



**Blue Cross  
Blue Shield**  
of Michigan

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

**2014**

# Medicare Plus Blue<sup>SM</sup> Group PPO Prescription Blue<sup>SM</sup> Group PDP Enhanced Comprehensive Formulary

(List of covered drugs)

**PLEASE READ:** THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to “we,” “us”, or “our,” it means Blue Cross Blue Shield. When it refers to “plan” or “our plan,” it means Medicare Plus Blue.

This document includes a list of the drugs (formulary) for our plan which is current as of September 30, 2013. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2015.

**Medicare Plus Blue Group and Prescription Blue Group** are PPO and PDP plans with a Medicare contract. Enrollment in **Medicare Plus Blue Group and Prescription Blue Group** depends on contract renewal.

This formulary was updated on September 30, 2013. For more recent information or other questions, please contact us, **Medicare Plus Blue Group / Prescription Blue Group** Member Services, at 1-866-684-8216, Monday through Friday, 8:30 a.m. to 5:00 p.m. Eastern time. TTY users should call 711. Or visit [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).



## **What is the Medicare Plus Blue Group PPO / Prescription Blue Group PDP Enhanced Formulary?**

A formulary is a list of covered drugs selected by **Medicare Plus Blue Group PPO and Prescription Blue Group PDP** in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. **Medicare Plus Blue Group PPO and Prescription Blue Group PDP** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Medicare Plus Blue Group PPO and Prescription Blue Group PDP** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

### **Can the Formulary (drug list) change?**

Generally, if you are taking a drug on our 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary

and provide notice to members who take the drug. The enclosed formulary is current as of September 30, 2013. To get updated information about the drugs covered by **Medicare Plus Blue Group PPO / Prescription Blue Group PDP**, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, we will send out an errata sheet to notify you of this change.

### **How do I use the Formulary?**

There are two ways to find your drug within the formulary:

#### ***Medical Condition***

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension, Cholesterol." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

#### ***Alphabetical Listing***

If you are not sure what category to look under, you should look for your drug in the Index that begins on page Index 1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### **What are generic drugs?**

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP** cover both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

## Are there any restrictions on my coverage?

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

- **Prior Authorization: Medicare Plus Blue Group PPO and Prescription Blue Group PDP** require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Medicare Plus Blue Group PPO or Prescription Blue Group PDP** before you fill your prescriptions. If you don't get approval, **Medicare Plus Blue Group PPO or Prescription Blue Group PDP** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Medicare Plus Blue Group PPO and Prescription Blue Group PDP** limit the amount of the drug that **Medicare Plus Blue Group PPO and Prescription Blue Group PDP** will cover. For example, **Medicare Plus Blue Group PPO and Prescription Blue Group PDP** provide two capsules per day for Celebrex 200 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **Medicare Plus Blue Group PPO and Prescription Blue Group PDP** require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, **Medicare Plus Blue Group PPO and Prescription Blue Group PDP** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Medicare Plus Blue Group PPO and Prescription Blue Group PDP** will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask **Medicare Plus Blue Group PPO or Prescription Blue Group PDP** to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Medicare Plus Blue Group PPO / Prescription Blue Group PDP formulary?" on page ii for information about how to request an exception.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of drugs), you should first contact Member Services and ask if your drug is covered. If you learn that **Medicare Plus Blue Group PPO and Prescription Blue Group PDP** do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by **Medicare Plus Blue Group PPO and Prescription Blue Group PDP**. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by **Medicare Plus Blue Group PPO and Prescription Blue Group PDP**.
- You can ask **Medicare Plus Blue Group PPO or Prescription Blue Group PDP** to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Medicare Plus Blue Group PPO / Prescription Blue Group PDP Formulary?

You can ask **Medicare Plus Blue Group PPO or Prescription Blue Group PDP** to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, **Medicare Plus Blue Group PPO and Prescription Blue Group PDP** limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in Tier 4 Non-Preferred Brand Drugs, you can ask us to cover it at the cost-sharing amount that applies to drugs in Tier 3 Preferred Brand Drugs instead. Or, if your drug is contained in the Tier 2 Non-Preferred Generic Drugs, you can ask us to cover it at the cost-sharing amount that applies to drugs in Tier 1 Preferred

Generic Drugs instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in Tier 5 Specialty Drugs.

Generally, **Medicare Plus Blue Group PPO and Prescription Blue Group PDP** will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

### **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you move into (or out of) a long-term care facility, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Member Services if you require assistance in your transition. For more detailed information about our Transition Policy, refer to your Evidence of Coverage or visit our website at [www.bcbsm.com/medicare/transition.shtml](http://www.bcbsm.com/medicare/transition.shtml).

### **For more information**

For more detailed information about your **Medicare Plus Blue Group PPO or Prescription Blue Group PDP** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **Medicare Plus Blue Group PPO or Prescription Blue Group PDP**, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

# Medicare Plus Blue Group PPO / Prescription Blue Group PDP Enhanced Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by **Medicare Plus Blue Group PPO and Prescription Blue Group PDP**. If you have trouble finding your drug in the list, turn to the Index that begins on page Index 1.

## Tier Descriptions

Medicare Plus Blue Group PPO / Prescription Blue Group PDP Drug Tier Costs						
Tier	Drug Description	Up to a 31-day supply			Up to a 90-day supply**	
		At long-term care, preferred and non-preferred network pharmacies	At out-of-network pharmacies*	At the plan's mail order service	At preferred network pharmacies or the plan's mail order service	At non-preferred network pharmacies
<b>Tier 1</b>	Preferred Generic	See your Medical Benefits Chart for member cost-share details				
<b>Tier 2</b>	Non-Preferred Generic					
<b>Tier 3</b>	Preferred Brand					
<b>Tier 4</b>	Non-Preferred Brand					
<b>Tier 5</b>	Specialty	See your Medical Benefits Chart for member cost-share details			90-day supply is not available	

\*Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

\*\*Most pharmacies will fill a 90-day supply of medication. Check with your pharmacist.

## Drug Notes Code Definitions

Symbol	Definition
<b>B/D</b>	This prescription drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
<b>EX</b>	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
<b>LA</b>	Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, call <b>Medicare Plus Blue Group PPO / Prescription Blue Group PDP</b> Member Services at 1-866-684-8216, Monday through Friday from 8:30 a.m. to 5:00 p.m., Eastern time. TTY users should call 711.
<b>PA</b>	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
<b>QL</b>	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
<b>ST</b>	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your condition before we will cover another drug for that condition. For example, if drug A and drug B both treat your medical condition, we may not cover drug B unless you try drug A first. If drug A does not work for you, we will then cover drug B.

## Commonly Prescribed Therapeutic Drug Categories

### ANTI-INFECTIVES

#### AMINOGLYCOSIDES

Drug Name	Drug Tier	Notes
<i>amikacin sulfate inj 1gm/4ml, 50mg/ml</i>	2	
<i>gentamicin sulfate inj</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%, 1.2mg/ml; 0.9%</i>	2	
STREPTOMYCIN SULFATE	4	
<i>tobramycin sulfate/sodium chloride</i>	2	
<b>ANTIFUNGALS</b>		
AMBISOME	4	B/D PA
<i>amphotericin b</i>	2	B/D PA
ANCOBON	4	
CANCIDAS	5	
<i>clotrimazole troc</i>	2	
DIFLUCAN	4	
ERAXIS INJ 100MG	4	
<i>fluconazole</i>	2	
<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	2	
<i>flucytosine</i>	2	
GRIFULVIN V	4	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i>	2	
<i>ketoconazole</i>	2	
LAMISIL TABS	4	
NOXAFIL	5	
<i>nystatin susp</i>	2	
<i>nystatin tabs</i>	2	

Drug Name	Drug Tier	Notes
ONMEL	4	
SPORANOX CAPS	4	
SPORANOX ORAL SOLN	3	
SPORANOX PULSEPAK	4	
<i>terbinafine hcl tabs</i>	2	
VFEND SUSR	3	
VFEND TABS	4	
<i>voriconazole</i>	2	
<b>ANTIMALARIALS</b>		
<i>atovaquone/proguanil hcl tabs 250mg; 100mg</i>	2	
<i>chloroquine phosphate</i>	2	
COARTEM	3	
DARAPRIM	3	
<i>hydroxychloroquine sulfate</i>	2	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i>	2	
<b>ANTIPARASITICS/ANTHELMINTICS</b>		
ALBENZA	4	
ALINIA	3	
BILTRICIDE	3	
MEPRON	5	
<i>paromomycin sulfate</i>	2	
STROMEKTOL	3	
<i>tinidazole</i>	2	
YODOXIN	4	EX
<b>ANTIRETROVIRALS</b>		
<i>abacavir</i>	2	
APTIVUS	5	
ATRIPLA	5	
COMBIVIR	5	
COMPLERA	5	
CRIXIVAN	3	
<i>didanosine</i>	2	
EMTRIVA	3	
EPIVIR	4	
EPIVIR HBV	4	

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand

4-Non-Preferred Brand 5-Specialty Drugs

**Notes:** B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability

EX - Excluded Drug PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

**Brand-name drugs** are CAPITALIZED. **Generic drugs** are lower-case italics.

Drug Name	Drug Tier	Notes
EPZICOM	5	
FUZEON	5	
INTELENCE TABS 100MG, 200MG	5	
INVIRASE	5	
ISENTRESS	5	
KALETRA ORAL SOLN	5	
KALETRA TABS 200MG; 50MG	5	
KALETRA TABS 100MG; 25MG	3	
<i>lamivudine</i>	2	
<i>lamivudine/zidovudine</i>	2	
LEXIVA SUSP	3	
LEXIVA TABS	5	
<i>nevirapine tabs</i>	2	
NORVIR	3	
PREZISTA TABS 150MG, 75MG	4	
PREZISTA TABS 400MG, 600MG, 800MG	5	
RESCRIPTOR	3	
RETROVIR IV INFUSION	4	
REYATAZ CAPS 100MG	3	
REYATAZ CAPS 150MG, 200MG, 300MG	5	
SELZENTRY	5	
<i>stavudine</i>	2	
STRIBILD	5	
SUSTIVA	3	
TRIZIVIR	5	
TRUVADA	5	
VIDEX PEDIATRIC ORAL SOLN 2GM	3	
VIRAMUNE	4	
VIRAMUNE XR	3	
VIREAD POWD	5	
VIREAD TABS	3	
ZERIT	4	

Drug Name	Drug Tier	Notes
ZIAGEN ORAL SOLN	3	
<i>zidovudine</i>	2	
<b>ANTITUBERCULARS</b>		
CAPASTAT SULFATE	4	
DAPSONE	3	
<i>ethambutol hcl</i>	2	
<i>isoniazid</i>	2	
MYCOBUTIN	3	
PASER	4	
<i>pyrazinamide</i>	2	
RIFADIN	4	
RIFAMATE	4	
<i>rifampin</i>	2	
SEROMYCIN	3	
TRECTOR	4	
<b>ANTIVIRALS</b>		
<i>acyclovir</i>	2	
<i>acyclovir sodium inj 500mg</i>	2	B/D PA
<i>amantadine hcl</i>	2	
BARACLUDE ORAL SOLN	3	
BARACLUDE TABS	5	
<i>cidofovir</i>	2	
COPEGUS	4	
CYTOVENE	4	B/D PA
EDURANT	5	
<i>famciclovir</i>	2	
FAMVIR	4	
<i>foscarnet sodium</i>	2	B/D PA
<i>ganciclovir</i>	2	B/D PA
HEPSERA	5	
INCIVEK	5	PA QL(168 per 28 days)
INVIRASE	5	
PREZISTA SUSP	5	
REBETOL ORAL SOLN	3	

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand

4-Non-Preferred Brand 5-Specialty Drugs

**Notes:** B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability

EX – Excluded Drug PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

**Brand-name drugs** are CAPITALIZED. **Generic drugs** are *lower-case italics*.

Drug Name	Drug Tier	Notes
RELENZA DISKHALER	3	QL(60 per fill)
RETROVIR	4	
<i>ribapak tabs</i>	5	
<i>ribasphere caps</i>	2	
<i>ribasphere tabs 200mg, 400mg</i>	2	
<i>ribasphere tabs 600mg</i>	5	
<i>ribavirin</i>	2	
<i>rimantadine hcl</i>	2	
TAMIFLU CAPS 45MG, 75MG	3	QL(50 per 180 days)
TAMIFLU CAPS 30MG	3	QL(90 per 180 days)
TAMIFLU SUSR	3	QL(540 per 180 days)
TYZEKA	5	
<i>valacyclovir hcl</i>	2	
VALCYTE	5	
VALTREX	4	
VICTRELIS	5	PA QL(336 per 28 days)
VIDEX EC	4	
VIRACEPT	5	
VIRAMUNE	4	
VIRAMUNE XR	3	
VIRAZOLE	5	
ZERIT	4	
ZIAGEN TABS	4	
ZOVIRAX CAPS	4	
ZOVIRAX SUSP	4	
ZOVIRAX TABS	4	
<b>CEPHALOSPORINS</b>		
<i>cefaclor caps</i>	2	
<i>cefaclor er</i>	2	
<i>cefadroxil</i>	2	

Drug Name	Drug Tier	Notes
<i>cefazolin sodium inj 10gm, 1gm, 1gm; 5%, 500mg</i>	2	
<i>cefdinir</i>	2	
<i>cefepime inj 1gm, 2gm</i>	2	
<i>cefotaxime sodium inj 10gm, 500mg</i>	2	
<i>cefotetan</i>	2	
<i>cefoxitin sodium</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	2	
CEFTIN TABS	4	
<i>ceftriaxone sodium</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 750mg</i>	2	
<i>cephalexin caps 250mg, 500mg</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
CLAFORAN INJ 10GM, 2GM, 500MG	4	
FORTAZ INJ 1GM/50ML; 5%, 2GM, 2GM/50ML; 5%, 6GM	4	
KEFLEX CAPS 250MG, 500MG	4	
ROCEPHIN INJ 500MG	4	
SUPRAX CHEW	4	
SUPRAX SUSR	4	
SUPRAX TABS	4	
TAZICEF INJ 1GM, 2GM, 6GM	4	
TEFLARO	4	
<b>MACROLIDES</b>		
<i>azithromycin inj 500mg</i>	2	
<i>azithromycin susr</i>	2	
<i>azithromycin tabs</i>	2	
BIAXIN	4	
BIAXIN XL	4	QL(62 per 31 days)

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand

4-Non-Preferred Brand 5-Specialty Drugs

**Notes:** B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability

EX - Excluded Drug PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

**Brand-name drugs** are CAPITALIZED. **Generic drugs** are lower-case italics.

Drug Name	Drug Tier	Notes
<i>clarithromycin</i>	2	
<i>clarithromycin er</i>	2	QL(180 per 90 days)
DIFICID	5	QL(20 per fill)
E.E.S. GRANULES	4	
ERY-TAB TBEC 500MG	4	
<i>ery-tab tbec 250mg, 333mg</i>	2	
ERYPED 200	4	
ERYPED 400	4	
ERYTHROCIN LACTOBIONATE INJ 500MG	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin ethylsuccinate</i>	2	
<i>erythromycin/sulfisoxazole</i>	2	
ILOTYCIN	4	
KETEK	4	QL(20 per 10 days)
ZITHROMAX INJ	4	
ZITHROMAX SUSR	4	
ZITHROMAX TABS	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
ZMAX	4	
<b>MISCELLANEOUS ANTI-INFECTIVES</b>		
ARALEN	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE	4	
AZACTAM INJ 2GM	4	
<i>aztreonam inj 1gm</i>	2	
<i>baciim</i>	2	
<i>bacitracin inj</i>	2	
CAYSTON	5	PA QL(84 per 28 days)

Drug Name	Drug Tier	Notes
<i>chloramphenicol sodium succinate</i>	2	
CLEOCIN CAPS 150MG, 300MG	4	
CLEOCIN IN D5W INJ 900MG/50ML; 5%	4	
CLEOCIN PEDIATRIC GRANULES	4	
CLEOCIN PHOSPHATE INJ 900MG/6ML	4	
<i>clindamycin hcl</i>	2	
<i>clindamycin phosphate advantage</i>	2	
<i>clindamycin phosphate in d5w</i>	2	
<i>colistimethate sodium</i>	2	
COLY-MYCIN M	4	
CUBICIN	4	B/D PA
FLAGYL	4	
FLAGYL ER	4	
<i>imipenem/cilastatin</i>	2	
<i>isoniazid</i>	2	
LINCOCIN	4	
MALARONE	4	
<i>meropenem inj 500mg</i>	2	
MERREM INJ 500MG	4	
<i>metronidazole in nacl 0.79%</i>	2	
<i>metronidazole tabs</i>	2	
MYAMBUTOL	4	
NEBUPENT	4	B/D PA
<i>neomycin sulfate tabs</i>	2	
PENTAM 300	4	
PLAQUENIL	4	
<i>polymyxin b sulfate</i>	2	
PRIMAXIN IV INJ 250MG; 250MG	4	
RIFADIN	4	
RIFATER	4	
SIRTURO	5	PA
TOBI	5	B/D PA

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand  
4-Non-Preferred Brand 5-Specialty Drugs

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Drug Name	Drug Tier	Notes
TOBI PODHALER	5	PA
<i>tobramycin sulfate inj 10mg/ml, 80mg/2ml</i>	2	
TYGACIL	4	
VANCOCIN HCL	4	
<i>vancomycin hcl caps</i>	2	
<i>vancomycin hcl inj 1000mg, 10gm, 500mg</i>	2	B/D PA
VIBATIV INJ 250MG	4	
XIFAXAN	4	
ZYVOX	5	
<b>PENICILLINS</b>		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium chew</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	2	
<i>amoxicillin/potassium clavulanate susr 200mg/5ml; 28.5mg/5ml</i>	2	
<i>amoxicillin/potassium clavulanate tabs</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin sodium inj 10gm, 125mg, 1gm</i>	2	
<i>ampicillin-sulbactam inj 10gm; 5gm, 2gm; 1gm</i>	2	
<i>bactocill in dextrose</i>	2	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
MOXATAG	4	
<i>nafcillin sodium inj 10gm, 1gm</i>	2	
<i>nallpen/dextrose</i>	2	

Drug Name	Drug Tier	Notes
<i>oxacillin sodium inj 10gm, 1gm</i>	2	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML, 0; 60000UNIT/ML	4	
<i>penicillin g potassium inj 5mu</i>	2	
<i>penicillin g procaine</i>	2	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g inj 20mu</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm, 4gm; 0.5gm</i>	2	
UNASYN BULK PACK	4	
UNASYN INJ 2GM; 1GM	4	
ZOSYN INJ 3GM; 0.375GM, 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	4	
<b>QUINOLONES</b>		
AVELOX ABC PACK	4	
AVELOX TABS	4	
CIPRO	4	
CIPRO I.V.-IN D5W INJ 200MG/100ML; 5%	4	
<i>ciprofloxacin er</i>	2	QL(84 per 84 days)
<i>ciprofloxacin hcl</i>	2	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	
<i>ciprofloxacin inj 400mg/40ml</i>	1	
LEVAQUIN INJ 5%; 750MG/150ML	4	
LEVAQUIN ORAL SOLN	4	
LEVAQUIN TABS	4	
<i>levofloxacin</i>	2	
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	2	
NOROXIN	4	

