PHARMACY SERVICES℠
HEALTH PLAN OF NEVADA, INC.℠
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.®
SENIOR DIMENSIONS®

THREE-TIER Drug Benefit Guide

This drug benefit guide is applicable for HPN, and SHL members with a 3-tier prescription drug benefit

ANTI-INFECTIVES (drugs to treat infections)

1-A Penicillins

Generic Name	Brand Name	Tier	Notes
amoxicillin	*AMOXIL	1	
amoxicillin	**AMOXIL (400mg chewable)**	2	
amoxicillin	**DISPERMOX**	3	
amoxicillin	**MOXATAG**	3	QL (10 tablets/50 days)
amoxicillin-clavulanate	*AUGMENTIN	1	
amoxicillin-clavulanate SR	**AUGMENTIN XR**	3	QL (40 tablets/month)
ampicillin	*PRINCIPEN	1	
ampicillin	**PRINCIPEN (suspension)**	2	
aztreonam	**CAYSTON**	2	QL (84 mls/42 days) PA
dicloxacillin	*DYNAPEN	1	
penicillin V potassium	*VEETIDS	1	

1-B Cephalosporins

Generic Name	Brand Name	Tier	Notes
cefaclor ER	**CECLOR CD**	2	
cefaclor	*CECLOR	1	
cefadroxil	*DURICEF	1	
cefdinir	*OMNICEF (suspension) 125mg/5ml	1	QL (24 ml/day)
cefdinir	*OMNICEF (suspension) 250mg/5ml	1	QL (12 ml/day)
cefditoren pivoxil	**SPECTRACEF**	3	
cefpodoxime	*VANTIN 200mg	1	QL (28 tablets/month)
cefprozil	*CEFZIL 250mg	1	QL (28 tablets/month)
cefprozil	*CEFZIL 500mg	1	QL (28 tablets/month)
cefprozil	*CEFZIL 125mg/ml	1	QL (140 mls/month)
cefprozil	*CEFZIL 250mg/ml	1	QL (140 mls/month)
ceftibuten	**CEDAX**	3	
cefuroxime	*CEFTIN (tablets)	1	QL (28 tablets/month)
cefuroxime	*CEFTIN (suspension)	3	
cephalexin	*KEFLEX	1	
cephradine	*VELOSEF	1	

1-C Macrolides

Generic Name	Brand Name	Tier	Notes
azithromycin ER	**ZMAX**	3	QL (1 dose/fill)
azithromycin	*ZITHROMAX 250mg	1	QL (6 tablets/fill)
azithromycin	*ZITHROMAX 500mg	1	QL (4 tablets/fill)
azithromycin	*ZITHROMAX 600mg	1	QL (8 tablets/fill)
azithromycin	*ZITHROMAX 100mg/ml	1	QL (30 mls/fill)

azithromycin	*ZITHROMAX 200mg/ml	1	QL (30 mls/fill)
clarithromycin	*BIAXIN	1	QL (28 tablets/month)
clarithromycin SR	*BIAXIN XL	1	QL (28 tablets/month)
clindamycin	*CLEOCIN	1	
erythromycin	**PCE**	3	
erythromycin EC	**ERY-TAB**	2	
erythromycin estolate	*ILOSONE	1	
erythromycin ethylsuccinate	*EES	1	
erythromycin ethylsuccinate	*ERYPED	1	
erythromycin stearate	**ERYTHROCIN**	2	
telithromycin	**KETEK**	3	QL (20 tablets/month) ST
Ketek ST = requires failure/contraindication to erythromycin or azithromycin within the past 60 days			
	ERYTHROMYCIN BASE	2	

1-D Tetracyclines

Generic Name	Brand Name	Tier	Notes
doxycycline	*VIBRAMYCIN	1	
doxycycline	**ORACEA**	3	PA
doxycycline hyclate	*PERIOSTAT	1	QL (60 tablets/month)
doxycycline monohyclate	*VIBRATABS	1	QL (60 tablets/month)
doxycycline monohydrate	*MONODOX 75mg	3	QL (28 tablets/month)
doxycycline monohydrate	*MONODOX 100mg	3	QL (28 tablets/month)
minocycline	*MINOCIN	1	QL (60 tablets/month)
tetracycline	*SUMYCIN	1	

1-E Fluoroquinolones

Generic Name	Brand Name	Tier	Notes
ciprofloxacin	*CIPRO	1	QL (60 tablets/month)
ciprofloxacin SR	*CIPRO XR	1	QL (14 tablets/month)
levofloxacin	*LEVAQUIN	1	QL (14 tablets/month)
moxifloxacin	**AVELOX**	3	
norfloxacin	**NOROXIN**	3	
ofloxacin	*FLOXIN	1	

1-F Antimycobacterial Agents

Generic Name	Brand Name	Tier	Notes
ethambutol	*MYAMBUTOL	1	
ethionamide	**TRECATOR-SC**	3	
isoniazid		1	
isoniazid-rifampin	**RIFAMATE**	3	
isoniazid-rifampin-pyrazinamide	**RIFATER**	3	
pyrazinamide		1	
rifabutin	**MYCOBUTIN**	3	
rifampin	*RIFADIN	1	

1-G Antifungals

Generic Name	Brand Name	Tier	Notes
fluconazole	*DIFLUCAN 50mg	1	QL (30 tablets/month)
fluconazole	*DIFLUCAN 100mg	1	QL (30 tablets/month)
fluconazole	*DIFLUCAN 150mg	1	QL (1 tablet/fill)
fluconazole	*DIFLUCAN 200mg	1	QL (30 tablets/month)

griseofulvin microsize	*GRIFULVIN V	1	
griseofulvin ultramicrosize	**GRIS-PEG**	2	
itraconazole	*SPORANOX	1	QL (14 capsules/month)
ketoconazole	*NIZORAL	1	
miconazole-zinc oxide-white petroleum	**VUSION**	3	QL (50 gms/50 days)
nystatin	**BIO-STATIN**	2	
nystatin	*MYCOSTATIN susp	1	
posaconazole	**NOXAFIL**	3	PA
terbinafine HCL	*LAMISIL	1	QL (90 tablets/year)
terbinafine HCL	**LAMISIL GRANULE PACKET**	3	QL (30 packets/month)
voriconazole	*VFEND 50mg	1	QL (180 tablets/month)
voriconazole	*VFEND 200mg	1	QL (60 tablets/month)

1-H Miscelleanous Antivirals

Generic Name	Brand Name	Tier	Notes
acyclovir	*ZOVIRAX	1	
famciclovir	*FAMVIR 125mg	1	QL (60 tablets/month)
famciclovir	*FAMVIR 250mg	1	QL (60 tablets/month)
famciclovir	*FAMVIR 500mg	1	QL (21 tablets/month)
ganciclovir	*CYTOVENE	1	
ganciclovir	**ZIRGAN**	3	QL (5 gm/month)
oseltamivir	**TAMIFLU capsules**	3	QL (10 capsules/3 months)
oseltamivir	**TAMIFLU suspension**	3	QL (50 mls/months)
ribavirin	*REBETOL capsules/tablets	1	QL (180 capsules/tabletsmonth) PA SP
ribavirin	**REBETOL solution**	3	PA SP
rimantadine	*FLUMADINE	1	QL (14 pills/fill)
valacyclovir	*VALTREX 500mg	3	QL (60 tablets/month)
valacyclovir	*VALTREX 1gm	3	QL (30 tablets/month)
valganciclovir HCL	**VALCYTE**	3	QL (60 tablets/month)
zanamivir	**RELENZA**	3	QL (1 diskhaler/month)

1-I Antiretrovirals

Generic Name	Brand Name	Tier	Notes
abacavir sulfate	**ZIAGEN**	2	M
abacavir-lamivudine	**EPZICOM**	3	QL (30 tablets/month) SP
abacavir-lamivudine-zidovudine	**TRIZIVIR**	3	
amprenavir	**AGENERASE**	2	SP
atazanavir	**REYATAZ**	3	
darunavir	**PREZISTA 75mg**	3	QL (60 tablets/month) ST
darunavir	**PREZISTA 150mg**	3	QL (60 tablets/month) ST
darunavir	**PREZISTA 300mg**	3	QL (120 tablets/month) ST
darunavir	**PREZISTA 400mg**	3	QL (120 tablets/month) ST
darunavir	**PREZISTA 600mg**	3	QL (60 tablets/month) ST
Prezista ST = must be > 6 years old; requires at least a 30 day fill of Protease Inhibitor within last 2 years			
delavirdine	**RESCRIPTOR**	3	
didanosine		1	SP
didanosine	*VIDEX EC	1	SP
efavirenz	**SUSTIVA**	3	SP
efavirenz-emtricitabine-tenofovir	**ATRIPLA**	3	SP

emtricitabine	**EMTRIVA**	2	QL (30 capsules/month) SP
emtricitabine-rilpivirine-tenofovir	**COMPLERA**	3	SP
emtricitabine-tenofovir	**TRUVADA**	3	QL (30 tablets/month) SP
enfuvirtide	**FUZEON**	2	SIO SP
entecavir	**BARACLUDE**	3	QL (30 tablets/month) SP
etravirine	**INTELENCE**	3	QL 120 tablets/month) ST SP
Intelence ST = requires 30 day trial fill of other NNRTI (Sustiva, Viramune, Rescriptor) within past 2 years			
fosamprenavir	**LEXIVA**	3	QL (120 tablets/month) SP
indinavir sulfate	**CRIXIVAN**	2	SP
lamivudine	**EPIVIR**	3	SP
lamivudine-zidovudine	Combivir	1	SP
lopinavir-ritonavir	**KALETRA**	2	SP
maraviroc	**SELZENTRY 150mg**	3	QL (60 tablets/month) PA SP
maraviroc	**SELZENTRY 300mg**	3	QL (120 tablets/month) PA SP
nelfinavir mesylate	**VIRACEPT**	3	SP
nevirapine	*VIRAMUNE	1	SP
nevirapine XR	**VIRAMUNE XR**	2	SP
raltegravir	**ISENTRESS**	3	QL (60 tablets/month) SP
rilpivirine	**EDURANT**	3	SP
ritonavir	**NORVIR**	3	SP
saquinavir	**INVIRASE**	3	SP
stavudine	*ZERIT	1	SP
telbivudine	**TYZEKA**	3	QL (30 tablets/month) SP
tenofovir	**VIREAD**	2	SP
tipranavir	**APTIVUS capsules**	3	QL (120 capsules/month) SP
tipranavir	**APTIVUS suspension**	3	QL (300 mls/month) SP
zalcitabine	**HIVID**	2	
zidovudine	*RETROVIR	1	SP

1-J Antimalarials

Generic Name	Brand Name	Tier	Notes
artemether-lumefantrine	**COARTEM**	3	QL (24 tablets/60 days)
atovaquone-proguanil HCL	**MALARONE**	3	
chloroquine	*ARALEN	1	
hydroxychloroquine	*PLAQUENIL	1	
mefloquine	*LARIAM	1	
primaquine	*PRIMAQUINE	1	
pyrimethamine	**DARAPRIM**	2	
quinine sulfate		1	

1-K Anthelmintics

Generic Name	Brand Name	Tier	Notes
albendazole	**ALBENZA**	3	
ivermectin	**STROMECTOL**	3	
mebendazole	**VERMOX**	2	
praziquantel	**BILTRICIDE**	3	
thiabendazole	**MINTEZOL**	3	

1-L Misc Anti-Infectives

Generic Name	Brand Name	Tier	Notes

atovaquone	**MEPRON**	3	
dapsone	**DAPSONE**	2	
dornase alfa	**PULMOZYME**	2	
EES-sulfisoxazole	*PEDIAZOLE	1	
fidaxomicin	**DIFICID**	3	PA
iodoquinol	*YODOXIN	1	
linezolid	**ZYVOX**	3	PA
loracarbef	**LORABID**	3	
metronidazole	*FLAGYL tablets	1	
metronidazole	*FLAGYL capsule	1	
metronidazole CR	**FLAGYL ER**	3	QL (7 tablets/fill)
neomycin	*MYCIFRADIN	1	
nitazoxanide	**ALINIA tablets**	3	QL (6 tablets/fill)
nitazoxanide	**ALINIA suspension**	3	QL (60 mls/fill)
refaximin	**XIFAXAN**	3	QL (60 tablets/month) ST
XIFAXAN ST = requires failure to lactulose within the past 2 years			
SMZ-TMP	*BACTRIM	1	
SMZ-TMP	*SEPTRA	1	
sulfadiazine		1	
sulfamethoxazole	*GANTANOL	1	
sulfisoxazole	*GANTRISIN	1	
tobramycin	**TOBI**	2	PA SP
trimethoprim	*TRIMPEX	1	
vancomycin	*VANCOCIN	3	QL (56 capsules/14 days) PA

CANCER and TRANSPLANT (drugs to treat cancers and prevent organ rejection)

2-A Antineoplastics (cancer drugs)

Generic Name	Brand Name	Tier	Notes
abiraterone acetate	**ZYTIGA**	3	PA
altretamine	**HEXALEN**	2	
anastrozole	*ARIMIDEX	1	QL (30 tablets/month) M
bexarotene	**TARGRETIN**	3	SP
bicalutamide	*CASODEX	1	
busulfan	**MYLERAN**	2	
capecitabine	**XELODA**	3	PA SP
chlorambucil	**LEUKERAN**	2	
crizotinib	**XALKORI**	3	PA
cyclophosphamide	**CYTOXAN**	2	
dasatinib	**SPRYCEL**	3	PA SP
erlotinib	**TARCEVA**	3	PA SP
estramustine	**EMCYT**	2	
etoposide	*VEPESID	1	
everolimus	**AFINITOR**	3	PA SP
exemestane	*AROMASIN	1	QL (30 tablets/month)
fludarabine	**OFORTA**	3	PA
flutamide	*EULEXIN	1	
gefitinib	**IRESSA**	3	QL (30 tablets/month)

hydroxyurea	*HYDREA	1	
imatinib mesylate	**GLEEVEC**	3	PA SP
lapatinib ditosylate	**TYKERB**	3	PA SP
lenalidomide	**REVLIMID**	3	PA SP
letrozole	*FEMARA	1	QL (30 tablets/month) M
leucovorin calcium	*LEUCOVORIN CALCIUM	1	SIO
leucovorin calcium	*WELLCOVORIN	1	
lomustine	**CEENU**	2	
megestrol	*MEGACE	1	
megestrol	**MEGACE ES**	3	PA
melphalan	**ALKERAN**	2	
mercaptopurine	*PURINETHOL	1	
mesna	**MESNEX**	2	
methotrexate		1	
methotrexate	**TREXALL**	3	
mitotane	**LYSODREN**	2	
nilotinib	**TASIGNA**	3	PA SP
nilutamide	**NILANDRON**	3	
pazopanib	**VOTRIENT**	3	PA SP
procarbazine HCL	**MATULANE**	2	
sunitinib	**SUTENT**	3	PA SP
tamoxifen	*NOLVADEX	1	M
tamoxifen	**SOLTAMOX**	3	
temozolomide	**TEMODAR**	3	PA SP
testolactone	**TESLAC**	2	
thioguanine	**THIOGUANINE**	2	
topotecan	**HYCAMTIM**	3	PA
toremifene citrate	**FARESTON**	3	QL (30 tablets/month)
tretinoin	*VESANOID	1	SP
vemurafenib	**ZELBORAF**	3	PA SP
vorinostat	**ZOLINZA**	3	PA SP

2-B Immunosuppressives

Generic Name	Brand Name	Tier	Notes
azathioprine	*IMURAN	1	SP
cyclosporine	***SANDIMMUNE (NTI)**	2	SP
cyclosporine modified	*GENGRAF	1	SP
cyclosporine modified	***NEORAL (NTI)**	2	SP
mycophenlate	**MYFORTIC**	3	QL (120 tablets/month) SP
mycophenolate mofetil	*CELLCEPT	1	SP
sirolimus	**RAPAMUNE**	2	SP
tacrolimus	*PROGRAF	1	SP

CARDIOVASCULAR (drugs to treat heart conditions)

3-A Cardiotonics

Generic Name	Brand Name	Tier	Notes
digoxin	***LANOXIN (NTI)**	2	M

3-B Antianginals

Generic Name	Brand Name	Tier	Notes
isosorbide dinitrate	*ISORDIL	1	M
isosorbide mononitrate	*IMDUR	1	M
nitroglycerin ointment	*NITROBID	1	M
nitroglycerin patch	*MINITRAN	1	M
nitroglycerin patch	*NITRO-DUR	1	M
nitroglycerin spray	*NITROLINGUAL PUMPSPRAY	1	M
nitroquick	***NITROSTAT**	2	M

