	0	N
	PHENAZOPYRIDINE HCL 95 MG	0	N
R5B - URINARY TRACT ANALGESIC AGENTS			
	ELMIRON 100 MG CAPSULE	2	N
S2A - COLCHICINE			
	PROBENECID-COLCHICINE TABS 0.5-500MG	0	N
S2B - NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE			
	CHILD IBUPROFEN 100 MG/5 ML	0	N
	DICLOFENAC POT 50 MG TABLET	0	N
	DICLOFENAC SOD EC 25 MG TAB	0	N
	DICLOFENAC SOD EC 50 MG TAB	0	N
	DICLOFENAC SOD EC 75 MG TAB	0	N
	DICLOFENAC SOD ER 100 MG TA	0	N
	ETODOLAC 200 MG CAPSULE	0	N
	ETODOLAC 300 MG CAPSULE	0	N
	ETODOLAC 400 MG TABLET	0	N
	ETODOLAC 500 MG TABLET	0	N
	ETODOLAC ER 400 MG TABLET	0	N
	ETODOLAC ER 500 MG TABLET	0	N
	ETODOLAC ER 600 MG TABLET	0	N
	FENOPROFEN 600 MG TABLET	0	N
	FLURBIPROFEN 100 MG TABLET	0	N
	FLURBIPROFEN 50 MG TABLET	0	N
	IBUPROFEN 100 MG CHEW TABLET	0	N
	IBUPROFEN 200 MG TABLET	0	N
	IBUPROFEN 400 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	IBUPROFEN 600 MG TABLET	0	N
	IBUPROFEN 800 MG TABLET	0	N
	INDOCIN 25 MG/5 ML SUSPENSI	2	N
	INDOCIN 50 MG SUPPOSITORY	2	N
	INDOMETHACIN 25 MG CAPSULE	0	N
	INDOMETHACIN 50 MG CAPSULE	0	N
	INDOMETHACIN ER 75 MG CAPSU	0	N
	INFANT IBUPROFEN 50 MG/1.25	0	N
	KETOPROFEN 50 MG CAPSULE	0	N
	KETOPROFEN 75 MG CAPSULE	0	N
	KETOPROFEN ER 200 MG CAPSUL	0	N
	KETOROLAC 10 MG TABLET	0	N
	MECLOFENAMATE 100 MG CAPSUL	0	N
	MECLOFENAMATE 50 MG CAPSULE	0	N
	MELOXICAM 15 MG TABLET	0	N
	MELOXICAM 7.5 MG TABLET	0	N
	MELOXICAM 7.5 MG/5 ML SUSP	0	N
	NABUMETONE 500 MG TABLET	0	N
	NABUMETONE 750 MG TABLET	0	N
	NAPROSYN 125 MG/5 ML SUSPEN	2	N
	NAPROXEN 125 MG/5 ML SUSPEN	0	N
	NAPROXEN 250 MG TABLET	0	N
	NAPROXEN 375 MG TABLET	0	N
	NAPROXEN 500 MG TABLET	0	N
	NAPROXEN EC 375 MG TABLET	0	N
	NAPROXEN EC 500 MG TABLET	0	N
	NAPROXEN SODIUM 220 MG TABL	0	N
	NAPROXEN SODIUM 275 MG TAB	0	N
	NAPROXEN SODIUM 550 MG TAB	0	N
	OXAPROZIN 600 MG TABLET	0	N
	PIROXICAM 10 MG CAPSULE	0	N
	PIROXICAM 20 MG CAPSULE	0	N
	SULINDAC 150 MG TABLET	0	N
	SULINDAC 200 MG TABLET	0	N
S2C - GOLD SALTS			
	RIDAURA 3 MG CAPSULE	2	N
S2I - ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR			
	LEFLUNOMIDE 10 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	LEFLUNOMIDE 20 MG TABLET	0	N
S2K - ANTI-ARTHRITIC AND CHELATING AGENTS			
	CUPRIMINE 250 MG CAPSULE	2	N
	DEPEN 250 MG TITRATAB	2	N
S2M - ANTI-INFLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST			
	ARCALYST 220 MG INJECTION	2	N
T0F - TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC			
	ANALPRAM HC 2.5%-1% LOTION	2	N
	LIDOCAINE-HC 3-0.5% CREAM	0	N
	PRAMOSONE 1% CREAM 1 %-1 %	2	N
	PRAMOSONE 1% LOTION 1 %-1 %	2	N
	PRAMOSONE 2.5%-1% LOTION 2.5 %-1 %	2	N
U6E - OINTMENT/CREAM BASES			
	HYDROPHILIC PETROLATUM	2	N
U6F - HYDROPHILIC CREAM/OINTMENT BASES			
	AQUABASE OINTMENT	2	N
U6N - VEHICLES			
	ORA PLUS SUSPENSION	2	N
	ORA SWEET ORAL SYRUP	2	N
	ORAL SYRUP VEHICLE	2	N
	ORA-SWEET ORAL SYRUP	2	N
	SORBITOL 70% SOLUTION	0	N
U6W - BULK CHEMICALS			
	ARGININE-L POWDER	0	Y
	HYDROUS EMULSIFIED BASE CRE	0	N
	L-CITRULLINE POWDER	0	Y
	L-GLUTAMINE POWDER	0	Y
	L-ISOLEUCINE POWDER	0	Y
	SODIUM BENZOATE POWDER	0	N