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Drug Name	Drug Tier	Notes
<i>ofloxacin</i>	2	
<b>SULFONAMIDES AND COMBINATIONS</b>		
BACTRIM	4	
BACTRIM DS	4	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<b>TETRACYCLINES</b>		
ADOXA PAK 1/100	4	
ADOXA PAK 1/150	4	
ADOXA PAK 2/100	4	
ADOXA TABS	4	
<i>demeclocycline hcl</i>	2	
DORYX	4	
<i>doxycycline hyclate caps</i>	2	
<i>doxycycline hyclate cpep</i>	1	
<i>doxycycline hyclate dr tbec 100mg, 75mg</i>	1	
<i>doxycycline hyclate dr tbec 150mg</i>	2	
<i>doxycycline hyclate inj</i>	2	
<i>doxycycline hyclate tabs</i>	2	
<i>doxycycline monohydrate caps 75mg</i>	2	
<i>doxycycline monohydrate tabs 150mg, 50mg, 75mg</i>	2	
DYNACIN	4	
MINOCIN CAPS	4	
<i>minocycline hcl</i>	2	
<i>minocycline hcl er</i>	2	QL(31 per 31 days)
MONODOX	4	
NUTRIDOX	4	EX
ORACEA	4	
SOLODYN TB24 105MG, 115MG, 45MG, 55MG, 65MG, 80MG	4	QL(31 per 31 days)
<i>tetracycline hcl</i>	2	

Drug Name	Drug Tier	Notes
VIBRAMYCIN	4	
<b>URINARY TRACT AGENTS</b>		
FURADANTIN	4	
HIPREX	4	
MACROBID	4	
MACRODANTIN CAPS 100MG, 25MG	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	EX
<i>nitrofurantoin macrocrystalline caps 50mg</i>	2	PA
<i>nitrofurantoin monohydrate</i>	2	PA
<i>nitrofurantoin susp</i>	2	PA
PRIMSOL	4	
PYRIDIUM TABS 100MG	4	EX
<i>trimethoprim</i>	2	
<b>ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS</b>		
<b>ADJUVANT THERAPY</b>		
FUSILEV	5	
<i>leucovorin calcium inj 100mg, 350mg</i>	2	
<i>leucovorin calcium tabs</i>	2	
LEUKINE	5	
MESNEX TABS	3	
<b>ALKYLATING AGENTS</b>		
ALKERAN INJ	4	
BICNU	4	
BUSULFEX	4	
CEENU	3	
<i>cyclophosphamide tabs</i>	2	B/D PA
<i>dacarbazine inj 200mg</i>	2	
LEUKERAN	3	
<i>melphalan hydrochloride</i>	2	
MUSTARGEN	4	
<i>thiotepa</i>	2	
ZANOSAR	4	
<b>ANTIMETABOLITES</b>		

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Drug Name	Drug Tier	Notes
ALIMTA INJ 500MG	4	
<i>cladribine</i>	2	B/D PA
<i>cytarabine aqueous</i>	2	B/D PA
<i>cytarabine inj 500mg</i>	2	B/D PA
<i>fludarabine phosphate inj 50mg</i>	2	
<i>fluorouracil inj 2.5gm/50ml</i>	2	B/D PA
<i>gemcitabine hcl inj 1gm</i>	5	
<i>mercaptopurine</i>	2	
<i>methotrexate</i>	2	B/D PA
<i>methotrexate sodium</i>	2	
NIPENT	4	
<i>pentostatin</i>	2	
PURINETHOL	4	
RHEUMATREX	4	B/D PA
TABLOID	3	
TREXALL	4	B/D PA
<b>HORMONAL AGENTS</b>		
<i>anastrozole</i>	2	
ARIMIDEX	4	
ASMALPRED PLUS	4	EX
<i>bicalutamide</i>	2	
CASODEX	4	
<i>exemestane</i>	2	
FARESTON	3	
FASLODEX	5	
FEMARA	4	
FIRMAGON	4	
<i>flutamide</i>	2	
<i>letrozole</i>	2	
<i>leuprolide acetate</i>	2	
LUPRON DEPOT INJ 22.5MG, 30MG, 45MG, 7.5MG	5	
LUPRON DEPOT-PED INJ 11.25MG, 15MG	5	
MEGACE ES	4	
MEGACE ORAL	4	
<i>megestrol acetate</i>	2	
NILANDRON	3	

Drug Name	Drug Tier	Notes
SOLTAMOX	4	
<i>tamoxifen citrate</i>	2	
TRELSTAR MIXJECT	5	
XTANDI	5	PA
ZYTIGA	5	PA
<b>IMMUNOMODULATORS</b>		
ARCALYST	5	PA
AZASAN	4	B/D PA
<i>azathioprine</i>	2	B/D PA
<i>azathioprine sodium</i>	2	B/D PA
CELLCEPT INTRAVENOUS	4	B/D PA
CELLCEPT SUSR	5	B/D PA
<i>cyclosporine</i>	2	B/D PA
<i>cyclosporine modified</i>	2	B/D PA
<i>gengraf</i>	2	B/D PA
ILARIS	5	PA
<i>mycophenolate mofetil</i>	2	B/D PA
MYFORTIC	4	B/D PA
NEORAL	4	B/D PA
NULOJIX	5	B/D PA
POMALYST	5	PA
PROGRAF INJ	4	B/D PA
RAPAMUNE	4	B/D PA
REVLIMID CAPS 10MG, 15MG, 25MG, 5MG	5	LA
RITUXAN	5	PA
SANDIMMUNE	4	B/D PA
SIMULECT INJ 20MG	5	B/D PA
<i>tacrolimus caps 5mg</i>	5	B/D PA
<i>tacrolimus caps 0.5mg, 1mg</i>	2	B/D PA
TECFIDERA	5	PA QL(62 per 31 days)
TECFIDERA STARTER PACK	5	PA
THALOMID	5	PA
<b>MISCELLANEOUS ANTINEOPLASTIC AGENTS</b>		

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Drug Name	Drug Tier	Notes
ABRAXANE	4	
<i>adriamycin inj 2mg/ml</i>	2	B/D PA
AFINITOR	5	PA
<i>amifostine</i>	5	
ARRANON	4	
ARZERRA INJ 100MG/5ML	5	PA
AVASTIN INJ 100MG/4ML	5	
<i>bleomycin sulfate inj 30unit</i>	2	B/D PA
BOSULIF	5	
CAMPTOSAR INJ 100MG/5ML	4	
CAPRELSA	5	
<i>carboplatin inj 150mg/15ml</i>	2	
CERUBIDINE	4	
<i>cisplatin inj 100mg/100ml</i>	2	
CLOLAR	4	
COMETRIQ	5	PA
DACOGEN	5	
<i>daunorubicin hcl inj 5mg/ml</i>	2	
<i>dexrazoxane inj 500mg</i>	2	
DOCEFREZ	5	
DOCETAXEL INJ 80MG/8ML	5	
<i>docetaxel inj 80mg/4ml</i>	5	
<i>doxorubicin hcl inj 2mg/ml</i>	2	B/D PA
DROXIA	3	
ELLEENCE INJ 200MG/100ML	4	
ELOXATIN INJ 100MG/20ML, 50MG/10ML	5	
ELSPAR	4	
EMCYT	3	
<i>epirubicin hcl inj 50mg/25ml</i>	2	
ERBITUX INJ 100MG/50ML	4	
ERIVEDGE	5	PA
ETOPOPHOS	4	
<i>etoposide inj</i>	2	
GLEEVEC	5	
HALAVEN	5	
HERCEPTIN	5	B/D PA

Drug Name	Drug Tier	Notes
HEXALEN	5	
HYCANTIN INJ	4	
HYDREA	4	
<i>hydroxyurea</i>	2	
ICLUSIG	5	PA
IDAMYCIN PFS INJ 20MG/20ML	4	
<i>idarubicin hcl inj 10mg/10ml</i>	2	
IFEX INJ 3GM	4	B/D PA
<i>ifosfamide inj 1gm</i>	2	B/D PA
<i>ifosfamide/mesna</i>	2	B/D PA
INLYTA	5	PA
IRINOTECAN INJ 100MG/5ML	5	
ISTODAX	5	B/D PA
IXEMPRA KIT INJ 45MG	5	
JAKAFI	5	PA
JEVTANA	5	PA
KADCYLA INJ 100MG	5	B/D PA
LYSODREN	3	
MATULANE	5	
MEKINIST	5	PA
<i>mesna</i>	2	
<i>mitomycin inj 20mg</i>	2	B/D PA
<i>mitoxantrone hcl</i>	2	
NEXAVAR	5	PA
ONTAK	4	
<i>oxaliplatin inj 100mg/20ml</i>	5	
<i>paclitaxel inj 300mg/50ml</i>	2	
PERJETA	5	
PROLEUKIN	5	
SPRYCEL	5	
STIVARGA	5	
SUTENT	5	PA
SYNRIBO	5	
TAFINLAR	5	PA
TARCEVA	5	PA
TARGRETIN	5	PA

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Drug Name	Drug Tier	Notes
TASIGNA	5	
<i>toposar</i>	2	
<i>topotecan hcl inj 4mg</i>	2	
TORISEL	5	PA
TREANDA INJ 100MG	5	PA
TRELSTAR DEPOT MIXJECT	5	
TRELSTAR LA MIXJECT	5	
<i>tretinoin caps</i>	5	
TRISENOX	4	
TYKERB	5	
VECTIBIX INJ 100MG/5ML	5	
VELCADE	4	
VIDAZA	5	
<i>vinblastine sulfate inj 10mg</i>	2	B/D PA
<i>vincasar pfs</i>	2	B/D PA
<i>vincristine sulfate</i>	2	B/D PA
<i>vinorelbine tartrate inj 50mg/5ml</i>	2	
VOTRIENT	5	PA
XALKORI	5	PA QL(62 per 31 days)
XGEVA	5	PA
YERVOY INJ 50MG/10ML	5	PA
ZALTRAP INJ 100MG/4ML	5	
ZELBORAF	5	PA QL(240 per 30 days)
ZINECARD INJ 250MG	4	
ZOLINZA	5	
ZORTRESS TABS 0.5MG, 0.75MG	5	B/D PA
ZORTRESS TABS 0.25MG	4	B/D PA
<b>CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL ACE-INHIBITORS AND COMBINATIONS</b>		
ACCUPRIL	4	

Drug Name	Drug Tier	Notes
ACCURETIC	4	
ALTACE	4	
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>captopril</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
LOTENSIN	4	
LOTENSIN HCT	4	
LOTREL	4	
MAVIK	4	
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
PRINIVIL	4	
<i>quinapril hcl</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
UNIRETIC	4	
UNIVASC	4	
VASERETIC	4	
VASOTEC TABS 2.5MG, 20MG, 5MG	4	
ZESTORETIC	4	
ZESTRIL TABS 10MG, 2.5MG, 20MG, 40MG, 5MG	4	
<b>ALPHA-ADRENERGIC AGENTS</b>		
CARDURA	4	

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Drug Name	Drug Tier	Notes
CARDURA XL	4	QL(90 per 90 days)
CATAPRES	4	
CATAPRES-TTS-1	4	QL(4 per 28 days)
CATAPRES-TTS-2	4	QL(4 per 28 days)
CATAPRES-TTS-3	4	QL(4 per 28 days)
<i>clonidine hcl ptwk</i>	1	QL(12 per 84 days)
<i>clonidine hcl tabs</i>	2	
<i>doxazosin mesylate</i>	2	
<i>guanfacine hcl</i>	2	
MINIPRESS	4	
<i>prazosin hcl</i>	2	
<i>reserpine</i>	2	
TENEX	4	
<i>terazosin hcl</i>	2	
<b>ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS</b>		
ATACAND	4	
AVALIDE	4	
AVAPRO	4	
BENICAR	3	
BENICAR HCT	3	
<i>candesartan</i> <i>cilexetil/hydrochlorothiazide</i>	1	
COZAAR	4	
DIOVAN	4	
EDARBI	4	
EDARBYCLOR	4	
<i>eprosartan mesylate</i>	2	
EXFORGE	4	
EXFORGE HCT	4	ST
HYZAAR	4	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Notes
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
MICARDIS	4	
MICARDIS HCT	4	
TEVETEN	4	
TEVETEN HCT	4	
<i>valsartan/hydrochlorothiazide</i>	1	
<b>ANTI-COAGULANTS/HEMOSTASIS AGENTS</b>		
AGGRENOX	3	
AGRYLIN	4	
AMICAR SYRP	4	
AMICAR TABS 500MG	4	
AMINOCAPROIC ACID TABS 1000MG	4	
<i>anagrelide hydrochloride</i>	2	
ARIXTRA INJ 2.5MG/0.5ML	4	
BRILINTA	4	QL(180 per 90 days)
<i>cilostazol</i>	2	
<i>clopidogrel</i>	2	
COUMADIN TABS	4	
<i>dipyridamole tabs</i>	2	
EFFIENT	3	
ELIQUIS	3	
<i>enoxaparin sodium inj</i> <i>100mg/ml, 120mg/0.8ml, 150mg/ml</i>	5	
<i>enoxaparin sodium inj</i> <i>300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	2	
<i>fondaparinux sodium inj</i> <i>2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium inj</i> <i>10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	

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Drug Name	Drug Tier	Notes
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML	5	
FRAGMIN INJ 25000UNIT/ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	
<i>heparin sodium inj</i> 10000unit/ml, 1000unit/ml, 20000unit/ml, 2000unit/ml, 5000unit/ml	2	
<i>heparin sodium/d5w inj 5%;</i> <i>40unit/ml</i>	2	
<i>heparin sodium/nacl 0.45%</i>	2	
<i>heparin sodium/sodium chloride</i> <i>0.9% premix</i>	2	
IPRIVASK	4	EX
<i>jantoven</i>	1	
LOVENOX INJ 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML	4	
<i>pentoxifylline er</i>	2	
PERSANTINE	4	
PLAVIX	4	
PLETAL	4	
PRADAXA	3	
TRENTAL	4	
<i>warfarin sodium</i>	1	
XARELTO	3	
<b>BETA BLOCKERS AND COMBINATIONS</b>		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
BETAPACE	4	
BETAPACE AF	4	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Notes
BYSTOLIC TABS 2.5MG, 5MG	4	QL(90 per 90 days) ST
BYSTOLIC TABS 20MG	4	QL(180 per 90 days) ST
BYSTOLIC TABS 10MG	4	QL(360 per 90 days) ST
<i>carvedilol</i>	1	
COREG	4	
COREG CR	4	QL(90 per 90 days)
CORGARD	4	
CORZIDE	4	
INDERAL LA	4	QL(62 per 31 days)
INNOPRAN XL	4	QL(180 per 90 days)
KERLONE	4	
<i>labetalol hcl</i>	1	
LEVATOL	4	
LOPRESSOR	4	
LOPRESSOR HCT	4	
<i>metoprolol succinate er</i>	1	QL(180 per 90 days)
<i>metoprolol tartrate</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl inj</i>	2	
<i>propranolol hcl oral soln</i>	2	
<i>propranolol hcl tabs</i>	1	
<i>propranolol/hydrochlorothiazid e</i>	1	

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Drug Name	Drug Tier	Notes
SECTRAL	4	
<i>sorine</i>	1	
<i>sotalol hcl (af) tabs 120mg</i>	1	
<i>sotalol hcl tabs 160mg, 240mg, 80mg</i>	1	
SOTALOL HYDROCHLORIDE	4	
TENORETIC 100	4	
TENORETIC 50	4	
TENORMIN	4	
<i>timolol maleate</i>	1	
TOPROL XL	4	QL(62 per 31 days)
TRANDATE	4	
ZEBETA	4	
ZIAC	4	
<b>CALCIUM CHANNEL BLOCKERS AND COMBINATIONS</b>		
ADALAT CC	4	
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate/benazepril hcl</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
AZOR	4	QL(90 per 90 days)
CADUET	4	QL(31 per 31 days)
CALAN	4	
CALAN SR	4	
CARDENE I.V.	4	
CARDENE SR	4	
CARDIZEM	4	
CARDIZEM CD CP24 180MG	4	

Drug Name	Drug Tier	Notes
CARDIZEM CD CP24 300MG	4	QL(31 per 31 days)
CARDIZEM CD CP24 240MG	4	QL(62 per 31 days)
CARDIZEM CD CP24 120MG	4	QL(93 per 31 days)
CARDIZEM LA TB24 120MG	4	
CARDIZEM LA TB24 300MG, 360MG, 420MG	4	QL(31 per 31 days)
CARDIZEM LA TB24 180MG, 240MG	4	QL(62 per 31 days)
<i>cartia xt</i>	1	
DILACOR XR	4	
<i>dilt-cd cp24 120mg, 300mg</i>	1	
<i>dilt-xr cp24 180mg, 240mg</i>	1	
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	1	
<i>diltiazem hcl er cp12</i>	1	
<i>diltiazem hcl er cp24 180mg, 360mg, 420mg</i>	1	
<i>diltiazem hcl inj 50mg/10ml</i>	1	
<i>diltiazem hcl inj 100mg</i>	2	
<i>diltiazem hcl tabs</i>	1	
<i>diltzac cp24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>felodipine er</i>	1	QL(90 per 90 days)
ISOPTIN SR	4	
<i>isradipine</i>	2	
<i>matzim la</i>	1	
<i>nicardipine hcl caps</i>	1	
<i>nicardipine hcl inj</i>	2	
<i>nifediac cc tb24 90mg</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	2	

**Drug Tier: 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand**

**4-Non-Preferred Brand 5-Specialty Drugs**

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Drug Name	Drug Tier	Notes
<i>nifedipine er</i>	1	
<i>nisoldipine</i>	1	QL(90 per 90 days)
<i>nisoldipine er</i>	1	QL(90 per 90 days)
NORVASC	4	
PROCARDIA	4	
PROCARDIA XL	4	
SULAR	4	QL(31 per 31 days)
TARKA	4	QL(90 per 90 days)
<i>taztia xt</i>	1	
TIAZAC	4	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
<i>verapamil hcl sr cp24 360mg</i>	1	
VERELAN CP24 120MG, 180MG, 240MG	4	
VERELAN CP24 360MG	4	QL(31 per 31 days)
VERELAN PM	4	
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>acetazolamide sodium</i>	2	
DIAMOX	4	
<i>methazolamide</i>	2	
NEPTAZANE	4	
<b>CARDIOVASCULAR TREATMENT</b>		
<i>amiodarone hcl inj 50mg/ml</i>	2	
<i>amiodarone hcl tabs 200mg, 400mg</i>	2	
CORDARONE	4	
DIBENZYLINE	4	

