

Search Tip:

This is a large document, but you can search quickly and easily by entering CTRL F and it will then display a find box for you to type in the name of drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

**Employer Based Plan
Alphabetical Index
Last Updated* 2/1/2012**

Drug Name	Special Code	Tier	Category
8-MOP	-	2	DERMATOLOGICALS
ABILIFY DISCMELT	PA	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY SOLN	PA	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY TAB	PA-TS	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABSTRAL TAB (QL = 120 tab/30 days)	PA-QL	3	ANALGESICS - OPIOID
ACANYA GEL (QL = 50gm/fill)	QL	3	DERMATOLOGICALS
acarbose (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCU-CHEK ACTIVE METER	OTC	-	MEDICAL DEVICES
ACCU-CHEK ADVANTAGE METER	OTC	-	MEDICAL DEVICES
ACCU-CHEK AVIVA METER	OTC	-	MEDICAL DEVICES
ACCU-CHEK CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES
ACCU-CHEK COMPACT METER	OTC	-	MEDICAL DEVICES
ACCU-CHEK TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	3	ANALGESICS - OPIOID
acetaminophen/codeine soln.	-	1	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
acetazolamide cap (DIAMOX SEQUEL equiv)	-	2	DIURETICS
acetazolamide tab	-	1	DIURETICS
acetic acid (VOSOL equiv) (QL = 2 bottle/fill)	QL	1	OTIC AGENTS
acetic acid/aluminum acetate otic (QL = 2 bottle/fill)	QL	1	OTIC AGENTS
acetic acid/hydrocortisone (VOSOL HC equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
acetylcysteine soln.	-	1	COUGH/COLD/ALLERGY
acidic vaginal jelly	-	2	VAGINAL PRODUCTS
ACIPHEX	PA	3	ULCER DRUGS
ACTIMMUNE INJ	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTONEL TAB (Covered at Tier 3 if ST not completed. Step Therapy requires failure of alendronate.)	ST	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTONEL W/ CALCIUM TAB (Covered at Tier 3 if ST not completed. Step Therapy requires failure of alendronate.)	ST	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET	-	2	ANTIDIABETICS
ACTOPLUS MET XR	-	3	ANTIDIABETICS
ACTOS TAB	TS	2	ANTIDIABETICS
ACUVAIL (QL= 60 units/fill)	QL	3	OPHTHALMIC AGENTS
acyclovir (ZOVIRAX equiv)	-	1	ANTIVIRALS
ACZONE	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv)	-	2	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv)	-	2	DERMATOLOGICALS
ADCIRCA TAB	MSP-PA	2	CARDIOVASCULAR AGENTS - MISC.
ADDERALL XR	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
ADRENACLICK (QL = 2 kit/fill)	QL	3	VASOPRESSORS
ADVAIR DISKUS (Tier 2 when criteria met; QL = 1 inhaler/fill)	QL	2*	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA (Tier 2 when criteria met; QL = 2 inhaler/fill)	QL	2*	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	3	ANTIHYPERTENSIVES
aero otic (CORTANE-B equiv) (QL = 2 bottle/fill)	QL	1	OTIC AGENTS

GS	Generic Sampling	M	generic =small letters Medical Benefit	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
NC	Not Covered	OTC	Over-the-Counter	PA	Prior Authorization
PA*	PA required for reduced copay	QL	Quantity Limit	RS	Restricted to Specialist
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
TS	Tablet Splitting				

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AEROBID (QL = 2 inhalers/fill)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AEROCHAMBER	OTC	2	MEDICAL DEVICES
AFINITOR TAB (QL= 1 tab/day; Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AGGRENOX CAP	-	2	HEMATOLOGICAL AGENTS - MISC.
ALAMAST (QL = 2 bottle/fill, Step Therapy requires trial of epinastine)	QL-ST	3	OPHTHALMIC AGENTS
ALBENZA	-	2	ANTHELMINTICS
albuterol neb solution 0.63mg	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb solution 1.25 mg	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb. solution 0.083%	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb. solution 0.5%	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate er (VOSPIRE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium nebulizer solution (DUONEB equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone (ACLOVATE equiv)	-	2	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	2	DERMATOLOGICALS
alcohol swab	OTC	1	MEDICAL DEVICES
alendronate tab (FOSAMAX equiv)	GS	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALFERON N INJ	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin hcl tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP.	-	2	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
ALKERAN	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
allanderm-T oint. (XENADERM equiv)	-	1	DERMATOLOGICALS
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALOCRIAL (QL = 2 bottle/fill, Step Therapy requires trial of epinastine)	QL-ST	3	OPHTHALMIC AGENTS
ALOMIDE (QL = 2 bottle/fill, Step Therapy requires trial of epinastine)	QL-ST	3	OPHTHALMIC AGENTS
ALORA	-	3	ESTROGENS
ALPHAGAN P 0.1% (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
alprazolam (XANAX equiv)	-	1	ANTI-ANXIETY AGENTS
alprazolam ER tab (XANAX XR equiv)	-	2	ANTI-ANXIETY AGENTS
alprazolam odt (NIRAVAM equiv)	-	3	ANTI-ANXIETY AGENTS
ALTABAX OINT	-	3	DERMATOLOGICALS
ALTOPREV TAB	-	3	ANTIHYPERLIPIDEMICS
aluminum chloride (DRYSOL equiv)	-	1	DERMATOLOGICALS
ALVESCO (QL = 2 inhalers/fill)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amantadine cap	-	1	ANTIPARKINSON AGENTS
amantadine syrup	-	1	ANTIPARKINSON AGENTS
AMANTADINE TAB	-	3	ANTIPARKINSON AGENTS
amcinonide cream (CYCLOCORT CREAM equiv)	-	2	DERMATOLOGICALS
AMCINONIDE LOTION	-	3	DERMATOLOGICALS
amethyst (LYBREL equiv)	-	2	CONTRACEPTIVES

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Drug Name	Special Code	Tier	Category
AMICAR 1000mg TAB	SP	2	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
amiloride/hctz tab	-	1	DIURETICS
aminobenzoate cap (POTABA CAP equiv)	-	1	VITAMINS
aminocaproic acid syrup (AMICAR equiv)	SP	1	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	SP	1	HEMOSTATICS
aminophylline	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (PACERONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA	ST	3	GASTROINTESTINAL AGENTS - MISC.
amitriptyline	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	2	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
amnesteem (AC CUTANE equiv)	-	2	DERMATOLOGICALS
amoxapine	-	1	ANTIDEPRESSANTS
amoxicillin cap	-	1	PENICILLINS
amoxicillin chew tab	-	1	PENICILLINS
amoxicillin susp (AMOXIL equiv)	-	1	PENICILLINS
amoxicillin tab	-	1	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1	PENICILLINS
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	2	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
AMPHETAMINE ER CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
ampicillin cap	-	1	PENICILLINS
AMPYRA	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMRIX	-	NC	MUSCULOSKELETAL THERAPY AGENTS
AMTURNIDE	-	3	ANTIHYPERTENSIVES
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX equiv)	SP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANCOBON	-	3	ANTIFUNGALS
ANDRODERM PATCH (QL = 1 patch/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 25MG (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 50MG (QL = 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1% (QL = 4 bottle/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL = 2 bottle/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROID	-	3	ANDROGENS-ANABOLIC
ANDROXY	-	2	ANDROGENS-ANABOLIC
ANGELIQ	-	3	ESTROGENS
ANTARA CAP	-	3	ANTIHYPERLIPIDEMICS
antipyrine/benzocaine (AURALGAN equiv) (QL = 2 bottle/fill)	QL	1	OTIC AGENTS
ANZEMET TAB (QL = Retail 9 tabs/fill; Mail Order 27 tabs/fill)	QL-SP	3	ANTIEMETICS
apap/isometheptene/dichloral cap (MIDRIN equiv)	-	1	MIGRAINE PRODUCTS
apexicon e cream (PSORCON E equiv)	-	1	DERMATOLOGICALS
APHTHASOL	-	2	MOUTH/THROAT/DENTAL AGENTS
APIDRA	-	3	ANTIDIABETICS

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APOKYN INJ.	SP	2	ANTIPARKINSON AGENTS
apraclonidine ophth soln. (IOPIDINE equiv) (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
apri (DESOGEN equiv)	-	1	CONTRACEPTIVES
APRISO	-	3	GASTROINTESTINAL AGENTS - MISC.
APTIVUS	SP	2	ANTIVIRALS
APTIVUS SOLN	SP	2	ANTIVIRALS
aranelle (TRI-NORINYL equiv)	-	1	CONTRACEPTIVES
ARANESP INJ. (May only be obtained through Specialty Pharmacy if self-injected)	MSP-PA	2	HEMATOPOIETIC AGENTS
ARICEPT TAB 23MG (QL=1 tab/day. Step Therapy requires trial of donepezil 10 mg)	QL-ST	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARTHROTEC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ASACOL(HD)/LIALDA	-	2	GASTROINTESTINAL AGENTS - MISC.
ASMANEX INHALER (QL=2 inhaler/fill)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin/codeine tab	-	1	ANALGESICS - OPIOID
ASTELIN NASAL SPRAY (QL = 2 bottle/month)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
ASTEPRO NASAL SPRAY (QL = 2 bottle/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
ATACAND HCT	-	3	ANTIHYPERTENSIVES
ATACAND TAB	-	3	ANTIHYPERTENSIVES
ATELVIA TAB (Step therapy requires trial of alendronate)	ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
atenolol tab (TENORMIN equiv)	GS	1	BETA BLOCKERS
atenolol/chlorthalidone (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
atorvastatin (LIPITOR equiv)	-	NC	ANTIHYPERLIPIDEMICS
atovaquone/proguanil (MALARONE equiv)	-	2	ANTIMALARIALS
ATRALIN GEL	-	3	DERMATOLOGICALS
ATRIPLA	SP	2	ANTIVIRALS
atropine ophth oint. (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
atropine ophth soln. (ISOPTO ATROPINE equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
ATROVENT HFA (QL = 2 inhalers/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
augmented betamethasone cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
augmented betamethasone gel (DIPROLENE GEL equiv)	-	1	DERMATOLOGICALS
augmented betamethasone lotion (DIPROLENE LOTION equiv)	-	1	DERMATOLOGICALS
augmented betamethasone oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
AURALGAN (QL = 2 bottle/fill)	QL	3	OTIC AGENTS
AVALIDE TAB	-	3	ANTIHYPERTENSIVES
AVANDAMET	-	2	ANTIDIABETICS
AVANDARYL	-	2	ANTIDIABETICS
AVANDIA	-	2	ANTIDIABETICS
AVAPRO TAB	-	3	ANTIHYPERTENSIVES
AVC	-	2	VAGINAL PRODUCTS
AVELOX	-	2	FLUOROQUINOLONES
aviane (ALESSE equiv)	-	1	CONTRACEPTIVES
AVINZA	-	3	ANALGESICS - OPIOID
AVODART	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
AVONEX INJ	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT (QL= 9 tabs/fill; 2 fills/30 days. Mail order 27 tabs/fill; 2 fills/90 days)	QL	3	MIGRAINE PRODUCTS
AXIRON SOLN. (QL = 2 bottle/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
AZASAN TAB	SP	3	ASSORTED CLASSES
AZASITE SOLN (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	SP	1	ASSORTED CLASSES