3-C Beta Blockers

Generic Name	Brand Name	Tier	Notes
acebutolol	*SECTRAL	1	M
atenolol	*TENORMIN	1	M
betaxolol	*KERLONE	1	M
bisoprolol	*ZEBETA	1	M
carteolol HCL	**CARTROL**	3	
carvedilol	*COREG 3.125mg	1	QL (60 tablets/month) M
carvedilol	*COREG 6.25mg	1	QL (60 tablets/month) M
carvedilol	*COREG 12.5mg	1	QL (60 tablets/month) M
carvedilol	*COREG 25mg	1	QL (120 tablets/month) M
labetalol	*NORMODYNE	1	M
labetalol	*TRANDATE	1	M
metoprolol	*LOPRESSOR	1	M
metoprolol succinate SR	*TOPROL XL	1	QL (45 tablets/month) M
nadolol	*CORGARD 20mg	1	QL (90 tablets/month) M
nadolol	*CORGARD 40mg	1	QL (60 tablets/month) M
nadolol	*CORGARD 80mg	1	QL (90 tablets/month) M
nadolol	*CORGARD 120mg	1	QL (60 tablets/month) M
nebivolol	**BYSTOLIC 2.5mg**	2	QL (30 tablets/month) M
nebivolol	**BYSTOLIC 5mg**	2	QL (30 tablets/month) M
nebivolol	**BYSTOLIC 10mg**	2	QL (120 tablets/month) M
nebivolol	**BYSTOLIC 20mg**	2	QL (60 tablets/month) M
penbutolol sulfate	**LEVATOL**	3	
pindolol	*VISKEN	1	M
propranolol	*INDERAL	1	M
propranolol HCL CR	*INDERAL LA	1	M
propranolol HCL SR	**INNOPRAN XL**	3	QL (30 capsules/month)
sotalol	*BETAPACE	1	M
sotalol AF	*BETAPACE AF	1	M
timolol maleate	*BLOCADREN	1	M

3-D Calcium Channel Blockers

Generic Name	Brand Name	Tier	Notes
amlodipine	*NORVASC	1	M
cartia XT		1	QL (60 capsules/month) M
diltiazem	*CARDIZEM	1	M
diltiazem SR	*TIAZAC	1	M
diltiazem SR 12HR	*CARDIZEM SR	1	M
diltiazem SR 24HR	**CARDIZEM LA**	3	QL (30 tablets/month)

felodipine	*PLENDIL	1	QL (60 tablets/month) M
isradipine	*DYNACIRC	1	QL (60 tablets/month) M
isradipine	**DYNACIRC CR 5mg**	3	QL (30 tablets/month)
isradipine	**DYNACIRC CR 10mg**	3	QL (60 tablets/month)
nicardipine	*CARDENE	1	M
nicardipine	**CARDENE SR**	3	
nifedipine CR	*ADALAT CC	1	M
nifedipine CR	*PROCARDIA XL	1	M
nifedipine IR	*ADALAT CC	1	M
nifedipine IR	*PROCARDIA	1	M
nisoldipine SR	*SULAR 8.5mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 10mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 17mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 20mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 25.5mg	3	QL (60 tablets/month)
nisoldipine SR	*SULAR 30mg	3	QL (60 tablets/month)
nisoldipine SR	*SULAR 34mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 40mg	3	QL (30 tablets/month)
verapamil	*CALAN	1	M
verapamil CR (controlled onset)	**COVERA HS**	3	QL (60 tablets/month)
verapamil SR	*CALAN SR	1	M
verapamil SR	*VERELAN PM	1	M

3-E Antiarrhythmics

Generic Name	Brand Name	Tier	Notes
amiodarone	*CORDARONE	1	M
disopyramide	*NORPACE	1	M
dofetilide	**TIKOSYN**	3	QL (60 capsules/month)
dronedarone	**MULTAQ**	3	QL (60 tablets/month)
flecainide	*TAMBOCOR	1	M
mexiletine	*MEXITIL	1	M
moricizine	**ETHMOZINE**	2	M
procainamide	*PRONESTYL	1	M
procainamide SR	**PROCANBID**	2	M
propafenone	*RYTHMOL	1	M
propafenone	*RYTHMOL SR	3	
quinidine gluconate		1	M
quinidine sulfate		1	M
tocainide	**TONOCARD**	2	

3-F Angiotensin Converting Enzyme (ACE) Inhibitors

Generic Name	Brand Name	Tier	Notes
benazepril	*LOTENSIN	1	QL (60 tablets/month) M
captopril	*CAPOTEN	1	M
enalapril	*VASOTEC	1	QL (60 tablets/month) M
fosinopril	*MONOPRIL	1	QL (60 tablets/month) M
lisinopril	*PRINIVIL	1	QL (60 tablets/month) M
lisinopril	*ZESTRIL	1	QL (60 tablets/month) M
moexipril	*UNIVASC	1	QL (60 tablets/month) M

perindopril	*ACEON	3	QL (60 tablets/month)
quinapril	*ACCUPRIL	1	QL (60 tablets/month) M
ramipril	*ALTACE	1	QL (60 capsules/month) M
trandolapril	*MAVIK	1	QL (60 tablets/month) M
3-G Angiotensin II Receptor Blockers (ARB's)			
Generic Name	**Brand Name**	**Tier**	**Notes**
azilsartan medoxomil	**EDARBI**	3	QL (30 tablets/month)
candesartan	**ATACAND**	3	QL (60 tablets/month)
eprosartan	**TEVETEN 400mg**	3	QL (60 tablets/month)
eprosartan	*Teveten 600mg	1	QL (30 tablets/month)
irbesartan	*AVAPRO	3	QL (30 tablets/month)
losartan	*COZAAR 25mg	1	QL (60 tablets/month)
losartan	*COZAAR 50mg	1	QL (60 tablets/month)
losartan	*COZAAR 100mg	1	QL (30 tablets/month)
olmesartan	**BENICAR**	2	QL (30 tablets/month) M
telmisartan	**MICARDIS**	3	QL (30 tablets/month)
valsartan	**DIOVAN 40mg**	3	QL (30 tablets/month)
valsartan	**DIOVAN 80mg**	3	QL (30 tablets/month)
valsartan	**DIOVAN 160mg**	3	QL (60 tablets/month)
valsartan	**DIOVAN 320mg**	3	QL (30 tablets/month)
3-H Miscellaneous Antihypertensives			
Generic Name	**Brand Name**	**Tier**	**Notes**
aliskiren fumarate	**TEKTURNA**	3	QL (30 tablets/month)
ambrisentan	**LETAIRIS**	3	PA SP
bosentan	**TRACLEER**	2	QL (60 tablets/month) PA SP
clonidine	*CATAPRES	1	M
clonidine patch	*CATAPRES-TTS	1	QL (8 patches/month)
deserpidine-methyclothiazide	**ENDURONYL**	3	
doxazosin	*CARDURA	1	QL (60 tablets/month) M
guanfacine	*TENEX	1	M
hydralazine	*APRESOLINE	1	M
iloprost	**VENTAVIS**	3	PA SP
methyldopa	*ALDOMET	1	M
minoxidil	*LONITEN	1	M
phenoxybenzamine	**DIBENZYLINE**	3	
prazosin	*MINIPRESS	1	M
reserpine		3	
sildenafil	**REVATIO**	3	PA SP
tadalafil	**ADCIRCA**	3	QL (60 tablets/month) PA SP
terazosin	*HYTRIN	1	QL (60 capsules/month) M
treprostinil	**TYVASO**	3	QL (30 pouches/month) PA SP
3-I Antihypertensive Combinations			
Generic Name	**Brand Name**	**Tier**	**Notes**
amlodipine-benazepril	*LOTREL	1	QL (30 capsules/month) M
amlodipine-olmesartan	**AZOR**	3	
amlodipine-valsartan	**EXFORGE**	3	QL (30 tablets/month)
amlodipine-valsartan-hctz	**EXFORGE HCT**	3	QL (30 tablets/month)

atenolol-chlorthalidone	*TENORETIC	1	M
azilsartan-chlorthalidone	**EDARBYCLOR**	3	
benazepril-HCTZ	*LOTENSIN HCT	1	QL (60 tablets/month) M
bisoprolol-HCTZ	*ZIAC	1	M
candesartan-HCTZ	**ATACAND HCT**	3	QL (60 tablets/month)
captopril-HCTZ	*CAPOZIDE	1	M
enalapril-felodipine	**LEXXEL**	3	QL (60 tablets/month)
enalapril-HCTZ	*VASERETIC	1	M
eprosartan-HCTZ	**TEVETEN HCT**	3	QL (30 tablets/month)
fosinopril-HCTZ	*MONOPRIL HCT	1	QL (60 tablets/month) M
irbesartan-HCTZ	*AVALIDE	3	QL (30 tablets/month)
lisinopril-HCTZ	*PRINZIDE	1	M
lisinopril-HCTZ	*ZESTORETIC	1	M
losartan-HCTZ	*HYZAAR	1	QL (30 tablets/month)
methyldopa-HCTZ	*ALDORIL	1	M
metoprolol/HCTZ	**DUTOPROL 50/25mg & 100/25mg**	3	QL (60 tablets/month)
metoprolol/HCTZ	**DUTOPROL 100/50mg**	3	QL (30 tablets/month)
moexipril-HCTZ	*UNIRETIC	1	QL (60 tablets/month) M
nadolol-bendroflumethiazide	*CORZIDE	1	QL (60 tablets/month) M
olmesartan-HCTZ	**BENICAR HCT**	2	QL (30 tablets/month) M
propranolol-HCTZ	*INDERIDE	1	M
quinapril-HCTZ	*ACCURETIC	1	QL (60 tablets/month) M
telmisartan-HCTZ	**MICARDIS HCT**	3	QL (30 tablets/month)
trandolapril-verapamil	*TARKA	3	QL (60 tablets/month)
valsartan-HCTZ	**DIOVAN-HCT 80-12.5mg**	3	QL (60 tablets/month)
valsartan-HCTZ	**DIOVAN-HCT 160-12.5mg**	3	QL (60 tablets/month)
valsartan-HCTZ	**DIOVAN-HCT 160-25mg**	3	QL (30 tablets/month)

3-J Diuretics

Generic Name	Brand Name	Tier	Notes
acetazolamide	*DIAMOX	1	M
amiloride		1	M
amiloride-HCTZ	*MODURETIC	1	M
bumetanide	*BUMEX	1	M
chlorothiazide	*DIURIL	1	M
chlorthalidone	*HYGROTON	1	M
eplerenone	*INSPRA	3	QL (30 tablets/month)
furosemide	*LASIX	1	M
hydrochlorothiazide	*HYDRODIURIL	1	M
hydrochlorothiazide	*MICROZIDE	1	M
indapamide	*LOZOL	1	M
methazolamide	*NEPTAZANE	1	M
methyclothiazide	*AQUATENSEN	1	M
metolazone	*ZAROXOLYN	1	M
spironolactone	*ALDACTONE	1	M
spironolactone-HCTZ	*ALDACTAZIDE	1	M
tolvaptan	**SAMSCA**	3	PA SP
torsemide	*DEMADEX	1	M

triamterene	**DYRENIUM**	3	
triamterene-HCTZ	*DYAZIDE	1	M
triamterene-HCTZ	*MAXZIDE	1	M
3-K Pressors			
Generic Name	**Brand Name**	**Tier**	**Notes**
epinephrine inj	**EPIPEN**	2	
epinephrine inj	**EPIPEN JR**	2	
epinephrine inj	**TWINJECT**	2	
midodrine	*PROAMATINE	1	
3-L Antihyperlipidemics			
Generic Name	**Brand Name**	**Tier**	**Notes**
atorvastatin	*LIPITOR	1	QL (30 tablets/month)
cholestyramine	*QUESTRAN	1	M
colesevelam	**WELCHOL**	3	QL (210 tablets/month)
colestipol	*COLESTID	1	M
ezetimibe	**ZETIA**	3	QL (30 tablets/month)
ezetimibe-simvastatin	**VYTORIN**	3	QL (30 tablets/month)
fenofibrate	*LOFIBRA	1	QL (30 capsules/month) M
fenofibrate	**ANTARA**	3	QL (30 capsules/month)
fenofibrate	**FENOGLIDE 40mg**	3	QL (60 tablets/month)
fenofibrate	**FENOGLIDE 120mg**	3	QL (30 tablets/month)
fluvastatin	**LESCOL 20mg**	3	QL (30 capsules/month)
fluvastatin	**LESCOL 40mg**	3	QL (60 capsules/month)
fluvastatin SR	**LESCOL XL**	3	QL (30 tablets/month)
gemfibrozil	*LOPID	1	M
lovastatin	*MEVACOR 10mg	1	QL (30 tablets/month) M
lovastatin	*MEVACOR 20mg	1	QL (30 tablets/month) M
lovastatin	*MEVACOR 40mg	1	QL (60 tablets/month) M
lovastatin SR	**ALTOCOR**	3	
lovastatin SR	**ALTOPREV 20mg**	3	QL (30 tablets/month)
lovastatin SR	**ALTOPREV 40mg**	3	QL (60 tablets/month)
lovastatin SR	**ALTOPREV 60mg**	3	QL (30 tablets/month)
niacin SR	**NIASPAN**	3	
niacin-lovastatin CR	**ADVICOR**	3	QL (60 tablets/month)
omega-3-acid ethyl esters	**LOVAZA**	3	PA QL (120 capsules/month)
pitavastatin	**LIVALO**	3	QL (30 tablets/month)
pravastatin	*PRAVACHOL	1	QL (30 tablets/month) M
rosuvastatin	**CRESTOR**	3	
simvastatin	*ZOCOR	1	QL (30 tablets/month) M
3-M Miscellaneous Cardiovascular			
Generic Name	**Brand Name**	**Tier**	**Notes**
isosorbide dinitrate-hydralazine	**BIDIL**	3	PA
ranolazine	**RANEXA**	2	QL (60 tablets/month)
CENTRAL NERVOUS SYSTEM (drugs that affect the brain)			
4-A Antianxiety Agents			
Generic Name	**Brand Name**	**Tier**	**Notes**

alprazolam	*XANAX	1	
alprazolam SR	*XANAX XR 0.5mg	1	QL (30 tablets/month)
alprazolam SR	*XANAX XR 1mg	1	QL (30 tablets/month)
alprazolam SR	*XANAX XR 2mg	1	QL (30 tablets/month)
alprazolam SR	*XANAX XR 3mg	1	QL (60 tablets/month)
alprazolam	*NIRAVAM	3	
buspirone	**BUSPAR (7.5mg)**	2	
buspirone	*BUSPAR 10mg	1	QL (60 tablets/month) M
buspirone	*BUSPAR 15mg	1	QL (120 tablets/month) M
chlordiazepoxide	*LIBRIUM	1	
clorazepate	*TRANXENE	1	
diazepam	*VALIUM	1	
hydroxyzine HCL	*ATARAX	1	
hydroxyzine pamoate	*VISTARIL	1	
lorazepam	*ATIVAN	1	
meprobamate		1	
oxazepam	*SERAX	1	
4-B Antidepressants			
Generic Name	**Brand Name**	**Tier**	**Notes**
amitriptyline	*ELAVIL	1	M
amoxapine	*ASENDIN	1	M
bupropion	*WELLBUTRIN 75mg	1	QL (180 tablets/month) M
bupropion	*WELLBUTRIN 100mg	1	QL (120 tablets/month) M
bupropion SR	*WELLBUTRIN SR 100mg	1	QL (60 tablets/month) M
bupropion SR	*WELLBUTRIN SR 150mg	1	QL (60 tablets/month) M
bupropion SR	*WELLBUTRIN SR 200mg	1	QL (60 tablets/month) M
bupropion XL	*WELLBUTRIN XL	1	QL (30 tablets/month) M
citalopram	*CELEXA	1	QL (45 tablets/month) M
clomipramine	*ANAFRANIL	1	M
desipramine	*NORPRAMIN	1	M
desvenlafaxine	**PRISTIQ**	3	QL (30 tablets/month) ST
Pristiq ST = requires 60 day consistent trial of 2 the following agents (fluoxetine, paroxetine, citalopram, sertraline, bupropion/SR, venlafaxine) in the past 2 years			
doxepin	*SINEQUAN	1	M
duloxetine	**CYMBALTA 20mg**	3	QL (60 capsules/month) ST
duloxetine	**CYMBALTA 30mg**	3	QL (60 capsules/month) ST
duloxetine	**CYMBALTA 60mg**	3	QL (30 capsules/month) ST
Cymbalta ST = (depression) requires 60 day consistent trial of 2 the following agents (fluoxetine, paroxetine, citalopram, sertraline, bupropion/SR, venlafaxine) in the past 2 years; (fibromyalgia, DPN) requires 30 day trial of Gabapentin in the past 2 years; (chronic pain) requires 30 day trial of generic NSAIDS and generic narcotics in the past 2 years			
escitalopram	*LEXAPRO 5mg	3	QL (45 tablets/month)
escitalopram	*LEXAPRO 10mg	3	QL (45 tablets/month)
escitalopram	*LEXAPRO 20mg	3	QL (30 tablets/month)
fluoxetine	*PROZAC 10mg	1	QL (30 capsules/month) M
fluoxetine	*PROZAC 20mg	1	QL (120 capsules/month) M
fluoxetine	*PROZAC 40mg	1	QL (60 capsules/month) M