Drug Name	Drug Tier	Notes
<i>digoxin inj</i>	2	
<i>digoxin oral soln</i>	1	
<i>digoxin tabs</i>	1	
<i>disopyramide phosphate</i>	2	
<i>flecainide acetate</i>	2	
LANOXIN	4	
<i>mexiletine hcl</i>	2	
<i>midodrine hcl</i>	2	
MULTAQ	3	QL(180 per 90 days)
NEXTERONE	4	
NORPACE	4	
NORPACE CR	4	
PACERONE TABS 400MG	4	
<i>pacerone tabs 100mg, 200mg</i>	2	
<i>procainamide hcl</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine gluconate</i>	2	
<i>quinidine gluconate cr</i>	2	
<i>quinidine sulfate</i>	2	
<i>quinidine sulfate er</i>	2	
RANEXA	4	
REMODULIN	5	B/D PA
RYTHMOL	4	
RYTHMOL SR	4	
TIKOSYN	3	
<b>DIURETICS</b>		
ALDACTAZIDE TABS 25MG; 25MG	4	
ALDACTONE	4	
<i>amiloride hcl</i>	2	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	2	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand

4-Non-Preferred Brand 5-Specialty Drugs

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Drug Name	Drug Tier	Notes
DEMADEX	4	
DYAZIDE	4	
DYRENIUM	4	
<i>eplerenone</i>	2	
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INSPRA	4	
LASIX	4	
MAXZIDE	4	
MAXZIDE-25	4	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
MICROZIDE	4	
SODIUM DIURIL	4	
SODIUM EDECRIN	4	
<i>spironolactone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>toremide inj 20mg/2ml</i>	2	
<i>toremide tabs</i>	2	
<i>triamterene/hydrochlorothiazide</i>	1	
ZAROXOLYN	4	
<b>LIPID-LOWERING AGENTS</b>		
ADVICOR	4	QL(180 per 90 days) ST
ALTOPREV	4	QL(90 per 90 days) ST
<i>atorvastatin calcium</i>	1	QL(90 per 90 days)
<i>cholestyramine light pack</i>	2	
COLESTID	4	
COLESTID FLAVORED GRAN	4	
<i>colestipol hcl</i>	2	

Drug Name	Drug Tier	Notes
CRESTOR	4	QL(90 per 90 days) ST
<i>fenofibrate micronized</i>	2	QL(90 per 90 days)
<i>fenofibrate tabs 145mg, 48mg</i>	2	
<i>fenofibrate tabs 160mg, 54mg</i>	2	QL(90 per 90 days)
FENOGLIDE	4	QL(90 per 90 days)
<i>fluvastatin caps 40mg</i>	1	QL(180 per 90 days)
<i>fluvastatin caps 20mg</i>	1	QL(360 per 90 days)
<i>gemfibrozil</i>	2	
JUXTAPID	5	PA
KYNAMRO	5	PA
LESCOL CAPS 40MG	4	QL(62 per 31 days)
LESCOL CAPS 20MG	4	QL(124 per 31 days)
LESCOL XL	4	QL(90 per 90 days) ST
LIPITOR	4	QL(31 per 31 days)
LIPOFEN CAPS 150MG	4	QL(90 per 90 days)
LIPOFEN CAPS 50MG	4	QL(270 per 90 days)
LOFIBRA	4	QL(31 per 31 days)

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Drug Name	Drug Tier	Notes
LOPID	4	
<i>lovastatin tabs 40mg</i>	1	QL(180 per 90 days)
<i>lovastatin tabs 10mg, 20mg</i>	1	QL(270 per 90 days)
LOVAZA	4	
MEVACOR TABS 40MG	4	QL(62 per 31 days)
MEVACOR TABS 20MG	4	QL(93 per 31 days)
<i>niacor</i>	2	
NIASPAN	3	
PRAVACHOL	4	QL(31 per 31 days)
<i>pravastatin sodium</i>	1	QL(90 per 90 days)
<i>prevalite powd</i>	2	
QUESTRAN	4	
QUESTRAN LIGHT	4	
SIMCOR	4	ST
<i>simvastatin</i>	1	QL(90 per 90 days)
TRICOR TABS 48MG	4	QL(31 per 31 days)
TRIGLIDE	4	QL(31 per 31 days)
TRILIPIX CPDR 135MG	4	QL(90 per 90 days)
TRILIPIX CPDR 45MG	4	QL(270 per 90 days)
VASCEPA	4	

Drug Name	Drug Tier	Notes
VYTORIN	4	QL(90 per 90 days) ST
WELCHOL	3	
ZETIA	3	QL(90 per 90 days)
ZOCOR	4	QL(31 per 31 days)
<b>MISCELLANEOUS ANTIHYPERTENSIVES</b>		
DEMSEER	4	
<i>hydralazine hcl</i>	2	
<i>isoxsuprine hcl tabs 10mg</i>	2	EX
<i>minoxidil tabs</i>	2	
PROGLYCEM	4	
TEKTURNA	3	QL(90 per 90 days)
TEKTURNA HCT	3	QL(90 per 90 days)
VECAMYL	5	PA
VENTAVIS	5	B/D PA
<b>NITRATES AND COMBINATIONS</b>		
BIDIL	3	
DILATRATE SR	3	
IMDUR	4	
ISORDIL TITRADOSE	4	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>nitro-bid</i>	2	
NITRO-DUR	4	
<i>nitro-time</i>	2	EX
<i>nitroglycerin</i>	2	
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	2	

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Drug Name	Drug Tier	Notes
NITROLINGUAL PUMPSPRAY	4	
NITROMIST	3	
NITROSTAT	4	
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTICONVULSANTS</b>		
BANZEL	3	
<i>carbamazepine</i>	2	
<i>carbamazepine er</i>	2	
CELONTIN	3	
<i>clonazepam</i>	2	
<i>clonazepam odt</i>	2	
DEPACON	4	
DIASTAT ACUDIAL	4	EX
DIASTAT PEDIATRIC	4	EX
<i>diazepam gel</i>	2	
DILANTIN CAPS 30MG	3	
DILANTIN INFATABS	4	
<i>divalproex sodium</i>	2	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>epitol</i>	2	
<i>ethosuximide</i>	2	
<i>felbamate</i>	2	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	
<i>gabapentin</i>	2	
GABITRIL TABS 12MG, 16MG	3	
GABITRIL TABS 2MG, 4MG	4	
KEPPRA INJ	4	
LAMICTAL ODT TBDP	4	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	

Drug Name	Drug Tier	Notes
LAMICTAL STARTER/TAKING VALPROATE	3	
LAMICTAL XR KIT	4	
<i>lamotrigine</i>	2	
<i>lamotrigine er</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	2	
<i>levetiracetam oral soln</i>	2	
<i>levetiracetam tabs</i>	2	
LUMINAL	4	EX
LYRICA	4	
MYSOLINE	4	
NEURONTIN	4	
ONFI TABS	4	QL(180 per 90 days)
<i>oxcarbazepine</i>	2	
PEGANONE	3	
<i>phenobarbital</i>	2	
PHENYTEK	4	
<i>phenytoin</i>	2	
<i>phenytoin sodium</i>	2	
<i>phenytoin sodium extended</i>	2	
POTIGA	4	
<i>primidone</i>	2	
SABRIL	5	
TEGRETOL-XR TB12 100MG	3	
<i>tiagabine hydrochloride</i>	2	
TOPAMAX	4	
TOPAMAX SPRINKLE	4	
<i>topiramate</i>	2	
TRILEPTAL TABS	4	
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
VIMPAT INJ	4	
VIMPAT ORAL SOLN	3	
VIMPAT TABS	3	

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Drug Name	Drug Tier	Notes
ZARONTIN	4	
<i>zonisamide</i>	2	
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i>	2	
<i>amoxapine</i>	2	
ANAFRANIL	4	
<i>budeprion sr</i>	2	
<i>buproban</i>	2	
<i>bupropion hcl</i>	2	
<i>bupropion hcl sr</i>	2	
<i>bupropion hcl xl</i>	2	
CELEXA	4	
<i>chlordiazepoxide/amitriptyline</i>	2	
<i>citalopram hydrobromide</i>	2	
<i>clomipramine hcl</i>	2	
CYMBALTA	4	
<i>desipramine hcl</i>	2	
<i>desvenlafaxine er</i>	2	ST
<i>doxepin hcl</i>	2	
EFFEXOR XR	4	
EMSAM	4	
<i>escitalopram oxalate</i>	2	
<i>fluoxetine dr</i>	1	
<i>fluoxetine hcl caps</i>	2	
<i>fluoxetine hcl oral soln</i>	2	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	2	
FLUOXETINE HCL TABS 60MG	4	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	
<i>imipramine hcl</i>	2	
<i>imipramine pamoate</i>	2	
LEXAPRO	4	
<i>maprotiline hcl</i>	2	
MARPLAN	4	
<i>mirtazapine</i>	1	
<i>mirtazapine odt tbdp 30mg, 45mg</i>	1	

Drug Name	Drug Tier	Notes
NARDIL	4	
<i>nefazodone hcl</i>	2	
NORPRAMIN	4	
<i>nortriptyline hcl caps</i>	2	
OLEPTRO	4	PA
PAMELOR	4	
PARNATE	4	
<i>paroxetine hcl</i>	2	
<i>paroxetine hcl er</i>	2	
PAXIL	4	
PAXIL CR	4	
<i>perphenazine/amitriptyline</i>	2	
PEXEVA	4	
<i>phenelzine sulfate</i>	2	
<i>protriptyline hcl</i>	2	
PROZAC	4	
PROZAC WEEKLY	4	
REMERON	4	
REMERON SOLTAB	4	
<i>sertraline hcl</i>	2	
SURMONTIL	4	
TOFRANIL	4	
TOFRANIL-PM	4	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i>	2	
<i>trimipramine maleate</i>	2	
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er cp24</i>	2	
<i>venlafaxine hcl er tb24 150mg, 37.5mg, 75mg</i>	2	
VENLAFAXINE HCL ER TB24 225MG	4	
VIIBRYD	4	ST
VIVACTIL	4	
WELLBUTRIN	4	
WELLBUTRIN SR	4	
WELLBUTRIN XL	4	
ZOLOFT	4	

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Drug Name	Drug Tier	Notes
<b>ANTIPSYCHOTICS</b>		
ABILIFY DISCMELT	3	
ABILIFY INJ	4	
ABILIFY MAINTENA INJ 300MG	5	
ABILIFY ORAL SOLN	3	
ABILIFY TABS	3	
<i>chlorpromazine hcl inj</i>	2	
<i>chlorpromazine hcl tabs</i>	2	
<i>clozapine</i>	2	
CLOZARIL	4	
FANAPT	4	
FANAPT TITRATION PACK	4	
FAZACLO TBDP 12.5MG, 150MG, 200MG	4	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl</i>	2	
GEODON	4	
HALDOL	4	
HALDOL DECANOATE 100	4	
HALDOL DECANOATE 50	4	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
INVEGA	4	
INVEGA SUSTENNA INJ 39MG/0.25ML, 78MG/0.5ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	5	
LATUDA	4	ST
<i>loxapine succinate</i>	2	
LOXITANE	4	
<i>olanzapine</i>	2	
<i>olanzapine odt</i>	2	
<i>olanzapine/fluoxetine</i>	2	
ORAP	3	
<i>perphenazine</i>	2	
<i>quetiapine fumarate</i>	2	

Drug Name	Drug Tier	Notes
RISPERDAL	4	
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	
RISPERDAL M-TAB	4	
<i>risperidone</i>	2	
<i>risperidone odt</i>	2	
SAPHRIS	4	ST
SEROQUEL	4	
SEROQUEL XR	4	
SYMBYAX	4	
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
<i>ziprasidone hcl</i>	2	
ZYPREXA	4	
ZYPREXA ZYDIS	4	
<b>ANXIOLYTICS</b>		
<i>alprazolam</i>	2	
<i>alprazolam er</i>	2	
<i>alprazolam intensol</i>	2	
<i>alprazolam odt</i>	2	
<i>alprazolam xr tb24 0.5mg</i>	2	
<i>buspirone hcl</i>	2	
<i>chlordiazepoxide hcl</i>	2	
<i>clorazepate dipotassium</i>	2	
<i>diazepam intensol</i>	2	
<i>diazepam oral soln</i>	2	
<i>diazepam tabs</i>	2	
LORAZEPAM CONC	4	QL(90 per 30 days)
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs</i>	2	
MIDAZOLAM HCL INJ 2MG/2ML	4	EX
NIRAVAM TBDP 0.25MG, 1MG, 2MG	4	EX

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Drug Name	Drug Tier	Notes
<i>oxazepam</i>	2	
TRANXENE T	4	EX
VALIUM TABS 2MG	4	EX
XANAX XR TB24 0.5MG, 3MG	4	EX
<b>CNS STIMULANTS</b>		
ADDERALL	4	
ADDERALL XR CP24 1.25MG; 1.25MG; 1.25MG; 1.25MG	4	QL(31 per 31 days)
ADDERALL XR CP24 2.5MG; 2.5MG; 2.5MG; 3.75MG; 3.75MG; 3.75MG; 3.75MG, 6.25MG; 6.25MG; 6.25MG; 6.25MG, 7.5MG; 7.5MG; 7.5MG	4	QL(62 per 31 days)
ADDERALL XR CP24 5MG; 5MG; 5MG	4	QL(93 per 31 days)
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL(31 per 31 days)
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 6.25mg; 6.25mg; 6.25mg, 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL(62 per 31 days)
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	2	QL(93 per 31 days)
<i>amphetamine/dextroamphetamine tabs</i>	2	
CONCERTA	4	
DAYTRANA	4	
DESOXYN	4	
DEXEDRINE	4	
<i>dexmethylphenidate hcl</i>	2	
<i>dextroamphetamine sulfate er</i>	2	
<i>dextroamphetamine sulfate tabs</i>	2	
FOCALIN	4	
FOCALIN XR	4	

Drug Name	Drug Tier	Notes
INTUNIV	4	QL(90 per 90 days) ST
KAPVAY	4	QL(360 per 90 days) ST
METADATE CD	4	
<i>metadate er</i>	2	
<i>methamphetamine hcl</i>	2	
METHYLIN	4	
<i>methylphenidate hcl</i>	2	
<i>methylphenidate hcl er cp24</i>	2	
<i>methylphenidate hcl er tbcr 10mg, 18mg</i>	2	
<i>methylphenidate hcl sr</i>	2	
<i>methylphenidate hydrochloride</i>	2	
<i>modafinil</i>	2	QL(180 per 90 days)
NUVIGIL TABS 250MG, 50MG	4	PA QL(90 per 90 days)
PROVIGIL	4	QL(62 per 31 days)
QUILLIVANT XR	4	
RITALIN	4	
RITALIN LA	4	
RITALIN SR	4	
STRATTERA	4	ST
<b>MIGRAINE THERAPY</b>		
ALSUMA	4	QL(6 per dispensing)
AMERGE	4	QL(9 per dispensing)
AXERT	4	QL(36 per 90 days) ST

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Drug Name	Drug Tier	Notes
<i>bupap tabs 650mg; 50mg</i>	2	EX QL(540 per 90 days)
<i>butorphanol tartrate nasal soln</i>	2	QL(30 per 90 days)
CAFERGOT	4	
D.H.E. 45	4	
<i>dihydroergotamine mesylate inj</i>	2	
ERGOMAR	4	
FROVA	4	QL(18 per 30 days) ST
IMITREX INJ	4	QL(3 per dispensin g)
IMITREX NASAL SOLN	4	QL(6 per dispensin g)
IMITREX STATDOSE REFILL	4	QL(3 per dispensin g)
IMITREX STATDOSE SYSTEM	4	QL(3 per dispensin g)
IMITREX TABS	4	QL(9 per dispensin g)
<i>isometheptene/caffeine/acetaminophen</i>	2	EX
<i>migergot</i>	2	
<i>migragesic ida</i>	2	EX
MIGRALAM	4	EX
MIGRANAL	4	QL(8 per fill)
<i>naratriptan hcl</i>	2	QL(27 per 90 days)
<i>nodolor</i>	2	EX
PRODRIN	4	EX

Drug Name	Drug Tier	Notes
RELPAK	4	QL(18 per 90 days) ST
<i>rizatriptan benzoate</i>	2	QL(18 per 30 days) ST
<i>rizatriptan benzoate odt</i>	2	QL(18 per 30 days) ST
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	
<i>sumatriptan succinate inj 4mg/0.5ml</i>	2	QL(3 per dispensin g)
<i>sumatriptan succinate tabs</i>	2	
SUMAVEL DOSEPRO	4	QL(3 per dispensin g)
<i>tencon</i>	2	EX QL(540 per 90 days)
TREXIMET	4	QL(9 per fill)
ZOMIG	4	QL(18 per 90 days) ST
ZOMIG ZMT	4	QL(18 per 90 days) ST
<b>MISCELLANEOUS CNS</b>		
ARICEPT ODT	4	
ARICEPT TABS 10MG, 5MG	4	
ARICEPT TABS 23MG	4	QL(90 per 90 days)
<i>biogesic</i>	2	EX
<i>bioregesic</i>	2	EX
BOTOX INJ 100UNIT	4	
CONZIP CP24 100MG, 300MG	4	EX
DOLOGESIC	4	EX
<i>donepezil hcl tabs 10mg, 5mg</i>	2	

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand

4-Non-Preferred Brand 5-Specialty Drugs

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Drug Name	Drug Tier	Notes
<i>donepezil hcl tbdp</i>	2	
EQUAGESIC	4	EX
EXELON CAPS	4	
EXELON ORAL SOLN	3	
EXELON PT24	3	
<i>galantamine hydrobromide cp24</i>	2	QL(90 per 90 days)
<i>galantamine hydrobromide oral soln</i>	2	
<i>galantamine hydrobromide tabs</i>	2	
GRALISE	4	PA
GRALISE STARTER	4	PA
<i>guanidine hcl</i>	2	
<i>levacet</i>	2	EX
<i>lidocaine hcl inj 0.5%, 1%</i>	2	
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	2	
LITHOBID	4	
<i>meprobamate</i>	2	
MESTINON SYRP	3	
MESTINON TIMESPAN	3	
NAMENDA	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	4	
NAMENDA XR TITRATION PACK	4	
<i>nimodipine</i>	2	
NUEDEXTA	3	PA QL(180 per 90 days)
<i>pyridostigmine bromide</i>	2	
RAZADYNE	4	
RAZADYNE ER	4	QL(31 per 31 days)
<i>regonol</i>	2	
RELAGESIC	4	EX