	ZINC SULFATE HEPTAHYDRATE P	2	N
V1A - ANTINEOPLASTIC - ALKYLATING AGENTS			
	ALKERAN 2 MG TABLET	0	N
	CYCLOPHOSPHAMIDE 25 MG CAPS	0	N
	CYCLOPHOSPHAMIDE 50 MG CAPS	0	N
	GLEOSTINE 10 MG CAPSULE	0	N
	HEXALEN 50 MG CAPSULE	0	N
	HYDROXYUREA 500 MG CAPSULE	0	N
	LEUKERAN 2 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	LOMUSTINE 10 MG CAPSULE	0	N
	LOMUSTINE 100 MG CAPSULE	0	N
	LOMUSTINE 40 MG CAPSULE	0	N
	MYLERAN 2 MG TABLET	0	N
	TEMODAR 100 MG CAPSULE	0	N
	TEMODAR 140 MG CAPSULE	0	N
	TEMODAR 180 MG CAPSULE	0	N
	TEMODAR 20 MG CAPSULE	0	N
	TEMODAR 250 MG CAPSULE	0	N
	TEMODAR 5 MG CAPSULE	0	N
	TEMOZOLOMIDE 100 MG CAPSULE	0	N
	TEMOZOLOMIDE 140 MG CAPSULE	0	N
	TEMOZOLOMIDE 180 MG CAPSULE	0	N
	TEMOZOLOMIDE 20 MG CAPSULE	0	N
	TEMOZOLOMIDE 250 MG CAPSULE	0	N
	TEMOZOLOMIDE 5 MG CAPSULE	0	N
V1B - ANTINEOPLASTIC - ANTIMETABOLITES			
	MERCAPTOPURINE 50 MG TABLET	0	N
	METHOTREXATE 2.5 MG TABLET	0	N
	PURIXAN 20 MG/ML ORAL SUSP	0	N
	TABLOID 40 MG TABLET	0	N
	XELODA 150 MG TABLET	0	N
	XELODA 500 MG TABLET	0	N
V1E - STEROID ANTINEOPLASTICS			
	EMCYT 140 MG CAPSULE	0	N
	MEGESTROL 20 MG TABLET	0	N
	MEGESTROL 40 MG TABLET	0	N
V1F - ANTINEOPLASTICS,MISCELLANEOUS			
	ETOPOSIDE 50 MG CAPSULE	0	N
	LYSODREN 500 MG TABLET	0	N
	MATULANE 50 MG CAPSULE	0	N
	TRETINOIN 10 MG CAPSULE	0	N
V1I - CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS			
	LEUCOVORIN CALCIUM 25 MG TA	0	N
	LEUCOVORIN CALCIUM 5 MG TAB	0	N
V1J - ANTINEOPLASTIC - ANTIANDROGENIC AGENTS			
	BICALUTAMIDE 50 MG TABLET	0	N
	FLUTAMIDE 125 MG CAPSULE	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	NILANDRON 150 MG TABLET	0	N
	XTANDI 40 MG CAPSULE	0	N
	ZYTIGA 250 MG TABLET	0	N
V1M - ANTINEOPLASTIC IMMUNOMODULATOR AGENTS			
	SYLATRON 200 MCG	2	N
	SYLATRON 300 MCG	2	N
	SYLATRON 600 MCG KIT	2	N
V1N - ANP - SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)			
	BEXAROTENE 75 MG CAPSULE	0	N
	TARGRETIN 75 MG CAPSULE	0	N
V1Q - ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS			
	BOSULIF 100 MG TABLET	0	N
	BOSULIF 500 MG TABLET	0	N
	CAPRELSA 100 MG TABLET	0	N
	CAPRELSA 300 MG TABLET	0	N
	COMETRIQ 100 MG DAILY-DOSE	0	N
	COMETRIQ 140 MG DAILY-DOSE	0	N
	COMETRIQ 60 MG DAILY-DOSE P	0	N
	GILOTRIF 20 MG TABLET	0	N
	GILOTRIF 30 MG TABLET	0	N
	GILOTRIF 40 MG TABLET	0	N
	GLEEVEC 100 MG TABLET	0	N
	GLEEVEC 400 MG TABLET	0	N
	IBRANCE 100 MG CAPSULE	0	N
	IBRANCE 125 MG CAPSULE	0	N
	IBRANCE 75 MG CAPSULE	0	N
	ICLUSIG 15 MG TABLET	0	N
	ICLUSIG 45 MG TABLET	0	N
	IMBRUVICA 140 MG CAPSULE	0	N
	INLYTA 1 MG TABLET	0	N
	INLYTA 5 MG TABLET	0	N
	IRESSA 250 MG TABLET	0	N
	LENVIMA 10 MG DAILY DOSE	0	N
	LENVIMA 14 MG DAILY DOSE	0	N
	LENVIMA 20 MG DAILY DOSE	0	N
	LENVIMA 24 MG DAILY DOSE	0	N
	LYNPARZA 50 MG CAPSULE	0	N
	MEKINIST 0.5 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	MEKINIST 2 MG TABLET	0	N
	NEXAVAR 200 MG TABLET	0	N
	STIVARGA 40 MG TABLET	0	N
	SUTENT 12.5 MG CAPSULE	0	N
	SUTENT 25 MG CAPSULE	0	N
	SUTENT 37.5 MG CAPSULE	0	N
	SUTENT 50 MG CAPSULE	0	N
	TAFINLAR 50 MG CAPSULE	0	N
	TAFINLAR 75 MG CAPSULE	0	N
	TARCEVA 100 MG TABLET	0	N