fluoxetine	*PROZAC WEEKLY	3	QL (4 capsules/month) ST
Prozac Weekly ST = requires 60 day consistent trial of 2 of the following agents (fluoxetine, paroxetine, citalopram, sertraline, bupropion/SR, venlafaxine) in the past 2 years			
fluoxetine	**SARAFEM**	3	QL (30 capsules/month) ST
Sarafem ST = requires 60 day consistent trial of 2 of the following agents (fluoxetine, paroxetine, citalopram, sertraline, bupropion/SR, venlafaxine) in the past 2 years			
fluvoxamine	*LUVOX	1	QL (90 tablets/month) M
fluvoxamine	**LUVOX CR 100mg**	3	QL (30 capsules/month)
fluvoxamine	**LUVOX CR 150mg**	3	QL (60 capsules/month)
imipramine	*TOFRANIL	1	M
imipramine pamoate	**TOFRANIL PM**	3	
maprotiline	*LUDIOMIL	1	M
mirtazapine	*REMERON	1	QL (30 tablets/month) M
mirtazapine soltabs	*REMERON SOLTABS	1	QL (30 tablets/month) M
nefazodone HCL	*SERZONE	1	M
nortriptyline	*PAMELOR	1	M
paroxetine HCL	*PAXIL 10mg	1	QL (30 tablets/month) M
paroxetine HCL	*PAXIL 20mg	1	QL (30 tablets/month) M
paroxetine HCL	*PAXIL 30mg	1	QL (60 tablets/month) M
paroxetine HCL	*PAXIL 40mg	1	QL (45 tablets/month) M
paroxetine HCL SR	*PAXIL CR 12.5mg	3	QL (30 tablets/month) ST
paroxetine HCL SR	*PAXIL CR 25mg	3	QL (60 tablets/month) ST
paroxetine HCL SR	*PAXIL CR 37.5mg	3	QL (60 tablets/month) ST
Paxil CR ST = requires 60 day consistent trial of 2 of the following agents (fluoxetine, paroxetine, citalopram, sertraline, bupropion/SR, venlafaxine) in the past 2 years			
paroxetine mes	**PEXEVA 10mg**	3	QL (30 tablets/month) ST
paroxetine mes	**PEXEVA 20mg**	3	QL (30 tablets/month) ST
paroxetine mes	**PEXEVA 30mg**	3	QL (60 tablets/month) ST
paroxetine mes	**PEXEVA 40mg**	3	QL (45 tablets/month) ST
Pexeva ST = requires 60 day consistent trial of 2 of the following agents (fluoxetine, paroxetine, citalopram, sertraline, bupropion/SR, venlafaxine) in the past 2 years			
phenelzine sulfate	*NARDIL	1	M
protriptyline	*VIVACTIL	1	M
sertraline HCL	*ZOLOFT 25mg	1	QL (45 tablets/month) M
sertraline HCL	*ZOLOFT 50mg	1	QL (45 tablets/month) M
sertraline HCL	*ZOLOFT 100mg	1	QL (60 tablets/month) M
trazodone	*DESYREL	1	M
trimipramine maleate	*SURMONTIL	1	
trimipramine maleate	**SURMONTIL**	3	
venlafaxine	*EFFEXOR	1	QL (90 tablets/month) M
venlafaxine SR	*EFFEXOR XR (cap) 37.5mg	1	QL (90 capsules/month)
venlafaxine SR	*EFFEXOR XR (cap) 75mg	1	QL (90 capsules/month)
venlafaxine SR	*EFFEXOR XR (cap) 150mg	1	QL (60 capsules/month)
venlafaxine SR	*EFFEXOR XR (cap) 225mg	1	QL (30 capsules/month)
venlafaxine SR	*VENLAFAXINE XR (tab) 37.5mg	1	QL (90 tablets/month)
venlafaxine SR	*VENLAFAXINE XR (tab) 75mg	1	QL (90 tablets/month)
venlafaxine SR	*VENLAFAXINE XR (tab) 150mg	1	QL (60 tablets/month)

venlafaxine SR	*VENLAFAXINE XR (tab) 225mg	1	QL (30 tablets/month)
vilazodone	**VIIBRYD**	3	QL (30 tablets/month) ST
Viibryd ST = requires 60 day consistent trial of 2 the following agents (fluoxetine, paroxetine, citalopram, sertraline, bupropion/SR, venlafaxine) in the past 2 years			
4-C Hypnotics (Sleep Aids)			
Generic Name	**Brand Name**	**Tier**	**Notes**
chloral hydrate	**SOMNOTE**	2	
estazolam	*PROSOM	1	
eszopiclone	**LUNESTA**	3	QL (30 tablets/month) ST
Lunesta ST = requires 30 day fill of zolpidem in the past 2 years			
flurazepam	*DALMANE	1	
mephobarbital	*MEBARAL	1	
phenobarbital		1	
ramelteon	**ROZEREM**	3	QL (30 tablets/month) ST
Rozerem ST = requires 30 day fill of zolpidem in the past 2 years			
temazepam	*RESTORIL 22.5mg	1	QL (30 capsules/month)
triazolam	*HALCION	1	QL (15 tablets/fill; 2 fills/month)
zaleplon	*SONATA 5mg	1	QL (30 capsules/month)
zaleplon	*SONATA 10mg	1	QL (60 capsules/month)
zolpidem	*AMBIEN	1	QL (30 tablets/month)
zolpidem CR	*AMBIEN CR	3	QL (30 tablets/month)
4-D Antipsychotics			
Generic Name	**Brand Name**	**Tier**	**Notes**
aripiprazole	**ABILIFY**	3	QL (30 tablets/month) ST
Abilify ST = requires failure/contraindication to Risperidone and Seroquel AND supported diagnosis in the past 2 years			
asenapine	**SAPHRIS**	3	QL (60 tablets/month) ST
Saphris ST = requires failure/contraindication to Risperidone and Seroquel AND supported diagnosis in the past 2 years			
chlorpromazine	*THORAZINE	1	M
clozapine	**FAZACLO**	3	ST
Fazaclo ST = requires failure/contraindication to Risperidone and Seroquel AND supported diagnosis in the past 2 years			
clozapine	***CLOZARIL (NTI)**	2	ST M
Clozaril ST = requires failure/contraindication to Risperidone and Seroquel AND supported diagnosis in the past 2 years			
fluphenazine	*PROLIXIN	1	M
haloperidol	*HALDOL	1	M
iloperidone	**FANAPT**	3	QL (60 tablets/month)
lithium carbonate	*ESKALITH	1	M
lithium carbonate CR	*ESKALITH CR	1	M
lithium carbonate CR	*LITHOBID	1	M
loxapine	*LOXITANE	1	M
lurasidone	**LATUDA**	3	ST
Latuda ST = requires failure/contraindication to Risperidone and Seroquel AND supported diagnosis in the past 2 years			
olanzapine	*ZYPREXA	3	QL (30 tablets/month) ST

Zyprexa ST = requires failure/contraindication to Risperidone and Seroquel AND supported diagnosis in the past 2 years			
olanzapine	*ZYPREXA ZYDIS	3	QL (30 tablets/month) ST
Zyprexa Zydis ST = requires failure/contraindication to Risperidone and Seroquel AND supported diagnosis in the past 2 years			
paliperidone	**INVEGA**	3	QL (30 tablets/month) ST
Invega ST = requires failure/contraindication to Risperidone and Seroquel AND supported diagnosis in past 2 years			
paliperidone palmitate	**INVEGA SUSTENNA**	2	QL (1 syringe/month)
perphenazine	*TRILAFONE	1	M
prochlorperazine	*COMPAZINE	1	
quetiapine fumarate	*SEROQUEL 25mg	1	QL (90 tablets/month) M
quetiapine fumarate	*SEROQUEL 100mg	1	QL (90 tablets/month) M
quetiapine fumarate	*SEROQUEL 200mg	1	QL (120 tablets/month) M
quetiapine fumarate	*SEROQUEL 300mg	1	QL (90 tablets/month) M
quetiapine fumarate	**SEROQUEL XR 200mg**	2	QL (30 tablets/month) M
quetiapine fumarate	**SEROQUEL XR 300mg**	2	QL (60 tablets/month) M
quetiapine fumarate	**SEROQUEL XR 400mg**	2	QL (60 tablets/month) M
risperidone	*RISPERDAL	1	M
risperidone	*RISPERDAL M	1	M
thioridazine		1	M
thiothixene	*NAVANE	1	M
trifluoperazine	*STELAZINE	1	M
ziprasidone HCL	*GEODON	3	QL (60 capsules/month) ST
Geodon ST = requires failure/contraindication to Risperidone and Seroquel AND supported diagnosis in past 2 years			
4-E Stimulants			
Generic Name	**Brand Name**	**Tier**	**Notes**
amphetamine-d-amphetamine	*ADDERALL	1	
amphetamine-d-amphetamine SR	**ADDERALL XR 5mg**	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	**ADDERALL XR 10mg**	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	**ADDERALL XR 15mg**	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	**ADDERALL XR 20mg**	2	QL (60 capsules/month)
amphetamine-d-amphetamine SR	**ADDERALL XR 25mg**	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	**ADDERALL XR 30mg**	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	**AMPHETAMINE-D-AMPHETAMINE SR**	3	ST
Amphetamine-D-Amphetamine SR ST = requires 90 day trial of brand Adderall XR in past 2 years			
armodafinil	**NUVIGIL**	3	QL (30 tablets/month) PA
atomoxetine	**STRATTERA**	3	QL (30 capsules/month)
dexmethylphenidate	*FOCALIN	1	QL (60 tablets/month)
dexmethylphenidate SR	**FOCALIN XR**	3	QL (30 capsules/month)
dextroamphetamine	*DEXEDRINE	1	
dextroamphetamine	*DEXEDRINE SPANSULES	1	
dextroamphetamine solution	*LIQUADD	3	QL (1200 mls/month) PA
lisdexamfetamine dimesylate	**VYVANSE**	2	QL (30 capsules/month)
methamphetamine	*DESOXYN	1	QL (150 tablets/month)
methylphenidate	**METHYLIN (chewable) 2.5mg**	3	QL (60 tablets/month)

methylphenidate	**METHYLIN (chewable) 5mg**	3	QL (180 tablets/month)
methylphenidate	**METHYLIN (chewable) 10mg**	3	QL (180 tablets/month)
methylphenidate	**METHYLIN (suspension) 5mg/ml**	3	QL (1800 mls/month)
methylphenidate	**METHYLIN (suspension) 10mg/ml**	3	QL (900 mls/month)
methylphenidate	*METHYLIN (tablets) 5mg	1	QL (180 tablets/month)
methylphenidate	*METHYLIN (tablets) 10mg	1	QL (180 tablets/month)
methylphenidate	*METHYLIN (tablets) 20mg	1	QL (60 tablets/month)
methylphenidate	*METHYLIN ER	1	QL (90 tablets/month)
methylphenidate	*RITALIN 5mg	1	QL (180 tablets/month)
methylphenidate	*RITALIN 10mg	1	QL (180 tablets/month)
methylphenidate	*RITALIN 20mg	1	QL (90 tablets/month)
methylphenidate CR	*RITALIN SR	1	QL (90 tablets/month)
methylphenidate CR	**METADATE CD**	3	QL (30 capsules/month)
methylphenidate SA	*CONCERTA 18mg	3	QL (30 tablets/month)
methylphenidate SA	*CONCERTA 27mg	3	QL (30 tablets/month)
methylphenidate SA	*CONCERTA 36mg	3	QL (60 tablets/month)
methylphenidate SA	*CONCERTA 54mg	3	QL (30 tablets/month)
methylphenidate SR	Ritalin LA 10mg	1	QL (30 capsules/month)
methylphenidate SR	Ritalin LA 20mg	1	QL (30 capsules/month)
methylphenidate SR	Ritalin LA 30mg	1	QL (60 capsules/month)
methylphenidate SR	Ritalin LA 40mg	1	QL (30 capsules/month)
modafinil	*PROVIGIL 100mg	3	PA QL (30 tablets/month)
modafinil	*PROVIGIL 200mg	3	PA QL (60 tablets/month)
sodium oxybate	**XYREM**	2	PA
4-F Misc Psychotherapeutic and Neurological Agents			
Generic Name	**Brand Name**	**Tier**	**Notes**
amitriptyline-chlordiazepoxide	**LIMBITROL**	2	
disulfiram	*ANTABUSE	1	
dextromethorphan quindine	**NUEDEXTA**	3	
donepezil	*ARICEPT	1	QL (30 tablets/month) M
ergoloid mesylates	*HYDERGINE	1	
galantamine	*RAZADYNE	1	QL (60 tablets/month) M
galantamine	*RAZADYNE ER	1	QL (30 capsules/month) M
guanfacine	**INTUNIV**	3	QL (30 tablets/month)
menantine	**NAMENDA**	3	QL (60 tablets/month)
olanzapine-fluoxetine	**SYMBYAX**	3	ST
Symbyax ST = requires failure of either Risperidone and Seroquel or Seroquel XR OR failure to two preferred antidepressants (depending on diagnosis)			
pemoline	*CYLERT	1	
perphenazine-amitriptyline	*ETRAFON	1	M
pimozide	**ORAP**	3	
rivastigmine	*EXELON	1	QL (60 capsules/month) M
rivastigmine	**EXELON PATCH**	3	QL (30 patches/month)
tacrine	**COGNEX**	3	
tetrabenazine	**XENAZINE**	3	
4-G Anticonvulsants			
Generic Name	**Brand Name**	**Tier**	**Notes**

carbamazepine	***TEGRETOL (NTI)**	2	M
carbamazepine SR	*CARBATROL	1	
carbamazepine SR	*TEGRETOL XR	1	M
clonazepam	*KLONOPIN	1	
diazepam rectal	*DIASTAT	3	QL (1 kit/month)
divalproex sodium EC	*DEPAKOTE	1	M
ethosuximide	*ZARONTIN	1	M
ethotoin	**PEGANONE**	3	
gabapentin	*GABARONE	1	M
gabapentin	*NEURONTIN 100mg	1	QL (240 capsules/month) M
gabapentin	*NEURONTIN 300mg	1	QL (360 capsules/month) M
gabapentin	*NEURONTIN 400mg	1	QL (270 capsules/month) M
gabapentin	*NEURONTIN 600mg	1	QL (180 tablets/month) M
gabapentin	*NEURONTIN 800mg	1	QL (120 tablets/month) M
gabapentin	**NEURONTIN (solution)**	3	
lacosamide	**VIMPAT**	3	QL (60 tablets/month)
lacosamide	**VIMPAT (solution)**	3	
lamotrigine	*LAMICTAL	1	M
lamotrigine	**LAMICTAL ODT**	3	
lamotrigine	**LAMICTAL ODT KIT**	3	QL (1 kit/month)
lamotrigine	*LAMICTAL STARTER KIT	1	QL (1 kit/month)
lamotrigine	**LAMICTAL XR**	3	
lamotrigine	**LAMICTAL XR KIT**	3	QL (1 kit/month)
levetiracetam	*KEPPRA	1	M
levetiracetam	**KEPPRA XR**	3	
methsuximide	**CELONTIN**	3	
milnacipran	**SAVELLA**	3	QL (60 capsules/month)
milnacipran	**SAVELLA TITRATION PAK**	3	QL (1 kit/month)
oxcarbazepine	*TRILEPTAL 100mg	1	QL (60 tablets/month)M
oxcarbazepine	*TRILEPTAL 300mg	1	QL (90 tablets/month)M
oxcarbazepine	*TRILEPTAL 600mg	1	QL (120 tablets/month)M
phenytoin	***DILANTIN (NTI)**	2	M
pregabalin	**LYRICA 25mg**	3	QL (90 capsules/month) ST
pregabalin	**LYRICA 50mg**	3	QL (90 capsules/month) ST
pregabalin	**LYRICA 75mg**	3	QL (90 capsules/month) ST
pregabalin	**LYRICA 100mg**	3	QL (90 capsules/month) ST
pregabalin	**LYRICA 150mg**	3	QL (90 capsules/month) ST
pregabalin	**LYRICA 200mg**	3	QL (90 capsules/month) ST
pregabalin	**LYRICA 225mg**	3	QL (60 capsules/month) ST
pregabalin	**LYRICA 300mg**	3	QL (60 capsules/month) ST
Lyrica ST = requires 30 day trial of Gabapentin in the past 2 years			
primidone	*MYSOLINE	1	M
rufinamide	**BANZEL**	3	
rufinamide	**BANZEL suspension**	3	QL (80 mls/day)
tiagabine	**GABITRIL**	3	
topiramate	*TOPAMAX SPRINKLES	1	QL (120 capsules/month)
topiramate	*TOPAMAX	1	QL (90 tablets/month)

valproic acid	*DEPAKENE	1	M
valproic acid	**STAVZOR**	3	QL (60 capsules/month)
vigabatrin	**SABRIL**	3	QL (180 tablets/month)
zonisamide	*ZONEGRAN 25mg	1	QL (120 capsules/month)
zonisamide	*ZONEGRAN 50mg	1	QL (120 capsules/month)
zonisamide	*ZONEGRAN 100mg	1	QL (180 capsules/month)

4-H Antiparkinsonian Agents

Generic Name	Brand Name	Tier	Notes
	AMANTADINE (Symmetrel)	2	M
apomorphine	**APOKYN**	2	SIO SP
benztropine	*COGENTIN	1	M
bromocriptine (tablets)	*PARLODEL	1	M
carbidopa-levodopa	*SINEMET	1	M
carbidopa-levodopa	*PARCOPA	1	
carbidopa-levodopa CR	*SINEMET CR	1	M
carbidopa-levodopa-entacapone	**STALEVO**	3	QL (240 tablets/month)
entacapone	**COMTAN**	2	QL (240 tablets/month) M
pergolide	*PERMAX	1	M
pramipexole	*MIRAPEX	1	QL (90 tablets/month)
ropinirole	*REQUIP	1	QL (90 tablets/month) M
trihexyphenidyl	*ARTANE	1	M
	*SELEGILINE	1	M

DERMATOLOGICALS (drugs to treat skin disorders or conditions)

5-A Anorectal

Generic Name	Brand Name	Tier	Notes
hydrocortisone rectal	*ANUSOL-HC	1	
hydrocortisone-pramoxine rectal	*ANALPRAM-HC	1	
hydrocortisone-pramoxine rectal	**PROCTOFOAM-HC**	2	