Drug Name	Drug Tier	Notes
<i>rhinoflex-650</i>	2	EX
<i>riluzole</i>	2	
<i>rivastigmine tartrate</i>	2	
SAVELLA	3	PA QL(180 per 90 days)
SAVELLA TITRATION PACK	4	PA QL(165 per 84 days)
SENSORCAINE-MPF INJ 0.5%, 0.75%	4	
XENAZINE TABS 25MG	5	PA QL(124 per 31 days)
XENAZINE TABS 12.5MG	5	PA QL(248 per 31 days)
XEOMIN INJ 50UNIT	4	
XYLOCAINE INJ 1%	4	
<i>zflex</i>	2	EX
<i>zgesic</i>	2	EX
<b>MYESTHENIA GRAVIS</b>		
MESTINON TABS	4	
PROSTIGMIN TABS	4	EX
<b>NARCOTIC ANTAGONISTS</b>		
BUPRENEX	4	
<i>buprenorphine hcl</i>	2	
<i>buprenorphine hcl/naloxone hcl</i>	2	PA
BUTRANS	4	QL(4 per 28 days)
<i>depade</i>	2	
<i>naloxone hcl</i>	2	
<i>naltrexone hcl</i>	2	
REVIA	4	
SUBOXONE	3	PA
VIVITROL	5	

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4-Non-Preferred Brand 5-Specialty Drugs

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Drug Name	Drug Tier	Notes
<b>NARCOTIC MIXED AGONIST/ANTAGONIST</b>		
<i>butorphanol tartrate inj</i>	2	
<i>nalbuphine hcl</i>	2	
<i>pentazocine/acetaminophen</i>	2	
<i>pentazocine/naloxone hcl</i>	2	
TALWIN	4	
<i>tramadol hcl</i>	2	QL(720 per 90 days)
<i>tramadol hcl er tb24 300mg</i>	2	QL(31 per 31 days)
<i>tramadol hcl er tb24 100mg, 200mg, 300mg</i>	2	QL(90 per 90 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(1080 per 90 days)
<b>NARCOTIC/ANALGESIC COMBINATIONS</b>		
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	2	
<i>acetaminophen/codeine #3</i>	2	QL(1080 per 90 days)
<i>acetaminophen/codeine oral soln</i>	2	
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	QL(540 per 90 days)
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	2	QL(2160 per 90 days)
<i>ascomp/codeine</i>	2	
<i>butal/asa/caff</i>	2	EX
<i>butalbital/acetaminophen</i>	2	EX
<i>butalbital/acetaminophen/caffeine caps</i>	2	EX
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	
<i>butalbital/asa/caffeine</i>	2	EX

Drug Name	Drug Tier	Notes
<i>butalbital/aspirin/caffeine</i>	2	EX
<i>butalbital/aspirin/caffeine/codeine</i>	2	
CO-GESIC	4	
<i>endocet tabs 650mg; 10mg</i>	2	QL(540 per 90 days)
<i>endocet tabs 500mg; 7.5mg</i>	2	QL(720 per 90 days)
<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(1080 per 90 days)
ESGIC TABS	4	EX
ESGIC-PLUS	4	EX
FIORICET/CODEINE CAPS 325MG; 50MG; 40MG; 30MG	4	
FIORINAL	4	EX
FIORINAL/CODEINE #3	4	
<i>hydrocodone bitartrate/acetaminophen oral soln</i>	2	QL(5550 per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg</i>	2	QL(480 per 90 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg</i>	2	QL(1080 per 90 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg, 300mg; 7.5mg</i>	2	QL(1200 per 90 days)
<i>hydrocodone/acetaminophen oral soln</i>	2	QL(3600 per 30 days)
<i>hydrocodone/acetaminophen tabs 750mg; 7.5mg</i>	2	QL(480 per 90 days)
<i>hydrocodone/acetaminophen tabs 660mg; 10mg</i>	2	QL(545 per 90 days)
<i>hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg; 7.5mg</i>	2	QL(554 per 90 days)

**Drug Tier: 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand**

**4-Non-Preferred Brand 5-Specialty Drugs**

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Drug Name	Drug Tier	Notes
<i>hydrocodone/acetaminophen tabs 500mg; 10mg, 500mg; 2.5mg, 500mg; 5mg, 500mg; 7.5mg</i>	2	QL(720 per 90 days)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(1080 per 90 days)
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	2	QL(1080 per 90 days)
LORCET 10/650	4	
LORCET PLUS	4	
LORTAB	4	
<i>margesic</i>	2	EX
<i>marten-tab</i>	2	EX
NORCO TABS 325MG; 5MG	4	
ORBIVAN CF	4	EX
<i>oxycodone/acetaminophen caps</i>	2	QL(720 per 90 days)
<i>oxycodone/acetaminophen tabs 650mg; 10mg</i>	2	QL(540 per 90 days)
<i>oxycodone/acetaminophen tabs 500mg; 7.5mg</i>	2	QL(720 per 90 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(1080 per 90 days)
<i>oxycodone/aspirin</i>	2	QL(1080 per 90 days)
<i>oxycodone/ibuprofen</i>	2	QL(720 per 90 days)
PERCOCET	4	
PERCODAN	4	
PHRENILIN FORTE	4	EX
<i>repan</i>	2	EX
<i>reprexain</i>	2	

Drug Name	Drug Tier	Notes
<i>roxicet oral soln</i>	2	QL(5580 per 90 days)
<i>roxicet tabs</i>	2	
<i>stagesic</i>	2	QL(720 per 90 days)
SYNALGOS-DC	4	
TYLENOL/CODEINE #3	4	
TYLENOL/CODEINE #4	4	
VICOPROFEN	4	
XODOL TABS 300MG; 10MG, 300MG; 7.5MG	4	
XOLOX	4	
<i>zamicet</i>	2	
<i>zebutal</i>	2	EX
<b>NARCOTICS</b>		
ABSTRAL SUBL 100MCG	4	PA QL(360 per 90 days)
ABSTRAL SUBL 200MCG, 300MCG, 400MCG, 600MCG, 800MCG	5	PA QL(124 per 31 days)
ASTRAMORPH	4	
AVINZA	4	QL(90 per 90 days)
CODEINE SULFATE ORAL SOLN	4	EX
<i>codeine sulfate tabs 60mg</i>	2	QL(540 per 90 days)
<i>codeine sulfate tabs 30mg</i>	2	QL(1080 per 90 days)
<i>codeine sulfate tabs 15mg</i>	2	QL(2160 per 90 days)
<i>demerol inj 100mg/ml</i>	2	

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4-Non-Preferred Brand 5-Specialty Drugs

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Drug Name	Drug Tier	Notes
DEMEROL INJ 100MG/2ML, 100MG/ML, 25MG/0.5ML, 25MG/ML, 50MG/ML, 75MG/1.5ML, 75MG/ML	4	
DEMEROL TABS 50MG	4	
DILAUDID	4	
DILAUDID-HP INJ 10MG/ML	4	
DOLOPHINE HCL	4	
DURAGESIC	4	QL(15 per 30 days)
<i>duramorph</i>	2	
<i>fentanyl citrate</i>	2	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	2	PA QL(360 per 90 days)
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA QL(124 per 31 days)
<i>fentanyl patches</i>	2	QL(45 per 90 days)
FENTORA	5	PA QL(124 per 31 days)
<i>hydromorphone hcl inj 500mg/50ml</i>	2	
<i>hydromorphone hcl supp</i>	2	EX
<i>hydromorphone hcl tabs 8mg</i>	2	QL(360 per 90 days)
<i>hydromorphone hcl tabs 4mg</i>	2	QL(720 per 90 days)
<i>hydromorphone hcl tabs 2mg</i>	2	QL(1350 per 90 days)
KADIAN CP24 100MG, 20MG, 30MG, 50MG, 60MG, 80MG	4	

Drug Name	Drug Tier	Notes
KADIAN CP24 10MG, 200MG	4	QL(180 per 90 days)
LAZANDA	5	PA QL(30 per 30 days)
<i>levorphanol tartrate</i>	2	
<i>meperidine hcl inj 100mg/ml, 25mg/ml, 50mg/ml</i>	2	
MEPERIDINE HCL INJ 10MG/ML	4	
<i>meperidine hcl oral soln</i>	2	
<i>meperitab</i>	2	
<i>methadone hcl conc</i>	2	
<i>methadone hcl inj</i>	2	
<i>methadone hcl oral soln</i>	2	
<i>methadone hcl tabs</i>	2	
METHADOSE CONC	4	
<i>morphine sulfate er cp24 100mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	2	QL(180 per 90 days)
<i>morphine sulfate er tbc</i>	2	QL(270 per 90 days)
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	2	
<i>morphine sulfate oral soln</i>	2	
<i>morphine sulfate tabs</i>	2	
MS CONTIN	4	
NUCYNTA	4	QL(540 per 90 days)
NUCYNTA ER	4	
ONSOLIS	5	PA QL(124 per 31 days)
OPANA ER (CRUSH RESISTANT)	4	QL(180 per 90 days)
OPANA TABS	4	

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Drug Name	Drug Tier	Notes
OXECTA	4	PA
<i>oxycodone hcl caps</i>	2	QL(540 per 90 days)
<i>oxycodone hcl conc</i>	2	
<i>oxycodone hcl tabs 15mg, 20mg, 30mg, 5mg</i>	2	
<i>oxycodone hcl tabs 10mg</i>	2	QL(540 per 90 days)
OXYCONTIN	4	
<i>oxymorphone hydrochloride</i>	2	QL(540 per 90 days)
<i>oxymorphone hydrochloride er</i>	2	QL(360 per 90 days)
ROXICODONE TABS 15MG, 30MG	4	
<b>NON-STEROIDAL ANTI-INFLAMMATORY</b>		
ANAPROX	4	
ANAPROX DS	4	
ARTHROTEC 50	4	
ARTHROTEC 75	4	
CATAFLAM	4	
CELEBREX CAPS 200MG, 400MG	4	QL(180 per 90 days)
CELEBREX CAPS 100MG, 50MG	4	QL(360 per 90 days)
<i>choline magnesium trisalicylate liqd</i>	2	EX
CLINORIL	4	
DAYPRO	4	
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	2	
<i>diflunisal</i>	2	

Drug Name	Drug Tier	Notes
DUEXIS	4	PA
<i>duraxin</i>	2	EX
EC-NAPROSYN	4	
<i>ed-flex</i>	2	EX
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
FELDENE	4	
<i>fenoprofen calcium</i>	2	
<i>flurbiprofen</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	
<i>indomethacin caps</i>	2	
<i>indomethacin er</i>	2	
<i>ketoprofen</i>	2	
<i>ketoprofen er</i>	2	QL(90 per 90 days)
<i>ketorolac tromethamine inj</i>	2	
<i>ketorolac tromethamine tabs</i>	2	QL(124 per 31 days)
<i>meclofenamate sodium</i>	2	
<i>mefenamic acid</i>	2	
<i>meloxicam</i>	2	
MOBIC	4	
<i>mst 600</i>	2	EX
<i>nabumetone</i>	2	
NAPROSYN	4	
<i>naproxen</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam</i>	2	
PONSTEL	4	
<i>sulindac</i>	2	
<i>tolmetin sodium</i>	2	
ULTRAM	4	

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Drug Name	Drug Tier	Notes
ULTRAM ER TB24 100MG, 200MG	4	QL(31 per 31 days)
VOLTAREN-XR	4	
<b>PARKINSONS DISEASE AND RELATED DISORDERS</b>		
APOKYN	5	
AZILECT	3	
<i>benztropine mesylate inj</i>	2	
<i>benztropine mesylate tabs</i>	1	
<i>bromocriptine mesylate</i>	2	
<i>cabergoline</i>	2	
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	
COGENTIN	4	
COMTAN	4	
ELDEPRYL	4	
<i>entacapone</i>	2	
HORIZANT	4	
LODOSYN	4	
MIRAPEX	4	
NEUPRO	4	
PARCOPA	4	
PARLODEL	4	
<i>pramipexole dihydrochloride</i>	2	
REQUIP	4	
REQUIP XL	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl</i>	2	
<i>selegiline hcl</i>	2	
SINEMET	4	
SINEMET CR	4	
STALEVO 100	4	
STALEVO 125	4	
STALEVO 150	4	
STALEVO 200	4	
STALEVO 50	4	

Drug Name	Drug Tier	Notes
STALEVO 75	4	
TASMAR	4	
<i>trihexyphenidyl hcl</i>	2	
ZELAPAR	4	
<b>SEDATIVE/HYPNOTICS</b>		
AMBIEN	4	QL(31 per 31 days)
AMBIEN CR	4	QL(31 per 31 days)
BUTISOL SODIUM	4	
<i>estazolam</i>	2	
<i>flurazepam hcl caps 30mg</i>	2	
RESTORIL CAPS 15MG, 22.5MG, 30MG	4	EX
ROZEREM	4	QL(90 per 90 days)
SECONAL	4	EX
SONATA	4	QL(31 per 31 days)
<i>temazepam</i>	2	
XYREM	5	LA PA
<i>zolpidem tartrate</i>	2	QL(90 per 90 days)
<b>SKELETAL MUSCLE RELAXANTS</b>		
AMRIX	4	QL(34 per 180 days)
<i>baclofen</i>	2	
<i>carisoprodol tabs 350mg</i>	2	
<i>carisoprodol/aspirin</i>	2	
<i>carisoprodol/aspirin/codeine</i>	2	
<i>chlorzoxazone</i>	2	
<i>cyclobenzaprine hcl</i>	2	
DANTRIUM	4	
<i>dantrolene sodium caps</i>	2	

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Drug Name	Drug Tier	Notes
FEXMID	4	
LORZONE	4	
<i>orphenadrine citrate</i>	2	
<i>orphenadrine citrate er</i>	2	
<i>orphenadrine/asa/caffeine</i>	2	
<i>pancuronium bromide inj 2mg/ml</i>	2	EX
PARAFON FORTE DSC	4	
ROBAXIN TABS	4	
SKELAXIN	4	
SOMA	4	
<i>tizanidine hcl</i>	1	
ZANAFLEX	4	
<b>DERMATOLOGY</b>		
<b>ACNE TREATMENT</b>		
<i>adapalene</i>	2	
<i>amnesteam</i>	2	
ATRALIN	4	
AVAGE	4	EX
<i>avar cleanser</i>	2	EX
AVAR LS CLEANSER	4	EX
AVAR-E GREEN	4	EX
AVAR-E LS	4	EX
<i>avita crea</i>	2	
AZELEX	4	
BENZAC AC WASH	4	EX
BENZAC W WASH	4	EX
BENZAACLIN WITH PUMP	4	
BENZAMYCIN	4	
BENZEFOAM	4	EX
BENZEFOAMULTRA	4	EX
<i>benzepro</i>	2	EX
<i>benzepro short contact</i>	2	EX
BENZIQLS	4	EX
<i>benzoyl peroxide foam</i>	2	EX
<i>benzoyl peroxide short contact</i>	2	EX
<i>benzoyl peroxide wash acne treatment pack</i>	2	EX

Drug Name	Drug Tier	Notes
<i>bp 10-1</i>	2	EX
<i>bp cleansing wash</i>	2	EX
<i>bp wash liqd 10%, 5%</i>	2	EX
BP WASH LIQD 2.5%, 7%	4	EX
<i>bpo</i>	2	EX
<i>bpo 3% foaming cloths</i>	2	EX
<i>bpo 6% foaming cloths</i>	2	EX
<i>bpo 9% foaming cloths</i>	2	EX
<i>bpo creamy wash complete pack</i>	2	EX
<i>cerisa wash</i>	2	EX
<i>claravis caps 10mg, 20mg, 40mg</i>	2	
CLARAVIS CAPS 30MG	5	
CLARIFOAM EF	4	EX
<i>claris clarifying wash</i>	2	EX
CLEOCIN-T	4	
CLINDACIN PAC	4	
CLINDAGEL	4	
<i>clindamycin phosphate external soln</i>	2	
<i>clindamycin phosphate foam</i>	2	
<i>clindamycin phosphate gel</i>	2	
<i>clindamycin phosphate lotn</i>	2	
<i>clindamycin phosphate swab</i>	2	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	2	
DIFFERIN	4	
<i>erythromycin/benzoyl peroxide</i>	2	
EVOCLIN	4	
FINACEA	4	
INOVA	4	EX
METROCREAM	4	
METROLOTION	4	
<i>metronidazole crea</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole lotn</i>	2	
NORITATE	4	
<i>oscion cleanser</i>	2	EX

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Drug Name	Drug Tier	Notes
<i>pr benzoyl peroxide wash</i>	2	EX
<i>prascion fc</i>	2	EX
<i>prascion ra with sunscreens crea 10%; 5%</i>	2	EX
RETIN-A	4	
RETIN-A MICRO	4	
ROSANIL	4	EX
ROSANIL CLEANSER	4	EX
<i>se 10-5 ss</i>	2	EX
<i>se bpo wash</i>	2	EX
<i>sodium sulfacetamide/sulfur cleanser in urea</i>	2	EX
<i>sodium sulfacetamide/sulfur crea</i>	2	EX
SODIUM SULFACETAMIDE/SULFUR IN UREA	4	EX
<i>sodium sulfacetamide/sulfur lotn</i>	2	EX
<i>sodium sulfacetamide/sulfur pads</i>	2	EX
<i>sodium sulfacetamide/sulfur susp</i>	2	EX
<i>sodium sulfacetamide/sulfur wash</i>	2	EX
SSS 10-4	4	EX
<i>sulfacetamide sodium/sulfur cleanser</i>	2	EX
<i>sulfacleanse 8/4</i>	2	EX
SUMADAN WASH	4	EX
SUMAXIN	4	EX
SUMAXIN TS	4	EX
SUMAXIN WASH	4	EX
TAZORAC	4	
TRETIN-X CREA	4	
<i>tretinoin crea</i>	2	
<i>tretinoin gel</i>	2	
VANOXIDE-HC	4	EX
VELTIN	4	
ZACARE 4% KIT	4	EX

Drug Name	Drug Tier	Notes
ZACARE 8% KIT	4	EX
ZACLIR CLEANSING	4	EX
<i>zencia</i>	2	EX
<b>ANTIPSORIATIC/ANTISEBORRHEIC</b>		
8-MOP	3	
<i>calcipotriene</i>	2	
DOVONEX	4	
<i>dritho-creme hp</i>	2	EX
<i>hydrocortisone acetate/pramoxine</i>	2	EX
OVACE PLUS SHAM	4	EX
OVACE PLUS WASH GEL	4	EX
OVACE WASH	4	EX
OXSORALEN	3	
PRAMOSONE CREA 1%; 1%	4	EX
PRAMOSONE E	4	EX
PRAMOSONE LOTN	4	EX
PRAMOSONE OINT	4	EX
<i>selenium sulfide lotn</i>	2	
<i>sodium sulfacetamide wash liqd 10%</i>	2	EX
SORIATANE CAPS 10MG	3	
SORIATANE CAPS 17.5MG, 25MG	5	
SORILUX	4	
TACLONEX	4	
TERSI FOAM	4	EX
VECTICAL	4	
ZITHRANOL-RR	4	EX
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ACLARO	4	EX
ACLARO PD	4	EX
ALDARA	4	
<i>aliclen</i>	2	EX
<i>alphaquin hp</i>	2	EX
ALUVEA	4	EX
<i>ammonium lactate</i>	2	
ASTRINGYN	4	EX