	TARCEVA 150 MG TABLET	0	N
	TARCEVA 25 MG TABLET	0	N
	TASIGNA 150 MG CAPSULE	0	N
	TASIGNA 200 MG CAPSULE	0	N
	TYKERB 250 MG TABLET	0	N
	VOTRIENT 200 MG TABLET	0	N
	XALKORI 200 MG CAPSULE	0	N
	XALKORI 250 MG CAPSULE	0	N
	ZELBORAF 240 MG TABLET	0	N
	ZYDELIG 100 MG TABLET	2	N
	ZYDELIG 150 MG TABLET	2	N
V1T - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)			
	FARESTON 60 MG TABLET	0	N
	TAMOXIFEN 10 MG TABLET	0	N
	TAMOXIFEN 20 MG TABLET	0	N
V3A - ANTINEOPLAST,HISTONE DEACETYLASE (HDAC) INHIBITORS			
	FARYDAK 10 MG CAPSULE	0	N
	FARYDAK 15 MG CAPSULE	0	N
	FARYDAK 20 MG CAPSULE	0	N
V3C - ANTINEOPLASTIC - MTOR KINASE INHIBITORS			
	AFINITOR 10 MG TABLET	0	N
	AFINITOR 2.5 MG TABLET	0	N
	AFINITOR 5 MG TABLET	0	N
	AFINITOR 7.5 MG TABLET	0	N
	AFINITOR DISPERZ 2 MG TABLE	0	N
	AFINITOR DISPERZ 3 MG TABLE	0	N
	AFINITOR DISPERZ 5 MG TABLE	0	N
V3E - ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS			

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	HYCAMTIN 0.25 MG CAPSULE	0	N
	HYCAMTIN 1 MG CAPSULE	0	N
V3F - ANTINEOPLASTIC - AROMATASE INHIBITORS			
	ANASTROZOLE 1 MG TABLET	0	N
	AROMASIN 25 MG TABLET	0	N
	EXEMESTANE 25 MG TABLET	0	N
	LETROZOLE 2.5 MG TABLET	0	N
V3L - ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS			
	JAKAFI 10 MG TABLET	0	N
	JAKAFI 15 MG TABLET	0	N
	JAKAFI 20 MG TABLET	0	N
	JAKAFI 25 MG TABLET	0	N
	JAKAFI 5 MG TABLET	0	N
V3M - ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR			
	ERIVEDGE 150 MG CAPSULE	0	N
W1A - PENICILLINS			
	AMOX-CLAV 200-28.5 MG TAB C	0	N
	AMOX-CLAV 200-28.5 MG/5 ML	0	N
	AMOX-CLAV 250-125 MG TABLET	0	N
	AMOX-CLAV 250-62.5 MG/5 ML	0	N
	AMOX-CLAV 400-57 MG TAB CHE	0	N
	AMOX-CLAV 400-57 MG/5 ML SU	0	N
	AMOX-CLAV 500-125 MG TABLET	0	N
	AMOX-CLAV 600-42.9 MG/5 ML	0	N
	AMOX-CLAV 875-125 MG TABLET	0	N
	AMOX-CLAV ER 1,000-62.5 MG	0	N
	AMOXICILLIN 125 MG TAB CHEW	0	N
	AMOXICILLIN 125 MG/5 ML SUS	0	N
	AMOXICILLIN 200 MG/5 ML SUS	0	N
	AMOXICILLIN 250 MG CAPSULE	0	N
	AMOXICILLIN 250 MG TAB CHEW	0	N
	AMOXICILLIN 250 MG/5 ML SUS	0	N
	AMOXICILLIN 400 MG/5 ML SUS	0	N
	AMOXICILLIN 500 MG CAPSULE	0	N
	AMOXICILLIN 875 MG TABLET	0	N
	AMPICILLIN 125 MG/5 ML SUSP	0	N
	AMPICILLIN 250 MG CAPSULE	0	N
	AMPICILLIN 250 MG/5 ML SUSP	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	AMPICILLIN 500 MG CAPSULE	0	N
	AUGMENTIN 125-31.25 MG/5 ML	2	N
	AUGMENTIN XR 1,000-62.5 TAB	2	N
	DICLOXACILLIN 250 MG CAPSUL	0	N
	DICLOXACILLIN 500 MG CAPSUL	0	N
	PENICILLIN VK 125 MG/5 ML S	0	N
	PENICILLIN VK 250 MG TABLET	0	N
	PENICILLIN VK 250 MG/5 ML S	0	N
	PENICILLIN VK 500 MG TABLET	0	N
W1C - TETRACYCLINES			
	DOXYCYCLINE 25 MG/5 ML SUSP	0	N
	DOXYCYCLINE HYCLATE 100 MG	0	N
	DOXYCYCLINE HYCLATE 50 MG C	0	N
	MINOCYCLINE 100 MG CAPSULE	0	N
	MINOCYCLINE 50 MG CAPSULE	0	N
	MINOCYCLINE 75 MG CAPSULE	0	N
	TETRACYCLINE 250 MG CAPSULE	0	N
	TETRACYCLINE 500 MG CAPSULE	0	N
	VIBRAMYCIN 25 MG/5 ML SUSP	2	N
	VIBRAMYCIN 50 MG/5 ML SYRUP	2	N
W1D - MACROLIDES			
	AZITHROMYCIN 1 GM PWD PACKE	0	N
	AZITHROMYCIN 100 MG/5 ML SU	0	N
	AZITHROMYCIN 200 MG/5 ML SU	0	N