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azelastine nasal spray (ASTELIN equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv) (QL = 2 bottle/fill)	GS-QL	1	OPHTHALMIC AGENTS
AZELEX CREAM	-	2	DERMATOLOGICALS
AZILECT TAB	TS	2	ANTIPARKINSON AGENTS
azithromycin 500mg tab (ZITHROMAX 500mg equiv)	-	NC	MACROLIDES
azithromycin susp (ZITHROMAX SUSP equiv)	-	2	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZMACORT (QL = 2 inhalers/fill)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AZOPT (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
AZOR TAB	-	3	ANTIHYPERTENSIVES
bacitracin ophth oint. (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint. (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint. (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hc ophth oint. (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
baclofen	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	2	DERMATOLOGICALS
BACTROBAN NASAL OINT.	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
balziva (OVCON 35 equiv)	-	1	CONTRACEPTIVES
BANZEL SUSP	-	2	ANTICONVULSANTS
BANZEL TAB	-	2	ANTICONVULSANTS
BARACLUDE	SP-TS	2	ANTIVIRALS
B-D INSULIN SYRINGE	OTC	1	MEDICAL DEVICES
B-D PEN NEEDLE	OTC	1	MEDICAL DEVICES
BECONASE AQ	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
belladonna /phenobarbital elixir (DONNATAL equiv)	-	1	ULCER DRUGS
BELLADONNA ALKALOID/OPIUM SUPP.	-	2	ULCER DRUGS
belladonna alkaloids/phenobarb tab (DONNATAL equiv)	-	1	ULCER DRUGS
belladonna/phenobarbital ER tab (DONNATAL EXTENDTAB equiv)	-	1	ULCER DRUGS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hctz tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
BENICAR HCT TAB	-	3	ANTIHYPERTENSIVES
BENICAR TAB	-	3	ANTIHYPERTENSIVES
BENZAFLIN GEL (QL = 50gm/fill)	QL	2	DERMATOLOGICALS
BENZAMYCIN GEL	-	2	DERMATOLOGICALS
BENZAMYCIN GEL PAK	-	2	DERMATOLOGICALS
benzonate cap (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
benzoyl peroxide	NC	NC	DERMATOLOGICALS
benztropine tab	-	1	ANTIPARKINSON AGENTS
BEPREVE (Step Therapy requires trial of epinastine)	QL-ST	2	OPHTHALMIC AGENTS
BESIVANCE (QL = 2 bottle/fill)	QL	3	OPHTHALMIC AGENTS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETASERON INJ. (Requires failure of 2 of the 3 products: Avonex, Rebif or Copaxone)	MSP-ST	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETAXOLOL OPHTH SOLN. (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE TAB equiv)	-	1	URINARY ANTISPASMODICS

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BETIMOL OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
BEYAZ	-	2	CONTRACEPTIVES
bicalutamide (CASODEX equiv)	SP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BILTRICIDE	-	3	ANTHELMINTICS
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hctz tab (ZIAC equiv)	GS	1	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P (QL = 2 bottle/fill)	QL	3	OPHTHALMIC AGENTS
BONIVA TAB 150 mg (QL=1 tab/month; Step Therapy requires failure of alendronate and Actonel)	QL-ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
brimonidine (ALPHAGAN P equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
BROMDAY OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
bromfenac (XIBROM equiv) (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
brompheniramine/phenylephrine cap (BROMFED equiv)	-	3	COUGH/COLD/ALLERGY
brompheniramine/pse (LODRANE equiv)	-	3	COUGH/COLD/ALLERGY
brompheniramine/pseudoephedrine cap	-	3	COUGH/COLD/ALLERGY
brompheniramine/pseudoephedrine syrup	-	3	COUGH/COLD/ALLERGY
broncho saline	-	1	COUGH/COLD/ALLERGY
BROVANA NEB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budeprion XL (WELLBUTRIN XL equiv)	-	2	ANTIDEPRESSANTS
budesonide SR cap (ENTOCORT EC equiv)	-	1	CORTICOSTEROIDS
budesonide susp (PULMICORT RESPULES equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab	-	1	DIURETICS
buprenorphine hcl (SUBUTEX equiv)	-	NC	ANALGESICS - OPIOID
buproban tab (ZYBAN equiv) (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	SMKG	1*	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion sr (WELLBUTRIN SR equiv)	-	2	ANTIDEPRESSANTS
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
buspirone (BUSPAR equiv)	-	1	ANTIAXIETY AGENTS
buspirone 30mg tab (BUSPAR equiv)	-	NC	ANTIAXIETY AGENTS
butalbital	-	NC	ANALGESICS - NONNARCOTIC
BUTISOL ELIXIR	-	3	HYPNOTICS
BUTISOL TAB	-	3	HYPNOTICS
butorphanol nasal spray (STADOL equiv) (QL = Retail 1 bottle/fill, 2 fill/30 days; Mail Order 3 bottle/fill, 2 fill/90 days)	QL	3	ANALGESICS - OPIOID
BUTRANS PATCH (QL = 4 patch/28 day)	QL	3	ANALGESICS - OPIOID
BYETTA	-	2	ANTI-DIABETICS
BYSTOLIC	TS	2	BETA BLOCKERS
cabergoline (DOSTINEX equiv)	SP	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
caffeine citrate oral soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
calcipotriene soln (DOVONEX SOLN equiv)	-	2	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN NS equiv)	SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRENE OINT.	-	2	DERMATOLOGICALS
calcitriol cap (ROCALTRONL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.

GS	Generic Sampling	M	generic =small letters Medical Benefit	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
NC	Not Covered	OTC	Over-the-Counter	PA	Prior Authorization
PA*	PA required for reduced copay	QL	Quantity Limit	RS	Restricted to Specialist
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
TS	Tablet Splitting				

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Drug Name	Special Code	Tier	Category
calcitriol inj (CALCIJEX INJ equiv)	MSP	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol oral soln. (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	3	MEDICAL DEVICES
CALOMIST	-	NC	HEMATOPOIETIC AGENTS
CAMBIA POWDER	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CAMPRAL	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CANASA	-	2	GASTROINTESTINAL AGENTS - MISC.
CANTIL	-	3	ULCER DRUGS
CAPEX SHAMPOO	-	3	DERMATOLOGICALS
CAPITAL/CODEINE SUSP.	-	3	ANALGESICS - OPIOID
captopril tab (CAPOTEN equiv)	-	1	ANTIHYPERTENSIVES
captopril/hctz tab (CAPOZIDE equiv)	-	1	ANTIHYPERTENSIVES
CARAC CREAM	-	2	DERMATOLOGICALS
CARAFATE SUSP	-	1	ULCER DRUGS
carbamazepine cap (CARBATROL equiv)	-	2	ANTICONVULSANTS
carbamazepine chew tab (TEGRETOL CHEW equiv)	-	1	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	2	ANTICONVULSANTS
carbamazepine susp. (TEGRETOL SUSP. equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbidopa/levodopa (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ER (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbinoxamine liquid (PALGIC equiv)	-	3	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	3	ANTIHISTAMINES
CARDENE SR CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDURA XL	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
carisoprodol tab (SOMA Equiv. equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine	-	3	MUSCULOSKELETAL THERAPY AGENTS
carteolol ophth soln. (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CAYSTON (Contact Cystic Fibrosis Services Ph#1-800-541-4959 Fax: 1-800-263-0251 or Foundation Care Pharmacy ph#877-291-1122 fax#877-291-1155)	PA	2	ANTI-INFECTIVE AGENTS - MISC.
CEDAX CAP	-	3	CEPHALOSPORINS
CEDAX SUSP.	-	3	CEPHALOSPORINS
CEENU	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cefaclor (CECLOR equiv)	-	3	CEPHALOSPORINS
CEFACLOR ER TAB	-	3	CEPHALOSPORINS
cefadroxil (DURICEF equiv)	-	1	CEPHALOSPORINS
cefdinir (OMNICEF equiv)	-	2	CEPHALOSPORINS
cefepodoxime proxetil susp. (VANTIN equiv)	-	3	CEPHALOSPORINS
cefprozil (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefuroxime (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP (QL = 2 cap/day)	PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
CELLCEPT SUSP.	SP	2	ASSORTED CLASSES
CELONTIN CAP	-	2	ANTICONVULSANTS
CENESTIN	-	3	ESTROGENS