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand

4-Non-Preferred Brand 5-Specialty Drugs

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Drug Name	Drug Tier	Notes
CARAC	3	
CARMOL-HC	4	
<i>cem-urea</i>	2	EX
<i>cerovel</i>	2	EX
CONDYLOX EXTERNAL SOLN	4	
CONDYLOX GEL	3	
CORTANE-B	4	EX
EFUDEX	4	
ELIDEL	3	
FLECTOR	4	PA
<i>fluorouracil crea</i>	2	
<i>fluorouracil external soln</i>	2	
GORDOFILM	4	EX
GORDONS UREA	4	EX
HYDRO 35	4	EX
HYDRO 40 FOAM	4	EX
<i>hydroquinone time release</i>	2	EX
<i>hypercare</i>	2	EX
<i>imiquimod</i>	2	
INOVA 4/1 ACNE CONTROL THERAPY	4	EX
INOVA 8/2 ACNE CONTROL THERAPY	4	EX
IODOFLEX	4	EX
IODOSORB	4	EX
KERAFOAM	4	EX
KERAFOAM 42	4	EX
KERALYT GEL 6%	4	EX
KERALYT SCALP	4	EX
LAC-HYDRIN	4	
<i>lactic acid lotn</i>	2	EX
LANOLIN ANHYDROUS	4	EX
<i>latrix</i>	2	EX
LEVULAN KERASTICK	4	EX
LUSTRA	4	EX
LUSTRA-AF	4	EX
<i>lustra-ultra</i>	2	EX

Drug Name	Drug Tier	Notes
<i>melquin 3</i>	2	EX
METVIXIA	4	EX
OXSORALEN ULTRA	5	
PANRETIN	3	
PCCA EMOLLIENT CREAM BASE	4	EX
PICATO GEL 0.05%	5	QL(2 per 31 days)
PICATO GEL 0.015%	5	QL(3 per 31 days)
<i>podofilox</i>	2	
POTASSIUM HYDROXIDE EXTERNAL SOLN	4	EX
PROTOPIC	4	
<i>prudoxin</i>	2	
PYROGALLIC ACID	4	EX
QUTENZA	4	EX
REGRANEX	5	PA
REMERGENT HQ	4	EX
<i>remeven</i>	2	EX
RINNOVI NAIL SYSTEM	4	EX
<i>salacyn</i>	2	EX
SALEX	4	EX
<i>salicylic acid crea</i>	2	EX
<i>salicylic acid foam</i>	2	EX
<i>salicylic acid gel</i>	2	EX
<i>salicylic acid in ammonium lactate vehicle</i>	2	EX
<i>salicylic acid lotn 6%</i>	2	EX
SALICYLIC ACID LOTN 6%	4	EX
<i>salicylic acid wart remover</i>	2	EX
SALKERA	4	EX
<i>salvax</i>	2	EX
SILVER NITRATE	4	EX
SOLARAZE	4	
TARGRETIN	5	PA
TRI-LUMA	4	EX
<i>u-ker a</i>	2	EX
UMECTA	4	EX

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand

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Drug Name	Drug Tier	Notes
UMECTA NAIL FILM	4	EX
URAMAXIN	4	EX
URAMAXIN GT	4	EX
<i>urea 40% nail film</i>	2	EX
<i>urea crea 39%, 45%, 50%</i>	2	EX
<i>urea gel</i>	2	EX
<i>urea hydrating</i>	2	EX
<i>urea in zinc undecylenate/lactic acid vehicle</i>	2	EX
<i>urea lotn 40%</i>	2	EX
<i>urea nail gel</i>	2	EX
VEREGEN	4	
VIRASAL	4	EX
VOLTAREN GEL	4	QL(1000 per 31 days)
<i>x-viate</i>	2	EX
XERAC AC	4	EX
ZONALON	4	
<b>SCABICIDES/PEDICULICIDES</b>		
<i>acticin</i>	2	
EURAX	3	
<i>lindane</i>	2	
<i>malathion</i>	2	
NATROBA	4	EX
OVIDE	4	
<i>permethrin crea</i>	2	
SKLICE	4	
<i>spinosad</i>	2	
ULESFIA	4	
<b>TOPICAL ANESTHETICS</b>		
ANACAINE	4	EX
BUCALSEP	4	EX
GEBAUERS PAIN EASE	4	EX
GEBAUERS SPRAY AND STRETCH	4	EX
<i>lidocaine crea</i>	2	EX
<i>lidocaine hcl external soln</i>	2	

Drug Name	Drug Tier	Notes
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine hcl/hydrocortisone acetate crea</i>	2	EX
<i>lidocaine oint</i>	2	
<i>lidocaine viscous</i>	2	
<i>lidocaine/prilocaine crea</i>	2	
LIDODERM	4	PA QL(270 per 90 days)
NOVACORT	4	EX
<i>orasep</i>	2	EX
SYNERA	4	
XYLOCAINE EXTERNAL SOLN	4	
<b>TOPICAL ANTIBACTERIALS</b>		
ALCORTIN A	4	EX
ALOQUIN	4	EX
ALTABAX	4	
BACTROBAN	4	
BACTROBAN NASAL	3	
CENTANY AT	4	
CORTISPORIN	4	
<i>dermazene</i>	2	EX
<i>ery</i>	2	
<i>erythromycin external soln</i>	2	
<i>erythromycin gel</i>	2	
<i>gentamicin sulfate crea</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>hydrocortisone/iodoquinol</i>	2	EX
KLARON	4	
<i>mafenide acetate</i>	2	
METROGEL	4	
<i>mupirocin</i>	2	
PHISOHEX	3	
<i>sulfacetamide sodium susp</i>	2	
SULFAMYLON	4	
<b>TOPICAL ANTIFUNGALS</b>		
ALA QUIN	4	EX

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand

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Drug Name	Drug Tier	Notes
BENSAL HP	4	EX
<i>ciclopirox</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>clotrimazole external crea</i>	2	
<i>clotrimazole external soln</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
CNL8 NAIL KIT	4	
<i>econazole nitrate</i>	2	
EXELDERM	4	
EXODERM LOTN	4	EX
EXTINA	4	
HALOTIN	4	EX
<i>ketoconazole</i>	2	
<i>ketodan kit</i>	2	
LOPROX	4	
LOPROX SHAMPOO	4	
LOTRISONE	4	
MENTAX	4	
NAFTIN CREA 1%	4	
NAFTIN GEL 1%	4	
NIZORAL	4	
<i>nyamyc</i>	2	
<i>nystatin crea</i>	2	
<i>nystatin oint</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystop</i>	2	
OXISTAT	4	
<i>pedi-dri</i>	2	
PEDIADERM AF COMPLETE KIT	4	EX
PENLAC NAIL LACQUER	4	
TRIPLE DYE	4	EX
VERSICLEAR	4	EX
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir</i>	2	

Drug Name	Drug Tier	Notes
DENAVIR	4	
XERESE	4	
ZOVIRAX CREA	3	
<b>TOPICAL CORTICOSTEROIDS</b>		
ACLOVATE	4	
<i>ala cort</i>	1	
ALA SCALP	4	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i>	2	
<i>augmented betamethasone dipropionate</i>	2	
<i>betamethasone dipropionate</i>	2	
<i>betamethasone valerate</i>	2	
CAPEX	3	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate external soln</i>	2	
<i>clobetasol propionate foam</i>	2	
<i>clobetasol propionate gel</i>	2	
<i>clobetasol propionate lotn</i>	2	
<i>clobetasol propionate oint</i>	2	
<i>clobetasol propionate sham</i>	2	
CLOBEX	4	
CLODERM PUMP	4	
CORDRAN	4	
CORDRAN SP	3	
CORDRAN TAPE	3	
<i>cortalo</i>	2	EX
CUTIVATE LOTN	3	
CUTIVATE OINT	4	
DERMA-SMOOTH/FS	4	
BODY OIL		
DERMATOP	4	
<i>desonide</i>	2	
DESOWEN CREA	4	
DESOWEN OINT	4	
DESOWEN OINTMENT/CETAPHIL LOTION	4	

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Drug Name	Drug Tier	Notes
<i>desoximetasone</i>	2	
<i>diflorasone diacetate</i>	2	
DIPROLENE	4	
DIPROLENE AF	4	
ELOCON	4	
<i>fluocinolone acetonide</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinonide external soln</i>	2	
<i>fluocinonide gel</i>	2	
<i>fluocinonide oint</i>	2	
<i>fluocinonide-e</i>	2	
<i>fluticasone propionate</i>	2	
<i>halobetasol propionate</i>	2	
HALOG	4	
<i>hydrocortisone acetate/aloe</i>	2	EX
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 1%, 2.5%</i>	2	
<i>hydrocortisone valerate</i>	2	
KENALOG	4	
LOCOID EXTERNAL SOLN	4	
LOCOID LIPOCREAM	4	
LOCOID LOTN	4	
LOCOID OINT	4	
LOKARA	4	
<i>mometasone furoate crea</i>	2	
<i>mometasone furoate external soln</i>	2	
<i>mometasone furoate oint</i>	2	
NUCORT	4	EX
NUZON	4	EX
OLUX	4	
PANDEL	4	
PEDIADERM HC	4	EX
PEDIADERM TA	4	EX
<i>prednicarbate</i>	2	
SCALACORT DK	4	EX

Drug Name	Drug Tier	Notes
TEMOVATE E	4	
TEMOVATE EXTERNAL SOLN	4	
TEMOVATE GEL	4	
TEMOVATE OINT	4	
TOPICORT CREA	4	
TOPICORT GEL	4	
TOPICORT LIQD	4	
TOPICORT OINT 0.25%	4	
<i>triamcinolone acetonide crea</i>	2	
<i>triamcinolone acetonide lotn</i>	2	
<i>triamcinolone acetonide oint</i>	2	
<i>triderm</i>	2	
ULTRAVATE	4	
ULTRAVATE X	4	EX
WESTCORT	4	
<b>WOUND AND BURN THERAPY</b>		
SANTYL	3	
SILVADENE	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<b>DIAGNOSTIC AND OTHER MISCELLANEOUS</b>		
<b>DIAGNOSTIC AND OTHER MISCELLANEOUS</b>		
ACETADOTE	4	EX
ANTABUSE	4	
ANTICOAGULANT CITRATE PHOSPHATE DEXTROSE SOLUTION	4	EX
BAR-TEST	4	EX
CAMPRAL	4	PA
CARBAGLU	5	LA
CARNITOR	4	B/D PA
<i>cevimeline hcl</i>	2	
CHEMET	4	
<i>chlorhexidine gluconate oral rinse</i>	2	

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Drug Name	Drug Tier	Notes
CINRYZE	5	
CYANOKIT	4	EX
CYSTO-CONRAY II	4	EX
CYSTOGRAFIN	4	EX
CYSTOGRAFIN-DILUTE	4	EX
DEBACTEROL	4	EX
DIGIBAR 190	4	EX
<i>disulfiram</i>	2	
E-Z-CAT DRY	4	EX
E-Z-DISK	4	EX
E-Z-DOSE ENEMA	4	EX
E-Z-PASTE	4	EX
ESOPHO-CAT	4	EX
EVOXAC	4	
EXJADE	5	
FERRIPROX	5	
FIRAZYR	5	PA
<i>fomepizole</i>	2	
<i>forma-ray</i>	2	EX
<i>formadon external soln 10%; 0</i>	2	EX
FORMADON EXTERNAL SOLN 10%; 0	4	EX
<i>formaldehyde external soln 10%</i>	2	EX
FOSRENOL	4	
GASTROGRAFIN	4	EX
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
GOLYTELY	4	
HALFLYTELY BOWEL PREP/FLAVOR PACKS	4	
KAYEXALATE	4	
<i>kionex powd</i>	2	
KUVAN	5	
<i>lactated ringers irrigation</i>	2	
<i>levocarnitine</i>	2	
LIPOCHOL PLUS	4	EX
LIQUID E-Z-PAQUE	4	EX

Drug Name	Drug Tier	Notes
LIQUID POLIBAR	4	EX
LIQUID POLIBAR PLUS	4	EX
LITHOSTAT	4	EX
LYSTEDA	4	QL(30 per 21 days)
MAXIBAR	4	EX
<i>md-gastroview</i>	2	EX
METOPIRONE	4	EX
MIFEPREX	4	EX
MOVIPREP	4	
<i>neomycin/polymyxin b sulfates</i>	2	
NUTRESTORE	4	EX
<i>ora-sweet</i>	2	EX
ORFADIN	5	
OSMOPREP	4	
PCCA SWEET-SF	4	EX
PCCA SYRUP VEHICLE	4	EX
<i>periogard</i>	2	
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
PHYTONADIONE	4	EX
<i>pilocarpine hcl tabs</i>	2	
<i>pilocarpine hydrochloride</i>	2	
POLIBAR ACB	4	EX
<i>polyethylene glycol 3350 powd</i>	2	
PREPOPIK	4	
PROVOCHOLINE	4	EX
RAVICTI	5	PA
READI-CAT	4	EX
READI-CAT 2 ORAL SUSP	4	EX
RENAGEL	3	
RENVELA	3	
<i>ringers irrigation</i>	2	
SALAGEN	4	
SAMSCA	5	PA
SECRETFO	4	EX
<i>sodium chloride 0.9%</i>	2	

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Drug Name	Drug Tier	Notes
<i>sodium chloride thermoject system</i>	2	EX
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	2	
<i>sterile water irrigation</i>	2	
SUPREP BOWEL PREP	4	
THIOLA	4	EX
TIS-U-SOL	4	
<i>tranexamic acid inj</i>	2	
<i>triamcinolone in orabase</i>	2	
<i>trilyte</i>	2	
UVADEX	4	
VISICOL	4	
VOLUMEN	4	EX
<b>ENDOCRINOLOGY</b>		
<b>ADRENOCORTICAL STEROIDS</b>		
<i>a-hydrocort</i>	2	
ACTHAR HP	5	PA
<i>budesonide cp24</i>	2	
CELESTONE	4	
CORTEF	4	
<i>cortisone acetate</i>	2	
DEPO-MEDROL	4	
<i>dexamethasone elix</i>	1	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone tabs</i>	1	
DEXPAK 13 DAY	4	
DEXPAK 6 DAY	4	
FLO-PRED	4	
<i>fludrocortisone acetate</i>	2	
<i>hydrocortisone tabs</i>	2	
MEDROL	4	
MEDROL DOSEPAK	4	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone dose pack</i>	1	

Drug Name	Drug Tier	Notes
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	2	
MILLIPRED ORAL SOLN	4	
<i>millipred tabs</i>	2	
ORAPRED	4	
<i>prednisolone sodium phosphate</i>	2	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	2	
PRELONE	4	
RAYOS	4	B/D PA
SOLU-MEDROL INJ 125MG, 2GM, 40MG, 500MG	4	
UCERIS	4	
<i>veripred 20</i>	2	
<b>ANDROGENS</b>		
ANADROL-50	4	PA
ANDRODERM PT24 4MG/24HR	3	QL(90 per 90 days)
ANDRODERM PT24 2MG/24HR	3	QL(180 per 90 days)
ANDROGEL GEL 50MG/5GM	4	QL(90 per 90 days)
ANDROGEL PUMP GEL 1.62%	4	QL(450 per 90 days)
ANDROID	4	
<i>androxy</i>	2	
AXIRON	4	
<i>danazol</i>	2	
DELATESTRYL	4	
DEPO-TESTOSTERONE	4	
METHITEST	4	
OXANDRIN	4	PA
<i>oxandrolone tabs 2.5mg</i>	2	PA
OXANDROLONE TABS 10MG	5	PA

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Drug Name	Drug Tier	Notes
STRIANT	4	
TESTIM	4	
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	
TESTRED	4	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
SSKI	4	EX
TAPAZOLE	4	
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone sodium phosphate inj 4mg/ml</i>	2	
SOLU-CORTEF INJ 100MG, 250MG	4	
<b>GROWTH HORMONE AND RELATED PRODUCTS</b>		
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
HUMATROPE COMBO PACK	5	
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA
NORDITROPIN FLEXPEN	5	PA
NORDITROPIN NORDIFLEX PEN	5	PA
NUTROPIN	5	PA
NUTROPIN AQ	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
NUTROPIN AQ PEN INJ 20MG/2ML	5	PA
OMNITROPE INJ 5.8MG	5	PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	4	PA
SAIZEN CLICK.EASY	5	PA
SAIZEN INJ 5MG	5	PA

Drug Name	Drug Tier	Notes
SEROSTIM	5	PA
TEV-TROPIN	4	PA
<b>INSULINS</b>		
<i>alcohol preps pads</i>	1	
APIDRA	3	
APIDRA SOLOSTAR	3	
<i>gauze pads 2"x2"</i>	1	
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 PEN	3	
HUMULIN N	3	
HUMULIN N U-100 PEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
<i>insulin pen needle</i>	1	
<i>insulin syringe (disp) u-100 0.3 ml</i>	1	
<i>insulin syringe (disp) u-100 1 ml</i>	1	
<i>insulin syringe (disp) u-100 1/2 ml</i>	1	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
<i>needles, insulin disp., safety</i>	1	
NOVOLIN 70/30	3	
NOVOLIN N	3	
NOVOLIN R	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand

4-Non-Preferred Brand 5-Specialty Drugs

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Drug Name	Drug Tier	Notes
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
<b>MISCELLANEOUS ENDOCRINE</b>		
ALDURAZYME	5	
BUPHENYL	4	
CEREZYME INJ 200UNIT	5	
CETROTIDE	4	EX
CHORIONIC GONADOTROPIN	3	PA
CYSTADANE	4	
DDAVP	4	
<i>desmopressin acetate</i>	2	
ELAPRASE	5	
ELELYSO	5	
ELITEK INJ 1.5MG	5	
FABRAZYME INJ 35MG	5	
GANIRELIX ACETATE	4	EX
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
INCRELEX	5	PA
KORLYM	5	PA
LUMIZYME	5	B/D PA
MYOZYME	5	
NAGLAZYME	5	
<i>novarel</i>	2	PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	2	
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	4	PA
ROCALTROL	4	B/D PA
SANDOSTATIN INJ 50MCG/ML	4	
SANDOSTATIN LAR DEPOT	5	

Drug Name	Drug Tier	Notes
SENSIPAR TABS 60MG, 90MG	5	
SENSIPAR TABS 30MG	3	
SIGNIFOR	5	
<i>sodium phenylbutyrate</i>	2	
SOMATULINE DEPOT	5	
SOMAVERT	5	PA
STIMATE	3	
SYPRINE	4	
VPRIV	5	
ZAVESCA	5	
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
BYDUREON	4	PA QL(12 per 84 days)
BYETTA INJ 5MCG/0.02ML	4	PA QL(3.6 per 84 days)
BYETTA INJ 10MCG/0.04ML	4	PA QL(7.2 per 84 days)
CYCLOSET	4	QL(540 per 90 days)
SYMLINPEN 120	4	
SYMLINPEN 60	4	
VICTOZA	4	PA
<b>ORAL HYPOGLYCEMIC AGENTS</b>		
<i>acarbose</i>	2	
ACTOPLUS MET	4	
ACTOPLUS MET XR	4	QL(90 per 90 days)
ACTOS	4	
AMARYL	4	
<i>chlorpropamide</i>	2	
DIABETA	4	