	AZITHROMYCIN 250 MG TABLET	0	N
	AZITHROMYCIN 500 MG TABLET	0	N
	AZITHROMYCIN 600 MG TABLET	0	N
	CLARITHROMYCIN 125 MG/5 ML	0	N
	CLARITHROMYCIN 250 MG TABLE	0	N
	CLARITHROMYCIN 250 MG/5 ML	0	N
	CLARITHROMYCIN 500 MG TABLE	0	N
	CLARITHROMYCIN ER 500 MG TA	0	N
	DIFICID 200 MG TABLET	2	N
W1F - AMINOGLYCOSIDES			
	NEOMYCIN 500 MG TABLET	0	N
W1G - ANTITUBERCULAR ANTIBIOTICS			
	CYCLOSERINE 250 MG CAPSULE	0	N
	RIFAMPIN 150 MG CAPSULE	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	RIFAMPIN 300 MG CAPSULE	0	N
	RIFATER TABLET 120-50-300	2	N
W1J - VANCOMYCIN AND DERIVATIVES			
	VANCOMYCIN HCL 125 MG CAPSU	0	N
	VANCOMYCIN HCL 250 MG CAPSU	0	N
W1K - LINCOSAMIDES			
	CLEOCIN 75 MG/5 ML GRANULES	2	N
	CLEOCIN HCL 75 MG CAPSULE	2	N
	CLINDAMYCIN 75 MG/5 ML SOLN	0	N
	CLINDAMYCIN HCL 150 MG CAPS	0	N
	CLINDAMYCIN HCL 300 MG CAPS	0	N
	CLINDAMYCIN HCL 75 MG CAPSU	0	N
W1N - POLYMYXIN AND DERIVATIVES			
	COLISTIMETHATE 150 MG VIAL	0	N
	COLY-MYCIN M 150 MG VIAL	2	N
W1Q - QUINOLONES			
	CIPROFLOXACIN HCL 100 MG TA	0	N
	CIPROFLOXACIN HCL 250 MG TA	0	N
	CIPROFLOXACIN HCL 500 MG TA	0	N
	CIPROFLOXACIN HCL 750 MG TA	0	N
	LEVOFLOXACIN 25 MG/ML SOLUT	0	N
	LEVOFLOXACIN 250 MG TABLET	0	N
	LEVOFLOXACIN 500 MG TABLET	0	N
	LEVOFLOXACIN 750 MG TABLET	0	N
	OFLOXACIN 400 MG TABLET	0	N
W1W - CEPHALOSPORINS - 1ST GENERATION			
	CEFADROXIL 1 GM TABLET	0	N
	CEFADROXIL 250 MG/5 ML SUSP	0	N
	CEFADROXIL 500 MG CAPSULE	0	N
	CEFADROXIL 500 MG/5 ML SUSP	0	N
	CEPHALEXIN 125 MG/5 ML SUSP 125 MG/5ML	0	N
	CEPHALEXIN 250 MG CAPSULE	0	N
	CEPHALEXIN 250 MG TABLET	0	N
	CEPHALEXIN 250 MG/5 ML SUSP	0	N
	CEPHALEXIN 500 MG CAPSULE	0	N
	CEPHALEXIN 500 MG TABLET	0	N
W1X - CEPHALOSPORINS - 2ND GENERATION			
	CEFACLOR 250 MG CAPSULE	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	CEFACLOR 500 MG CAPSULE	0	N
	CEFACLOR ER 500 MG TABLET	0	N
	CEFPROZIL 250 MG TABLET	0	N
	CEFPROZIL 500 MG TABLET	0	N
	CEFUROXIME AXETIL 250 MG TA	0	N
	CEFUROXIME AXETIL 500 MG TA	0	N
W1Y - CEPHALOSPORINS - 3RD GENERATION			
	CEFDINIR 125 MG/5 ML SUSP	0	N
	CEFDINIR 250 MG/5 ML SUSP	0	N
	CEFDINIR 300 MG CAPSULE	0	N
W2A - ABSORBABLE SULFONAMIDE ANTIBACTERIAL AGENTS			
	SULFADIAZINE 500 MG TABLET	0	N
	SULFAMETHOXAZOLE-TMP DS TAB 800-160 MG	0	N
	SULFAMETHOXAZOLE-TMP SS TAB 400MG-80MG	0	N
	SULFAMETHOXAZOLE-TMP SUSP 200-40MG/5	0	N
W2E - ANTI-MYCOBACTERIUM AGENTS			
	ETHAMBUTOL HCL 100 MG TABLE	0	N
	ETHAMBUTOL HCL 400 MG TABLE	0	N
	ISONIAZID 100 MG TABLET	0	N
	ISONIAZID 300 MG TABLET	0	N
	ISONIAZID 50 MG/5 ML SOLUTI	0	N
	MYAMBUTOL 400 MG TABLET	2	N
	MYCOBUTIN 150 MG CAPSULE	2	N
	PASER GRANULES 4 GM PACKET	2	N
	PYRAZINAMIDE 500 MG TABLET	0	N
	RIFABUTIN 150 MG CAPSULE	0	N
	TRECATOR 250 MG TABLET	2	N
W2F - NITROFURAN DERIVATIVES ANTIBACTERIAL AGENTS			
	=CONCATENATE(B3146," ",C3146) (AGE UNDER 12)	*	N
	MACRODANTIN 25 MG CAPSULE	2	N
	NITROFURANTOIN 25 MG/5 ML S	0	N
	NITROFURANTOIN MCR 100 MG C	0	N
	NITROFURANTOIN MCR 25 MG CA	0	N
	NITROFURANTOIN MCR 50 MG CA	0	N
	NITROFURANTOIN MONO-MCR 100	0	N
W2G - CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.			