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CENHIST CHEW	-	NC	COUGH/COLD/ALLERGY
cephalexin cap	-	1	CEPHALOSPORINS
cephalexin susp.	-	1	CEPHALOSPORINS
cephalexin tab	-	1	CEPHALOSPORINS
CEREFOLIN NAC	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
CESAMET	-	3	ANTIEMETICS
cesia (CYCLESSA equiv)	-	1	CONTRACEPTIVES
cetirizine-d tab (ZYRTEC-D equiv)	OTC	1	COUGH/COLD/ALLERGY
CETRAXAL OTIC SOLN	-	3	OTIC AGENTS
CHANTIX PAK (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	SMKG	1*	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	SMKG	1*	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	2	ANTIDOTES
chloral hydrate	-	1	HYPNOTICS
chlordiazepoxide (LIBRIUM equiv)	-	1	ANTIANSXIETY AGENTS
chlordiazepoxide/amitriptyline (LIMBITROL equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium (LIBRAX equiv)	-	1	ULCER DRUGS
chlorhexidine gluconate	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine (ARALEN equiv)	-	2	ANTIMALARIALS
chlorothiazide tab	-	1	DIURETICS
chlorpheniramine tannate/carbetapentane tannate tab (TUSSI-12 equiv)	-	3	COUGH/COLD/ALLERGY
chlorpheniramine tannate/phenylephrine tannate susp. (RYNATAN equiv)	-	3	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine syrup (RONDEC equiv)	-	3	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine/methscopolamine syrup (DALLERGY equiv)	-	3	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine/methscopolamine tab (EXTENDRYL JR equiv)	-	3	COUGH/COLD/ALLERGY
chlorpheniramine/pseudoephedrine cap (DECONAMINE equiv)	-	3	COUGH/COLD/ALLERGY
chlorpheniramine/pseudoephedrine/methscopolamine tab (ALLERX equiv)	-	3	COUGH/COLD/ALLERGY
chlorpromazine	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpropamide (DIABINESE equiv)	-	1	ANTIDIABETICS
chlorthalidone tab	-	1	DIURETICS
chlorzoxazone (PARAFON FORTE equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERTENSIVES
choline magnesium trisalicylate	-	1	ANALGESICS - NONNARCOTIC
CHROMAGEN FORTE	-	2	HEMATOPOIETIC AGENTS
CHROMAGEN TAB	-	2	HEMATOPOIETIC AGENTS
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2	DERMATOLOGICALS
ciclopirox susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT. (QL = 2 bottle/fill)	QL	3	OPHTHALMIC AGENTS
cimetidine (TAGAMET equiv)	-	1	ULCER DRUGS
cimetidine soln	-	1	ULCER DRUGS
CIMZIA INJ	MSP-PA	3	GASTROINTESTINAL AGENTS - MISC.
CIPRO HC (QL = 2 bottle/fill)	QL	3	OTIC AGENTS
CIPRO SUSP. (5%, 10%)	-	2	FLUOROQUINOLONES
CIPRODEX (QL = 2 bottle/fill)	QL	2	OTIC AGENTS

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ciprofloxacin (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin er (CIPRO XR equiv)	-	3	FLUOROQUINOLONES
ciprofloxacin ophth soln. (CILOXAN equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
citalopram oral soln. (CELEXA equiv)	GS	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	GS	1	ANTIDEPRESSANTS
CLARINEX REDITAB	-	NC	ANTIHISTAMINES
CLARINEX SYRUP	-	NC	ANTIHISTAMINES
CLARINEX TAB	-	NC	ANTIHISTAMINES
CLARINEX-D TAB	-	NC	COUGH/COLD/ALLERGY
clarithromycin (BIAXIN equiv)	-	1	MACROLIDES
clarithromycin er (BIAXIN XL equiv)	-	2	MACROLIDES
clarithromycin susp. (BIAXIN equiv)	-	1	MACROLIDES
CLEOCIN GEL	-	3	DERMATOLOGICALS
CLEOCIN VAGINAL SUPP	-	3	VAGINAL PRODUCTS
CLIMARA PRO	-	3	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
clindamycin 150mg	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin 300mg	-	NC	ANTI-INFECTIVE AGENTS - MISC.
clindamycin aerosol (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin cap 75mg (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin susp (CLEOCIN PED SUSP equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN VAGINAL CREAM equiv)	-	1	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZAACLIN equiv) (QL = 50gm/fill)	QL	2	DERMATOLOGICALS
CLINDESSE	-	3	VAGINAL PRODUCTS
CLINISTIX	OTC	1	DIAGNOSTIC PRODUCTS
CLOBETAPLUS KIT CREAM	-	NC	DERMATOLOGICALS
CLOBETAPLUS KIT OINT.	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX FOAM equiv)	-	3	DERMATOLOGICALS
clobetasol lotion (CLOBEX LOTION equiv)	-	2	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE CREAM equiv)	-	1	DERMATOLOGICALS
clobetasol propionate emollient (TEMOVATE E equiv)	-	1	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	1	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE OINT equiv)	-	1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX SHAMPOO equiv)	-	2	DERMATOLOGICALS
clobetasol soln (TEMOVATE SOLN equiv)	-	1	DERMATOLOGICALS
CLOBEX	-	3	DERMATOLOGICALS
CLODERM CREAM	-	3	DERMATOLOGICALS
clomipramine cap (ANAFRANIL equiv)	-	1	ANTIDEPRESSANTS
clonazepam odt (KLONOPIN WAFER equiv)	-	3	ANTICONSULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONSULSANTS
clonidine patch (CATAPRES-TTS equiv)	-	2	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clorazepate (TRANXENE-T equiv)	-	1	ANTIAXIETY AGENTS
clotrimazole cream (LOTRIMINE AF CREAM equiv)	-	NC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv)	-	2	DERMATOLOGICALS
clozapine (CLOZARIL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
codeine sulfate tab	-	1	ANALGESICS - OPIOID
COGNEX	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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colchicine tab	-	1	GOUT AGENTS
colchicine/probenecid tab	-	1	GOUT AGENTS
COLCRYSTAB	-	2	GOUT AGENTS
colestipol granule (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol powder (COLESTID equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
COLY-MYCIN S OTIC (QL = 2 bottle/fill)	QL	2	OTIC AGENTS
COMBIGAN (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
COMBIPATCH	-	2	ESTROGENS
COMBIVENT INHALER (QL = 2 inhalers/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR	SP	2	ANTIVIRALS
COMTAN TAB	-	2	ANTIPARKINSON AGENTS
CONCERTA	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
CONDYLOX GEL	-	3	DERMATOLOGICALS
COPAXONE INJ	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CORDRAN CREAM	-	3	DERMATOLOGICALS
CORDRAN LOTION	-	3	DERMATOLOGICALS
CORDRAN TAPE	-	3	DERMATOLOGICALS
COREG CR CAP	-	3	BETA BLOCKERS
CORTEF	-	1	CORTICOSTEROIDS
CORTIFOAM	-	3	ANORECTAL AGENTS
cortisone acetate tab	-	1	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
COVERA-HS TAB	-	3	CALCIUM CHANNEL BLOCKERS
CREON/PANCREAZE CAP	-	2	DIGESTIVE AIDS
CRESTOR TAB (QL = 1 tab/day)	QL-TS	2	ANTIHYPERLIPIDEMICS
CRESTOR TAB 20MG (QL = 1.5 tab/day)	QL-TS	2	ANTIHYPERLIPIDEMICS
CRINONE GEL	SP	2	VAGINAL PRODUCTS
CRIVIVAN	SP	2	ANTIVIRALS
cromolyn nebulizer solution (INTAL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
cromolyn soln. (GASTROCROM equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
cryselle (LO/OVRAL equiv)	-	1	CONTRACEPTIVES
CUPRIMINE	-	2	ASSORTED CLASSES
CUTIVATE LOTION	-	2	DERMATOLOGICALS
CUVPOSA SOLN.	-	3	ULCER DRUGS
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
cyclobenzaprine 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine 7.5mg (FEXMID equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine er (AMRIX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CYCLOCORT OINT	-	2	DERMATOLOGICALS
CYCLOGYL OPHTH SOLN 0.5%, 2% (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln. (CYCLOGYL equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
cyclophosphamide	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSET	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	SP	2	ASSORTED CLASSES

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cyclosporine modified (NEORAL equiv)	SP	2	ASSORTED CLASSES
cyclosporine soln (SANDIMMUNE SOLN equiv)	SP	2	ASSORTED CLASSES
CYMBALTA CAP (QL = 1 cap/day)	QL	2	ANTIDEPRESSANTS
CYMBALTA CAP 60mg (QL = 2 cap/day)	QL	2	ANTIDEPRESSANTS
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTAGON (Only available through PharmaCare 1-800-238-7828)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
cytra-3 syrup (POLYCITRA SYRUP equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
DALIRESP TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol (DANOCRINE equiv)	-	2	ANDROGENS-ANABOLIC
dantrolene (DANTRIUM equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
DAPSONE	-	1	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM	-	2	ANTIMALARIALS
DAYTRANA PATCH	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
DAZIDOX TAB	-	3	ANALGESICS - OPIOID
demeclocycline (DECLOMYCIN equiv)	-	1	TETRACYCLINES
DENAVIR CREAM	-	NC	DERMATOLOGICALS
DEPLIN TAB	-	3	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DERMA-SMOOTH/FS	-	2	DERMATOLOGICALS
desipramine (NORPRAMINE equiv)	-	1	ANTIDEPRESSANTS
desmopressin acetate inj (DDAVP INJ equiv)	MSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln. (DDAVP equiv)	SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin tab (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desonide cream	-	1	DERMATOLOGICALS
desonide lotion	-	1	DERMATOLOGICALS
desonide oint.	-	1	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS
DESOWEN OINT. KIT	-	NC	DERMATOLOGICALS
desoximetasone cream (TOPICORT equiv)	-	1	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	1	DERMATOLOGICALS
desoximetasone oint. (TOPICORT equiv)	-	1	DERMATOLOGICALS
DETROL	TS	2	URINARY ANTISPASMODICS
DETROL LA	-	2	URINARY ANTISPASMODICS
dexamethasone	-	1	CORTICOSTEROIDS
dexamethasone ophth soln. (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
dexchlorpheniramine/pseudoephedrine/methscopolamine tab	-	3	COUGH/COLD/ALLERGY
DEXILANT (QL=1 cap/day Step Therapy requires failure of omeprazole)	QL-ST	2	ULCER DRUGS
dexmethylphenidate tab (FOCALIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
DEXPAK TAB	-	3	CORTICOSTEROIDS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextromethorphan/guaifenesin elixir	-	3	COUGH/COLD/ALLERGY
dextromethorphan/guaifenesin liquid	-	3	COUGH/COLD/ALLERGY
dextromethorphan/guaifenesin tab	-	3	COUGH/COLD/ALLERGY