5-B Acne Products

Generic Name	Brand Name	Tier	Notes
adapalene	**DIFFERIN 0.1% cream**	3	QL (45 gm/60 days) AL
adapalene	**DIFFERIN 0.1% lotion**	3	QL (1 bottle/60 days) AL
adapalene	*DIFFERIN 0.1% cream/gel	3	ST
Differin 0.1% generic ST = requires trial of BRAND Differin cream/gel the past 120 days			
azelaic acid	**AZELEX**	3	
azelaic acid	**FINACEA**	3	
benzoyl peroxide-vit E	**INOVA KIT**	3	
enzoyl peroxide-salicylic acid-vit E	**INOVA 4/1 KIT**	3	
benzoyl peroxide-adapalene	**EPIDUO**	3	QL (45 gm/month)
benzoyl peroxide-erythromycin gel	*BENZAMYCIN	1	QL (60 gm/month)
benzoyl peroxide-urea	**ZODERM 5.75% cleanser**	3	QL (473 mls/month)
benzoyl peroxide-urea	**ZODERM cleanser**	3	QL (400 mls/month)
benzoyl peroxide-urea	**ZODERM cream**	3	QL (125 mls/month)
benzoyl peroxide-urea	**ZODERM gel**	3	QL (125 mls/month)
clindamycin topical	*CLEOCIN-T	1	
clindamycin-benzoyl peroxide gel	*BENZACLIN	3	QL (50 gm/month)

clindamycin-benzoyl peroxide gel	**DUAC**	3	
dapsone	**ACZONE**	3	
erythromycin topical	*ERYGEL	1	
isotretinoin	*ACCUTANE	3	QL (60 capsules/month) PA
isotretinoin	*AMNESTEEM	3	QL (60 capsules/month) PA
isotretinoin	*CLARAVIS	3	QL (60 capsules/month) PA
isotretinoin	*SOTRET	3	QL (60 capsules/month) PA
metronidazole cream	*METROCREAM	1	QL (60 gm/month)
metronidazole cream	**NORITATE****	2	QL (60 gm/month)
metronidazole gel	**METROGEL****	3	QL (60 gm/month)
metronidazole lotion	*METROLOTION	1	
sulfacetamide lotion (acne)	*KLARON	1	
sulfacetamide-sulfur emulsion	*PLEXION	1	
tretinoin	*RETIN-A **	1	AL
** Larger tube sizes (60 grams or above) will be subject to a 60-day supply limit and 2 copays will apply			

5-C Topical Antibiotics

Generic Name	Brand Name	Tier	Notes
bac-polymy-neomycin HC oint	**CORTISPORIN OINTMENT**	2	
erythromycin ointment	**AKNE-MYCIN**	3	
gentamicin topical	*GARAMYCIN	1	
mupirocin	*BACTROBAN	1	
mupirocin	**BACTROBAN CREAM**	2	
mupirocin	**BACTROBAN NASAL OINTMENT**	2	
neomycin-polymyxin-HC cream	**CORTISPORIN CREAM**	2	
retapamuln	**ALTABAX**	3	QL (15 gm/month)
silver sulfadiazine	*SILVADENE	1	

5-D Topical Antifungals

Generic Name	Brand Name	Tier	Notes
butenafine	**MENTAX**	3	
ciclopirox	*LOPROX	1	
ciclopirox solution	*PENLAC	1	QL (7 ml/month)
clotrimazole-betamethasone	*LOTRISONE	1	QL (30 ml/month)
econazole	*SPECTAZOLE	1	
ketoconazole shampoo	*NIZORAL SHAMPOO	1	
ketoconazole topical		1	
naftifine	**NAFTIN**	3	
nystatin topical	*MYCOSTATIN topical	1	
nystatin-triamcinolone	*MYCOLOG II	1	
oxiconazole	**OXISTAT**	3	
setraconazole	**ERTACZO**	3	QL (1 tube/month)

5-E Topical Antivirals

Generic Name	Brand Name	Tier	Notes
acyclovir topical	**ZOVIRAX topical**	2	
penciclovir	**DENAVIR**	3	QL (1 tube/month)

5-F Antipsoriatics

Generic Name	Brand Name	Tier	Notes
anthralin	*PSORIATEC	1	

acitretin	**SORIATANE**	3	
acitretin	**SORIATANE CK kit**	3	QL (1 kit/month)
calcipotriene	**DOVONEX**	2	QL (1 tube/month)
calcitriol ointment	**VECTICAL**	2	QL (100 gm/month)
methoxsalen	**OXSORALEN-ULTRA**	3	
tazarotene	**TAZORAC ****	3	QL (1 tube/month) AL
** Larger tube sizes (60 grams or above) will be subject to a 60-day supply limit and 2 copays will apply			
5-G Scabicides and Pediculicides			
Generic Name	**Brand Name**	**Tier**	**Notes**
crotamiton	**EURAX**	3	
lindane shampoo	*KWELL	1	
permethrin	*ELIMITE	1	
spinosad	**NATROBA**	3	
5-H Topical Corticosteroids			
Generic Name	**Brand Name**	**Tier**	**Notes**
alclometasone	*ACLOVATE	1	
amcinonide	*CYCLOCORT	3	
augmented betamethasone	*DIPROLENE	1	
augmented betamethasone	*DIPROLENE AF	1	
betamethasone dipropionate	*DIPROSONE	1	
betamethasone foam	**LUXIQ**	3	
betamethasone valerate	*VALISONE	1	
clobetasol foam	*OLUX	1	
clobetasol propionate	*TEMOVATE	1	
clocortolone	**CLODERM**	3	
desonide	*DESOWEN	1	
desonide foam	**VERDESO**	3	QL (50 gm/60 days)
desoximetasone	*TOPICORT	1	
diclofenac gel	**VOLTAREN GEL**	3	QL (500 gm/month)
diflorasone diacetate	**PSORCON**	2	QL (60 gm/month)
flucinolone oil	**DERMA-SMOOTH FS**	3	
fluocinolone acetonide	*SYNALAR	1	
fluocinolone shampoo	**CAPEX**	3	
fluocinonide	*LIDEX	1	
fluocinonide	**VANOS**	3	QL (1 tube/month)
flurandrenolide patch	**CORDRAN**	3	
fluticasone	*CUTIVATE **	1	
halcinonide	**HALOG**	3	
halobetasol	*ULTRAVATE	1	
halobetasol	**ULTRAVATE KIT**	3	QL (1 kit/month)
hc lot 2% sal acid sulfur 2-2%	**SCALACORT DK KIT**	3	
hydrocortisone butyrate	*LOCOID	1	QL (45 gm/month)
hydrocortisone valerate	*WESTCORT	1	
mometasone	*ELOCON	1	
pramoxine-HC cream	*PRAMOSONE	1	
pramoxine-HC foam	**EPIFOAM**	2	
prednicarbate	*DERMATOP	1	

sodium hyaluronate	*HYLIRA	1	
triamcinolone acetonide	*KENALOG	1	
** Larger tube sizes will be subject to a 60-day supply limit and 2 copays will apply			

5-I Miscellaneous Topicals

Generic Name	Brand Name	Tier	Notes
alefacept	**AMEVIVE**	3	
aluminum chloride	*DRYSOL	1	
aluminum chloride/alcohol	**XERAC-AC**	3	
becaplermin	**REGRANEX**	3	PA
collagenase	**SANTYL**	3	
fluorouracil	*EFUDEX	1	
fluorouracil	**CARAC**	3	
fluorouracil	**FLUOROPLEX**	3	
imiquimod	*ALDARA	1	QL (12 packets/month)
lidocaine (topical)	*XYLOCAINE	1	M
lidocaine patch	**LIDODERM**	3	PA
lidocaine/hydrocortisone	*ANAMANTLE	1	
lidocaine/tetracaine	**SYNERA PATCH**	3	QL (4 patches/month)
lidocaine-prilocaine	*EMLA cream	1	QL (30 gm/month)
papain-urea	*ACCUZYME	1	
papain-urea-chlorophyllin foam	**PAPFYLL**	2	
pimecrolimus	**ELIDEL**	3	QL (1 tube/month)
podofilox	*CONDYLOX	1	
podophyllum resin	**PODOCON**	2	
selenium sulfide shampoo	*SELSUN	1	
sulfacetamide	*OVACE	3	
sulfacetamide	*OVACE PLUS SHAMPOO 1%	3	
sulfacetamide-urea lotion	*CARMOL SCALP	1	
tacrolimus topical	**PROTOPIC**	2	QL (1 tube/month)
trypsin-castor oil-peruvian balsam	*XENADERM	1	
urea	*KERALAC	1	
urea	*VANAMIDE	1	
urea	**KERAFOAM**	3	QL (60 gm/month)
urea (carbamide)	*CARMOL 40	1	
urea in zinc	**KEROL AD**	3	

ENDOCRINE AND HORMONES (drugs to treat metabolic or hormone conditions, ie diabetes)

6-A Corticosteroids

Generic Name	Brand Name	Tier	Notes
cortisone acetate	*CORTONE	1	M
dexamethasone	*DECADRON	1	M
fludrocortisone	*FLORINEF	1	M
hydrocortisone acetate	*CORTEF	1	M
methylprednisolone	*MEDROL	1	M
prednisolone	**MILIPRED DP PAK**	3	
prednisolone	*PRELONE	1	M
prednisolone	**PREDNISOLONE 5MG**	2	M

prednisolone sod phosphate	**VERIPRED**	3	
prednisolone sodium	*ORAPRED	1	M
prednisolone sodium	*PEDIAPRED	1	M
prednisone		1	M
6-B Androgens			
Generic Name	**Brand Name**	**Tier**	**Notes**
danazol	*DANOCRINE	1	
methyltestosterone	**ANDROID**	3	
methyltestosterone	**METHITEST**	3	
testosterone	**ANDRODERM**	3	QL (30 patches/month) PA
testosterone	**FORTESTA**	3	PA
testosterone	**TESTIM**	3	PA
testosterone TD sol	**AXIRON**	3	PA
testosterone buccal system	**STRIANT**	3	QL (60 patches/month)
6-C Estrogens			
Generic Name	**Brand Name**	**Tier**	**Notes**
esterified estrogens		1	
esterified estrogens	**MENEST**	2	M
estradiol	*ESTRACE	1	M
estradiol gel	**ESTROGEL**	3	QL (93gm/month)
estradiol patch	*CLIMARA	1	QL (4 patches/month) M
estradiol patch	**VIVELLE**	2	QL (8 patches/month) M
estradiol patch	**VIVELLE DOT**	2	QL (8 patches/month) M
estradiol patch	**ALORA**	3	QL (8 patches/month)
estradiol patch	**ESCLIM**	3	
estradiol patch	**ESTRADERM**	3	QL (8 patches/month)
estradiol patch	**MENOSTAR**	3	QL (4 patches/month)
estradiol spray	**EVAMIST**	3	QL (9 ml/month)
estradiol TD gel	**DIVIGEL**	2	QL (1 tube/month) M
estradiol transdermal	**ESTRASORB**	3	QL (56 packets/month)
estradiol-levonorgestrel patch	**CLIMARA PRO**	3	QL (4 patches/month)
estradiol-norethindrone	**ACTIVELLA**	3	QL (1 dialpak/month)
estradiol-norethindrone patch	**COMBIPATCH**	3	QL (8 patches/month)
estradiol-norgestimate	**ORTHO-PREFEST**	2	M
estrogen-medroxyprogesterone	**PREMPHASE**	2	QL (1 dialpak/month) M
estrogen-medroxyprogesterone	**PREMPRO**	2	QL (1 dialpak/month) M
estrogens (conjugated synthetic)	**CENESTIN**	2	QL (30 tablets/month)
estrogens (conjugated synthetic)	**ENJUVIA**	2	QL (30 tablets/month)
estrogens (conjugated)	**PREMARIN**	3	QL (30 tablets/month)
estrogens-methyltestosterone	*ESTRATEST	1	M
estrogens-methyltestosterone	*ESTRATEST HS	1	M
estropipate	*OGEN	1	M
ethinyl estradiol-norethindrone	**FEMHRT**	3	QL (1 dialpak/month)
6-D Contraceptives			
Generic Name	**Brand Name**	**Tier**	**Notes**
MONOPHASIC PRODUCTS			
ethinyl estradiol (EE) /desogestrel products			

	ORTHO CEPT	1	QL (28 tablets/21 days) M
Apri, Emoquette, Reclipsen, Solia		3	QL (28 tablets/21 days) ST
Apri, Emoquette, Reclipsen, Solia **ST** = requires trial of brand Ortho Cept within the last 120 days			
	DESOGEN	2	QL (28 tablets/21 days) M
EE/norgestimate products			
	ORTHO CYCLEN	1	QL (28 tablets/21 days) M
Sprintec, Previfem, Mononessa		3	QL (28 tablets/21 days) ST
EE/norethindrone products			
	ORTHO NOVUM	1	QL (28 tablets/21 days) M
l,Cyclafem,Necon,Norinyl,Alyacen		3	QL (28 tablets/21 days) ST
Nortrel, Cyclafem, Necon, Norinyl, Alaycen **ST**= requires trial of brand Ortho Novum within the last 120 days			
	LOESTRIN 24	3	QL (28 tablets/month)
Junel Fe, Gildess Fe, Microgestin Fe	*LOESTRIN FE	1	QL (28 tablets/21 days) M
Microgestin, Junel	*LOESTRIN	3	QL (28 tablets/21 days)
Balziva, Zenchent FE, Briellyn	*OVCON-35	3	QL (28 tablets/21 days)
Nortrel, Necon, Brevicon	*MODICON	1	QL (28 tablets/21 days) M
EE/drospirenone products			
	YAZ	2	QL (28 tablets/21 days) M
Gianvi, Loryna,		3	QL (28 tablets/21 days) ST
Gianvi, Loryna, **ST** = requires trial of brand Yaz within the last 120 days			
	YASMIN	1	QL (28 tablets/21 days) M
Ocella, Zarah, Syeda		3	QL (28 tablets/21 days) ST
Ocella , Zarah, Syeda **ST** = requires trial of brand Yasmin in past 120 days			
EE/norgestrel products			
Low-ogestrel, Cryselle	*LO/OVRAL	1	QL (28 tablets/21 days) M
EE/ethynodiol products			
Kelnor		1	QL (28 tablets/21 days) M
Zovia 1/35		1	QL (28 tablets/21 days) M
EE/levonorgestrel products			
Altavera, Levora, Marlissa, Portia	*NORDETTE	1	QL (28 tablets/21 days) M
Aviane,Lessina,Lutera,Sronyx,Orsythia	*ALESSE	1	QL (28 tablets/21 days) M
Jolessa, Introvale, Quasense	*SEASONALE	1	QL (28 tablets/21 days) M
Amethyst	*LYBREL	1	QL (28 tablets/21 days) M
BIPHASIC PRODUCTS			
EE-desogestrel/EE			
Kariva, Azurette, Viorele	*MIRCETTE	3	QL (28 tablets/month) M
EE-levonorgestrel/EE			
Camrese Lo, Amethia Lo	*LOSEASONIQUE	1	QL (28 tablets/21 days) M
Camrese, Amethia,	*SEASONIQUE	1	QL (91 tablets/3 months) M
EE/norethindrone-EE/norethindrone			
Necon 10/11	*ORTHO NOVUM 10/11	1	QL (28 tablets/21 days) M
	LO LOESTRIN FE	3	QL (28 tablets/month)
TRIPHASIC PRODUCTS			
EE/norethindrone-EE/norethindrone-EE/norethindrone			
Aranelle, Leena	*TRI-NORINYL	1	QL (28 tablets/21 days) M
	ORTHO-NOVUM 7/7/7	1	QL (28 tablets/21 days) M

econ 7/7/7, Nortrel 7/7/7, Cyclafem		3	QL (28 tablets/21 days) ST
Alyacen, Necon 7/7/7, Nortrel 7/7/7, Cyclafem **ST** = requires failure of brand Ortho Novum 7/7/7			
Tilia FE, Tri Legest FE	*ESTROSTEP (FE)	1	QL (28 tablets/21 days) M
EE/levonogestrel-EE/Levonorgestrel-EE/Levonorgestrel			
Trivora, Myzilra	*ENPRESSE	1	QL (28 tablets/21 days) M
sogestrel-EE/desogestrel-EE/desogestrel			
Cesia, Velivet, Caziant	*CYCLESSA	1	QL (28 tablets/21 days) M
estimate-EE/norgestimate-EE/norgestimate			
	ORTHO TRI CYCLEN	1	QL (28 tablets/21 days) M
Tri-Sprintec,Tri-Previfem,Trinessa		3	QL (28 tablets/21 days) ST
Tri-Sprintec, Tri-Previfem, Trinessa ST= requires trial of brand Ortho Tri Cyclen within the last 120 days			
	ORTHO TRI CYCLEN LO	2	QL (28 tablets/21 days) M
4-PHASIC PRODUCTS			
estradiol-estradiol/dienogest-estradiol/dienogest-estradiol			
	NATAZIA	1	QL
PROGESTIN ONLY-PRODUCTS			
Norethindrone			
	ORTHO MICRONOR	1	QL (28 tablets/month) M
Camila, Errin, Heather, Jolivette, Nora Be		3	QL (28 tablets/month) ST
Camila, Errin, Heather, Joivette, Nora Be requires failure to brand Ortho Micronor			
MISCELLANEOUS			
Levonorgestrel			
Next choice	*PLAN B	1	
	PLAN B ONE-STEP	1	
Ulipristal			
	ELLA	1	QL (28 tablets/21 days)
Etonogestrel/EE			
	NUVARING	2	QL (1 ring/month) M
Norelgestromin/EE			
	ORTHO EVRA	3	QL (3 patches/month)
	DIAPHRAMS	1	
	FEMCAP	3	QL (1 cap/year)