	HIPREX 1 GM TABLET	2	N
	METHEN/SOD PHOS/METH BLUE/HYOS 81.6-.12MG	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	METHENAMINE HIPP 1 GM TABLE	0	N
	METHENAMINE MD 1 GM TABLET	0	N
	METHENAMINE MD 500 MG TABLE	0	N
	MONUROL 3 GM SACHET	2	N
	MTH/ME BLUE/SOD PHOS/PHEN/HYOS 81.6-10.8	0	N
	PRIMSOL 50 MG/5 ML ORAL SOL	2	N
	TRIMETHOPRIM 100 MG TABLET	0	N
	URAMIT MB CAPSULE 118-10-36	0	N
W3A - ANTIFUNGAL ANTIBIOTICS			
	GRIFULVIN V 500 MG TABLET	2	N
	GRISEOFULVIN 125 MG/5 ML SU	0	N
	GRISEOFULVIN MICRO 500 MG T	0	N
	GRISEOFULVIN ULTRA 125 MG T	0	N
	GRISEOFULVIN ULTRA 250 MG T	0	N
	GRIS-PEG 125 MG TABLET	2	N
	GRIS-PEG 250 MG TABLET	2	N
	NYSTATIN 100,000 UNITS/ML S	0	N
	NYSTATIN 500,000 UNIT ORAL	0	N
W3B - ANTIFUNGAL AGENTS			
	ANCOBON 250 MG CAPSULE	2	N
	ANCOBON 500 MG CAPSULE	2	N
	CLOTRIMAZOLE 10 MG TROCHE	0	N
	FLUCONAZOLE 10 MG/ML SUSP	0	N
	FLUCONAZOLE 100 MG TABLET	0	N
	FLUCONAZOLE 150 MG TABLET	0	N
	FLUCONAZOLE 200 MG TABLET	0	N
	FLUCONAZOLE 40 MG/ML SUSP	0	N
	FLUCONAZOLE 50 MG TABLET	0	N
	FLUCYTOSINE 250 MG CAPSULE	0	N
	FLUCYTOSINE 500 MG CAPSULE	0	N
	KETOCONAZOLE 200 MG TABLET	0	N
	TERBINAFINE HCL 250 MG TABL	0	N
W4A - ANTIMALARIAL DRUGS			
	ATOVAQUONE/PROGUANIL HCL 250-100 MG	0	N
	ATOVAQUONE/PROGUANIL HCL 62.5-25 MG	0	N
	CHLOROQUINE PH 250 MG TABLE	0	N
	CHLOROQUINE PH 500 MG TABLE	0	N
	COARTEM TABLETS 20MG-120MG	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	DARAPRIM 25 MG TABLET	2	N
	HYDROXYCHLOROQUINE 200 MG T	0	N
	MALARONE 250-100 MG TABLET	2	N
	MALARONE 62.5-25 MG PED TAB	2	N
	MEFLOQUINE HCL 250 MG TABLE	0	N
	PRIMAQUINE 26.3 MG TABLET	2	N
	QUALAQUIN 324 MG CAPSULE	2	N
	QUININE SULFATE 324 MG CAPS	0	N
W4C - AMEBICIDES			
	PAROMOMYCIN 250 MG CAPSULE	0	N
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS			
	METRONIDAZOLE 250 MG TABLET	0	N
	METRONIDAZOLE 500 MG TABLET	0	N
W4K - ANTIPROTOZOAL DRUGS,MISCELLANEOUS			
	ATOVAQUONE 750 MG/5 ML SUSP	0	N
	MEPRON 750 MG/5 ML SUSPENSI	2	N
	NEBUPENT 300 MG INHAL POWDE	2	N
W4L - ANTHELMINTICS			
	ALBENZA 200 MG TABLET	2	N
	BILTRICIDE 600 MG TABLET	2	N
	IVERMECTIN 3 MG TABLET	0	N
	REESE PINWORM 144 MG/ML SUS 50 MG/ML	0	Y
	STROMECTOL 3 MG TABLET	2	N
W4M - ANTIPARASITICS			
	ALINIA 100 MG/5 ML SUSPENSI	2	N
	ALINIA 500 MG TABLET	2	N
W4P - ANTILEPROTICS			
	DAPSONE 100 MG TABLET	2	N
	DAPSONE 25 MG TABLET	2	N
W5A - ANTIVIRALS, GENERAL			
	ACYCLOVIR 200 MG CAPSULE	0	N
	ACYCLOVIR 200 MG/5 ML SUSP	0	N
	ACYCLOVIR 400 MG TABLET	0	N
	ACYCLOVIR 800 MG TABLET	0	N
	RELENZA 5 MG DISKHALER	2	N
	RIMANTADINE HCL 100 MG TABL	0	N
	TAMIFLU 30 MG CAPSULE	2	N
	TAMIFLU 45 MG CAPSULE	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	TAMIFLU 6 MG/ML SUSPENSION	2	N
	TAMIFLU 75 MG CAPSULE	2	N
	VALACYCLOVIR HCL 1 GRAM TAB	0	N
	VALACYCLOVIR HCL 500 MG TAB	0	N
	VALCYTE 450 MG TABLET	2	N
	VALCYTE 50 MG/ML SOLUTION	2	N
W5C - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS			
	CRIXIVAN 200 MG CAPSULE	2	N
	CRIXIVAN 400 MG CAPSULE	2	N
	INVIRASE 200 MG CAPSULE	2	N