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DIABETIC METER (all other diabetic meters)	OTC	3	MEDICAL DEVICES
dialyrite tab (NEPHRO-VITE equiv)	-	1	MULTIVITAMINS
DIAPHRAGM	-	2	MEDICAL DEVICES
DIASTAT RECTAL GEL	RS	2	ANTICONVULSANTS
diazepam soln	-	1	ANTIANKXIETY AGENTS
diazepam tab (VALIUM equiv)	-	1	ANTIANKXIETY AGENTS
DIBENZYLINE CAP	-	2	ANTIHYPERTENSIVES
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth. (VOLTAREN equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
dicloxacin sodium	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL SOLN equiv)	-	1	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine (VIDEX EC equiv)	SP	2	ANTIVIRALS
DIFFERIN GEL	-	3	DERMATOLOGICALS
DIFFERIN GEL 0.3%	-	2	DERMATOLOGICALS
DIFFERIN LOTION	-	2	DERMATOLOGICALS
DIFICID TAB (Step Therapy requires trial of VANCOCIN; QL = 20 tab/fill)	QL-ST	2	MACROLIDES
diflorasone cream	-	1	DERMATOLOGICALS
diflorasone oint.	-	1	DERMATOLOGICALS
diflunisal (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
digoxin (LANOXIN equiv)	-	1	CARDIOTONICS
dihydroergotamine (D.H.E. equiv)	-	2	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
DILANTIN CHEW TAB	-	2	ANTICONVULSANTS
diltiazem ER cap	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
DIOVAN HCT TAB	-	2	ANTIHYPERTENSIVES
DIOVAN TAB	TS	2	ANTIHYPERTENSIVES
DIPENTUM CAP	-	2	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine (Only 50mg covered)	-	1	ANTIHISTAMINES
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
dipivefrin ophth soln. (PROPINE equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
DIPROLENE OINT	-	3	DERMATOLOGICALS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	2	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL ORAL SOLN.	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE SPRINKLE equiv)	-	1	ANTICONVULSANTS
divalproex tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
DIVIGEL/ELESTRIN GEL	-	3	ESTROGENS
DOLGIC	-	NC	ANALGESICS - NONNARCOTIC
donepezil ODT (ARICEPT ODT equiv) (QL=1 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL=2 tabs/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dorzolamide (TRUSOPT equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS

GS	Generic Sampling	M	generic =small letters Medical Benefit	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
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PA*	PA required for reduced copay	QL	Quantity Limit	RS	Restricted to Specialist
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
TS	Tablet Splitting				

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dorzolamide/timolol ophth soln. (COSOPT equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
DOVONEX CREAM	-	2	DERMATOLOGICALS
DOVONEX SOLN	-	3	DERMATOLOGICALS
doxazosin tab (CARDURA equiv)	GS	1	ANTIHYPERTENSIVES
doxepin cap	-	1	ANTIDEPRESSANTS
doxycycline hyclate	-	1	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	2	TETRACYCLINES
doxycycline hyclate tab 20mg (PERIOSTAT equiv)	-	2	TETRACYCLINES
doxycycline monohydrate 150mg tab (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap (MONODOX equiv)	-	2	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	2	TETRACYCLINES
dronabinol (MARINOL equiv)	-	2	ANTIEMETICS
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
DUAC CS KIT	-	3	DERMATOLOGICALS
DUETACT	-	2	ANTIDIABETICS
DULERA INHALER (Tier 2 when criteria met)	QL	2*	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUREZOL (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
DYNACIRC CR TAB	-	3	CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	2	DIURETICS
EASPRIN TAB	-	3	ANALGESICS - NONNARCOTIC
econazole cream (SPECTAZOLE CREAM equiv)	-	1	DERMATOLOGICALS
EDARBI (Step therapy requires trial of losartan (hctz))	ST	3	ANTIHYPERTENSIVES
EDARBYCLOR (Step Therapy requires trial of losartan (hctz))	ST	3	ANTIHYPERTENSIVES
EDECRIN TAB	-	2	DIURETICS
EDLUAR SL	-	NC	HYPNOTICS
EFFIENT TAB	-	2	HEMATOLOGICAL AGENTS - MISC.
EFUDEX CREAM	-	3	DERMATOLOGICALS
EFUDEX SOLN	-	3	DERMATOLOGICALS
EGRIFTA INJ.	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIDEL CREAM	-	2	DERMATOLOGICALS
ELIMITE CREAM	-	2	DERMATOLOGICALS
ELLA	-	2	CONTRACEPTIVES
ELMIRON	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
EMADINE OPHTH SOLN (QL = 2 bottle/fill; ST requires trial of epinastine)	QL-ST	3	OPHTHALMIC AGENTS
EMBEDA	-	3	ANALGESICS - OPIOID
EMCYT	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND CAP (QL = Retail 3 cap/fill; Mail Order 9 cap/fill)	M-QL-RS-SP	2	ANTIEMETICS
EMEND PAK (QL = Retail 3 cap/fill; Mail Order 9 cap/fill)	M-QL-RS-SP	2	ANTIEMETICS
EMSAM	-	3	ANTIDEPRESSANTS
EMTRIVA CAP	SP	2	ANTIVIRALS
EMTRIVA SOLN.	SP	2	ANTIVIRALS
ENABLEX	-	3	URINARY ANTISPASMODICS
enalapril tab (VASOTEC equiv)	GS	1	ANTIHYPERTENSIVES
enalapril/hctz tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ	MSP-PA	2	ANALGESICS - ANTI-INFLAMMATORY
ENDAL CD SYRUP	-	NC	COUGH/COLD/ALLERGY
ENDOMETRIN SUPP.	-	2	VAGINAL PRODUCTS
enfolast-n tab (CEREFOLIN NAC equiv)	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ENJUWIA	-	3	ESTROGENS

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Drug Name	Special Code	Tier	Category
enoxaparin inj. (LOVENOX equiv) (QL = 17 days supply)	QL-SP	2	ANTICOAGULANTS
enpresse (TRI-LEVELLEN equiv)	-	1	CONTRACEPTIVES
ENTOCORT EC CAP	-	2	CORTICOSTEROIDS
EPIDUO	-	3	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	GS-QL	1	OPHTHALMIC AGENTS
EPIPEN INJ. (QL = 2 kit/fill)	QL	2	VASOPRESSORS
EPIPEN-JR (QL = 2 kit/fill)	QL	2	VASOPRESSORS
EPIVIR SOLN.	SP	2	ANTIVIRALS
EPIVIR TAB	SP	2	ANTIVIRALS
eplerenone tab (INSPIRA equiv)	-	2	ANTIHYPERTENSIVES
EPOGEN INJ. (May only be obtained through Specialty Pharmacy if self-injected)	MSP-PA	2	HEMATOPOIETIC AGENTS
eprosartan mesylate tab (TEVETEN equiv)	-	2	ANTIHYPERTENSIVES
EPZICOM	SP	2	ANTIVIRALS
EQUETRO	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ergotamine/cafeine tab (CAFERGOT equiv)	-	1	MIGRAINE PRODUCTS
ERTACZO	-	3	DERMATOLOGICALS
ERYPED SUSP.	-	2	MACROLIDES
erythromycin (all forms except PCE)	-	1	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint. (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin topical	-	1	DERMATOLOGICALS
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2	DERMATOLOGICALS
erythromycin/sulfisoxazole susp. (PEDIAZOLE equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS
estra/noreth tab (ACTIVEVELLA equiv)	-	3	ESTROGENS
ESTRACE VAGINAL CREAM	-	2	VAGINAL PRODUCTS
estradiol (ESTRACE equiv)	GS	1	ESTROGENS
estradiol patch (CLIMARA PATCH equiv)	-	1	ESTROGENS
ESTRASORB	-	3	ESTROGENS
ESTRATAB	-	3	ESTROGENS
ESTRING (3 copay per Rx)	-	2	VAGINAL PRODUCTS
estropipate (OGEN equiv)	-	1	ESTROGENS
ethambutol tab (MYAMBUTOL tab equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	2	ANTICONVULSANTS
ethosuximide soln. (ZARONTIN equiv)	-	1	ANTICONVULSANTS
etidronate disodium tab (DIDRONEL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
etodolac cap	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab	-	3	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
etoposide	SP	2	ANTINEOPLASTICS
EURAX CREAM	-	2	DERMATOLOGICALS
EURAX LOTION	-	3	DERMATOLOGICALS
EVAMIST SPRAY	-	3	ESTROGENS
EVISTA	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVOXAC	-	2	MOUTH/THROAT/DENTAL AGENTS
EXALGO	-	3	ANALGESICS - OPIOID
EXELDERM	-	3	DERMATOLOGICALS
EXELON PATCH	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
EXELON SOLN.	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane (AROMASIN equiv)	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE HCT TAB	-	2	ANTIHYPERTENSIVES
EXFORGE TAB	TS	2	ANTIHYPERTENSIVES
EXJADE (Only available through Accredo phone 1-866-890-3395, fax 1-866-591-9094)	-	2	ANTIDOTES
FABRAZYME INJ.	M-MSP-PA	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE	-	NC	FLUOROQUINOLONES
famciclovir (FAMVIR equiv)	-	3	ANTIVIRALS
famotidine susp (PEPCID SUSP equiv)	-	2	ULCER DRUGS
famotidine tab (PEPCID equiv)	GS	1	ULCER DRUGS
FANAPT	PA	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FARESTON	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FAZACLO ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
felbamate (FELBATOL equiv)	-	2	ANTICONVULSANTS
felbamate susp. (FELBATOL SUSP. equiv)	-	2	ANTICONVULSANTS
FELBATOL	-	2	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	3	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMCON FE	-	3	CONTRACEPTIVES
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenoprofen calcium tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
fenanyl citrate lollipop (ACTIQ equiv) (QL = 120 unit/30 days)	QL	3	ANALGESICS - OPIOID
fenanyl patch (DURAGESIC equiv)	-	2	ANALGESICS - OPIOID
FENTORA (QL = 120 unit/30 days)	QL	3	ANALGESICS - OPIOID
ferrex 150 cap	-	1	HEMATOPOIETIC AGENTS
ferrex 150 forte	-	1	HEMATOPOIETIC AGENTS
FETRIN CAP	-	3	HEMATOPOIETIC AGENTS
FIBRICOR TAB	-	3	ANTIHYPERLIPIDEMICS
FINACEA	-	2	DERMATOLOGICALS
FINACEA PLUS KIT	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	GS	1	GENITOURINARY AGENTS - MISCELLANEOUS
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	NC	ULCER DRUGS
FLAGYL ER	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAREX (QL = 2 bottle/fill)	QL	3	OPHTHALMIC AGENTS
flavoxate (URISPAS equiv)	-	NC	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	2	ANTIARRHYTHMICS
FLECTOR PATCH (QL = Retail 30 patch/fill; Mail Order 90 patch/fill)	QL	3	DERMATOLOGICALS
FLOLAN INJ.	M-PA	M	CARDIOVASCULAR AGENTS - MISC.
FLO-PRED	-	NC	CORTICOSTEROIDS
FLOVENT DISKUS (QL = 1 inhalers/fill)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA (QL = 2 inhalers/fill)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluconazole (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	2	ANTIFUNGALS
fludrocortisone (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLUNISOLIDE NASAL SPRAY	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide oil (DERMA SMOOTH/FS equiv)	-	1	DERMATOLOGICALS