6-E Progestins

Generic Name	Brand Name	Tier	Notes
medroxyprogesterone	*PROVERA	1	M
norethindrone	*AYGESTIN	1	M
progesterone micronized	*PROMETRIUM	3	
progesterone vaginal	**CRINONE**	3	PA

6-F Oral Antidiabetics (diabetes)

Generic Name	Brand Name	Tier	Notes
acarbose	*PRECOSE	1	QL (90 tablets/month) M
chlorpropamide	*DIABINESE	1	M
bromocriptine	**CYCLOSET**	3	ST
Cycloset ST = requires fill of metformin within the past 2 years			
glimepiride	*AMARYL	1	QL (60 tablets/month) M

glipizide	*GLUCOTROL 5mg	1	QL (90 tablets/month) M
glipizide	*GLUCOTROL 10mg	1	QL (60 tablets/month) M
glipizide CR	*GLUCOTROL XL 2.5mg	1	QL (90 tablets/month) M
glipizide CR	*GLUCOTROL XL 5mg	1	QL (60 tablets/month) M
glipizide CR	*GLUCOTROL XL 10mg	1	QL (60 tablets/month) M
glipizide-metformin	*METAGLIP	1	QL (120 tablets/month) M
glyburide	*DIABETA	1	M
glyburide-metformin	*GLUCOVANCE	1	QL (120 tablets/month) M
glyburide micronized	*GLYNASE	1	QL (60 tablets/month) M
linagliptin	**TRADJENTA**	2	
linagliptin-metformin	**JENTADUETO**	2	
metformin	*GLUCOPHAGE 500mg	1	QL (150 tablets/month) M
metformin	*GLUCOPHAGE 850mg	1	QL (90 tablets/month) M
metformin	*GLUCOPHAGE 1000mg	1	QL (75 tablets/month) M
metformin	**GLUMETZA 500mg**	3	QL (120 tablets/month)
metformin	**GLUMETZA 1000mg**	3	QL (60 tablets/month)
metformin	**RIOMET**	3	QL (750 mls/month)
metformin SR	*GLUCOPHAGE XR 500mg	1	QL (120 tablets/month) M
metformin SR	*GLUCOPHAGE XR 750mg	1	QL (90 tablets/month) M
metformin SR	**FORTAMET 500mg**	3	QL (120 tablets/month)
metformin SR	**FORTAMET 1000mg**	3	QL (75 tablets/month)
miglitol	**GLYSET**	3	QL (120 tablets/month)
nateglinide	*STARLIX	1	QL (90 tablets/month)
piolitazone	**ACTOS**	2	QL (30 tablets/month) M
piolitazone-glimepiride	**DUETACT**	2	QL (30 tablets/month) M
piolitazone-metformin	**ACTOPLUS MET**	2	QL (90 tablets/month) M
piolitazone-metformin	**ACTOPLUS MET XR**	3	QL (30 tablets/month) ST
ActoPlus Met XR ST = requires 60 day trial of Actos AND metformin or ActoPlus Met in past 2 years			
repaglinide	**PRANDIN**	2	QL (120 tablets/month) M
repaglinide-metformin	**PRANDIMET**	2	M
rosiglitazone	**AVANDIA**	3	QL (30 tablets/month) ST
Avandia ST = requires 90 day trial of either sulfonylurea or biguanide in past 2 years			
rosiglitazone maleate-glimepiride	**AVANDARYL 4/1mg**	3	QL (60 tablets/month) ST
rosiglitazone maleate-glimepiride	**AVANDARYL 4/2mg**	3	QL (60 tablets/month) ST
rosiglitazone maleate-glimepiride	**AVANDARYL 4/4mg**	3	QL (30 tablets/month) ST
Avandaryl ST = requires 90 day trial of either Avandia or glimipride in past 2 years			
rosiglitazone-metformin	**AVANDAMET 1/500mg**	3	QL (120 tablets/month) ST
rosiglitazone-metformin	**AVANDAMET 2/500mg**	3	QL (120 tablets/month) ST
rosiglitazone-metformin	**AVANDAMET 4/500mg**	3	QL (120 tablets/month) ST
rosiglitazone-metformin	**AVANDAMET 2/1000mg**	3	QL (60 tablets/month) ST
rosiglitazone-metformin	**AVANDAMET 4/1000mg**	3	QL (60 tablets/month) ST
Avandamet ST = requires 90 day trial of either Avandia or metformin in past 2 years			
saxagliptin	**ONGLYZA**	2	QL (30 tablets/month)
saxagliptin-metformin	**KOMBIGLYZE XR**	2	QL (30 tablets/month)
sitaglipin	**JANUVIA**	3	QL (30 tablets/month) ST
Januvia ST = requires fill of metformin within the past 2 years			
sitaglipin-metformin	**JANUMET**	3	QL (60 tablets/month) ST

Janumet ST = requires fill of metformin within the past 2 years			
tolazamide	*TOLINASE	1	M
tolbutamide	*TOLBUTAMIDE	1	
6-G Insulins			
Generic Name	**Brand Name**	**Tier**	**Notes**
insulin (human)	**NOVOLIN**	3	ST
NOVOLIN ST = requires failure of a Lilly product within the last 2 years			
insulin (human)	**HUMULIN**	1	
insulin (human)	**HUMULIN PEN**	2	
insulin (human)	**RELION**	3	
insulin aspart	**NOVOLOG**	3	ST
NOVOLOG ST = requires failure of a Lilly product within the last 2 years			
insulin aspart mix	**NOVOLOG MIX**	3	ST
NOVOLOG MIX ST = requires failure of a Lilly product within the last 2 years			
insulin detemir	**LEVEMIR**	2	M
insulin glargine	**LANTUS**	2	M
insulin glulisine	**APIDRA**	3	
insulin lispro	**HUMALOG**	1	
insulin lispro	**HUMALOG PEN**	2	
insulin lispro mix	**HUMALOG MIX**	1	
insulin lispro mix	**HUMALOG MIX PEN**	2	
6-H Glucagon			
Generic Name	**Brand Name**	**Tier**	**Notes**
	GLUCAGON	2	QL (2 kits/month
6-I Thyroid Agents			
Generic Name	**Brand Name**	**Tier**	**Notes**
levothroid		1	QL (60 tablets/month) M
levothyroxine		1	QL (60 tablets/month) M
levothyroxine	**TIROSINT**	2	QL (60 tablets/month)
levothyroxine	***SYNTHROID (NTI)**	2	QL (60 tablets/month) M
levoxyl		1	QL (60 tablets/month) M
liothyronine	*CYTOMEL	1	M
liotrix	THYROLAR	3	
methimazole	*TAPAZOLE	1	QL (90 tablets/month) M
methimazole	**NORTHYX**	2	QL (90 tablets/month) M
propylthiouracil	*PTU	1	M
thyroid	**ARMOUR THYROID**	2	M
thyroid	**NATURE-THROID**	2	M
unithroid		1	QL (60 tablets/month) M
6-J Miscellaneous Endocrine			
Generic Name	**Brand Name**	**Tier**	**Notes**
alendronate	* FOSAMAX 5mg	1	QL (30 tablets/month) M
alendronate	* FOSAMAX 10mg	1	QL (30 tablets/month) M
alendronate	* FOSAMAX 35mg	1	QL (4 tablets/month) M
alendronate	* FOSAMAX 40mg	1	QL (4 tablets/month) M
alendronate	* FOSAMAX 70mg	1	QL (4 tablets/month) M
alendronate-cholecalciferol	**FOSAMAX PLUS D**	3	QL (4 tablets/month)

caberoline	*DOSTINEX	1	
calcitonin	**MIACALCIN**	2	QL (2 bottles/month) M
calcitonin (salmon) nasal	*FORTICAL	1	QL (2 bottles/month) M
carglumic acid	**CARBAGLU**	3	PA
cinacalcet	**SENSIPAR 30mg**	3	QL (60 tablets/month) SP
cinacalcet	**SENSIPAR 60mg**	3	QL (60 tablets/month) SP
cinacalcet	**SENSIPAR 90mg**	3	QL (120 tablets/month) SP
desmopressin (nasal)	*DDAVP	1	QL (1 bottle/month)
desmopressin (nasal)	**STIMATE**	3	QL (1 bottle/month)
desmopressin (oral)	*DDAVP 0.1mg	1	QL (30 tablets/month)
desmopressin (oral)	*DDAVP 0.2mg	1	QL (90 tablets/month)
etidronate	*DIDRONEL	1	
exenatide	**BYDUREON**	3	
exenatide	**BYETTA**	2	M
ibandronate	*BONIVA	3	QL (1 tablet/month)
levocarnitine	*CARNITOR	1	
liraglutide	**VICTOZA**	3	QL (2 pens/month)
pramlintide	**SYMLIN AMYLIN ANALOG**	2	ST
Symlin ST = requires concurrent mealtime insulin therapy (rapid or fast acting)			
raloxifene	**EVISTA**	2	QL (30 tablets/month) M
risedronate	**ACTONEL 5mg**	3	QL (30 tablets/month)
risedronate	**ACTONEL 30mg**	3	QL (4 tablets/month)
risedronate	**ACTONEL 35mg**	3	QL (4 tablets/month)
risedronate	**ACTONEL 150mg**	3	QL (1 tablet/month)
risedronate-calcium	**ACTONEL with CALCIUM**	3	QL (30 tablets/month)
sapropterin	**KUVAN**	3	PA SP
ulipristal	**ELLA**	3	
6-K Diabetic Supplies			
	ACCU-CHEK ACTIVE CARE KIT	1	
	ACCU-CHEK ACTIVE TEST STRIPS	1	
	ACCU-CHEK ADVANTAGE CARE KIT	1	
	ACCU-CHEK AVIVA CARE KIT	1	
	ACCU-CHEK AVIVA TEST STRIPS	1	
	ACCU-CHEK COMFORT CURVE TEST STRIPS	1	
	ACCU-CHEK COMPACT CARE KIT	1	
	ACCU-CHEK COMPACT TEST STRIPS	1	
	ASCENSIA AUTODISC TEST STRIPS	3	
	ASCENSIA BREEZE 2 TEST STRIPS	3	
	ASCENSIA ELITE TEST STRIPS	3	
	CONTOUR TEST STRIPS	3	
	FREESTYLE FLASH SYSTEM	3	
	FREESTYLE FREEDOM LITE METER	3	
	FREESTYLE FREEDOM METER	3	
	FREESTYLE LITE METER	3	
	FREESTYLE SYSTEM	3	
	FREESTYLE TEST STRIPS	3	
	GLUCOMETER DEX TEST STRIPS	3	

	ONE TOUCH SYSTEM	1	
	ONE TOUCH TEST STRIPS	1	
	ONE TOUCH ULTRA 2 SYSTEM	1	
	ONE TOUCH ULTRA MINI SYSTEM	1	
	ONE TOUCH ULTRA SYSTEM	1	
	ONE TOUCH ULTRA TEST STRIPS	1	
	PRECISION XTRA METER	3	
	PRECISION XTRA TEST STRIPS	3	
	SURESTEP SYSTEM	3	
	SURESTEP TEST STRIPS	3	

GASTROINTESTINAL (drugs to treat stomach or intestinal conditions, ie reflux, constipation, etc)

7-A Laxatives

Generic Name	Brand Name	Tier	Notes
lactulose		1	
PEG electrolyte	*COLYTE	1	
PEG electrolyte	**GOLYTELY**	2	
PEG 3350	**MOVIPREP**	3	
peg(high)-electrolyte	*NULYTELY	1	
sod sulf-pot sulf-mag sulfate	**SUPREP**	3	
sod phos mon-sod phos di	**VISICOL**	3	

7-B Antidiarrheals

Generic Name	Brand Name	Tier	Notes
diphenoxylate-atropine	*LOMOTIL	1	
opium tincture	*OPIUM TINCTURE	3	QL (72 mls/month)
paregoric		3	

7-C Miscelleanous Ulcer Drugs

Generic Name	Brand Name	Tier	Notes
dicyclomine	*BENTYL	1	
amoxicillin-clarithro-lansopraz CR	**PREVPAC**	3	QL (1 pak/year)
bismuth subcit-metronidazole-tetracycline	**PYLERA**	3	QL (2 paks/year)
chlordiazepoxide-methscopolamine	**LIBRAX**	3	
glycopyrrolate	*ROBINUL	1	
glycopyrrolate	*ROBINUL FORTE	1	
hyoscyamine	*LEVSIN	1	
hyoscyamine	*LEVBID	1	
hyoscyamine	*NULEV	1	
hyoscyamine SR	*LEVSINEX	1	
methscopolamine	**PAMINE**	3	
metronidazole-tetracycline-bismuth	**HELIDAC**	3	
misoprostol	*CYTOTEC	1	QL (120 tablets/month)
phenobarbital-belladonna	*DONNATAL	1	
propantheline	**PRO-BANTHINE**	2	
sucralfate	**CARAFATE**	2	

7-D H2 Blockers

Generic Name	Brand Name	Tier	Notes
cimetidine	*TAGAMET	1	M

famotidine	*PEPCID	1	M
nizatadine	*AXID	1	M
ranitidine	*ZANTAC	1	M
7-E Proton Pump Inhibitors (PPI)			
Generic Name	**Brand Name**	**Tier**	**Notes**
dexlansoprazole	**DEXILANT**	3	QL (30 capsules/month)
lansoprazole	*PREVACID	3	QL (30 capsules/month) ST
Prevacid ST = requires 30 day trial of at least 2 of the following: Aciphex, Dexilant, Omeprazole, Pantoprazole, or Brand Zegerid			
lansoprazole	*PREVACID SOLUTAB	3	QL (30 tablets/month) ST
Prevacid Solutab ST = requires 30 day trial of at least 2 of the following: Aciphex, Dexilant, Omeprazole, Pantoprazole, or Brand Zegerid			
omeprazole	*PRILOSEC 20mg capsules	1	QL (60 capsules/month)
omeprazole	*PRILOSEC 20mg tablets	1	QL (30 tablets/month)
omeprazole	*PRILOSEC 40mg	1	QL (30 capsules/month)
omeprazole	**PRILOSEC POWDER SUSPENSION**	3	ST
Prilosec Powder ST = requires 30 day trial of at least 2 of the following: Aciphex, Dexilant, Omeprazole, Pantoprazole, or Brand Zegerid			
omeprazole-sodium bicarb	**ZEGERID (brand)**	3	QL (30 capsules/month)
omeprazole-sodium bicarb	*ZEGERID	3	QL (30 capsules/month) ST
Generic Zegerid ST = requires 30 day trial of at least 2 of the following: Aciphex, Dexilant, Omeprazole, Pantoprazole, or Brand Zegerid			
pantoprazole	*PROTONIX	1	QL (30 tablets/month)
rabeprazole	**ACIPHEX**	3	QL (30 tablets/month)
7-F Antiemetics			
Generic Name	**Brand Name**	**Tier**	**Notes**
dolasetron	**ANZEMET**	3	QL (1 tablet/fill; 2 fills/month)
dronabinol	*MARINOL	3	PA
granisetron	*KYTRIL	1	QL (2 tablets/fill; 2 fills/month)
ondansetron	*ZOFRAN 4mg	1	QL (30 tablets/fill; 2 fills/month)
ondansetron	*ZOFRAN 8mg	1	QL (30 tablets/fill; 2 fills/month)
ondansetron	*ZOFRAN 24mg	1	QL (15 tablets/fill; 2 fills/month)
ondansetron	*ZOFRAN ODT 4mg	1	QL (30 tablets/fill; 2 fills/month)
ondansetron	*ZOFRAN ODT 8mg	1	QL (30 tablets/fill; 2 fills/month)
ondansetron	*ZOFRAN ODT 24mg	1	QL (15 tablets/fill; 2 fills/month)
scopolamine oral	**SCOPACE**	2	
scopolamine patch	**TRANSDERM-SCOP**	3	QL (10 patches/month)
trimethobenzamide	*TIGAN	1	
trimethobenzamide-benzocaine	*TEBAMIDE	1	
7-G Digestive Aids			
Generic Name	**Brand Name**	**Tier**	**Notes**
amylase-lipase-protease	**PANCREASE MT**	2	M
amylase-lipase-protease	**PANCRECARB**	2	M
amylase-lipase-protease	**KU-ZYME**	3	
amylase-lipase-protease	**KU-ZYME-HP**	3	
amylase-lipase-protease	**CREON**	2	M
amylase-lipase-protease	**VIOKASE**	2	M

amy-lip-prot dr	**ULTRASE**	2	M
amy-lip-prot dr	**ULTRASE MT**	2	
miglustat	**ZAVESCA**	2	
pancrelipase	**COTAZYM**	2	M
pancrelipase	**ZENPEP**	2	
pegademase	**ADAGEN**	2	
sacrosidase	**SUCRAID**	2	
sodium phenylbutyrate	**BUPHENYL**	2	