	INVIRASE 500 MG TABLET	2	N
	LEXIVA 50 MG/ML SUSPENSION	2	N
	LEXIVA 700 MG TABLET	2	N
	NORVIR 100 MG SOFTGEL CAP	2	N
	NORVIR 100 MG TABLET	2	N
	NORVIR 80 MG/ML SOLUTION	2	N
	REYATAZ 150 MG CAPSULE	2	N
	REYATAZ 200 MG CAPSULE	2	N
	REYATAZ 300 MG CAPSULE	2	N
	VIRACEPT 250 MG TABLET	2	N
	VIRACEPT 625 MG TABLET	2	N
W5F - HEPATITIS B TREATMENT AGENTS			
	ADEFOVIR DIPIVOXIL 10 MG TA	0	N
	BARACLUDE 0.05 MG/ML SOLUTI	2	N
	BARACLUDE 0.5 MG TABLET	0	N
	BARACLUDE 1 MG TABLET	0	N
	EPIVIR HBV 100 MG TABLET	2	N
	EPIVIR HBV 25 MG/5 ML SOLN	2	N
	HEPSERA 10 MG TABLET	2	N
	LAMIVUDINE 100 MG TABLET	0	N
	TYZEKA 600 MG TABLET	2	N
W5G - HEPATITIS C TREATMENT AGENTS			
	PEGASYS 180 MCG/0.5 ML SYRI	2	N
	PEGASYS 180 MCG/ML VIAL	2	N
	PEGASYS PROCLICK 180MCG/0.5	2	N
	PEGASYS PROCLICK 135MCG/0.5	2	N
	PEGINTRON 120 MCG KIT	2	N
	PEGINTRON 150 MCG KIT	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	PEGINTRON 50 MCG KIT	2	N
	PEGINTRON 80 MCG KIT	2	N
	PEGINTRON REDIPEN 120 MCG	2	N
	PEGINTRON REDIPEN 150 MCG	2	N
	PEGINTRON REDIPEN 50 MCG	2	N
	PEGINTRON REDIPEN 80 MCG	2	N
	REBETOL 40 MG/ML SOLUTION	2	N
	RIBAVIRIN 200 MG CAPSULE	0	N
	RIBAVIRIN 200 MG TABLET	0	N
W5I - ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI			
	VIREAD 150 MG TABLET	2	N
	VIREAD 200 MG TABLET	2	N
	VIREAD 250 MG TABLET	2	N
	VIREAD 300 MG TABLET	2	N
	VIREAD POWDER 40MG/SCOOP	2	N
W5J - ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI			
	ABACAVIR 300 MG TABLET	0	N
	DIDANOSINE DR 125 MG CAPSUL	0	N
	DIDANOSINE DR 200 MG CAPSUL	0	N
	DIDANOSINE DR 250 MG CAPSUL	0	N
	DIDANOSINE DR 400 MG CAPSUL	0	N
	EMTRIVA 200 MG CAPSULE	2	N
	EPIVIR 10 MG/ML ORAL SOLN	2	N
	LAMIVUDINE 10 MG/ML ORAL SO	0	N
	LAMIVUDINE 150 MG TABLET	0	N
	LAMIVUDINE 300 MG TABLET	0	N
	STAVUDINE 1 MG/ML SOLUTION	0	N
	STAVUDINE 15 MG CAPSULE	0	N
	STAVUDINE 20 MG CAPSULE	0	N
	STAVUDINE 30 MG CAPSULE	0	N
	STAVUDINE 40 MG CAPSULE	0	N
	VIDEX PEDIATRIC SOLN FNL10MG/ML	2	N
	ZIAGEN 20 MG/ML SOLUTION	2	N
	ZIDOVUDINE 100 MG CAPSULE	0	N
	ZIDOVUDINE 300 MG TABLET	0	N
	ZIDOVUDINE 50 MG/5 ML SYRUP	0	N
W5K - ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI			
	NEVIRAPINE 200 MG TABLET	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	NEVIRAPINE 50 MG/5 ML SUSP	0	N
	NEVIRAPINE ER 100 MG TABLET	0	N
	NEVIRAPINE ER 400 MG TABLET	0	N
	SUSTIVA 200 MG CAPSULE	2	N
	SUSTIVA 50 MG CAPSULE	2	N
	SUSTIVA 600 MG TABLET	2	N
	VIRAMUNE XR 100 MG TABLET	2	N
	VIRAMUNE XR 400 MG TABLET	2	N
W5L - ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB			
	ABACAVIR/LAMIVUDINE/ZIDOVUDINE 150-300MG	0	N
	EPZICOM TABLET 600-300MG	2	N
	LAMIVUDINE-ZIDOVUDINE TABLE 150-300MG	0	N
	TRIZIVIR TABLET 150-300MG	2	N
W5M - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB			
	KALETRA 100-25 MG TABLET	2	N
	KALETRA 200-50 MG TABLET	2	N
	KALETRA 400-100/5 ML ORAL S	2	N
W5O - ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG			
	TRUVADA 200 MG-300 MG TABLE	2	N
W5P - ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB			