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fluocinolone cream	-	1	DERMATOLOGICALS
fluocinolone oint.	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv) (QL = 2 bottle/fill)	QL	2	OTIC AGENTS
fluocinolone soln.	-	1	DERMATOLOGICALS
fluocinonide cream (LIDEX equiv)	-	1	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint.	-	1	DERMATOLOGICALS
fluocinonide soln.	-	1	DERMATOLOGICALS
FLUORABON SOLN.	-	2	MINERALS & ELECTROLYTES
fluorometholone ophth soln. (FML LIQUIFILM equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX CREAM equiv)	-	2	DERMATOLOGICALS
fluorouracil soln (EFUDEX SOLN equiv)	-	2	DERMATOLOGICALS
FLUOXETINE 60mg	-	NC	ANTIDEPRESSANTS
fluoxetine cap (PROZAC equiv)	GS	1	ANTIDEPRESSANTS
fluoxetine liquid (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	GS	1	ANTIDEPRESSANTS
fluoxetine weekly (PROZAC WEEKLY equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurazepam cap (DALMANE equiv)	-	1	HYPNOTICS
flurbiprofen ophth soln. (OCUFEN equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
flurbiprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
flutamide (EULEXIN equiv)	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv)	GS	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate oint. (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluvoxamine (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FML FORTE (QL = 2 bottle/fill)	QL	3	OPHTHALMIC AGENTS
FML S.O.P (QL = 2 bottle/fill)	QL	3	OPHTHALMIC AGENTS
FOCALIN XR	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
folast tab (METANX equiv)	-	3	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
folbee plus cz tab (DIATX ZN equiv)	-	1	MULTIVITAMINS
FOLBEE PLUS TAB	-	1	MULTIVITAMINS
folbic tab (FOLTX equiv)	-	1	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
folic acid tab	-	1	HEMATOPOIETIC AGENTS
FOLITAB	-	1	HEMATOPOIETIC AGENTS
FOLTX TAB	-	2	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
fondaparinux soln (ARIXTRA SOLN equiv)	PA-SP	2	ANTICOAGULANTS
FORADIL AEROLIZER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	3	ANTIDIABETICS
FORTEO INJ	MSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL (QL = 2 bottle/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
FORTICAL SPRAY	SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX SOLN.	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.

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fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hctz tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL	-	2	GASTROINTESTINAL AGENTS - MISC.
FRAGMIN INJ.	SP	2	ANTICOAGULANTS
FREESTYLE CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES
FREESTYLE FLASH METER	OTC	-	MEDICAL DEVICES
FREESTYLE FREEDOM LITE METER	OTC	-	MEDICAL DEVICES
FREESTYLE INSULIN SYRINGES	OTC	1	MEDICAL DEVICES
FREESTYLE LITE METER	OTC	-	MEDICAL DEVICES
FREESTYLE METER	OTC	-	MEDICAL DEVICES
FREESTYLE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FROVA TAB (QL = Retail 9 tab/fill, 2 fill/30 days; Mail Order 27 tab/fill, 2 fill/90 days)	QL	3	MIGRAINE PRODUCTS
FURADANTIN SUSP	-	2	URINARY ANTI-INFECTIVES
furosemide oral soln	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ	MSP	2	ANTIVIRALS
gabapentin cap (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin soln. (NEURONTIN SOLN equiv)	-	2	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	1	ANTICONVULSANTS
GABITRIL TAB	-	2	ANTICONVULSANTS
galantamine (RAZADYNE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine er (RAZADYNE ER equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine oral soln (RAZADYNE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
GANCICLOVIR CAP	RS	2	ANTIVIRALS
GELCLAIR GEL	-	2	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE	-	3	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERLIPIDEMICS
gengraf (NEORAL equiv)	-	2	ASSORTED CLASSES
GENOTROPIN/HUMATROPE/NUTROPIN/OMNITROPE	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
gentamicin ophth oint. (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
gentamicin ophth soln. (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GEODON	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
gianvi/ocella (YAZ/YASMIN equiv)	-	NC	CONTRACEPTIVES
GILENYA (QL= 1 cap/day)	MSP-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-RS	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide (GLUCOTROL equiv)	GS	1	ANTIDIABETICS
glipizide er (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide/metformin (METAGLIP equiv)	-	1	ANTIDIABETICS
GLUCAGEN HYPOKIT	-	2	ANTIDIABETICS
GLUCAGON KIT	-	2	ANTIDIABETICS
glyburide (MICRONASE equiv)	GS	1	ANTIDIABETICS
glyburide micronized (GLYNASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
glycolax (MIRALAX equiv)	-	NC	LAXATIVES

GS	Generic Sampling	M	generic =small letters Medical Benefit	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
NC	Not Covered	OTC	Over-the-Counter	PA	Prior Authorization
PA*	PA required for reduced copay	QL	Quantity Limit	RS	Restricted to Specialist
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
TS	Tablet Splitting				

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Drug Name	Special Code	Tier	Category
glycopyrrolate (ROBINUL equiv)	-	2	ULCER DRUGS
GLYCRON	-	1	ANTIDIABETICS
GLYSET TAB	-	2	ANTIDIABETICS
GOLYTELY PACKET	-	1	LAXATIVES
granisetron tab (KYTRIL equiv) (QL= Retail 9 tabs/fill; Mail Order 27 tabs/fill)	QL-SP	1	ANTIEMETICS
GRANISOL SOLN. (QL = Retail 60ml/fill, Mail Order 180ml/fill)	QL-SP	3	ANTIEMETICS
griseofulvin susp. (GRIFULVIN equiv)	-	2	ANTIFUNGALS
GRISEOFULVIN ULTRA	-	2	ANTIFUNGALS
GRISFULVIN SUSP.	-	2	ANTIFUNGALS
GRISFULVIN V TAB	-	2	ANTIFUNGALS
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY
guaifenesin/codeine soln (BRONTEX equiv)	-	1	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANI SYRUP equiv)	-	1	COUGH/COLD/ALLERGY
guaifenesin/codeine tab	-	3	COUGH/COLD/ALLERGY
GUANABENZ TAB	-	3	ANTIHYPERTENSIVES
guanfacine tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
HALFLYTELY BOWEL PREP KIT	-	3	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	1	DERMATOLOGICALS
halobetasol propionate oint. (ULTRAVATE equiv)	-	1	DERMATOLOGICALS
HALOG	-	3	DERMATOLOGICALS
HALOG OINT.	-	3	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol lactate conc.	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
hc pramoxine cream (ANALPRAM HC equiv)	-	1	ANORECTAL AGENTS
HECTOROL	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEPSERA TAB	MSP	2	ANTIVIRALS
HERCEPTIN INJ.	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HEXALEN	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
homatropine ophth soln. (ISOPTO HOMATROPINE equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
HUMALOG	-	3	ANTIDIABETICS
HUMALOG MIX	-	3	ANTIDIABETICS
HUMIRA INJ	MSP-PA	2	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN 50/50	OTC	2	ANTIDIABETICS
HUMULIN MIX	OTC	3	ANTIDIABETICS
HUMULIN N U-100	OTC	3	ANTIDIABETICS
HUMULIN PEN	OTC	2	ANTIDIABETICS
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HUMULIN-R U-100	OTC	3	ANTIDIABETICS
HYCAMTIN CAP	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydralazine tab	-	1	ANTIHYPERTENSIVES
hydralazine/hctz cap	-	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab	-	1	DIURETICS
HYDROCHLOROTHIAZIDE TAB 12.5MG	-	NC	DIURETICS
hydrocodone/apap soln (ZOLVIT SOLN equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/apap tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine (TUSSIONEX equiv) (QL = Retail 120ml/fill; 2 fill/30 days; Mail Order 360ml/fill, 2 fill/90 days)	QL	3	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY

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Drug Name	Special Code	Tier	Category
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3	ANALGESICS - OPIOID
hydrocortisone (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone acetate lotion (NUCORT equiv)	-	2	DERMATOLOGICALS
hydrocortisone butyrate cream (LOCOID equiv)	-	1	DERMATOLOGICALS
hydrocortisone butyrate oint. (LOCOID equiv)	-	1	DERMATOLOGICALS
hydrocortisone butyrate soln. (LOCOID equiv)	-	1	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema	-	2	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone oint.	-	1	DERMATOLOGICALS
hydrocortisone supp	-	1	ANORECTAL AGENTS
hydrocortisone valerate cream	-	1	DERMATOLOGICALS
hydrocortisone valerate oint. (WESTCORT equiv)	-	1	DERMATOLOGICALS
hydromorphone supp	-	1	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	NC	DERMATOLOGICALS
hydroxychloroquine (PLAQUENIL equiv)	-	1	ANTIMALARIALS
hydroxyurea (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate (VISTARIL equiv)	-	1	ANTIAXIETY AGENTS
hydroxyzine syrup	-	1	ANTIAXIETY AGENTS
hydroxyzine tab	-	1	ANTIAXIETY AGENTS
hyoscyamine (LEVSIN equiv)	-	1	URINARY ANTISPASMODICS
hyoscyamine sulfate cr (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate sl tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	ULCER DRUGS
ibuprofen (RX only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp. (MOTRIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
imipramine (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imipramine pamoate (TOFRANIL PM equiv)	-	3	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	2	DERMATOLOGICALS
IMITREX NASAL SPRAY (QL = Retail 6 Sprys/Rx, 2 fills/30 days; Mail Order 18 Sprys/Rx, 2 fills/90 days)	QL	2	MIGRAINE PRODUCTS
INCIVEK (Limited to 2x15 day supply for first 3 months)	MSP-PA	2	ANTIVIRALS
INCRELEX INJ	MSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
indapamide tab	-	1	DIURETICS
INDOCIN SUPP.	-	2	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP.	-	2	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap	-	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INFERGEN INJ.	MSP	2	ANTIVIRALS
INNOHEP INJ.	-	NC	ANTICOAGULANTS
INNOPRAN XL CAP	-	1	BETA BLOCKERS
INSULIN SYRINGE	OTC	3	MEDICAL DEVICES
INTAL INHALER (QL = 2 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
INTELENCE	SP	2	ANTIVIRALS
INTRON-A INJ	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTUNIV (Step Therapy requires trial of guanfacine IR)	ST	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
INVEGA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE	SP	2	ANTIVIRALS

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IODOFLEX PAD	-	2	ANTISEPTICS & DISINFECTANTS
iodoquinol/hc cream (VYTONE equiv)	-	3	DERMATOLOGICALS
IODOSORB GEL	-	2	ANTISEPTICS & DISINFECTANTS
IOPIDINE OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium nebulizer solution (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
IRESSA TAB (Only available through Curascript 1-877-634-8553)	RS-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISENTRESS	SP	2	ANTIVIRALS
isometh/caff/apap tab (PRODRIN equiv)	-	2	MIGRAINE PRODUCTS
isoniazid	-	1	ANTIMYCOBACTERIAL AGENTS
isoniazid syrup	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
isosorbide dinitrate cap	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate sl tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isradipine cap	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
itraconazole (SPORANOX equiv)	PA	2	ANTIFUNGALS
JALYN CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
JANUMET	-	2	ANTIDIABETICS
JANUVIA TAB (QL = 1 tab/day)	QL-TS	2	ANTIDIABETICS
jinteli (FEMHRT equiv)	-	2	ESTROGENS
jolessa (SEASONALE equiv) (3 copays per RX)	-	3	CONTRACEPTIVES
junel fe (LOESTRIN FE equiv)	-	1	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	1	CONTRACEPTIVES
JUVISYNC TAB	-	2	ANTIDIABETICS
KADIAN CAP	-	3	ANALGESICS - OPIOID
KALETRA SOLN.	SP	2	ANTIVIRALS
KALETRA TAB	SP	2	ANTIVIRALS
kariva (MIRCETTE equiv)	-	1	CONTRACEPTIVES
kelnor (DEMULEN equiv)	-	1	CONTRACEPTIVES
KENALOG AEROSOL	-	3	DERMATOLOGICALS
KEPPRA ORAL SOLN	-	3	ANTICONVULSANTS
KERAFOAM	-	3	DERMATOLOGICALS
KERALAC CREAM	-	3	DERMATOLOGICALS
KETEK TAB	RS	2	ANTI-INFECTIVE AGENTS - MISC.
ketoconazole (NIZORAL equiv)	-	1	ANTIFUNGALS
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1	DERMATOLOGICALS
KETO-DIASTIX	OTC	1	DIAGNOSTIC PRODUCTS
ketoprofen cap	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL INJ equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR LS equiv) (QL= 20ml/fill)	QL	1	OPHTHALMIC AGENTS
ketorolac tab (QL = 5 days treatment (20 tabs/5 days))	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS

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ketotifen ophth soln. (OTC) (ZADITOR equiv) (QL = 2 bottle/fill)	GS-QL	1	OPHTHALMIC AGENTS
KINERET INJ	MSP-PA	2	ANALGESICS - ANTI-INFLAMMATORY
KLOR-CON M15 CAP	-	2	MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KOVIA OINT	-	2	DERMATOLOGICALS
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRISTALOSE	-	3	LAXATIVES
k-tan tab (RYNA-12 equiv)	-	3	COUGH/COLD/ALLERGY
KUVAN TAB	MSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
LAC-HYDRIN CREAM	-	2	DERMATOLOGICALS
LACRISERT	-	2	OPHTHALMIC AGENTS
lactulose	-	1	GASTROINTESTINAL AGENTS - MISC.
LAMICTAL ODT	-	3	ANTICONVULSANTS
LAMICTAL XR TAB	-	3	ANTICONVULSANTS
LAMICTAL XR/ODT KIT	-	3	ANTICONVULSANTS
lamivudine tab (EPIVIR equiv)	SP	2	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	SP	2	ANTIVIRALS
lamotrigine chew tab (LAMICTAL CHEW equiv)	-	1	ANTICONVULSANTS
lamotrigine starter kit (LAMICTAL STARTER equiv)	-	2	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
LANCET KIT	OTC	1	MEDICAL DEVICES
lancets	OTC	1	MEDICAL DEVICES
lansoprazole cap (PREVACID equiv)	-	NC	ULCER DRUGS
lansoprazole ODT (PREVACID ODT equiv)	-	2	ULCER DRUGS
LANTUS (SOLOSTAR)	-	2	ANTIDIABETICS
LASTACFT OPHTH SOLN (QL=2 bottles/fill; Step Therapy requires trial of epinastine.)	QL-ST	3	OPHTHALMIC AGENTS
latanoprost (XALATAN equiv) (QL= Retail 2.5ml/fill; Mail Order 7.5ml/fill)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB (QL = 1 tab/day)	PA-QL	3	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
LAZANDA SPRAY (QL=15 bottles/30 days)	PA-QL	3	ANALGESICS - OPIOID
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
LESCOL CAP (Covered at Level 3 if PA not completed)	PA*	2	ANTIHYPERLIPIDEMICS
LESCOL XL CAP (Covered at Level 3 if PA not completed)	PA*	2	ANTIHYPERLIPIDEMICS
LETAIRIS TAB	PA	2	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	SP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ.	MSP	2	HEMATOPOIETIC AGENTS
levalbuterol neb (XOPENEX equiv)	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
LEVAQUIN SOLN	-	3	FLUOROQUINOLONES
LEVATOL TAB	-	2	BETA BLOCKERS
LEVEMIR	-	2	ANTIDIABETICS
levetiracetam oral soln (KEPPRA ORAL SOLN equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab er (KEPPRA XR equiv)	-	2	ANTICONVULSANTS
levobunolol ophth soln. (BETAGAN equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.

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levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	NC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	NC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv) (QL = 2 bottle/fill)	QL-RS	2	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
LEVORPHANOL TAB	-	2	ANALGESICS - OPIOID
levothyroxine (SYNTHROID equiv)	-	1	THYROID AGENTS
LEXAPRO SOLN	-	2	ANTIDEPRESSANTS
LEXAPRO TAB	TS	2	ANTIDEPRESSANTS
LEXIVA	SP	2	ANTIVIRALS
LEXIVA SUSPENSION	SP	2	ANTIVIRALS
lidocaine cream (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine lotion (LIDAMANTLE equiv)	-	NC	DERMATOLOGICALS
lidocaine oint.	-	1	DERMATOLOGICALS
lidocaine soln. (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine viscous	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hc cream (LIDAMANTLE HC equiv)	-	1	DERMATOLOGICALS
lidocaine/hydrocortisone cream kit (ANAMANTLE KIT equiv)	-	NC	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDODERM PATCH (QL=3 patches/day)	QL	2	DERMATOLOGICALS
lindane lotion	-	2	DERMATOLOGICALS
lindane shampoo	-	2	DERMATOLOGICALS
liothyronine (CYTOMEL equiv)	-	1	THYROID AGENTS
LIPITOR TAB	TS	1	ANTIHYPERLIPIDEMICS
lisinopril (PRINIVIL equiv)	GS	1	ANTIHYPERTENSIVES
lisinopril/hctz (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
lithium carb er (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium citrate	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LIVALO	-	3	ANTIHYPERLIPIDEMICS
LO LOESTRIN	-	3	CONTRACEPTIVES
LOCOID LIPO CREAM	-	3	DERMATOLOGICALS
LODOSYN	-	2	ANTIPARKINSON AGENTS
LOESTRIN 24 FE	-	3	CONTRACEPTIVES
LOFIBRA	-	1	ANTIHYPERLIPIDEMICS
loperamide cap	-	NC	ANTIDIARRHEALS
loratadine-d tab (OTC) (CLARITIN-D equiv)	GS-OTC	1	COUGH/COLD/ALLERGY
lorazepam soln	-	1	ANTIAXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIAXIETY AGENTS
LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	GS	1	ANTIHYPERTENSIVES
losartan/hctz tab (HYZAAR equiv)	GS	1	ANTIHYPERTENSIVES
LOSEASONIQUE (3 copays per RX)	-	3	CONTRACEPTIVES
LOTEMAX OPHTH OINT (QL= 2 tubes/fill)	QL	2	OPHTHALMIC AGENTS
LOTEMAX/ALREX OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
LOTRONEX	-	3	GASTROINTESTINAL AGENTS - MISC.
lovastatin tab (MEVACOR equiv)	GS	1	ANTIHYPERLIPIDEMICS
LOVAZA CAP	-	2	ANTIHYPERLIPIDEMICS