7-H Miscelleanous Gastrointestinal

Generic Name	Brand Name	Tier	Notes
	BXN MOUTHWASH	3	
balsalazide	*COLAZAL	1	QL (270 capsules/month)
adefovir	**HEPSERA**	3	QL (30 tablets/month) SP
alosetron	**LOTRONEX**	3	QL (60 tablets/month) PA
budesonide SR	*ENTOCORT EC	1	QL (90 capsules/month)
calcium acetate (phosphate binder)	*PHOSLO	1	
calcium acetate (phosphate binder)	**ELIPHOS**	2	
glycopyrroate	**CUVPOSA**	3	AL (limited to 16 years of age and under)
hycosamine-phenyltoloxamine	**DIGEX NF**	3	
lamivudine (hepatitis)	**EPIVIR HBV**	2	QL (30 tablets/month) M
lanthanum	**FOSRENOL 250mg**	2	QL (150 tablets/month)
lanthanum	**FOSRENOL 500mg**	2	QL (150 tablets/month)
lanthanum	**FOSRENOL 750mg**	2	QL (150 tablets/month)
lanthanum	**FOSRENOL 1000mg**	2	QL (120 tablets/month)
lubiprostone	**AMITIZA**	2	QL M
mesalamine	**CANASA**	2	
mesalamine	**LIALDA**	3	QL (120 tablets/month)
mesalamine CR	**APRISO**	2	
mesalamine CR	**PENTASA**	3	
mesalamine EC	**ASACOL**	2	
mesalamine EC	**ASACOL HD**	2	
mesalamine enema	*ROWASA	1	
methylnaltrexone bromide	**RELISTOR**	3	PA
metoclopramide	*REGLAN	1	
sevelamer	**RENAGEL**	3	
sevelamer	**RENVELA**	3	
sulfasalazine	*AZULFIDINE	1	
sulfasalazine EC	*AZULFIDINE EN	1	
ursodiol	*ACTIGALL	1	
ursodiol	*URSO	3	
ursodiol	*URSO FORTE	3	
	DIPENTUM	3	

GENITOURINARY (drugs to treat genital and bladder or kidney conditions)

8-A Urinary Anti-Infectives

Generic Name	Brand Name	Tier	Notes
fosfomycin	**MONUROL**	2	QL (1 Packet/month)

methenamine-NA biphosphate	*UROQID	1	
nitrofurantoin macro	*MACROBID	1	
nitrofurantoin macrocrystals	*MACRODANTIN	1	
nitrofurantoin susp	**FURADANTIN**	2	

8-B Urinary Antispasmodics

Generic Name	Brand Name	Tier	Notes
bethanechol	*URECHOLINE	1	
darifenacin	**ENABLEX**	2	QL (30 tablets/month)
fexoterodine	**TOVIAZ**	3	QL (30 tablets/month)
flavoxate	*URISPAS	1	QL (240 tablets/month) M
oxybutynin	*DITROPAN	1	QL (240 tablets/month) M
oxybutynin CR	*DITROPAN XL 5mg	1	QL (30 tablets/month) M
oxybutynin CR	*DITROPAN XL 10mg	1	QL (60 tablets/month) M
oxybutynin CR	*DITROPAN XL 15mg	1	QL (60 tablets/month) M
oxybutynin patches	**OXYTROL**	3	QL (8 patches/month)
solifenacin	**VESICARE**	2	QL (30 tablets/month)
tolterodine	**DETROL**	3	QL (60 tablets/month)
trospium	*SANCTURA	3	QL (60 tablets/month)

8-C Vaginal Products

Generic Name	Brand Name	Tier	Notes
buconazole vaginal	**GYNAZOLE-1**	2	QL (1 applicator/fill)
clindamycin vaginal	*CLEOCIN vaginal cream	1	
clindamycin vaginal	**CLINDESSE**	3	QL (6 gm/fill)
estradiol vaginal	**ESTRACE vaginal**	2	M
estradiol vaginal	**VAGIFEM**	3	
estradiol vaginal ring	**ESTRING**	3	QL (1 ring/3 months)
estradiol vaginal ring	**FEMRING**	3	QL (1 ring/3 months)
estrogens (conjugated) vaginal	**PREMARIN vaginal**	2	
estropipate vaginal	**OGEN vaginal**	2	
metronidazole vaginal	*METROGEL vaginal	1	
metronidazole vaginal	*VANDAZOLE	1	
nystatin vaginal		1	
sulfanilamide vaginal	**AVC vaginal**	2	
terconazole vaginal	**TERAZOL**	2	
triple sulfas vaginal		1	

8-D Miscelleanous Genitourinary Agents

Generic Name	Brand Name	Tier	Notes
citric acid-sodium citrate	*BICITRA	1	
citric acid-D-gluconic acid	**RENACIDIN**	3	
dutasteride	**AVODART**	3	QL (30 capsules/month)
finasteride	*PROSCAR	1	QL (30 tablets/month)
methylergonovine	**METHERGINE**	3	
oxybutynin gel	**GELNIQUE**	3	QL (30 packets/month)
pentosan polysulfate sodium	**ELMIRON**	2	QL (90 capsules/month)
phenazopyridine	*PYRIDIUM	1	
potassium citrate CR	*UROCIT-K	1	
potassium phosphate	**K-PHOS**	2	

	POTASSIUM CHLORIDE	2	
silodosin	**RAPAFLO**	3	QL (30 capsules/month)
tadalafil	**CIALIS**	3	PA
tamsulosin	*FLOMAX	1	QL (60 capsules/month)
tiopronin	**THIOLA**	3	

MUSCULOSKELETAL AND PAIN (drugs to treat pain and muscle conditions)

9-A Analgesics-Non-Narcotic

Generic Name	Brand Name	Tier	Notes
APAP-butalbital	*PHRENILIN	1	QL (360 tablets/month)
	DIFLUNISAL	2	
APAP-caffeine-butalbital	*ESGIC PLUS	1	QL (360 tablets/month)
APAP-caffeine-butalbital	*FIORICET	1	QL (360 tablets/month)
ASA-caffeine-butalbital	*FIORINAL	1	
choline-mag salicylates	*TRILISATE	1	
salsalate	*DISALCID	1	

9-B Analgesics-Narcotic

Generic Name	Brand Name	Tier	Notes
	CODEINE PHOSPHATE	2	
	CODEINE SULFATE	2	
	METHADONE	2	
APAP-codeine	*TYLENOL w/CODEINE	1	QL (390 tablets/month)
APAP-hydrocodone	*LORCET 10/650mg	1	QL (180 tablets/month)
APAP-hydrocodone	*LORTAB	1	QL (240 tablets/month)
APAP-hydrocodone	*MAXIDONE	1	QL (150 tablets/month)
APAP-hydrocodone	*NORCO	1	QL (360 tablets/month)
APAP-hydrocodone	*VICODIN	1	QL (240 tablets/month)
APAP-hydrocodone	*VICODIN ES	1	QL (150 tablets/month)
APAP-hydrocodone	*VICODIN HP	1	QL (180 tablets/month)
APAP-hydrocodone	**ZAMICET**	3	QL (360 mls/month)
APAP-hydrocodone	**ZYDONE**	2	QL (300 mls/month)
ASA-caffeine-but-codeine	*FIORINAL w/CODEINE	1	
ASA-codeine	*EMPIRIN w/CODEINE	1	
buprenorphine	**BUTRANS**	3	ST
Butrans ST = requires 30 day trial fill of MSSR in past 2 years			
buprenorphine	*SUBUTEX	3	PA
buprenorphine naloxone	**SUBOXONE FILM TAB**	2	PA
buprenorphine naloxone	**SUBOXONE TABLETS**	3	PA
butorphanol	*STADOL NS	1	QL (1 bottle/month)
dihydrocodeine compound	**SYNALGOS DC**	3	
fentanyl citrate nasal	**LAZANDA**	3	
fentanyl citrate SL	**ABSTRAL**	3	QL (120 tablets/month) PA
fentanyl lollipop	*ACTIQ	3	QL (120 lozenges/month) PA
fentanyl patch	*DURAGESIC	1	QL (10 patches/month) ST
Duragesic ST = requires 30 day trial fill of MSSR in past 2 years			
fentanyl transmucosal film	**ONSOLIS**	3	PA
fentanyl transmucosal lozenge	**FENTORA**	3	QL (120 lozenges/month) PA

hydromorphone	*DILAUDID 2mg	1	QL (360 tablets/month)
hydromorphone	*DILAUDID 4mg	1	QL (360 tablets/month)
hydromorphone	*DILAUDID 8mg	1	QL (360 tablets/month)
hydromorphone ER	**EXALGO**	3	ST
Exalgo ST = requires 30 day trial fill of BOTH MSSR and Opana ER in the past 2 year			
ibuprofen-hydrocodone	*VICOPROFEN	1	QL (480 tablets/month)
ibuprofen-hydrocodone	*REPREXAIN	3	QL (480 tablets/month)
meperidine	*DEMEROL	1	QL (360 tablets/month)
morphine	**AVINZA 30mg**	3	QL (30 capsules/month) ST
morphine	**AVINZA 60mg**	3	QL (30 capsules/month) ST
morphine	**AVINZA 90mg**	3	QL (60 capsules/month) ST
morphine	**AVINZA 120mg**	3	QL (90 capsules/month) ST
Avinza ST = requires 30 day trial fill of BOTH MSSR and Opana ER in the past 2 year			
morphine-naltraxone	**EMBEDA**	3	QL (60 capsules/month) ST
Embeda ST = requires 30 day trial fill of BOTH MSSR and Opana ER in the past 2 year			
morphine sulfate	*ROXANOL	1	
morphine sulfate SR	*MS CONTIN	1	
naltrexone	*REVIA	1	
naltrexone	**VIVITROL**	3	PA
oxycodone	*OXYIR	1	
oxycodone	*ROXICODONE	1	QL (360 tablets/month)
oxycodone SR	**OXYCONTIN 10mg**	3	QL (60 tablets/month) ST
oxycodone SR	**OXYCONTIN 20mg**	3	QL (60 tablets/month) ST
oxycodone SR	**OXYCONTIN 40mg**	3	QL (60 tablets/month) ST
oxycodone SR	**OXYCONTIN 80mg**	3	QL (60 tablets/month) ST
Oxycontin ST = requires 30 day trial fill of BOTH MSSR and Opana ER in the past 2 year			
oxycodone-APAP	*PERCOCET 2.5-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 5-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 7.5-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 10-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 7.5-500mg	1	QL (240 tablets/month)
oxycodone-APAP	*PERCOCET 10-650mg	1	QL (180 tablets/month)
oxycodone-ASA	*PERCODAN	1	QL (360 tablets/month)
oxycodone-ibuprofen	**COMBUNOX**	3	QL (7 day treatment; 4 tablets/day)
oxymorphone	*OPANA	3	QL (180 tablets/month) ST
Opana ST = requires 30 day supply of BOTH oxycodone IR and MSIR in the past 2 years			
oxymorphone ER	**OPANA ER 5mg**	2	QL (60 tablets/month)
oxymorphone ER	**OPANA ER 7.5mg**	2	QL (60 tablets/month)
oxymorphone ER	**OPANA ER 10mg**	2	QL (60 tablets/month)
oxymorphone ER	**OPANA ER 15mg**	2	QL (60 tablets/month)
oxymorphone ER	**OPANA ER 20mg**	2	QL (60 tablets/month)
oxymorphone ER	**OPANA ER 30mg**	2	QL (60 tablets/month)
pentazocine-naloxone	*TALWIN NX	1	
propoxyphene	*DARVON	1	QL (180 capsules/month)
propoxyphene-APAP	**DARVOCET A**	3	QL (240 tablets/month)
propoxyphene-APAP	*DARVOCET N 50	1	QL (360 tablets/month)
propoxyphene-APAP	*DARVOCET N 100	1	QL (180 tablets/month)

propoxyphene napsylate	**DARVON-N**	3	QL (180 tablets/month)
propoxyphene nap-APAP	*TRYCET	1	QL (180 tablets/month)
tapentadol	**NUCYNTA**	3	QL (180 tablets/month)
tapentadol SR	**NUCYNTA ER**	3	QL (60 tablets/month)
tramadol	*ULTRAM	1	QL (240 tablets/month)
tramadol ER	**ULTRAM ER 100mg**	3	QL (90 tablets/month)
tramadol ER	**ULTRAM ER 200mg**	3	QL (30 tablets/month)
tramadol ER	**ULTRAM ER 300mg**	3	QL (30 tablets/month)
tramadol-APAP	**ULTRACET**	2	QL (240 tablets/month)
9-C Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)			
Generic Name	**Brand Name**	**Tier**	**Notes**
celecoxib	**CELEBREX 50mg**	3	QL (60 capsules/month)
celecoxib	**CELEBREX 100mg**	3	QL (60 capsules/month)
celecoxib	**CELEBREX 200mg**	3	QL (60 capsules/month)
celecoxib	**CELEBREX 400mg**	3	QL (30 capsules/month)
diclofenac	*VOLTAREN 25mg	1	QL (240 tablets/month)
diclofenac	*VOLTAREN 50mg	1	QL (120 tablets/month)
diclofenac	*VOLTAREN 75mg	1	QL (90 tablets/month)
diclofenac potassium	*CATAFLAM	1	QL (120 tablets/month)
diclofenac SR	*VOLTAREN XR	1	
diclofenac-misoprostol	**ARTHROTEC**	3	QL (120 tablets/month)
etodolac	*LODINE 200mg	1	QL (90 capsules/month)
etodolac	*LODINE 300mg	1	QL (90 capsules/month)
etodolac	*LODINE 400mg	1	QL (90 tablets/month)
etodolac	*LODINE 500mg	1	QL (90 tablets/month)
etodolac SR	*LODINE XL 600mg	1	QL (60 tablets/month)
fenoprofen	*NALFON	1	
flurbiprofen	*ANSAID	1	
ibuprofen	*MOTRIN	1	
indomethacin	*INDOCIN	1	
indomethacin CR	*INDOCIN SR	1	
ketoprofen	**ORUDIS**	2	QL (60 capsules/month)
ketoprofen SR	**ORUVAIL**	3	
ketorolac	*TORADOL	1	QL (20 tablets/month)
lansoprazole-naproxen	**PREVACID NAP KIT**	3	
meclofenamate	*MECLOMEN	1	
mefenamic acid	*PONSTEL	3	
meloxicam	*MOBIC 7.5mg	1	QL (60 tablets/month)
meloxicam	*MOBIC 15mg	1	QL (30 tablets/month)
nabumetone	*RELAFEN	1	
naproxen	*NAPROSYN	1	
naproxen sodium	*ANAPROX	1	
oxaprozin	*DAYPRO	1	QL (90 tablets/month)
piroxicam	*FELDENE	1	
sulindac	*CLINORIL	1	
tolmetin sodium	*TOLECTIN	1	
9-D Anti-Rheumatic Agents			

Generic Name	Brand Name	Tier	Notes
auranofin	**RIDAURA**	2	
deferasirox	**EXJADE**	2	PA SP
leflunomide	*ARAVA	1	QL (30 tablets/month)
methotrexate		1	
penicillamine	**CUPRIMINE**	2	
penicillamine	**DEPEN**	2	
9-E Migraine Products			
Generic Name	**Brand Name**	**Tier**	**Notes**
almotriptan	**AXERT**	3	QL (6 tablets/fill; 2 fills/month) ST
Axert ST = requires one fill of sumatriptan AND Relpax in past 2 years			
APAP-isometh-caffeine	**PRODRIN**	3	QL (240 tablets/month)
APAP-isometh-dichlor hydrate	*MIDRIN	1	
dihydroergotamine (nasal)	**MIGRANAL**	3	
divalproex sodium (migraine)	*DEPAKOTE ER	1	M
eletriptan	**RELPAX**	2	QL (6 tablets/fill; 2 fills/month)
ergotamine-caffeine	*CAFERGOT	1	QL (40 tablets/month)
ergotamine-phenobarb-belladona		1	
frovatriptan	**FROVA**	3	QL (6 tablets/fill; 2 fills/month) ST
Frova ST = requires one fill of sumatriptan AND Relpax in past 2 years			
naratriptan	*AMERGE	3	QL (6 tablets/fill; 2 fills/month)
rizatriptan	**MAXALT**	3	QL (6 tablets/fill; 2 fills/month) ST
Maxalt ST = requires one fill of sumatriptan AND Relpax in past 2 years			
rizatriptan	**MAXALT MLT**	3	QL (6 tablets/fill; 2 fills/month) ST
Maxalt MLT ST = requires one fill of sumatriptan AND Relpax in past 2 years			
sumatriptan	*IMITREX	1	QL (9 tablets/fill; 2 fills/month)
sumatriptan	*IMITREX NASAL	1	QL (6 vials/month)
sumatriptan	**SUMATRIPTAN INJ**	2	QL (2 kits/fill, 2 fills/month)
zolmitriptan	**ZOMIG**	3	QL (6 tablets/fill; 2 fills/month) ST
Zomig ST = requires one fill of sumatriptan AND Relpax in past 2 years			
zolmitriptan	**ZOMIG NASAL**	3	QL (6 vials/month) ST
Zomig Nasal ST = requires one fill of sumatriptan AND Relpax in past 2 years			
zolmitriptan	**ZOMIG ZMT**	3	QL (6 tablets/fill; 2 fills/month) ST
Zomig ZMT ST = requires one fill of sumatriptan AND Relpax in past 2 years			
9-F Gout			
Generic Name	**Brand Name**	**Tier**	**Notes**
allopurinol	*ZYLOPRIM	1	M
colchicine	**COLCRYS**	3	
colchicine-probenecid	*COLBENEMID	1	M
febuxostat	**ULORIC**	3	QL (30 tablets/month) ST
Uloric ST = requires fill of 2 consecutive months of allopurinol in past 120 days			
probenecid	*BENEMID	1	M
sulfinpyrazone	**SULFINPYRAZONE**	2	
9-G Musculoskeletal Therapy Agents			
Generic Name	**Brand Name**	**Tier**	**Notes**
baclofen	*LIORESAL	1	
carisoprodol	*SOMA	1	QL (120 tablets/month)

carisoprodol-ASA	*SOMA COMPOUND	1	QL (120 tablets/month)
carisoprodol-ASA-codeine	*SOMA CPD w/CODEINE	1	QL (120 tablets/month)
chlorzoxazone	*PARAFON FORTE	1	
cyclobenzaprine	*FLEXERIL 5mg	1	QL (90 tablets/month)
cyclobenzaprine	*FLEXERIL 10mg	1	
cyclobenzaprine	*AMRIX	1	QL (30 capsules/month)
cyclobenzaprine	**FEXMID**	3	QL (90 tablets/month) ST
Fexmid ST = requires 2 fills of generic cyclobenzaprine in past 2 years			
dantrolene	*DANTRIUM	1	
metaxalone	**SKELAXIN**	3	QL (240 tablets/month)
methocarbamol	*ROBAXIN	1	
methocarbamol-ASA	*ROBAXISAL	1	
orphenadrine citrate	*NORFLEX	1	
tizanidine	*ZANAFLEX	1	
9-H Miscelleanous Neuromuscular Agents			
Generic Name	**Brand Name**	**Tier**	**Notes**
pyridostigmine	*MESTINON	1	
riluzole	**RILUTEK**	3	QL (60 tablets/month)