	PREZISTA 100 MG/ML SUSPENSI	2	N
	PREZISTA 150 MG TABLET	2	N
	PREZISTA 400 MG TABLET	2	N
	PREZISTA 600 MG TABLET	2	N
	PREZISTA 75 MG TABLET	2	N
	PREZISTA 800 MG TABLET	2	N
W5Q - ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI			
	ATRIPLA TABLET 600-200MG	2	N
	COMPLERA TABLET 200-25-300	2	N
W5U - ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR			
	ISENTRESS 100 MG POWDER PAC	2	N
	ISENTRESS 100 MG TABLET CHEW (AGE UNDER 12)	*	N
	ISENTRESS 25 MG TABLET CHEW (AGE UNDER 12)	*	N
	ISENTRESS 400 MG TABLET	2	N
	TIVICAY 50 MG TABLET	2	N
W5Z - ARV COMB-NRTIS & INTEGRASE INHIBITOR			
	TRIUMEQ TABLET 600-50-300	2	N
W8F - IRRIGANTS			

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	ACETIC ACID 0.25% IRRIG SOL	0	N
	LACTATED RINGERS IRRIGATION	0	N
	NEOMY-POLYMYXIN B 40 MG/ML 40-200K/ML	0	N
	NEOSPORIN GU IRR 40 MG/ML A 40-200K/ML	2	N
	SODIUM CHLORIDE 0.9% IRRIG.	0	N
	SORBITOL 3% UROLOGIC IRRIG	0	N
	SORBITOL 3.3% UROLOGIC SOLN	0	N
	STERILE WATER FOR IRRIGATIO	0	N
W8G - ANTISEPTICS,MISCELLANEOUS			
	CLORPACTIN WCS-90 POWDER	2	N
W8J - ANTIBACTERIAL AGENTS,MISCELLANEOUS			
	AMINOACETIC ACID 1.5% IRRIG	0	N
W9A - KETOLIDE ANTIBIOTICS			
	KETEK 300 MG TABLET	2	N
	KETEK 400 MG TABLET	2	N
Z1E - ANTIOXIDANT AGENTS			
	ALPHA LIPOIC ACID 100 MG CA	0	Y
	ALPHA LIPOIC ACID 300 MG CA	0	Y
Z1I - METABOLIC DISEASE ENZYME REPLACEMENT, GAUCHER'S DX			
	CEREZYME 400 UNITS VIAL	0	N
Z2D - HISTAMINE H2-RECEPTOR INHIBITORS			
	CIMETIDINE 200 MG TABLET	0	N
	CIMETIDINE 300 MG TABLET	0	N
	CIMETIDINE 300 MG/5 ML SOLN	0	N
	CIMETIDINE 400 MG TABLET	0	N
	CIMETIDINE 800 MG TABLET	0	N
	FAMOTIDINE 10 MG TABLET	0	N
	FAMOTIDINE 20 MG TABLET	0	N
	FAMOTIDINE 40 MG TABLET	0	N
	FAMOTIDINE 40 MG/5 ML SUSP (AGE UNDER 12)	*	N
	RANITIDINE 150 MG CAPSULE	0	N
	RANITIDINE 150 MG TABLET	0	N
	RANITIDINE 300 MG CAPSULE	0	N
	RANITIDINE 300 MG TABLET	0	N
Z2E - IMMUNOSUPPRESSIVES			
	ASTAGRAF XL 0.5 MG CAPSULE	2	N
	ASTAGRAF XL 1 MG CAPSULE	2	N
	ASTAGRAF XL 5 MG CAPSULE	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	AZASAN 100 MG TABLET	2	N
	AZASAN 75 MG TABLET	2	N
	AZATHIOPRINE 50 MG TABLET	0	N
	CELLCEPT 200 MG/ML ORAL SUS	2	N
	CYCLOSPORINE 100 MG CAPSULE	0	N
	CYCLOSPORINE 100 MG/ML SOLN	0	N
	CYCLOSPORINE 25 MG CAPSULE	0	N
	CYCLOSPORINE MODIFIED 100 M	0	N
	CYCLOSPORINE MODIFIED 25 MG	0	N
	CYCLOSPORINE MODIFIED 50 MG	0	N
	GENGRAF 100 MG/ML SOLUTION	2	N
	MYCOPHENOLATE 200 MG/ML SUS	0	N
	MYCOPHENOLATE 250 MG CAPSUL	0	N
	MYCOPHENOLATE 500 MG TABLET	0	N
	MYCOPHENOLIC ACID DR 180 MG	0	N
	MYCOPHENOLIC ACID DR 360 MG	0	N
	MYFORTIC 180 MG TABLET	2	N
	MYFORTIC 360 MG TABLET	2	N
	NEORAL 100 MG GELATIN CAPSU	2	N
	NEORAL 100 MG/ML SOLUTION	2	N
	NEORAL 25 MG GELATIN CAPSUL	2	N
	PROGRAF 0.5 MG CAPSULE	0	N
	PROGRAF 1 MG CAPSULE	0	N
	PROGRAF 5 MG CAPSULE	0	N
	RAPAMUNE 0.5 MG TABLET	0	N
	RAPAMUNE 1 MG TABLET	0	N
	RAPAMUNE 1 MG/ML ORAL SOLN	2	N
	RAPAMUNE 2 MG TABLET	0	N
	SANDIMMUNE 100 MG CAPSULE	2	N
	SANDIMMUNE 100 MG/ML SOLN	2	N