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loxapine	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUCENTIS INJ.	M-RS	M	OPHTHALMIC AGENTS
LUFYLLIN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LUMIGAN OPHTH SOLN (QL=Retail 2.5ml/fill; Mail Order 7.5ml/fill)	QL	2	OPHTHALMIC AGENTS
LUNESTA (QL= 1 tab/day)	QL	3	HYPNOTICS
LUVOX CR (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	3	ANTIDEPRESSANTS
LUXIQ	-	3	DERMATOLOGICALS
LYRICA CAP	PA	2	ANTICONVULSANTS
LYSODREN TAB	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSTEDA (Step Therapy requires trial of one generic NSAID)	ST	2	HEMOSTATICS
MACUGEN INJ.	M-RS	M	OPHTHALMIC AGENTS
MALARONE	-	2	ANTIMALARIALS
malathion lotion (OVIDE equiv)	-	2	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	1	ANTIEMETICS
maprotiline tab	-	1	ANTIDEPRESSANTS
MARPLAN	-	2	ANTIDEPRESSANTS
MATALUNE	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
matzim LA tab (CARDIZEM LA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
MAXAIR AUTOHALER (QL = 2 inhalers/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MAXALT TAB (QL=Retail 12 tabs/Rx, 3 fills/60 days; Mail Order 36 tabs/Rx, 2 fills/90 days; Step therapy requires trial of sumatriptan)	QL-ST	2	MIGRAINE PRODUCTS
MAXALT-MLT TAB (QL=Retail 12 tabs/Rx, 3 fills/60 days; Mail Order 36 tabs/Rx, 2 fills/90 days; Step therapy requires trial of sumatriptan)	QL-ST	2	MIGRAINE PRODUCTS
MAXIDEX OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
MEBARAL	-	3	HYPNOTICS
mebendazole	-	2	ANTHELMINTICS
meclizine chew tab	OTC	1	ANTIEMETICS
meclizine tab	OTC	1	ANTIEMETICS
meclofenamate cap	-	1	ANALGESICS - ANTI-INFLAMMATORY
medroxyprogesterone (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid (PONSTEL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
mefloquine (LARIAM equiv)	-	2	ANTIMALARIALS
MEGACE ES SUSP.	-	3	PROGESTINS
megesterol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megesterol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
MENOSTAR	-	3	ESTROGENS
MENTAX CREAM	-	3	DERMATOLOGICALS
meperidine tab (DEMEROL equiv)	-	1	ANALGESICS - OPIOID
mephobarbital tab (MEBARAL equiv)	-	1	HYPNOTICS
MEPHYTON	-	2	VITAMINS
meprobamate	-	1	ANTIANKXIETY AGENTS
MEPRON	-	2	ANTI-INFECTIVE AGENTS - MISC.
mercaptapurine (PURINETHOL equiv)	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine enema (ROWASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

GS	Generic Sampling	M	generic =small letters Medical Benefit	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
NC	Not Covered	OTC	Over-the-Counter	PA	Prior Authorization
PA*	PA required for reduced copay	QL	Quantity Limit	RS	Restricted to Specialist
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
TS	Tablet Splitting				

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Drug Name	Special Code	Tier	Category
MESTINON SYRUP	-	3	ANTIMYASTHENIC AGENTS
MESTINON TIMESPAN	-	2	ANTIMYASTHENIC AGENTS
METADATE CD	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
metaproterenol syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
metformin (GLUCOPHAGE equiv)	GS	1	ANTIDIABETICS
metformin er (FORTAMET equiv)	-	3	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
METHADONE SOLN.	-	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	1	ANALGESICS - OPIOID
methadose tab	-	1	ANALGESICS - OPIOID
methamphetamine (DESOXYN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	1	DIURETICS
methenamine hippurate (HIPREX equiv)	-	2	URINARY ANTI-INFECTIVES
methenamine mandelate	-	1	URINARY ANTI-INFECTIVES
methimazole (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	-	3	ANDROGENS-ANABOLIC
methocarbamol (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj.	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHSCOPOLAMINE DM/CPM	-	3	COUGH/COLD/ALLERGY
methscopolamine tab (PAMINE equiv)	-	3	ULCER DRUGS
methylclothiazide tab	-	1	DIURETICS
methyldopa tab	-	1	ANTIHYPERTENSIVES
methyldopa/hctz tab	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv)	-	2	OXYTOCICS
METHYLIN CHEW	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylin er (METADATE ER equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate cap er (RITALIN LA CAP equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
METHYLPHENIDATE ER	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate soln (METHYLIN SOLN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylprednisolone (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone dose pack (MEDROL DOSE PACK equiv)	-	1	CORTICOSTEROIDS
metipranolol ophth soln. (OPTIPRANOLOL equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
metoclopramide (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide soln	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	GS	1	BETA BLOCKERS
metoprolol/hctz tab (LOPRESSOR HCT equiv)	-	2	ANTIHYPERTENSIVES
METZOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
METROGEL 1% (Step Therapy requires trial of FINACEA)	ST	3	DERMATOLOGICALS

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METROGEL 1% KIT	-	NC	DERMATOLOGICALS
metronidazole (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	1	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	1	DERMATOLOGICALS
metronidazole vaginal gel (METROGEL VAGINAL GEL equiv)	-	1	VAGINAL PRODUCTS
MEXILETINE CAP	-	2	ANTIARRHYTHMICS
MIACALCIN INJ	MSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIACALCIN NS	SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
MICARDIS HCT TAB	-	3	ANTIHYPERTENSIVES
MICARDIS TAB	-	3	ANTIHYPERTENSIVES
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIDRIN CAP	-	2	MIGRAINE PRODUCTS
MIGERGOT SUPP.	-	2	MIGRAINE PRODUCTS
MIGRANAL NASAL SPRAY (QL = Retail 8 unit/Rx; Mail Order 24 unit/Rx)	QL	2	MIGRAINE PRODUCTS
MILLIPRED	-	3	CORTICOSTEROIDS
minocycline (MINOCIN equiv)	-	1	TETRACYCLINES
minocycline er (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	2	TETRACYCLINES
minoxidil tab	-	1	ANTIHYPERTENSIVES
MIRAPEX ER	-	3	ANTIPARKINSON AGENTS
mirtazapine (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine odt (REMERON SOLUTAB equiv)	-	1	ANTIDEPRESSANTS
misoprostol (CYTOTEC equiv)	-	1	ULCER DRUGS
MOBAN	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
moexipril/hctz (UNIRETIC equiv)	-	1	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone oint. (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln. (ELOCON equiv)	-	1	DERMATOLOGICALS
mononessa (ORTHO-CYCLEN equiv)	-	1	CONTRACEPTIVES
MONUROL	-	3	URINARY ANTI-INFECTIVES
morphine sulfate er cap (KADIAN equiv)	-	3	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate oral soln.	-	1	ANALGESICS - OPIOID
morphine sulfate supp.	-	1	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID
MOVIPREP	-	3	LAXATIVES
MOXEZA OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
MULTAQ TAB (Restricted to Cardiology Specialist)	RS	2	ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	1	HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	1	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	1	HEMATOPOIETIC AGENTS
multiple vitamins w/ minerals tab	-	1	MULTIVITAMINS
mupirocin (BACTROBAN OINT equiv)	-	2	DERMATOLOGICALS
MYCOBUTIN	-	2	ANTIMYCOBACTERIAL AGENTS
mycophenolate cap (CELLCEPT equiv)	SP	1	ASSORTED CLASSES
mycophenolate tab (CELLCEPT equiv)	SP	1	ASSORTED CLASSES
MYFORTIC TAB	SP	2	ASSORTED CLASSES
MYLERAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
nabumetone tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	1	BETA BLOCKERS
NAFTIN CREAM	-	2	DERMATOLOGICALS
NAFTIN GEL	-	2	DERMATOLOGICALS
NALFON CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
naltrexone tab (REVIA equiv)	-	2	ANTIDOTES
NAMENDA	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naproxen EC tab (NAPROSYN EC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp. (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL = Retail 9 tabs/fill, 2 fill/30 days; Mail Order 27 tab/fill, 2 fill/90 days)	QL	2	MIGRAINE PRODUCTS
NARDIL	-	2	ANTIDEPRESSANTS
NASCOBAL	-	3	HEMATOPOIETIC AGENTS
NASONEX	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
NATAZIA (3 copays per Rx)	-	3	CONTRACEPTIVES
nateglinide (STARLIX equiv)	-	3	ANTIDIABETICS
NATROBA (QL = 1 bottle/fill)	QL	2	DERMATOLOGICALS
NATURE THYROID	-	1	THYROID AGENTS
NEBUPENT	-	2	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB 6%	-	2	COUGH/COLD/ALLERGY
necon (ORTHO-NOVUM equiv)	-	1	CONTRACEPTIVES
NEFAZODONE TAB	-	1	ANTIDEPRESSANTS
neomycin tab	-	1	AMINOGLYCOSIDES
neomycin/polymixin/hc otic (QL = 2 bottle/fill)	QL	1	OTIC AGENTS
neomycin/polymyxin b/gramicidin ophth soln. (NEOSPORIN equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint. (MAXITROL equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln. (MAXITROL equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
neomycin/polymyxin/hc ophth soln. (CORTISPORIN equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NEULASTA INJ	MSP	2	HEMATOPOIETIC AGENTS
NEUMEGA INJ	MSP	2	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	MSP	2	HEMATOPOIETIC AGENTS
NEVANAC (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
NEXAVAR TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-RS	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR SUSP	-	3	ANTIHYPERTENSIVES
NEXICLON XR TAB	-	3	ANTIHYPERTENSIVES
NEXIUM CAP	-	NC	ULCER DRUGS
NEXIUM GRANULE	-	NC	ULCER DRUGS
next choice (PLAN-B equiv)	-	2	CONTRACEPTIVES
niacin cap	OTC	1	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	1	VITAMINS
niacin tab	OTC	1	VITAMINS
niacinamide tab	OTC	1	VITAMINS
NIASPAN ER TAB	-	2	ANTIHYPERLIPIDEMICS
nicardipine cap	-	1	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	OTC-SMKG	1*	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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nicotine lozenge (COMMIT equiv) (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	OTC-SMKG	1*	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICORETTE CQ equiv) (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	OTC-SMKG	1*	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	SMKG	1*	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	SMKG	1*	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NIFEREX 150 FORTE	-	2	HEMATOPOIETIC AGENTS
NILANDRON	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	3	CALCIUM CHANNEL BLOCKERS
nisoldipine tablet (SULAR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NITRO-BID OINT.	-	3	ANTIANGINAL AGENTS
nitrofurantion cap (MACROBID equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate (MACROBID equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	2	URINARY ANTI-INFECTIVES
nitroglycerin cap	-	1	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	1	ANTIANGINAL AGENTS
NITROLINGUAL PUMPSPRAY	-	2	ANTIANGINAL AGENTS
NITROMIST AEROSOL	-	3	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	2	ANTIANGINAL AGENTS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
nizatidine soln (AXID SOLN equiv)	-	3	ULCER DRUGS
nora-be (NORA-QD equiv)	-	1	CONTRACEPTIVES
NORDITROPIN INJ	MSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone (AYGESTIN equiv)	-	1	PROGESTINS
NORITATE (Step Therapy requires trial of FINACEA)	ST	3	DERMATOLOGICALS
NOROXIN	-	3	FLUOROQUINOLONES
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
nortriptyline soln (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
NORVIR CAP	SP	2	ANTIVIRALS
NORVIR ORAL SOLN.	SP	2	ANTIVIRALS
NORVIR TAB	SP	2	ANTIVIRALS
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES
NOVOLIN INNOLET	OTC	2	ANTIDIABETICS
NOVOLIN PENFILL	OTC	2	ANTIDIABETICS
NOVOLIN VIAL	OTC	1	ANTIDIABETICS
NOVOLOG	-	2	ANTIDIABETICS
NOVOLOG MIX 70/30	-	2	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES
NOXAFIL	-	2	ANTIFUNGALS
NUCYNTA	-	3	ANALGESICS - OPIOID
NUCYNTA ER (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
NUEDEXTA CAP (QL = 2 cap/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUTROPIN AQ/OMNITROPE INJ.	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NUVARING	-	2	CONTRACEPTIVES