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Drug Name	Drug Tier	Notes
DUETACT	4	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er tb24 10mg</i>	1	QL(180 per 90 days)
<i>glipizide er tb24 2.5mg, 5mg</i>	1	QL(270 per 90 days)
<i>glipizide/metformin hcl</i>	1	
GLUCOPHAGE	4	
GLUCOPHAGE XR TB24 750MG	4	QL(62 per 31 days)
GLUCOPHAGE XR TB24 500MG	4	QL(124 per 31 days)
GLUCOTROL	4	
GLUCOTROL XL TB24 10MG	4	QL(62 per 31 days)
GLUCOTROL XL TB24 2.5MG, 5MG	4	QL(93 per 31 days)
GLUCOVANCE	4	
GLUMETZA TB24 1000MG	4	QL(180 per 90 days)
GLUMETZA TB24 500MG	4	QL(360 per 90 days)
<i>glyburide</i>	2	
<i>glyburide micronized</i>	2	
<i>glyburide/metformin hcl</i>	2	
GLYNASE	4	
GLYSET	4	
JANUMET	3	QL(180 per 90 days)
JANUMET XR TB24 1000MG; 100MG	3	QL(90 per 90 days)

Drug Name	Drug Tier	Notes
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL(180 per 90 days)
JANUVIA	3	QL(90 per 90 days)
JENTADUETO	4	QL(180 per 90 days)
KAZANO	4	
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	3	QL(90 per 90 days)
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QL(180 per 90 days)
METAGLIP	4	
<i>metformin hcl</i>	1	
<i>metformin hcl er tb24 1000mg, 750mg</i>	1	QL(180 per 90 days)
<i>metformin hcl er tb24 500mg</i>	1	QL(360 per 90 days)
<i>nateglinide</i>	1	
NESINA	4	
ONGLYZA	3	QL(90 per 90 days)
OSENI	4	
<i>pioglitazone hcl</i>	1	
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl/metformin hcl</i>	1	
PRANDIMET	4	
PRANDIN	3	
PRECOSE	4	
STARLIX	4	
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
TRADJENTA	4	
<b>THYROID HORMONES</b>		

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4-Non-Preferred Brand 5-Specialty Drugs

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Drug Name	Drug Tier	Notes
ARMOUR THYROID	4	
CYTOMEL	4	
<i>levothroid</i>	1	
<i>levothyroxine sodium tabs</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i>	2	
NATURE-THROID NT-2.5	4	EX
<i>nature-throid tabs 130mg, 195mg, 32.5mg, 65mg</i>	2	EX
NATURE-THROID TABS 113.75MG, 146.25MG, 16.25MG, 260MG, 325MG, 48.75MG, 81.25MG, 97.5MG	4	EX
SYNTHROID	4	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
TIROSINT	4	
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
WESTHROID TABS 113.75MG, 146.25MG, 16.25MG, 162.5MG, 260MG, 325MG, 48.75MG, 81.25MG, 97.5MG	4	EX
<i>westhroid tabs 130mg, 195mg, 32.5mg, 65mg</i>	2	EX
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTIDIARRHEALS AND ANTISPASMODICS</b>		
<i>anaspaz</i>	2	EX
<i>atropine sulfate inj 0.05mg/ml, 0.1mg/ml</i>	2	
<i>belladonna &amp; opium</i>	2	EX
<i>belladonna alkaloids &amp; opium</i>	2	EX
BENTYL CAPS	4	

Drug Name	Drug Tier	Notes
BENTYL TABS	4	
CANTIL	4	
<i>dicyclomine hcl</i>	2	
<i>diphenoxylate/atropine</i>	2	
DONNATAL ELIX	4	EX
<i>ed-spaz</i>	2	EX
FULYZAQ	4	PA
<i>glycopyrrolate inj 4mg/20ml</i>	2	
<i>glycopyrrolate tabs</i>	2	
<i>hyomax-sl</i>	2	EX
<i>hyoscyamine sulfate elix</i>	2	EX
<i>hyoscyamine sulfate tabs</i>	2	EX
<i>hyoscyamine sulfate tbdp</i>	2	EX
<i>hyosyne</i>	2	EX
LIBRAX	4	EX
LOMOTIL	4	
<i>loperamide hcl caps</i>	2	
<i>methscopolamine bromide</i>	2	
NULEV	4	EX
<i>oscimin</i>	2	EX
<i>oscimin sr</i>	2	EX
PAMINE	4	
PAMINE FORTE	4	
<i>propantheline bromide</i>	2	
ROBINUL FORTE	4	
ROBINUL TABS	4	
SYMAX DUOTAB	4	EX
<i>symax fastabs</i>	2	EX
<i>symax-sl</i>	2	EX
<i>symax-sr</i>	2	EX
<b>ANTIEMETICS</b>		
ALOXI	4	
ANZEMET INJ	4	
ANZEMET TABS	4	B/D PA
CESAMET	4	
<i>compro</i>	2	
EMEND CAPS	3	B/D PA

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Drug Name	Drug Tier	Notes
<i>granisetron hcl inj 0.1mg/ml, 1mg/ml</i>	2	
<i>granisetron hcl tabs</i>	2	B/D PA
<i>granisol</i>	2	B/D PA
<i>meclizine hcl tabs</i>	2	
<i>ondansetron hcl inj 40mg/20ml</i>	2	
<i>ondansetron hcl oral soln</i>	2	B/D PA
<i>ondansetron hcl tabs</i>	2	B/D PA
<i>ondansetron odt</i>	2	B/D PA
<i>phenadoz supp 12.5mg</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>promethazine hcl</i>	2	
<i>promethegan</i>	2	
TRANSDERM-SCOP	3	
ZOFRAN INJ	4	
<b>DIGESTIVE ENZYMES</b>		
CREON	3	
DIGEX NF	4	EX
<i>gastrinex nf</i>	2	EX
PANCREAZE	3	
PERTZYE	4	
VIOKACE	4	
ZENPEP	3	
<b>H2-RECEPTOR ANTAGONISTS</b>		
AXID ORAL SOLN	4	
<i>cimetidine hcl oral soln</i>	1	
<i>cimetidine tabs 200mg, 300mg, 400mg</i>	1	
<i>famotidine inj</i>	1	
<i>famotidine premixed</i>	2	
<i>famotidine susr</i>	1	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>nizatidine</i>	2	
PEPCID	4	
<i>ranitidine hcl caps</i>	1	
<i>ranitidine hcl inj 150mg/6ml</i>	2	
<i>ranitidine hcl syrpf</i>	1	

Drug Name	Drug Tier	Notes
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	
ZANTAC	4	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
ACTIGALL	4	
AMITIZA	4	PA
ANALPRAM-HC	4	EX
ANALPRAM-HC SINGLES CREA 1%; 1%	4	
ANALPRAM-HC SINGLES CREA 2.5%; 1%	4	EX
ANTIVERT	4	
ANUSOL-HC CREA	4	
ANUSOL-HC SUPP	4	EX
APRISO	4	
ASACOL	3	
ASACOL HD	3	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
<i>balsalazide disodium</i>	2	
CANASA	3	
CHENODAL	5	LA PA
COLAZAL	4	
<i>colocort</i>	2	
COLYTE-FLAVOR PACKS	4	
<i>constulose</i>	2	
CORTIFOAM	3	
CREON	3	
CUVPOSA	4	
DIPENTUM	4	
<i>dronabinol</i>	1	
ENTERO VU	4	EX
<i>enulose</i>	2	
EPIFOAM	4	
GASTROMARK	4	EX
GATTEX	5	PA
<i>generlac</i>	2	

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Drug Name	Drug Tier	Notes
GOLYTELY	4	
<i>hemril-30</i>	2	EX
<i>hydrocortisone acetate supp 30mg</i>	2	EX
<i>hydrocortisone acetate/pramoxine</i>	2	EX
<i>hydrocortisone enem</i>	2	
KRISTALOSE	3	
<i>lactulose</i>	2	
LIALDA	4	
<i>lidocaine hcl-hydrocortisone acetate with aloe</i>	2	EX
<i>lidocaine hcl/hydrocortisone acetate crea</i>	2	EX
<i>lidocaine hcl/hydrocortisone acetate kit 1%; 3%, 2%; 2%, 2.5%; 3%</i>	2	EX
LINZESS	4	
LOTRONEX	3	PA
MAGNEBIND 400	4	EX
MARINOL	4	
<i>mesalamine kit</i>	2	
<i>metoclopramide hcl</i>	2	
NULYTELY/FLAVOR PACKS	4	
PENTASA	3	
<i>pramcort</i>	2	EX
PRAMOX GEL	4	EX
<i>prochlorperazine maleate</i>	2	
PROCORT	4	EX
<i>procto-pak</i>	1	
PROCTOCORT CREA	4	
PROCTOCORT SUPP	4	EX
PROCTOCREAM HC	4	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	1	
REGLAN	4	
RELISTOR INJ 12MG/0.6ML	4	PA
ROWASA	4	

Drug Name	Drug Tier	Notes
SANCUSO	5	PA
SFROWASA	4	
SITZMARKS	4	EX
SUCRAID	5	
<i>sulfasalazine tabs</i>	2	
<i>sulfazine ec</i>	2	
TIGAN CAPS	4	
URSO 250	4	
URSO FORTE	4	
<i>ursodiol</i>	2	
ZENPEP	3	
<b>OTHER ULCER THERAPY</b>		
CARAFATE SUSP	3	
CARAFATE TABS	4	
CYTOTEC	4	
HELIDAC	3	
<i>misoprostol</i>	2	
OMECLAMOX-PAK	4	
PREVPAC	3	
PYLERA	4	
<i>sucralfate tabs</i>	2	
<b>PROTON PUMP INHIBITORS</b>		
<i>lansoprazole</i>	2	
NEXIUM I.V.	4	
<i>omeprazole cpdr 10mg, 40mg</i>	2	
<i>omeprazole cpdr 20mg</i>	1	
<i>pantoprazole sodium inj</i>	2	
<i>pantoprazole sodium tbec</i>	1	
PREVACID	4	
PREVACID SOLUTAB	4	
PRILOSEC CPDR	4	
PROTONIX TBEC	4	
ZEGERID CAPS	4	
<b>IMMUNOLOGY AND HEMATOLOGY</b>		
<b>COLONY STIMULATING FACTORS</b>		

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Drug Name	Drug Tier	Notes
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML, 60MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML, 25MCG/ML	4	PA QL(36 per 84 days)
ARANESP ALBUMIN FREE INJ 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML	5	PA
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML	4	PA
EPOGEN INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA QL(36 per 84 days)
NEULASTA	5	QL(1.2 per 28 days)
NEUPOGEN INJ 300MCG/0.5ML, 480MCG/0.8ML, 480MCG/1.6ML	5	
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
PROCRIT INJ 10000UNIT/ML	3	PA
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA QL(36 per 84 days)
<b>IMMUNOGLOBULINS</b>		
ADAGEN	5	
ATGAM	5	
CARIMUNE NANOFILTERED INJ 3GM	5	PA
GAMASTAN S/D	3	PA
GAMMAGARD LIQUID	5	PA

Drug Name	Drug Tier	Notes
GAMMAKED	5	
GAMMAPLEX INJ 10GM/200ML	5	PA
GAMUNEX-C INJ 1GM/10ML	4	PA
PRIVIGEN INJ 20GM/200ML	5	PA
THYMOGLOBULIN	5	
<b>INTERFERONS AND MS THERAPY</b>		
ACTIMMUNE	5	
AMPYRA	5	PA QL(62 per 31 days)
AUBAGIO	5	PA
AVONEX	5	PA
BETASERON	5	ST
COPAXONE	5	PA
EXTAVIA	5	
GILENYA	5	PA QL(31 per 31 days)
INFERGEN INJ 15MCG/0.5ML	5	
INTRON-A	5	
INTRON-A W/DILUENT	5	
PEG-INTRON INJ 50MCG/0.5ML	5	
PEG-INTRON REDIPEN	5	QL(4 per 28 days)
PEGASYS INJ 180MCG/0.5ML	5	
PEGASYS INJ 180MCG/ML	5	QL(4 per 28 days)
PEGASYS PROCLICK INJ 135MCG/0.5ML	5	QL(4 per 28 days)
REBIF	5	PA
REBIF TITRATION PACK	5	PA
SYLATRON	5	
<b>MISCELLANEOUS IMMUNOLOGIC AND HEMATOLOGIC AGENTS</b>		
ACTEMRA INJ 200MG/10ML	5	PA

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Drug Name	Drug Tier	Notes
BENLYSTA INJ 120MG	5	
CIMZIA	5	PA
ENBREL INJ 25MG/0.5ML	5	PA
ENBREL INJ 50MG/ML	5	PA QL(7.9 per 28 days)
ENBREL INJ 25MG	5	PA QL(8 per 28 days)
HUMIRA INJ 20MG/0.4ML	5	PA QL(0.8 per 28 days)
HUMIRA INJ 40MG/0.8ML	5	PA QL(3.2 per 28 days)
HUMIRA PEN-CROHNS DISEASESTARTER	5	PA QL(4.8 per 28 days)
KINERET	5	PA QL(18.8 per 28 days)
MOZOBIL	5	PA
NEUMEGA	5	
ORENCIA	5	PA
PROMACTA TABS 12.5MG, 75MG	5	PA
PROMACTA TABS 50MG	5	PA QL(31 per 31 days)
PROMACTA TABS 25MG	5	PA QL(62 per 31 days)
REMICADE	5	B/D PA
SIMPONI INJ 50MG/0.5ML	5	PA
STELARA	5	PA

Drug Name	Drug Tier	Notes
TYSABRI	5	LA PA
XELJANZ	5	PA
<b>PROTEIN C1 INHIBITORS</b>		
ARALAST NP INJ 400MG	5	PA
GLASSIA	5	PA
PROLASTIN-C	5	PA
ZEMAIRA	4	PA
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
ANTIZOL	4	
BOOSTRIX	3	
CERVARIX	3	
COMVAX	3	
DAPTACEL	3	
ENGERIX-B	3	B/D PA
FLUMIST NASAL VACCINE 2012-2013	4	EX
GARDASIL	3	
HAVRIX	3	
HISTATROL INJ 0.275MG/ML	4	EX
HONEY BEE TREATMENT KIT	4	EX
HONEY BEE VENOM	4	EX
HONEY BEE VENOM PROTEIN	4	EX
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
INFLUENZA A (H1N1) MONOVALENT 2009	4	EX
IPOX INACTIVATED IPV	3	
IXIARO	3	
JE-VAX	4	
M-M-R II W/DILUENT 10 DOSE	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	

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Drug Name	Drug Tier	Notes
MIXED VESPID VENOM PROTEIN	4	EX
MIXED VESPID VENOM PROTEIN MDV	4	EX
MIXED VESPID VENOM PROTEIN TREATMENT KIT	4	EX
PEDVAX HIB	3	
PROQUAD	3	
RABAVERT	3	
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML	3	B/D PA
ROTATEQ	3	
<i>tetanus toxoid adsorbed</i>	2	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	
TRICHOPHYTON	4	EX
TWINRIX	3	
TYPHIM VI	3	
VAQTA INJ 25UNIT/0.5ML	3	
VARIVAX	3	
VENOMIL HONEY BEE VENOM	4	EX
VENOMIL MIXED VESPID VENOM PROTEIN	4	EX
VENOMIL WASP VENOM PROTEIN	4	EX
VENOMIL WHITE FACED HORNET PROTEIN	4	EX
VENOMIL WHITE FACED HORNET VENOM PROTEIN	4	EX
VENOMIL YELLOW HORNET VENOM PROTEIN	4	EX
VENOMIL YELLOW JACKET VENOM PROTEIN	4	EX
WASP VENOM PROTEIN	4	EX
WHITE FACED HORNET VENOM PROTEIN TREATMENT KIT	4	EX
WHITE-FACED HORNET VENOM	4	EX

Drug Name	Drug Tier	Notes
YELLOW HORNET VENOM PROTEIN	4	EX
YELLOW HORNET VENOM PROTEIN TREATMENT KIT	4	EX
YELLOW JACKET VENOM PROTEIN	4	EX
YELLOW JACKET VENOM PROTEIN KIT	4	EX
YELLOW JACKET VENOM PROTEIN MDV	4	EX
YF-VAX	3	
ZOSTAVAX	3	
<b>LIFESTYLE MODIFICATION</b>		
<b>IMPOTENCE</b>		
CAVERJECT	3	EX QL(6 per 31 days)
CIALIS TABS 10MG, 20MG	3	EX QL(6 per 31 days)
EDEX	4	EX
LEVITRA	4	EX QL(6 per 31 days)
MUSE	3	EX QL(6 per 31 days)
STAXYN	4	EX QL(6 per 31 days)
VIAGRA	3	EX QL(6 per 31 days)
<b>SMOKING CESSATION</b>		
CHANTIX	3	
CHANTIX STARTING MONTH PAK	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
ZYBAN	4	
<b>WEIGHT LOSS PREPARATIONS</b>		
ADIPEX-P CAPS	4	EX

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Drug Name	Drug Tier	Notes
<i>benzphetamine hcl</i>	2	EX
BONTRIL PDM	4	EX
DIDREX	3	EX
<i>diethylpropion hcl</i>	2	EX
<i>diethylpropion hcl er</i>	2	EX
<i>phendimetrazine tartrate</i>	2	EX
<i>phendimetrazine tartrate er</i>	2	EX
<i>phentermine hcl</i>	2	EX
SUPRENZA TBDP 15MG, 30MG	4	EX
<b>OPHTHALMOLOGY</b>		
<b>MISCELLANEOUS OPHTHALMIC AGENTS</b>		
ALOCRIAL	3	
ALOMIDE	3	
ALTACAINE	4	EX
<i>altafluor</i>	2	EX
<i>altafrin ophthalmic soln 10%</i>	2	EX
<i>atropine sulfate ophthalmic soln</i>	2	EX
<i>atropine-care</i>	2	EX
<i>azelastine hcl</i>	2	
BEPREVE	4	
<i>betaxolol hcl</i>	1	
BETOPTIC-S	3	
<i>cromolyn sodium ophthalmic soln</i>	2	
CYCLOMYDRIL	4	EX
CYSTARAN	5	
ELESTAT	4	
EMADINE	4	
<i>epinastine hcl</i>	2	
<i>flucaine</i>	2	EX
<i>fluorescein-benoxinate</i>	2	EX
<i>fluorescein/proparacaine</i>	2	EX
FLURA-SAFE	4	EX
FLURESS	4	EX
<i>flurox</i>	2	EX
FUL-GLO STRP 0.6MG	4	EX