	SANDIMMUNE 25 MG CAPSULE	2	N
	ZORTRESS 0.25 MG TABLET	2	N
	ZORTRESS 0.5 MG TABLET	2	N
	ZORTRESS 0.75 MG TABLET	2	N
Z2F - MAST CELL STABILIZERS			
	CROMOLYN 100 MG/5 ML ORAL C	0	N
	CROMOLYN 20 MG/2 ML NEB SOL	0	N
	GASTROCROM 100 MG/5 ML CONC	2	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
Z2G - IMMUNOMODULATORS			
	INTRON A 10 MILLION UNIT/ML	2	N
	INTRON A 18 MILLION UNITS V	2	N
	INTRON A 50 MILLION UNITS V	2	N
	INTRON A 6 MILLION UNIT/ML	2	N
Z2N - 1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS			
	BROVEX PEB LIQUID 10-4MG/5ML	0	N
	CONEX SOLUTION 30MG-1MG/5	0	N
	DALLERGY 1-2.5 MG/ML DROPS (AGE UNDER 12) 2.5-1MG/ML	*	Y
	ED CHLORPED D PEDIATRIC DRO 5MG-2MG/ML	0	N
	J-TAN D PD DROPS 7.5-1MG/ML	0	N
	LOHIST-D LIQUID 30-2MG/5ML	0	N
	PHENYLEPHRINE/BROMPHENIRAMINE 2.5-1MG/5	0	N
	PHENYLEPHRINE/CHLORPHENIRAMINE 10-4MG/5ML	0	N
	PHENYLEPHRINE/CHLORPHENIRAMINE 10 MG-4 MG	0	N
	PHENYLEPHRINE/DIPHENHYDRAMINE 2.5-6.25/5	0	N
	PROMETHAZINE-PHENYLEPHRINE 5-6.25MG/5	0	N
	PSEUDOEPHED/CHLORPHENIRAMINE 60 MG-4 MG	0	N
	PSEUDOEPHEDRINE/BROMPHENIRAMIN 15-1MG/5ML	0	N
	PSEUDOEPHEDRINE/TRIPROLIDINE 60MG-2.5MG	0	N
	TRIAMINIC NIGHTTIME COLD-CO 2.5-6.25/5	2	N
	TRYMINE D LIQUID 30-1.25/5	0	N
	VIRDEC DROPS 3.5-1MG/ML	0	N
Z2O - 2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS			
	CETIRIZINE-PSE ER 5-120 MG	0	N
	LORATADINE/PSEUDOEPHEDRINE 5 MG-120MG	0	N
	LORATADINE/PSEUDOEPHEDRINE 10MG-240MG	0	N
	SEMPREX-D 8 MG-60 MG CAPSUL 60-8MG	2	N
Z2P - ANTIHISTAMINES - 1ST GENERATION			
	CARBINOXAMINE 4 MG/5 ML LIQ	0	N
	CARBINOXAMINE MALEATE 4 MG	0	N
	CHLORPHENIRAMINE ER 12 MG T 12 MG	0	N
	CHLORPHENIRAMINE MALEATE 2 MG/5 ML	0	N
	CHLORPHENIRAMINE MALEATE 2 MG/ML	0	N
	CHLORPHENIRAMINE MALEATE 4 MG	0	N
	CLEMASTINE 0.5 MG/5 ML SYRU	0	N
	CLEMASTINE FUM 1.34 MG TABL	0	N
	CLEMASTINE FUM 2.68 MG TAB	0	N

Drug Class	Drug Name	Copayment	Covered for Dual Eligible
	CYPROHEPTADINE 2 MG/5 ML SY	0	N
	CYPROHEPTADINE 4 MG TABLET	0	N
	CYPROHEPTADINE 4 MG/10 ML S	0	N
	DIPHENHYDRAMINE 12.5 MG/5 M	0	Y
	DIPHENHYDRAMINE 25 MG	0	Y
	DIPHENHYDRAMINE 50 MG CAPSU	0	Y
	HYDROXYZINE 10 MG/5 ML SOLN	0	N
	HYDROXYZINE 50 MG/25 ML SYR 50 MG/25ML	0	N
	HYDROXYZINE HCL 10 MG TABLE	0	N
	HYDROXYZINE HCL 25 MG TABLE	0	N
	HYDROXYZINE HCL 50 MG TABLE	0	N
	HYDROXYZINE PAM 100 MG CAP	0	N
	HYDROXYZINE PAM 25 MG CAP	0	N
	HYDROXYZINE PAM 50 MG CAP	0	N
	PROMETHAZINE 12.5 MG TABLET	0	N
	PROMETHAZINE 25 MG TABLET	0	N
	PROMETHAZINE 50 MG TABLET	0	N
	PROMETHAZINE 6.25 MG/5 ML S	0	N
	VANAHIST PD 0.625 MG/ML DRO	2	N
Z2Q - ANTIHISTAMINES - 2ND GENERATION			
	CETIRIZINE HCL 10 MG TABLET	0	N
	CETIRIZINE HCL 5 MG TABLET	0	N
	LORATADINE 10 MG ODT	0	N
	LORATADINE 10 MG TABLET	0	N
	LORATADINE 5 MG/5 ML SOLN	0	N
Z4B - LEUKOTRIENE RECEPTOR ANTAGONISTS			
	MONTELUKAST SOD 10 MG TABLE	0	N
	MONTELUKAST SOD 4 MG GRANUL	0	N
	MONTELUKAST SOD 4 MG TAB CH	0	N
	MONTELUKAST SOD 5 MG TAB CH	0	N
	SINGULAIR 4 MG GRANULES	2	N
	ZAFIRLUKAST 10 MG TABLET	0	N
	ZAFIRLUKAST 20 MG TABLET	0	N