VITAMINS & HEMATOLOGICALS (drugs to treat vitamin deficiencies and other blood disorders)

10-A Vitamins			
Generic Name	**Brand Name**	**Tier**	**Notes**
calcitriol	*ROCALTROL	1	
docercalciferol	**HECTOROL**	3	
ergocalciferol [vitamin D]	*CALCIFEROL	1	
paricalcitol [vitamin D]	**ZEMPLAR**	2	QL (30 capsules/month) SP
phytonadione	**MEPHYTON**	2	
potassium aminobenzoate	**POTABA**	2	M
10-B Multivitamins			
Generic Name	**Brand Name**	**Tier**	**Notes**
B complex-vit C-FA	*NEPHROCAPS	1	M
fe bisglycin-fe polysac	**NIFEREX GOLD**	3	QL (30 tablets/month)
multi vitamin	**TANDEM F**	3	
ped multi vitamin-fluoride	*POLY-VI-FLOR	1	
ped multi vitamin-fluoride-FE	*POLY-VI-FLOR-FE	1	
ped vitamins ACD-fluoride	*TRI-VI-FLOR	1	
ped vitamins ACD-fluoride-FE	*TRI-VI-FLOR-FE	1	
pnv-select		1	M
prenatal FE-CBN-DSS-Methylfol-FA	*PRENATE ELITE	1	
prenatal low iron		1	M
prenat-fe poly cmplx-fe heme	**PREFERA OB**	3	QL (30 tablets/month)
prenat-fe poly cmplx-fe heme	**PREFERA OB + DHA**	3	QL (60 tablets/month)
prenatal mv w/fe poly-fa	**SELECT-OB+DHA**	3	
prenatal vit-FE-bisglycinate-FA	*NATELLE C	1	QL (30 tablets/month) M
prenatal -fe- bis-fe prot succ-fa-ca-	*DUET DHA EC	1	
prenatal vitamins-FE-FA	*NATALCARE	1	M
prenatal vitamins-FE-FA	*STUARTNATAL	1	

prenatal vitamins-FE-FA	*PRIMACARE	1	M
prenatal vitamins-FE-FA	*PRECARE	1	M
prenatal vitamins-iron carbonyl-FA	*NESTABS	1	M
prenatal w/dss iron carbonyl-fa	**ATABEX EC**	3	
prenatal w/fe fum-l methylfolate	**NEEVO DHA**	3	
prenate w/fe fum-fe poly-fa omega 3	**CONCEPT DHA**	3	
prenate w/o a w/fe fum-fe poly-fa	**CONCEPT OB**	3	
prenate w/o Vit A w/ FE	**NATELLE ONE**	3	
prenate FE-Fum-Lmethylfol-FA-CA	*PRENATE DHA	1	QL (30 tablets/month)
prenate w/o a w/fecbn-egl-dss-fa & dha	**CITRANATAL ASSURE PAK**	3	QL (60 tablets/month)
10-C Minerals			
Generic Name	**Brand Name**	**Tier**	**Notes**
cyanocobalamin (nasal)	**NASCOBAL**	3	
cyanocobalamin inj		1	
FA-vit B6-vit B12	*FOLBEE	1	QL (30 tablets/month) M
FA-vit B6-vit B12	*FOLGARD RX	1	QL (30 tablets/month) M
FA-vit B6-vit B12	*FOLTX	1	QL (60 tablets/month) M
FE fum-FA-DSS-B complex-vit C	**NEPHRON FA**	3	
FE fum-fe poly-fa-c-b3	**INTEGRA F**	3	
FE fum-iron polysacch complex	**INTEGRA PLUS**	3	
FE fum-vit C-vit B12-FA	*CHROMAGEN FORTE	3	
folic acid		1	M
L-methylfolate	**DEPLIN**	3	
L-methylfolate	**ZERVALX**	3	QL (30 tablets/month)
L-methylfolate B12 B6	*METANX	1	QL (60 tablets/month) M
L-methylfolate B12 B6 B2	**CEREFOLIN**	3	QL (30 tablets/month)
10-D Anticoagulants			
Generic Name	**Brand Name**	**Tier**	**Notes**
dibigatran	**PRADAXA**	3	PA
rivaroxaban	**XARELTO**	3	PA QL (1/day)
warfarin	***COUMADIN (NTI)**	2	M
10-E Miscelleanous Hematologicals			
Generic Name	**Brand Name**	**Tier**	**Notes**
aminocaproic acid	*AMICAR	1	
anagrelide	*AGRYLIN	1	
cilostazol	*PLETAL	1	QL (60 tablets/month) M
clopidogrel	*PLAVIX	1	M
dipyridamole	*PERSANTINE	1	M
dipyridamole-aspirin SR	**AGGRENOX**	3	QL (60 capsules/month)
pentoxifylline	*TRENTAL	1	QL (90 tablets/month) M
prasugrel	**EFFIENT**	3	QL (30 tablets/month)
ticagrelor	**BRILINTA**	3	PA
sodium polystyrene sulfonate	*KAYEXALATE	1	
ticlopidine	*TICLID	1	QL (60 tablets/month) M
tranexamic acid	**LYSTEDA**	2	QL (5 days therapy/28 days)

EYE, EAR AND THROAT (drugs to treat eye, ear and throat conditions)

11-A Ophthalmic Anti-infectives			
Generic Name	**Brand Name**	**Tier**	**Notes**
azithromycin ophth	**AZASITE**	3	QL (5 ml/month)
bacitracin ophth		1	
bacitracin-polymyxin B ophth	*POLYSPORIN ophth	1	
besifloxacin ophth	**BESIVANCE**	3	QL (5 ml/month)
ciprofloxacin ophth	*CILOXAN	1	
gatifloxacin ophth	**ZYMAR**	3	QL (5 ml/month)
gatifloxacin ophth	**ZYMAXID**	3	QL (5 ml/month)
gentamycin sulfate ophth	*GENTAMICIN OINT 3%	1	
levofloxacin ophth	*QUIXIN	1	
moxifloxacin ophth	**MOXEZA**	3	QL (3 ml/month)
moxifloxacin ophth	**VIGAMOX**	3	QL (3 ml/month)
neomycin-polymyxin B-gramacidin ophth	*NEOSPORIN ophth	1	
ofloxacin ophth	*OCUFLOX	1	QL (10 ml/month)
sulfacetamide sodium ophth	*BLEPH-10	1	
tobramycin ophth	*TOBREX	1	
trifluridine ophth	*VIROPTIC	1	
trimethoprim-polymy B ophth	*POLYTRIM ophth	1	
11-B Ophthalmics Beta-Blocker			
Generic Name	**Brand Name**	**Tier**	**Notes**
betaxolol HCL ophth	**BETOPTIC-S**	3	
brimonidine timolol ophth	**COMBIGAN 5ml**	2	QL (5 ml/month)
brimonidine timolol ophth	**COMBIGAN 10ml**	2	QL (10 ml/month)
carteolol ophth	*OCUPRESS	1	M
dorzolamide-timolol ophth	*COSOPT	1	M
levobunolol ophth	*BETAGAN	1	M
metipranolol ophth	*OPTIPRANOLOL	1	M
timolol ophth	**BETIMOL**	2	M
timolol maleate ophth	*TIMOPTIC	1	M
timolol maleate ophth	*TIMOPTIC XE	1	M
11-C Ophthalmic Steroids			
Generic Name	**Brand Name**	**Tier**	**Notes**
dexamethasone ophth	**MAXIDEX**	3	
dexamethasone phosphate ophth	*DECADRON ophth	1	
difluprednate ophth	**DUREZOL**	3	
fluorometholone ophth	**FML FORTE**	2	
fluorometholone ophth	*FML LIQUIFILM	1	
fluorometholone ophth	**FML SOP**	2	
fluorometholone ophth	**FLAREX**	3	
loteprednol etb-tobramycin ophth	**ZYLET**	3	QL (5 ml/month)
loteprednol ophth	**ALREX**	3	QL (10 ml/month)
loteprednol ophth	**LOTEMAX**	3	QL (5 ml/month)
neomycin-polymyxin-HC ophth	*CORTISPORIN OPHTH	1	
prednisolone ophth	*PRED FORTE	1	
rimexolone ophth	**VEXOL**	2	
sulfacetamide-prednisolone ophth	*BLEPHAMIDE	1	

tobramycin-dexamethasone ophth	*TOBRADEX	1	QL (5 ml/month)
11-D Ophthalmic Prostaglandin			
Generic Name	**Brand Name**	**Tier**	**Notes**
bimatoprost ophth	**LUMIGAN**	2	QL (3 ml/month) M
latanoprost ophth	*XALATAN	3	QL (5 ml/month)
travaprost ophth	**TRAVATAN 2.5ml**	2	QL (3 ml/month) M
travaprost ophth	**TRAVATAN 5ml**	2	QL (10 ml/month) M
11-E Ophthalmic Cycloplegics			
Generic Name	**Brand Name**	**Tier**	**Notes**
atropine ophth	*ISOPTO ATROPINE	1	M
cyclopentolate ophth	*CYCLOGYL	1	M
homatropine ophth	*ISOPTO HOMATROPINE	1	M
scopolamine ophth	**ISOPTO HYOSCINE**	3	
tropicamide ophth	*MYDRIACYL	1	M
11-F Ophthalmics Miotics			
Generic Name	**Brand Name**	**Tier**	**Notes**
pilocarpine ophth	*ISOPTO CARPINE	1	M
pilocarpine ophth	**PILOPINE HS**	2	M
pilocarpine ophth	*PILOPTIC-1/2	1	
pilocarpine ophth	*PILOPTIC-3	1	
11-G Ophthalmics Adrenergic Agents			
Generic Name	**Brand Name**	**Tier**	**Notes**
apraclonidine ophth	*IOPIDINE	3	
brimonidine ophth	**ALPHAGAN P 0.1%**	2	M
brimonidine ophth	*ALPHAGAN P 0.2%	1	M
brimonidine ophth	*ALPHAGAN P 0.15%	1	M
dipivefrin ophth	**PROPINE**	2	M
11-H Ophthalmics Miscelleanous			
Generic Name	**Brand Name**	**Tier**	**Notes**
bepotastine ophth	**BEPREVE**	3	QL (10 ml/month)
brinzolamide ophth	**AZOPT**	3	
bromfenac ophth	**BROMDAY**	3	
bromfenac ophth	**XIBROM**	3	
cromolyn sodium ophth	*CROLOM ophth	1	
cyclosporine ophth	**RESTASIS**	3	PA QL (60 vials(1 box/month)
diclofenac ophth	*VOLTAREN ophth	1	
diclofenac ophth	**VOLTAREN ophth gel**	3	
dorzolamide ophth	*TRUSOPT	1	M
flurbiprofen ophth	*OCUFEN	1	
ketorolac ophth	*ACULAR	1	
ketorolac ophth	*ACULAR LS	1	
lidocaine ophth	**AKTEN GEL**	3	
lodoxamide ophth	**ALOMIDE**	3	
nedocromil ophth	**ALOCRIL**	3	
nepafenac ophth	**NEVANAC**	2	
pemirolast ophth	**ALAMAST**	3	
11-I Otic (Ear) Medications			

Generic Name	Brand Name	Tier	Notes
chloroxylenol-pramoxine-zinc acetate otic	**ZINOTIC**	3	QL (15 ml/month)
chloroxylenol-pramoxine-zinc acetate otic	**ZINOTIC ES**	3	QL (15 ml/month)
ciprofloxacin-dexamethasone	**CIPRODEX**	3	QL (8 ml/month)
ciprofloxacin-HC otic	**CETRAXAL**	3	
ciprofloxacin-HC otic	**CIPRO HC OTIC**	3	QL (10 ml/month)
hydrocortisone-acetic acid otic	*VOSOL-HC	1	
neomycin-polymyxin-HC otic	*CORTISPORIN otic	1	
neomycin-colistin-HC-thonzonium otic	**CORTISPORIN-TC**	3	
ofloxacin otic	*FLOXIN OTIC	1	QL (10 ml/month)

11-J Mouth and Throat

Generic Name	Brand Name	Tier	Notes
amlexanox oral paste	**APHTHASOL**	3	
cevimeline	**EVOXAC**	3	QL (90 capsules/month)
chlorhexidine	*PERIDEX	1	
clotrimazole troche	*MYCELEX TROCHE	1	
lidocaine	*VISCOUS LIDOCAINE	1	
oral hydrogel wafer	**MUCOTROL**	3	QL (120 wafers/month) PA
pilocarpine	*SALAGEN 5mg	1	QL (180 tablets/month)
pilocarpine	*SALAGEN 7.5mg	1	QL (120 tablets/month)
sodium fluoride	*KARIGEL	1	
sodium fluoride	*KARIGEL-N	1	
triamcinolone/orabase	*KENALOG-ORABASE	1	

RESPIRATORY (drugs to treat breathing conditions, ie asthma and allergies)

12-A Antihistamines

Generic Name	Brand Name	Tier	Notes
cyproheptadine	*PERIACTIN	1	
promethazine	*PHENERGAN	1	
pyrilamine tannate	**PYRLEX SYRUP**	3	QL (120 ml/month)
triprolidine tannate	**ZYMINE XR SYRUP**	3	QL (120 ml/month)

12-B Topical Nasal Products

Generic Name	Brand Name	Tier	Notes
azelastine hcl-fluticasone	**DYMISTA**	3	QL (1 inhaler/month)
azelastine nasal	*ASTELIN	1	QL (1 inhaler/month)
azelastine nasal	**ASTEPRO**	2	QL (1 inhaler/month)
beclomethasone nasal	**BECONASE AQ**	3	QL (2 inhalers/month)
budesonide nasal	**RHINOCORT AQUA**	3	QL (2 inhalers/month)
ciclesonide nasal	**OMNARIS**	3	QL (1 inhaler/month)
flunisolide nasal	*NASALIDE	1	QL (3 inhalers/month)
flunisolide nasal	*NASAREL	1	QL (3 inhalers/month)
fluticasone nasal	*FLONASE	1	
ipratropium nasal	*ATROVENT 0.03% NASAL	1	QL (1 inhaler/month) M
ipratropium nasal	*ATROVENT 0.06% NASAL	1	QL (2 inhalers/month) M
mometasone nasal	**NASONEX**	3	QL (1 inhaler/month)
olopatadine nasal	**PATANASE**	3	QL (1 inhaler/month)
triamcinolone nasal	**NASACORT**	3	QL (1 inhaler/month)