Drug Name	Drug Tier	Notes
<i>homatropaire</i>	2	EX
<i>homatropine hbr</i>	2	EX
ISOPTO ATROPINE	4	EX
LACRISERT	3	
LASTACAPT	4	
LISSAMINE GREEN	4	EX
LUCENTIS INJ 0.3MG/0.05ML	4	EX
MYDFRIN	4	EX
<i>naphazoline hcl</i>	1	
<i>neofrin</i>	2	EX
OPTIVAR	4	
<i>parcaine</i>	2	EX
PAREMYD	4	EX
PATADAY	3	
PATANOL	3	
<i>phenylephrine hcl ophthalmic soln</i>	2	EX
<i>proparacaine hcl</i>	2	
RESTASIS	3	
<i>tetcaine</i>	2	EX
<i>tetracaine hcl ophthalmic soln</i>	2	EX
TETRAVISC	4	EX
TETRAVISC FORTE	4	EX
<b>OPHTHALMIC ANTI-INFECTIVE/STEROID COMBINATIONS</b>		
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
MAXITROL	4	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>poly-dex</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX OINT	3	
TOBRADEX ST	4	

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand

4-Non-Preferred Brand 5-Specialty Drugs

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Drug Name	Drug Tier	Notes
TOBRADEX SUSP	4	
<i>tobramycin/dexamethasone</i>	2	
ZYLET	4	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE	4	
<i>bacitracin ophthalmic oint</i>	2	
<i>bacitracin/polymyxin b</i>	2	
BESIVANCE	4	
<i>bleph-10</i>	2	
CILOXAN OINT	3	
CILOXAN OPHTHALMIC SOLN	4	
<i>ciprofloxacin hcl</i>	2	
<i>erythromycin oint</i>	2	
GARAMYCIN	4	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln</i>	2	
<i>levofloxacin</i>	2	
MOXEZA	3	
NATACYN	3	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
NEOSPORIN	4	
OCUFLOX	4	
<i>ofloxacin</i>	2	
POLYTRIM	4	
PRED-G	4	
PRED-G S.O.P.	4	
<i>romycin</i>	2	
<i>sodium sulfacetamide ophthalmic soln</i>	2	
<i>sulfacetamide sodium oint</i>	2	
<i>tobramycin sulfate ophthalmic soln</i>	1	
TOBREX	4	
<i>trifluridine</i>	2	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	

Drug Name	Drug Tier	Notes
VIGAMOX	3	
VIROPTIC	4	
ZIRGAN	3	
ZYMAXID	4	
<b>OPHTHALMIC ANTI-INFLAMMATORY AGENTS</b>		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	4	
BROMDAY	4	
<i>bromfenac</i>	2	
<i>diclofenac sodium</i>	1	
<i>flurbiprofen sodium</i>	2	
ILEVRO	4	
<i>ketorolac tromethamine ophthalmic soln</i>	2	
NEVANAC	4	
OCUFEN	4	
PROLENSA	4	
<b>OPHTHALMIC BETA BLOCKERS</b>		
BETAGAN	4	
BETIMOL	4	
<i>carteolol hcl</i>	2	
ISTALOL	4	
<i>levobunolol hcl</i>	1	
<i>metipranolol</i>	2	
OPTIPRANOLOL	4	
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	
TIMOPTIC-XE	4	
<b>OPHTHALMIC STEROIDS</b>		
ALREX	4	
<i>dexamethasone sodium phosphate ophthalmic soln</i>	2	
DUREZOL	4	

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand

4-Non-Preferred Brand 5-Specialty Drugs

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Drug Name	Drug Tier	Notes
FLAREX	4	
<i>fluorometholone</i>	2	
FML	4	
FML FORTE	4	
FML LIQUIFILM	4	
LOTEMAX	4	
MAXIDEX	4	
OMNIPRED	4	
PRED FORTE	4	
PRED MILD	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate</i>	2	
VEXOL	3	
<b>OTHER GLAUCOMA AGENTS</b>		
ALPHAGAN P OPHTHALMIC SOLN 0.1%	3	
ALPHAGAN P OPHTHALMIC SOLN 0.15%	4	
<i>apraclonidine</i>	2	
AZOPT	3	
<i>brimonidine tartrate</i>	2	
COMBIGAN	4	
COSOPT	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
INTROL	4	EX
IOPIDINE	4	
ISOPTO CARBACHOL OPHTHALMIC SOLN 1.5%	4	EX
ISOPTO CARPINE	4	
<i>latanoprost</i>	2	
LUMIGAN	4	
PHOSPHOLINE IODIDE	3	
PILOPINE HS	3	
SIMBRINZA	4	
<i>travoprost</i>	2	
TRUSOPT	4	
XALATAN	4	

Drug Name	Drug Tier	Notes
ZIOPTAN	4	
<b>OTIC AND NASAL PREPARATIONS</b>		
<b>NASAL PREPARATIONS</b>		
BECONASE AQ	4	
FLONASE	4	
<i>flunisolide nasal soln 29mcg/act</i>	2	
<i>fluticasone propionate</i>	2	
NASACORT AQ	4	
NASONEX	4	
OMNARIS	4	
PATANASE	4	
RHINOCORT AQUA	4	
<i>triamcinolone acetonide inha</i>	2	
VERAMYST	4	
<b>OTIC PREPARATIONS</b>		
<i>acetazol hc</i>	2	
<i>acetic acid otic soln</i>	2	
<i>aero otic hc</i>	2	EX
<i>antipyrine/benzocaine otic soln 54mg/ml; 14mg/ml</i>	2	
AURALGAN	4	EX
AURAX	4	EX
CIPRO HC	3	
CIPRODEX	3	
COLY-MYCIN S	4	
<i>cortane-b aqueous</i>	2	EX
<i>cortane-b-otic</i>	2	EX
<i>cortic-nd</i>	2	EX
CORTISPORIN	4	
CORTISPORIN-TC	4	
CRESYLATE	4	EX
DERMOTIC	4	
<i>exotic-hc</i>	2	EX
<i>fluocinolone acetonide</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocorti sone ophthalmic susp</i>	2	

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4-Non-Preferred Brand 5-Specialty Drugs

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Drug Name	Drug Tier	Notes
<i>neomycin/polymyxin/hydrocortisone otic susp</i>	2	
<i>ofloxacin</i>	2	
OTIC CARE	4	EX
<i>oticin</i>	2	EX
<i>oticin hc nr otic soln 1mg/ml; 10mg/ml; 10mg/ml</i>	2	EX
OTICIN HC NR OTIC SOLN 1MG/ML; 10MG/ML; 10MG/ML	4	EX
<i>oto-end 10</i>	2	EX
<i>otomar</i>	2	EX
<i>otomax-hc</i>	2	EX
PINNACAINE OTIC	4	EX
<i>pramoxine-hc</i>	2	EX
<i>treagan otic</i>	2	EX
VOSOL HC	4	
<b>RESPIRATORY AND ALLERGY ANTIHISTAMINE/DECONGESTANT COMBINATIONS</b>		
CARBAPHEN 12	4	EX
CARBAPHEN 12 PED	4	EX
CLARITIN-D 12 HOUR	No Copay	EX
CLARITIN-D 24 HOUR	No Copay	EX
<i>loratadine-d 12hr</i>	No Copay	EX
<i>promethazine vc</i>	2	
PYRIL D	4	EX
<i>relhist</i>	2	EX
RESCON-JR TB12 3MG; 20MG	4	EX
ZYRTEC-D ALLERGY/CONGESTION	No Copay	EX
<b>ANTIHISTAMINES</b>		

Drug Name	Drug Tier	Notes
<i>all day allergy childrens chew</i>	No Copay	EX
<i>allergy relief tabs 10mg</i>	No Copay	EX
<i>allergy tabs 10mg</i>	No Copay	EX
<i>allergy tbdp</i>	No Copay	EX
ASTELIN	4	
ASTEPRO	3	
<i>azelastine hcl</i>	2	
<i>cetirizine hcl syrp</i>	2	
<i>cetirizine hcl tabs 5mg</i>	No Copay	EX
<i>childrens loratadine oral soln</i>	No Copay	EX
CLARINEX TABS	4	QL(31 per 31 days)
CLARITIN	No Copay	EX
CLARITIN REDITABS	No Copay	EX
<i>cyproheptadine hcl</i>	2	
<i>desloratadine</i>	2	QL(90 per 90 days)
<i>desloratadine odt</i>	2	QL(90 per 90 days)
<i>dexchlorpheniramine maleate</i>	2	
<i>diphenhydramine hcl inj</i>	2	
<i>ed-chlor-tan</i>	2	EX
<i>hydroxyzine hcl</i>	2	

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Drug Name	Drug Tier	Notes
<i>hydroxyzine pamoate</i>	2	
<i>levocetirizine dihydrochloride oral soln</i>	2	
<i>levocetirizine dihydrochloride tabs</i>	2	QL(90 per 90 days)
<i>loradamed</i>	No Copay	EX
<i>loratadine hives relief</i>	No Copay	EX
PALGIC TABS	4	
PHENERGAN	4	
<i>promethazine hcl</i>	2	
VISTARIL	4	
XYZAL ORAL SOLN	4	
XYZAL TABS	4	QL(31 per 31 days)
ZYRTEC ALLERGY TABS	No Copay	EX
ZYRTEC CHILDRENS ALLERGY CHEW	No Copay	EX
<b>ANTITUSSIVE COMBINATIONS</b>		
BROMFED DM	4	EX
CAPCOF	4	EX
CGU WC	4	EX
<i>cheratussin ac</i>	2	EX
<i>cheratussin dac</i>	2	EX
CPB WC	4	EX
<i>dex-tuss</i>	2	EX
DONATUSS DC	4	EX
<i>endacof-c</i>	2	EX
GILTUSS PED-C	4	EX
<i>guaiaatussin ac</i>	2	EX
<i>guaifenesin ac</i>	2	EX
<i>guaifenesin dac</i>	2	EX

Drug Name	Drug Tier	Notes
<i>guaifenesin/codeine</i>	2	EX
HDC DM	4	EX
<i>hydrocodone bitartrate/homatropine methylbromide tabs</i>	2	EX
<i>hydrocodone polistirex and chlorpheniramine polistirex</i>	2	EX
J-COF DHC	4	EX
J-MAX DHC	4	EX
<i>lexuss 210</i>	2	EX
<i>lusair</i>	2	EX
<i>m-clear wc</i>	2	EX
M-END MAX D	4	EX
M-END PE	4	EX
<i>m-end wc</i>	2	EX
MAR-COF BP	4	EX
MAR-COF CG EXPECTORANT	4	EX
<i>mesehist wc</i>	2	EX
<i>mytussin dac</i>	2	EX
NEOTUSS-D LIQD 4MG/10ML; 60MG/10ML; 400MG/10ML; 60MG/10ML	4	EX
<i>nortuss-ex</i>	2	EX
<i>phenylhistine dh</i>	2	EX
<i>relcof c</i>	2	EX
RESPA C&C IR	4	EX
REZIRA	4	EX
<i>rydex</i>	2	EX
<i>trymine cg</i>	2	EX
<i>tusnel c</i>	2	EX
TUSNEL LIQD	4	EX
TUSNEL PED-C	4	EX
TUSSI-PRES PEDIATRIC	4	EX
<i>tussigon</i>	2	EX
YODEFAN-NF CHEST CONGESTION	4	EX
ZODRYL AC 25	4	EX
ZODRYL AC 30	4	EX

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4-Non-Preferred Brand 5-Specialty Drugs

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Drug Name	Drug Tier	Notes
ZODRYL AC 35	4	EX
ZODRYL AC 40	4	EX
ZODRYL DAC 25	4	EX
ZODRYL DAC 30	4	EX
ZODRYL DAC 35	4	EX
ZODRYL DAC 40	4	EX
ZODRYL DEC 25	4	EX
ZODRYL DEC 30	4	EX
ZODRYL DEC 35	4	EX
ZODRYL DEC 40	4	EX
ZUTRIPRO	4	EX
<b>EPINEPHRINE</b>		
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
<b>INHALED BETA-AGONISTS</b>		
<i>albuterol sulfate nebu</i>	1	B/D PA
ARCAPTA NEOHALER	4	QL(90 per 90 days)
BROVANA	4	B/D PA QL(360 per 90 days)
FORADIL AEROLIZER	3	
<i>levalbuterol</i>	2	B/D PA
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml</i>	2	B/D PA
MAXAIR AUTOHALER	4	
PERFOROMIST	4	B/D PA
PROAIR HFA	3	QL(102 per 90 days)
PROVENTIL HFA	4	QL(102 per 90 days)
SEREVENT DISKUS	3	
VENTOLIN HFA	3	QL(102 per 90 days)
XOPENEX CONCENTRATE	4	B/D PA

Drug Name	Drug Tier	Notes
XOPENEX HFA	4	
<b>INHALED STEROIDS</b>		
ALVESCO	3	
ASMANEX 120 METERED DOSES	3	
ASMANEX 30 METERED DOSES	3	
ASMANEX 60 METERED DOSES	3	
<i>budesonide susp</i>	2	B/D PA
FLOVENT DISKUS	3	
FLOVENT HFA	3	
PULMICORT FLEXHALER	3	
PULMICORT SUSP 1MG/2ML	4	B/D PA
QVAR	3	
<b>MISCELLANEOUS PULMONARY AGENTS</b>		
ACCOLATE	4	
<i>acetylcysteine inhalation soln</i>	2	B/D PA
ADCIRCA	5	PA QL(62 per 31 days)
ADRENALIN NASAL SOLN	4	EX
ADVAIR DISKUS	3	
ADVAIR HFA	3	QL(36 per 90 days)
ARIDOL	4	EX
ATROVENT	4	
ATROVENT HFA	3	
COMBIVENT	3	
COMBIVENT RESPIMAT	4	
<i>cromolyn sodium conc</i>	2	
<i>cromolyn sodium nebu</i>	2	B/D PA
DALIRESP	4	
DULERA	3	QL(39 per 90 days)
GASTROCROM	4	

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Drug Name	Drug Tier	Notes
HYPER-SAL	4	EX
HYPERSAL NEBU 3.5%	4	EX
<i>ipratropium bromide inhalation soln</i>	1	B/D PA
<i>ipratropium bromide nasal soln</i>	1	
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D PA
KALYDECO	5	PA
LETAIRIS	5	PA
<i>montelukast sodium</i>	2	
NEBUSAL	4	EX
PULMOZYME	5	B/D PA
REVATIO INJ	5	PA QL(1163 per 31 days)
SEMPREX-D	3	
<i>sildenafil citrate</i>	2	PA QL(270 per 90 days)
SINGULAIR CHEW	4	
SINGULAIR TABS	4	
SPIRIVA HANDIHALER	3	QL(90 per 90 days)
SYMBICORT	3	QL(30.6 per 90 days)
<i>terbutaline sulfate</i>	2	
TRACLEER	5	LA PA
TUDORZA PRESSAIR	4	QL(3 per 90 days)
TYVASO	5	B/D PA
TYZINE	3	
TYZINE PEDIATRIC NASAL DROPS	3	
XOLAIR	5	PA
<i>zafirlukast</i>	2	
ZYFLO	4	
ZYFLO CR	4	

Drug Name	Drug Tier	Notes
<b>ORAL BETA-AGONISTS</b>		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate syrup</i>	1	
<i>albuterol sulfate tabs</i>	1	
<i>metaproterenol sulfate</i>	2	
<i>terbutaline sulfate</i>	2	
VOSPIRE ER	4	
<b>XANTHINES</b>		
<i>aminophylline</i>	1	
<i>difil-g forte</i>	2	EX
<i>elixophyllin</i>	2	
THEO-24 CP24 100MG, 300MG, 400MG	4	QL(31 per 31 days)
<i>theochron tb12 100mg, 300mg</i>	2	
<i>theophylline cr</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline er tb24</i>	2	
<b>RHEUMATOLOGY AND MUSCULOSKELETAL</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
COLCRYS	3	QL(360 per 90 days)
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	
ULORIC	3	QL(90 per 90 days) ST
ZYLOPRIM TABS 100MG	4	
<b>MISCELLANEOUS RHEUMATOLOGIC AGENTS</b>		
ARAVA	4	
CUPRIMINE	3	
DEPEN TITRATABS	4	

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Drug Name	Drug Tier	Notes
<i>leflunomide</i>	2	
RIDAURA	3	
<b>OSTEOPOROSIS/BONE RESORPTION</b>		
ACTONEL TABS 150MG	3	QL(3 per 84 days) ST
ACTONEL TABS 35MG	3	QL(12 per 84 days) ST
ACTONEL TABS 30MG, 5MG	3	QL(90 per 90 days) ST
<i>alendronate sodium oral soln</i>	1	
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL(12 per 84 days)
ATELVIA	4	QL(12 per 84 days) ST
BONIVA INJ	4	B/D PA
BONIVA TABS	4	B/D PA QL(1 per 20 days)
<i>calcitonin-salmon</i>	2	
DIDRONEL	4	
<i>etidronate disodium</i>	2	
EVISTA	3	QL(90 per 90 days)
FORTEO	5	PA QL(3 per 28 days)
FORTICAL	3	
FOSAMAX	4	QL(4 per 23 days)
FOSAMAX PLUS D	4	QL(12 per 84 days)
<i>ibandronate sodium</i>	2	QL(3 per 84 days)

Drug Name	Drug Tier	Notes
MIACALCIN	4	
PROLIA	4	PA
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	2	
ZOMETA	5	
<b>UROLOGY</b>		
<b>BPH TREATMENT</b>		
<i>alfuzosin hcl er</i>	2	QL(90 per 90 days)
AVODART	3	
CIALIS TABS 2.5MG, 5MG	3	PA QL(31 per 31 days)
<i>finasteride tabs 5mg</i>	2	
FLOMAX	4	QL(62 per 31 days)
PROSCAR	4	
RAPAFLO CAPS 8MG	4	QL(90 per 90 days)
RAPAFLO CAPS 4MG	4	QL(180 per 90 days)
<i>tamsulosin hcl</i>	2	QL(180 per 90 days)
UROXATRAL	4	QL(31 per 31 days)
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride</i>	2	
<i>citric acid/sodium citrate</i>	2	EX
CYSTAGON	4	
<i>cytra k crystals</i>	2	EX
<i>cytra-2</i>	2	EX
<i>cytra-3</i>	2	EX
<i>cytra-k</i>	2	EX
ELMIRON	3	