triamcinolone nasal	**NASACORT AQ**	3	QL (2 inhalers/month)
triamcinolone nasal	**TRI-NASAL**	3	QL (1 inhaler/month)
12-C Cough/Cold/Allergy			
Generic Name	**Brand Name**	**Tier**	**Notes**
acetylcysteine	*MUCOMYST	1	
acrivastine-PSE	**SEMPREX-D**	3	
azatadine-pseudoephedrine CR	**TRINALIN**	2	
benzonatate	*TESSALON	1	
bromphen-PSE_DM	**BROMOXAFED**	3	
carbinoxamine-PSE	*PEDIATEX D	1	
carbinoxamine-PSE	*RONDEC	1	
carbinoxamine-PSE-DM	*PEDIATEX DM	1	
cardec DM	*RONDEC DM	1	
chlorpheniramine	*ED CHLORPED	1	
chlorpheniramine-PSE	*DECONAMINE	1	
chlorphen-pyrilamine-PE	*RYNATAN-S	1	
guaifenesin-DM	**HUMIBID-DM**	3	
hydrocodone-guaifenesin	*ENTUSS	1	
hydrocodone-homatropine	*HYCODAN	1	
PE-pyrilamine-hydrocodone	*CODIMAL DH	1	
phenylephrine-guaifenesin	**MAXIPHEN-G**	3	
promethazine VC	PHENERGAN VC	1	
promethazine VC- codeine	PHENERGAN VC w/CODEINE	1	
promethazine-codeine	*PHENERGAN w/CODEINE	1	
PSE-guaifenesin-codeine	*NOVAHISTINE	1	
PSE-methscopolamine	*ALLERX-D	1	
pseudoephed-chlorphen-DM	**TANAFED DM**	3	
pyrilamine-phenyleph	*RYNA-12	1	
12-D Asthma/COPD			
Generic Name	**Brand Name**	**Tier**	**Notes**
albuterol nebulizer	*PROVENTIL (nebulizer)	1	M
albuterol tablets	*PROVENTIL (tablets)	1	M
albuterol CR tablets	**PROVENTIL REPETABS**	2	M
albuterol HFA inhaler	**PROAIR HFA**	3	QL (2 inhalers/month)
albuterol HFA inhaler	**PROVENTIL HFA**	3	QL (2 inhalers/month)
albuterol HFA inhaler	**VENTOLIN HFA**	2	QL (2 inhalers/month)
albuterol SR tablets	*VOSPIRE ER 4mg	1	QL (60 tablets/month) M
albuterol SR tablets	*VOSPIRE ER 8mg	1	QL (120 tablets/month) M
albuterol-ipratropium inhaler	**COMBIVENT RESPIMAT**	3	QL (2 inhalers/month)
albuterol-ipratropium nebulizer	*DUONEB	1	QL (540 mls/month)
aminophylline		1	M
arformoterol tartrate nebulizer	**BROVANA**	3	QL (60 vials/month (2ml/vial)
budesonide formoterol inhaler	**SYMBICORT**	2	QL (1 inhaler/month) M
cromolyn sodium nebulizer	*INTAL (nebulizer)	1	QL (120 vials/month) M
cromolyn sodium inhaler	**INTAL INHALER**	2	QL (2 inhalers/month) M
formoterol fumarate inhaler	**PERFOROMIST**	3	QL (60 vials/month)
formoterol inhaler	**FORADIL**	2	QL (60 capsules/month) M

ipratropium nebulizer	*ATROVENT (nebulizer)	1	QL (450 mls/month) M
ipratropium HFA inhaler	**ATROVENT HFA**	2	QL (2 inhalers/month) M
ipratropium inhaler	**ATROVENT INHALER**	2	QL (2 inhalers/month) M
levalbuterol nebulizer	**XOPENEX 0.31mg/3ml**	3	QL (270 mls/month (1 vial = 3 ml)
levalbuterol nebulizer	**XOPENEX 0.63mg/3ml**	3	QL (270 mls/month (1 vial = 3 ml)
levalbuterol nebulizer	**XOPENEX 1.25mg/3ml**	3	QL (270 mls/month (1 vial = 3 ml)
levalbuterol nebulizer	**XOPENEX 1.25 mg/0.5 ml**	3	QL (90 mls/month (1 vial = 3 ml)
levalbuterol inhaler	**XOPENEX HFA**	3	QL (2 inhalers/month)
metaproterenol nebulizer	*ALUPENT (nebulizer)	1	QL (120 vials/month (300 ml/month) M
metaproterenol tablets	*ALUPENT (tablets)	1	M
metaproterenol inhaler	**ALUPENT INHALER**	2	QL (2 inhalers/month) M
montelukast	**SINGULAIR 4mg**	2	QL (30 tablets/month) M
montelukast	**SINGULAIR 5mg**	2	QL (30 tablets/month) M
montelukast	**SINGULAIR 10mg**	3	QL (30 tablets/month)
mometasone-formoterol inhalers	**DULERA**	3	ST
Dulera ST = (asthma) requires 60 day therapy of ICS or Symbicort in past 2 years;			
(COPD) requires 60 day therapy of LABA, Spiriva or Symbicort in past 2 years			
nedocromil inhaler	**TILADE**	2	QL (1 inhaler/month) M
pirbuterol inhaler	**MAXAIR**	2	QL (2 inhalers/month) M
roflumilast	**DALIRESP**	3	PA QL (30 tablets/month)
salmeterol inhaler	**SEREVENT DISKUS**	3	QL (1 inhaler/month)
salmeterol-fluticasone inhaler	**ADVAIR**	3	QL (1 inhaler/month) ST
Advair ST = (asthma) requires 60 day therapy of ICS or Symbicort in past 2 years;			
(COPD) requires 60 day therapy of LABA, Spiriva or Symbicort in past 2 years			
sodium chloride soln nebu 7%	**HYPER-SAL NEBULIZER**	2	
terbutaline	*BRETHINE	1	QL (30 tablets/month) M
theophylline		1	M
theophylline	**AEROLATE**	2	
theophylline	**SLO-PHYLLIN**	2	
theophylline	**THEOLAIR**	2	
theophylline CR	*UNIPHYL	1	M
theophylline SR	**THEO-24**	2	M
tiotropium inhaler	**SPIRIVA**	2	QL (1 inhaler/month) M
zafirlukast	*ACCOLATE	1	QL (60 tablets/month)

12-E Steroid Inhalers

Generic Name	Brand Name	Tier	Notes
beclomethasone HFA inhaler	**QVAR 40mcg**	2	QL (1 inhaler/month) M
beclomethasone HFA inhaler	**QVAR 80mcg**	2	QL (2 inhaler/month) M
budesonide inhaler	**PULMICORT FLEXIHALER**	3	QL (1 inhaler/month)
budesonide nebulizer	**PULMICORT RESPULES 0.25mg**	3	QL (120 respules/month)
budesonide nebulizer	**PULMICORT RESPULES 0.5mg**	3	QL (60 respules/month)
ciclesonide inhaler	**ALVESCO**	3	
flunisolide inhaler	**AEROBID**	3	QL (3 inhaler/month)
flunisolide inhaler	**AEROBID-M**	3	QL (3 inhaler/month)
fluticasone inhaler	**FLOVENT DISKUS**	3	QL (1 diskus/month)
fluticasone inhaler	**FLOVENT HFA**	3	QL (2 inhaler/month)
mometasone inhaler	**ASMANEX**	2	QL (1 inhaler/month) M

triamcinolone inhaler	**AZMACORT**	3	QL (2 inhaler/month)

SELF-INJECTABLE/SPECIALTY (injectable drugs)

13-A Anticoagulants

Generic Name	Brand Name	Tier	Notes
dalteparin sodium	**FRAGMIN**	2	PA SIO (covered up to 21 days without prior authorization)
enoxaparin sodium	*LOVENOX	3	PA SIO
fondaparinux sodium	*ARIXTRA	3	PA SIO
tinzaparin sodium	**INNOHEP**	3	PA SIO

13-B Growth Hormones

Generic Name	Brand Name	Tier	Notes
mecasermin	**INCRELEX**	3	PA SIO SP
somatropin (non-refrigerated)	**SAIZEN**	2	PA SIO SP
somatropin	**TEV-TROPIN**	2	PA SIO SP
somatropin	**NUTROPIN AQ**	3	PA SIO SP
somatropin	**NUTROPIN AQ NUSPIN**	3	PA SIO SP
somatropin	**NUTROPIN**	3	PA SIO SP
somatropin	**SEROSTIM**	2	PA SIO SP
somatropin	**ZORBTIVE**	3	PA SIO SP
tesamorelin	**EGRIFTA**	3	PA SIO SP

13-C Hematopoietic Agents

Generic Name	Brand Name	Tier	Notes
darbepoetin alpha	**ARANESP**	2	PA SIO SP
eltrombopag	**PROMACTA**	3	PA SP
epoetin alfa	**EPOGEN**	3	PA SIO SP
epoetin alfa	**PROCRIT**	3	PA SIO SP
filgrastim	**NEUPOGEN**	2	PA SIO SP
pegfilgrastim	**NEULASTA**	2	PA SIO SP
peginesatide acetate soln	**OMONTYS**	3	PA SIO SP
sargramostim	**LEUKINE**	3	PA SIO SP

13-D Hepatitis C Agents

Generic Name	Brand Name	Tier	Notes
boceprevir	**VICTRELIS**	3	PA SP
interferon alfacon-1	**INFERGEN**	3	PA SIO SP
peginterferon alfa-2A	**PEGASYS**	2	PA SIO SP
peginterferon alfa-2A	**PEGASYS PROCLICK**	2	PA SIO SP
peginterferon alfa-2B	**PEG-INTRON**	3	PA SIO SP
peginterferon alfa-2B	**PEG-INTRON REDIPEN**	3	PA SIO SP
telaprevir	**INCIVEK**	2	PA SP
	REBETRON	3	PA SP
	ROFERON A	3	SP

13-E Multiple Sclerosis Agents

Generic Name	Brand Name	Tier	Notes
dalfampridine	**AMPYRA**	3	QL (60 tablets/month) PA SP
glatiramer acetate	**COPAXONE**	2	PA SIO SP
fingolimod	**GILENYA**	3	PA SP
interferon beta-1A	**REBIF**	2	PA SIO SP

interferon beta-1A	**AVONEX**	2	PA SIO SP
interferon beta-1A	**AVONEX ADMINISTRATION PACK**	2	PA SIO SP
interferon beta-1B	**BETASERON**	3	PA SIO SP
13-F Osteoporosis Agents			
Generic Name	**Brand Name**	**Tier**	**Notes**
teriparatide (recombinant)	**FORTEO**	2	PA SIO SP
13-G Somatostatin Analogs			
Generic Name	**Brand Name**	**Tier**	**Notes**
lanreotide acetate	**SOMATULINE DEPOT**	2	PA SIO SP
nafarelin	**SYNAREL**	2	PA
octreotide acetate	*OCTREOTIDE	2	PA SIO
octreotide acetate release	**SANDOSTATIN LAR**	2	PA SIO SP
pegvisomant	**SOMAVERT**	2	PA SIO SP
13-H TNF-Inhibitors			
Generic Name	**Brand Name**	**Tier**	**Notes**
adalimumab	**HUMIRA**	3	PA SIO SP
anakira subcutaneous	**KINERET**	3	PA SIO SP
certolizumab pegol	**CIMZIA**	2	PA SIO SP
efalizumab	**RAPTIVA**	3	PA SIO SP
etanercept for subcutaneous	**ENBREL**	2	PA SIO SP
golimumab	**SIMPONI**	2	QL (1 unit/month) PA SIO SP
13-I Miscellaneous Specialty			
Generic Name	**Brand Name**	**Tier**	**Notes**
abatacept	**ORENCIA**	3	PA SP
corticotropin	**ACTHAR HP**	2	PA SIO SP
icatibant acetate	**FIRAZYR**	3	PA SP
interferon alfa-2B	**INTRON-A**	3	PA SIO
interferon gamma-1B	**ACTIMMUNE**	2	PA SIO
leuprolide acetate	**ELIGARD**	3	PA SIO
leuprolide acetate	**LUPRON**	2	SIO
leuprolide acetate	**LUPRON DEPOT**	2	SIO
leuprolide acetate	**LUPRON DEPOT-PED**	2	SIO
nitisinone	**ORFADIN**	2	PA
oprelvekin	**NEUMEGA**	2	PA SP
oxandralone	**OXANDRALONE**	2	PA
oxymetholone	**ANADROL-50**	2	PA
palonosetron	**ALOXI (tablets)**	2	PA
peginterferon alfa-2B	**SYLATRON**	3	PA SIO SP
peginterferon alfa-2B	**SYLATRON 4-PACK**	3	PA SIO SP
rilonacept	**ARCALYST**	2	PA SIO

EXCLUSIONS (excluded drugs)

14-A Excluded From Coverage			
Generic Name	**Brand Name**	**Tier**	**Notes**
acyclovir hydrocortisone	XERESE		
amilodipine-atorvastatin	CADUET		
amlodipine-aliskiren	TEKAMLO		

amlodipine-aliskiren-hctz	AMTURNIDE		
antipyrine-benzocaine-polycosanol	OTIC CARE		
APAP-caffeine-butalbital	ORBIVAN		
APAP-codeine	COCET PLUS		
APAP-hydrocodone	ZOLVIT		
azelastine	OPTIVAR		
benzocaine-antipyrine otic	AURALGAN		
benzonatate	ZONATUSS		
benzoyl peroxide	BREVOXYL		
benzoyl peroxide	DELOS		
benzoyl peroxide	NEOBENZ MICRO KIT PLUS		
benzoyl peroxide	TRIAZ		
benzoyl peroxide cleansing pad	PACNEX HP		
benzoyl peroxide cleansing pad	PACNEX LP		
benzoyl peroxide foam	BENZEFOAM AER		
benzoyl peroxide foam	BENZEFOAM ULTRA		
bupropion SR	APLENZIN		
carvedilol	COREG CR		
cetirizine	ZYRTEC		
ciclesonide nasal	ZETONNA		
ciclopirox	CICLODAN KIT		
ciclopirox	PEDIPIROX		
clindamycin phosphate	CLINDACIN PAC		
clindamycin phosphate swab	CLINDACIN-P		
clindamycin-benzoyl peroxide gel	BENZACLIN CARE KIT		
clindamycin-tretinoin	VELTIN		
clindamycin-tretinoin	ZIANA		
clindamycin-tretinoin	ACANYA		
clobetasol	CLOBETA		
clobetasol	CLOBEX SHAMPOO		
clobetasol	OLUX-CP		
clonidine	KAPVAY		
clonidine SR	NEXICLON XR (suspension)		
clonidine SR	NEXICLON XR (tablet)		
clotrimazole	LOTRIMIN 1%		
desloratadine	CLARINEX		
desonide	DESONIL		
diclofenac	CAMBIA		
diclofenac patch	FLECTOR		
diclofenac potassium	ZIPSOR		
diclofenac sol	PENNSAID		
donepezil	ARICEPT 23mg		
doxepin	SILENOR		
doxycycline hyclate	DORYX		
doxycycline hyclate	MORGIDOX		
doxycycline monohydrate	ADOXA		
drospirenone-ethyinal-levomefolate	BEYAZ		

drospirenone-ethyinyl	SAFYRAL		
dutasteride-tamsulosin	JALYN		
emedastine	EMADINE		
epinastine	ELESTAT		
esomeprazole	NEXIUM		
felbamate	FELBATOL		
fenofibrate	TRICOR		
fenofibric acid	TRILIPIX		
fexofenadine	ALLEGRA		
fexofenadine-pseudoephedrine	ALLEGRA D		
fluticasone furoate nasal	VERAMYST		
gabapentin enacarbil	HORIZANT		
granisetron patch	SANCUSO		
hc-pramoxine cr-diet manage prod tab-cleans wipe kit	ANALPRAM ADVANCED KIT		
hydrocortisone topical	HYDROCORTISONE 0.05%		
hydrocortisone topical	HYDROCORTISONE 1%		
hydrocortisone topical	HYTONE		
hydrocortisone topical	NUCORT		
hydrocortisone-pramoxine	PROCORT		
ibuprofen-famotidine	DUEXIS		
imiquimod	ZYCLARA		
interferon beta-1B	EXTAVIA		
ketoconazole-hydrocortisone	KETOCON		
ketorolac ophth	ACUVAIL		
ketorolac tromethamine nasal	SPRIX NASAL		
ketotifen	ZADITOR		
ketotifen	ZADITOR OTC		
lactic acid	LAC-HYDRIN		
levocetirizine	XYZAL		
loperamide	IMODIUM		
loratadine	CLARITIN		
metoclopramide	METOZOLV ODT		
miconazole nitrate	MICONAZOLE NITRATE		
minocycline	SOLODYN		
mometasone	MOMEXIN KIT		
morphine	KADIAN		
mupurocin oint kit	CENTANY AT		
naproxen	NAPRELAN CR DOSE CARD		
naproxen esomeprazole	VIMOVO		
norethindrone-ethinyl estradiol-fe	GENERESS FE		
nystatin cream-diaper rash cream kit	PEDIADERM AF		
olmesartan-amlodipine-HCTZ	TRIBENZOR		
olopatadine	PATANOL		
olopatadine	PATADAY		
ondansetron oral soluble film	ZUPLENZ		
pancrelipase	PERTZYE		
pramipexole SR	MIRAPEX ER		

prednisolone sodium phosphate	ASMALPRED		
risedronate	ATELVIA		
ropinirole SR	REQUIP XL		
somatropin	GENOTROPIN		
somatropin	HUMATROPE		
somatropin	NORDITROPIN		
somatropin	NORDITROPIN FLEXPRO		
somatropin	NORDITROPIN NORDIFLEX		
somatropin	OMNITROPE		
sulfacetamide sodium sulfur	SSS 10-4		
sulfacetamide sodium-sulfur susp	SUMAXIN TS		
sulfacetamide w/ sulfur wash	SUMADAN		
sumatriptan auto-injection	ALSUMA		
sumatriptan-naproxen sodium	TREXIMET		
telmisartan-amlodipine	TWYNSTA		
testosterone	ANDROGEL		
tobramycin-dexamethasone ophth	TOBRADEX ST		
tolterodine SR	DETROL LA		
tramadol ER	CONZIP		
tramadol ER	RYZOLT		
trazodone SR	OLEPTRO		
tretinoin	ATRALIN		
triamcinolone	TRIANEX		
triamcinolone cream-emollient cream kit	PEDIADERM TA		
urea emulsion	UMECTA EMOLLIENT		
valsartan aliskiren	VALTURNA		
vardenafil	STAXYN		
zolpidem	EDLUAR		
zolpidem	ZOLPIMIST		
	RETIN-A MICRO		
	RETIN-A PUMP		
	TERMINEX		
tretinoin	TRETIN-X		