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Drug Name	Drug Tier	Notes
<i>hyophen</i>	2	EX
K-PHOS	4	EX
K-PHOS NO 2	4	EX
ORACIT	4	EX
<i>phosphasal</i>	2	EX
<i>potassium citrate tbc</i>	2	
SHOHL'S SOLUTION MODIFIED	4	EX
<i>taron-crystals</i>	2	EX
<i>tricitrates</i>	2	EX
<i>ur n-c</i>	2	EX
URECHOLINE	4	
URELLE	4	EX
<i>uretron d/s</i>	2	EX
URIBEL	4	EX
<i>urin d/s</i>	2	EX
UROCIT-K 15	4	EX
UROQID #2	4	EX
<i>uryl</i>	2	EX
<i>ustell</i>	2	EX
UTA	4	EX
<i>uticap</i>	2	EX
<i>utira-c</i>	2	EX
<i>utrona-c</i>	2	EX
<b>URINARY ANTISPASMODICS</b>		
DETROL	4	
DETROL LA	4	
DITROPAN XL TB24 5MG	4	QL(31 per 31 days)
DITROPAN XL TB24 10MG, 15MG	4	QL(62 per 31 days)
<i>flavoxate hcl</i>	2	
MYRBETRIQ	4	
<i>oxybutynin chloride</i>	2	
<i>oxybutynin chloride er tb24 5mg</i>	1	QL(90 per 90 days)

Drug Name	Drug Tier	Notes
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	1	QL(180 per 90 days)
SANCTURA	4	
<i>tolterodine tartrate</i>	2	
TOVIAZ TB24 8MG	3	QL(90 per 90 days)
TOVIAZ TB24 4MG	3	QL(180 per 90 days)
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	QL(90 per 90 days)
VESICARE	4	
<b>VITAMINS AND SUPPLEMENTS</b>		
<b>ELECTROLYTES AND MISC. NUTRIENTS</b>		
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	4	
GALZIN	4	EX
<i>iodine strong</i>	2	EX
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	
<i>k-phos neutral</i>	2	EX
MAGNESIUM SULFATE IN D5W INJ 5%; 10MG/ML	4	
<i>magnesium sulfate inj 50%</i>	2	
MAGNESIUM SULFATE INJ 40MG/ML, 80MG/ML	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PHOSLO	4	
<i>phospha 250 neutral</i>	2	EX
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand

4-Non-Preferred Brand 5-Specialty Drugs

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Drug Name	Drug Tier	Notes
PLASMA-LYTE-56/D5W	4	
PROTECT PLUS	4	EX
<i>sodium lactate inj</i>	2	
TPN ELECTROLYTES	4	
VAYAROL	4	EX
<i>zinc sulfate caps</i>	2	EX
<b>IV FAT EMULSIONS</b>		
<i>intralipid inj 2.25%; 20%</i>	2	B/D PA
INTRALIPID INJ 1.7%; 30%	4	B/D PA
LIPOSYN II	4	B/D PA
LIPOSYN III INJ 1.8%; 2.5%; 30%	4	B/D PA
<i>liposyn iii inj 1.2%; 2.5%; 10%, 1.2%; 2.5%; 20%</i>	2	B/D PA
<b>IV SOLUTIONS: DEXTROSE AND LACTATED RINGERS</b>		
<i>dextrose 5%/lactated ringers</i>	2	
<i>kcl 0.15%/d5w/lr</i>	2	
<i>lactated ringers viaflex</i>	2	
<i>ringers injection</i>	2	
<b>IV SOLUTIONS: DEXTROSE-SALINE</b>		
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 10%/nacl 0.2%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%/nacl 0.2%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.9%</i>	2	
<b>IV SOLUTIONS: DEXTROSE-WATER</b>		
<i>dextrose 10% flex container</i>	2	B/D PA
<i>dextrose 5%</i>	2	
<b>IV SOLUTIONS: SALINE</b>		
<i>sodium chloride 0.45% viaflex</i>	2	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	2	
<b>POTASSIUM REPLACEMENT</b>		
<i>aminobenzoate potassium</i>	2	EX

Drug Name	Drug Tier	Notes
<i>dextrose 5%/potassium chloride 0.15%</i>	2	
EFFER-K TBEF 0.84GM; 1GM, 1.68GM; 2GM	4	EX
K-TABS	4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
MICRO-K	4	
POTABA CAPS	4	EX
POTABA TABS	3	EX
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.15% nacl 0.9%</i>	2	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	2	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	2	
<i>potassium chloride 0.3%/d5w</i>	2	
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride er tbcr 10meq, 20meq</i>	2	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 30meq/100ml, 40meq/100ml</i>	2	
<b>PROTEIN REPLACEMENT</b>		
AMINOSYN	4	B/D PA
AMINOSYN II	4	B/D PA

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4-Non-Preferred Brand 5-Specialty Drugs

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Drug Name	Drug Tier	Notes
AMINOSYN II 4.25/DEXTROSE25%	4	B/D PA
AMINOSYN II 5/DEXTROSE 25	4	B/D PA
AMINOSYN II 8.5%/ELECTROLYTES	4	B/D PA
AMINOSYN-HBC	4	B/D PA
AMINOSYN-HF	4	B/D PA
AMINOSYN-PF	4	B/D PA
AMINOSYN-PF 7%	4	B/D PA
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D PA
CLINIMIX 5%/DEXTROSE 15%	4	B/D PA
CLINIMIX 5%/DEXTROSE 20%	4	B/D PA
CLINIMIX 5%/DEXTROSE 25%	4	B/D PA
CLINISOL SF 15%	4	B/D PA

Drug Name	Drug Tier	Notes
FREAMINE III INJ 72MEQ/L; 600MG/100ML; 810MG/100ML; 3MEQ/L; 14MG/100ML; 1190MG/100ML; 240MG/100ML; 590MG/100ML; 770MG/100ML; 620MG/100ML; 450MG/100ML; 480MG/100ML; 10MMOLE/L; 115MG/100ML; 950MG/100ML; 500MG/100ML; 10MEQ/L; 340MG/100ML; 130MG/100ML; 560MG/100ML	4	B/D PA
HEPATAMINE	4	B/D PA
HEPATASOL	4	B/D PA
NEPHRAMINE	4	B/D PA
PREMASOL INJ 56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	4	B/D PA

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Drug Name	Drug Tier	Notes
<i>premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	2	B/D PA
<i>travasol</i>	2	B/D PA
TROPHAMINE	4	B/D PA
<b>VITAMINS AND MINERALS</b>		
<i>advanced am/pm</i>	2	EX
<i>airavite</i>	2	EX
ANIMI-3/VITAMIN D	4	EX
<i>b-complex 100</i>	2	EX
BACMIN	4	EX
<i>biocel</i>	2	EX
<i>bp vit 3</i>	2	EX
CALCIFOL	4	EX
<i>calcitriol caps</i>	2	
<i>calcitriol inj</i>	2	
<i>calcitriol oral soln</i>	2	
<i>calcium acetate caps</i>	2	
<i>calcium-folic acid plus d</i>	2	EX
CAVAREST	4	
CAVIRINSE	4	
CENFOL	4	EX
CENTRATEX	4	EX
CITRANATAL ASSURE	4	
CITRANATAL DHA	4	
CITRANATAL RX	4	
CONCEPT DHA	4	
CONTROLRX CREA	4	
<i>corvita</i>	2	EX
<i>corvita 150</i>	2	EX
CORVITE	4	EX
CORVITE 150	4	EX
CORVITE FE	4	EX

Drug Name	Drug Tier	Notes
CORVITE FREE	4	EX
<i>dialyvite</i>	2	EX
DIALYVITE 3000	4	EX
DIALYVITE 5000	4	EX
DIALYVITE 800/IRON	4	EX
DIALYVITE SUPREME D	4	EX
<i>dialyvite/zinc</i>	2	EX
DRISDOL CAPS	4	EX
<i>eliphos</i>	2	
ENLYTE	4	EX
<i>fabb</i>	2	EX
<i>fe c plus</i>	2	EX
<i>ferocon</i>	2	EX
FERRALET 90	4	EX
<i>ferraplus 90</i>	2	EX
<i>ferrex 150 forte</i>	2	EX
<i>ferrex 150 forte plus</i>	2	EX
<i>ferrex 28</i>	2	EX
<i>ferrocite plus</i>	2	EX
<i>ferrogels forte</i>	2	EX
FLUORIDEX DAILY DEFENSE ENHANCED WHITENING	4	
FLUORITAB ORAL SOLN	4	
FLURA-DROPS ORAL SOLN 0.25MG/DROP	4	
<i>folbee</i>	2	EX
<i>folcaps</i>	2	EX
FOLGARD OS	4	EX
FOLGARD RX	4	EX
<i>folic acid tabs 1mg</i>	2	EX
<i>folic acid/vitamin b-6/vitamin b-12</i>	2	EX
<i>folivane-f</i>	2	EX
<i>folivane-plus</i>	2	EX
<i>folplex 2.2</i>	2	EX
<i>foltrin</i>	2	EX
FORTAVIT CAPS	4	EX

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Drug Name	Drug Tier	Notes
HECTOROL	4	
<i>hematinic/folic acid</i>	2	EX
<i>hematogen</i>	2	EX
<i>hematogen fa</i>	2	EX
<i>hematogen forte</i>	2	EX
HEMATRON	4	EX
HEMATRON-AF	4	EX
HEMAX	4	EX
<i>hemetab</i>	2	EX
HEMOCYTE PLUS	4	EX
HEMOCYTE-F TABS	4	EX
<i>hydroxocobalamin</i>	2	EX
ICAR-C PLUS	4	
<i>iferex 150 forte</i>	2	EX
INTEGRA F	4	EX
INTEGRA PLUS	4	EX
IROFOL	4	EX
IROSPAN 24/6	4	EX
L-METHYLFOLATE PNV DHA	4	
LURIDE	4	
LYSIPLEX PLUS TABS	4	EX
MACUTEK	4	EX
MAXARON FORTE	4	EX
MEPHYTON	3	EX
<i>multigen</i>	2	EX
<i>multigen folic</i>	2	EX
<i>multigen plus</i>	2	EX
<i>myferon 150 forte</i>	2	EX
NEPHPLEX RX	4	EX
NEPHRO-VITE RX	4	EX
NEPHROCAPS QT	4	EX
NEPHRON FA	4	EX
<i>nephronex tabs</i>	2	EX
NEURIN-SL	4	EX
NICOMIDE	4	EX
NIRON KOMplete	4	EX
NOVAFERRUM	4	EX

Drug Name	Drug Tier	Notes
<i>nufol</i>	2	EX
NUTRICAP	4	EX
OB COMPLETE TABS	4	
PAIRE OB	4	
PHOS-FLUR	4	
PHOSLYRA	4	
<i>poly-iron 150 forte</i>	2	EX
<i>prenatabs obn</i>	2	
PREVIDENT	4	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 PLUS	4	
PREVIDENT FLUORIDE	4	
PROFERRIN-FORTE	4	EX
PROTECT PLUS	4	EX
PROTECTBONE	4	EX
PROTECTIRON	4	EX
PROTECTNATAL	4	
<i>purevit dualfe plus</i>	2	EX
REAPHIRM	4	
<i>rena-vite rx</i>	2	EX
<i>renal caps</i>	2	EX
<i>renalpren</i>	2	EX
RENATABS	4	EX
RENATABS WITH IRON	4	EX
RENAX	4	EX
<i>reno caps</i>	2	EX
REQ 49+	4	EX
<i>se-tan plus</i>	2	EX
SELECT-OB	4	
SIDEROL	4	EX
<i>sodium fluoride tabs</i>	2	
STROVITE	4	EX
STROVITE FORTE	4	EX
STROVITE ONE	4	EX
STROVITE PLUS	4	EX
SUPERVITE	4	EX
SUPERVITE EC	4	EX

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Drug Name	Drug Tier	Notes
SUPPORT-500	4	EX
SYNAGEX	4	EX
TANDEM DHA	4	
TANDEM F	4	EX
TANDEM OB	4	
TANDEM PLUS	4	EX
<i>taron forte</i>	2	EX
<i>tl g-fol os</i>	2	EX
<i>tl gard rx</i>	2	EX
<i>tl icon</i>	2	EX
<i>tl-fol 500</i>	2	EX
<i>tl-hem 150</i>	2	EX
TRICARE	4	
<i>tricon</i>	2	EX
<i>trigels-f forte</i>	2	EX
<i>triphrocaps</i>	2	EX
UROSEX	4	EX
<i>v-c forte</i>	2	EX
<i>vic-forte</i>	2	EX
<i>vita s forte</i>	2	EX
VITA-RESPA	4	EX
<i>vitacel</i>	2	EX
VITAFOL	4	EX
VITAFOL-OB	4	
VITAFOL-PN	4	
VITAL-D RX	4	EX
VITAMAX	4	EX
VITAMAX PEDIATRIC	4	EX
<i>vitamin d caps 50000unit</i>	2	EX
VITASPIRE	4	
<i>vol-care rx</i>	2	EX
VOL-TAB RX	4	
VP-ERA OB PLUS	4	
ZEMPLAR	4	B/D PA
<b>WOMEN'S HEALTH</b>		
<b>CONTRACEPTIVES</b>		

Drug Name	Drug Tier	Notes
<i>amethia</i>	2	QL(91 per 91 days)
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
BEYAZ	4	
BREVICON-28	4	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>cesia</i>	1	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
CYCLESSA	4	
DESOGEN	4	
<i>drospirenone/ethinyl estradiol</i>	2	
ELLA	4	QL(6 per 84 days)
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>errin</i>	2	
ESTROSTEP FE	4	
FEMCON FE	4	
GENERESS FE	4	
<i>gianvi</i>	2	
<i>gildagia</i>	2	
<i>introvale</i>	2	QL(91 per 91 days)
<i>jolivette</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	

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Drug Name	Drug Tier	Notes
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	2	QL(91 per 91 days)
<i>levora 0.15/30-28</i>	2	
LO LOESTRIN FE	4	
LOESTRIN 1.5/30-21	4	
LOESTRIN 1/20-21	4	
LOESTRIN 24 FE	4	
LOESTRIN FE 1.5/30	4	
LOESTRIN FE 1/20	4	
<i>loryna</i>	2	
LOSEASONIQUE	4	QL(31 per 31 days)
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
MIRCETTE	4	
MODICON	4	
<i>mononessa</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>necon 1/35</i>	2	
<i>necon 10/11-28</i>	2	
<i>necon 7/7/7</i>	2	
<i>nora-be</i>	2	
NORDETTE-28	4	
NORINYL 1+35	4	
NORINYL 1+50	4	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	

Drug Name	Drug Tier	Notes
<i>ocella</i>	2	
<i>ogestrel</i>	2	
<i>orsythia</i>	2	
ORTHO EVRA	3	QL(9 per 84 days)
ORTHO TRI-CYCLEN	4	
ORTHO TRI-CYCLEN LO	4	
ORTHO-CEPT	4	
ORTHO-CYCLEN	4	
ORTHO-NOVUM 7/7/7	4	
OVCON-35	4	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	2	QL(91 per 91 days)
<i>reclipsen</i>	2	
SAFYRAL	4	
SEASONIQUE	4	QL(31 per 31 days)
<i>solia</i>	1	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>tri-legest fe</i>	2	
TRI-NORINYL 28	4	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>trinessa</i>	2	
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
YASMIN 28	4	
YAZ	4	
<i>zenchent fe</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
<b>ESTROGEN/PROGESTIN COMBINATIONS</b>		

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Drug Name	Drug Tier	Notes
ACTIVELLA TABS 1MG; 0.5MG	4	
AYGESTIN	4	
CLIMARA	4	QL(4 per 28 days)
CLIMARA PRO	4	QL(12 per 84 days)
COMBIPATCH	4	QL(24 per 84 days)
<i>covaryx</i>	2	EX
<i>covaryx hs</i>	2	EX
DEPO-PROVERA CONTRACEPTIVE	4	
<i>eemt</i>	2	EX
<i>eemt hs</i>	2	EX
<i>esterified estrogens/methyltestosterone ds</i>	2	EX
<i>esterified estrogens/methyltestosterone hs</i>	2	EX
ESTRACE TABS	4	
<i>estradiol/norethindrone acetate</i>	2	
FEMHRT LOW DOSE	4	
<i>jinteli</i>	2	
NOR-QD	4	
NUVARING	4	QL(3 per 84 days)
ORTHO MICRONOR	4	
PREFEST	4	
PREMPHASE	3	
PREMPRO	4	
PROVERA	4	
<b>ESTROGENS</b>		
ALORA	4	QL(24 per 84 days)
DELESTROGEN INJ 20MG/ML, 40MG/ML	4	
DEPO-ESTRADIOL	3	
ENJUVIA	4	

Drug Name	Drug Tier	Notes
ESTRACE CREA	3	
<i>estradiol ptwk</i>	2	QL(12 per 84 days)
<i>estradiol tabs</i>	2	
<i>estradiol valerate</i>	1	
ESTRING	3	QL(1 per 90 days)
ESTROGEL	4	EX
<i>estropipate</i>	2	
FEMRING	3	QL(1 per 90 days)
MENEST	4	
PREMARIN CREA	4	
PREMARIN TABS	4	
VAGIFEM	3	
VIVELLE-DOT	4	QL(24 per 84 days)
<b>MISCELLANEOUS WOMEN'S HEALTH</b>		
CLOMID	4	EX
FOLLISTIM AQ	4	EX
GONAL-F	4	EX
GONAL-F RFF	4	EX
GONAL-F RFF PEN	4	EX
LUPRON DEPOT INJ 3.75MG	4	
LUPRON DEPOT-PED INJ 11.25MG	5	
MENOPUR	4	EX
<i>methylgonovine maleate tabs</i>	2	
NEXPLANON	4	
OVIDREL	4	EX
REPRONEX	4	EX
SYNAREL	3	
<b>PROGESTINS</b>		
CRINONE	4	
DEPO-PROVERA 400MG/ML	3	
DEPO-SUBQ PROVERA 104	3	
ENDOMETRIN	4	

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand

4-Non-Preferred Brand 5-Specialty Drugs

**Notes:** B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability

EX – Excluded Drug PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

**Brand-name drugs** are CAPITALIZED. **Generic drugs** are *lower-case italics*.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
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<i>norethindrone acetate</i>	2	
<i>progesterone caps</i>	2	
PROMETRIUM	4	
<b>VAGINAL ANTI-INFECTIVE/ANTI-FUNGAL</b>		
CLEOCIN CREA	4	
CLEOCIN SUPP	4	
<i>clindamycin phosphate crea</i>	2	
CLINDESSE	4	
<i>fem ph</i>	2	EX
METROGEL-VAGINAL	4	
<i>metronidazole vaginal</i>	2	
<i>miconazole 3</i>	2	
RELAGARD	4	EX
TERAZOL 3	4	
TERAZOL 7	4	
<i>terconazole</i>	2	
<i>vandazole</i>	1	
<i>zazole crea 0.4%</i>	2	
ZAZOLE CREA 0.8%	4	

**Drug Tier:** 1-Preferred Generic 2-Non-Preferred Generic 3-Preferred Brand  
4-Non-Preferred Brand 5-Specialty Drugs

**Notes:** B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability

EX – Excluded Drug PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

**Brand-name drugs** are CAPITALIZED. **Generic drugs** are *lower-case italics*.

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This formulary was updated on September 30, 2013. For more recent information or other questions, please contact us, **Medicare Plus Blue Group / Prescription Blue Group** Member Services at 1-866-684-8216, Monday through Friday, 8:30 a.m. – 5:00 p.m. Eastern time. TTY users should call 711. Or visit [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

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