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NUVIGIL TAB (QL = 1 tab/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	DERMATOLOGICALS
nystatin susp.	-	1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin vaginal tab	-	1	VAGINAL PRODUCTS
nystatin/triamcinolone cream (MYCOLOG II equiv)	-	1	DERMATOLOGICALS
octreotide inj (SANDOSTATIN equiv)	MSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ofloxacin ophth soln. (OCUFLOX equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
ofloxacin otic (QL = 2 bottle/fill)	QL	1	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
olanzapine ODT tab (ZYPREXA ZYDIS equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
OLEPTRO	-	3	ANTIDEPRESSANTS
omedia otic (QL = 2 bottle/fill)	QL	1	OTIC AGENTS
omeprazole cap 10mg (PRILOSEC equiv)	-	1	ULCER DRUGS
omeprazole cap 20mg (PRILOSEC equiv)	GS	1	ULCER DRUGS
omeprazole cap 40mg (PRILOSEC equiv)	-	1	ULCER DRUGS
omeprazole tab	OTC	NC	ULCER DRUGS
omeprazole/sodium bicarbonate (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
ondansetron (ZOFRAN equiv)	SP	1	ANTIEMETICS
ondansetron ODT (ZOFRAN ODT equiv)	SP	1	ANTIEMETICS
ondansetron oral soln (ZOFRAN ORAL SOLN equiv)	SP	1	ANTIEMETICS
ONGLYZA (Step Therapy requires trial of JANUVIA)	ST	3	ANTIDIABETICS
OPANA ER TAB	-	NC	ANALGESICS - OPIOID
opium tincture	-	3	ANTIDIARRHEALS
ORACIT	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORAMORPH TAB	-	3	ANALGESICS - OPIOID
ORAP	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORAPRED ODT	-	2	CORTICOSTEROIDS
ORAVIG	-	3	MOUTH/THROAT/DENTAL AGENTS
ORENCIA INJ.	M-PA-RS	M	ANALGESICS - ANTI-INFLAMMATORY
orphenadrine citrate ER	-	1	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/asa/caffeine (NORGESIC (FORTE) equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
ORTHO TRI-CYCLEN LO	-	2	CONTRACEPTIVES
ORTHO-EVRA	-	2	CONTRACEPTIVES
ORTHO-PREFEST	-	3	ESTROGENS
OSMOPREP	-	3	LAXATIVES
otozin drops (NEOTIC DROPS equiv) (QL = 2 bottle/fill)	QL	3	OTIC AGENTS
OVACE CREAM	-	3	DERMATOLOGICALS
OVACE SHAMPOO	-	3	DERMATOLOGICALS
OVACE WASH	-	3	DERMATOLOGICALS
OVCON 50	-	3	CONTRACEPTIVES
oxandrolone (OXANDRIN equiv)	-	1	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
oxazepam	-	1	ANTIANKXIETY AGENTS
oxcarbazepine susp. (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS

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Drug Name	Special Code	Tier	Category
OXISTAT CREAM	-	2	DERMATOLOGICALS
OXISTAT LOTION	-	2	DERMATOLOGICALS
OXSORALEN ULTRA	-	2	DERMATOLOGICALS
oxybutynin er (DITROPAN XL equiv)	GS	1	URINARY ANTISPASMODICS
oxybutynin syrup (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	GS	1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	1	ANALGESICS - OPIOID
oxycodone oral soln. (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone/apap cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
oxycodone/apap tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3	ANALGESICS - OPIOID
OXYCONTIN (QL = Retail 120 tab/30 days; Mail Order 360 tab/90 days)	QL	2	ANALGESICS - OPIOID
OXYIR	-	2	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	NC	ANALGESICS - OPIOID
OXYTROL	-	3	URINARY ANTISPASMODICS
PANAFIL OINT.	-	2	DERMATOLOGICALS
PANCRELIPASE	-	3	DIGESTIVE AIDS
PANDEL CREAM	-	3	DERMATOLOGICALS
pantoprazole (PROTONIX equiv)	GS	1	ULCER DRUGS
papain/urea/chlorophyllin oint. (PANAFIL equiv)	-	2	DERMATOLOGICALS
papain-urea oint (ACCUZYME OINT equiv)	-	2	DERMATOLOGICALS
parcaine ophth soln. (ALCAINE equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
paromomycin (HUMATIN equiv)	-	3	AMINOGLYCOSIDES
paroxetine er (PAXIL CR equiv)	-	2	ANTIDEPRESSANTS
paroxetine oral soln (PAXIL equiv)	GS	1	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	GS	1	ANTIDEPRESSANTS
PATADAY (QL= 2 bottles/fill, ST requires trial of epinastine)	QL-ST	3	OPHTHALMIC AGENTS
PATANASE	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
PATANOL (QL= 2 bottles/fill, ST requires trial of epinastine)	QL-ST	3	OPHTHALMIC AGENTS
PCE	-	2	MACROLIDES
PEAK FLOW METER	-	NC	MEDICAL DEVICES
pediatric multiple vitamins/flouride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride chew tab	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln.	-	1	MULTIVITAMINS
peg 3350/electrolytes (GOLYTELY/COLYTE equiv)	-	1	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ.	MSP	2	ANTIVIRALS
PEG-INTRON INJ	MSP	2	ANTIVIRALS
PEN NEEDLE	OTC	3	MEDICAL DEVICES
penicillin	-	1	PENICILLINS
penicillin vk	-	1	PENICILLINS
PENNSAID SOLN	-	3	DERMATOLOGICALS
PENTASA	-	2	GASTROINTESTINAL AGENTS - MISC.
pentazocine/apap tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazosin/naloxone tab (TALWIN NX equiv)	-	3	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PERFOROMIST NEB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS

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perphenazine	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
perphenazine/amitriptyline	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PEXEVA (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	3	ANTIDEPRESSANTS
phenazopyridine plus (PYRIDIDIUM PLUS equiv)	-	1	URINARY ANTISPASMODICS
phenazopyridine tab (PYRIDIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS
phenobarbital tab	-	1	HYPNOTICS
phenylephrine ophth soln. (MYDFRIN equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
phenylephrine/chlorpheniramine/dextromethorphan/guaifenesin syrup (DONATUSSIN equiv)	-	3	COUGH/COLD/ALLERGY
phenylephrine/chlorpheniramine/dihydrocodeine syrup (PANCOF PD equiv)	-	3	COUGH/COLD/ALLERGY
PHENYTEK CAP	-	1	ANTICONVULSANTS
phenytoin cap (DILANTIN CAP equiv)	-	1	ANTICONVULSANTS
phenytoin susp. (DILANTIN equiv)	-	1	ANTICONVULSANTS
PHISOHEX	-	3	ANTISEPTICS & DISINFECTANTS
PHOSLYRA SOLN	-	1	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
pilocarpine ophth soln. (ISOPTO CARPINE equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
PILOPINE HS OPHTH GEL (QL = 2 bottle/fill)	QL	3	OPHTHALMIC AGENTS
pindolol tab	-	1	BETA BLOCKERS
piroxicam cap (FELDENE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
PLAN-B	-	2	CONTRACEPTIVES
PLAVIX 300mg TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLAVIX 75mg TAB	-	2	HEMATOLOGICAL AGENTS - MISC.
PLEXION CLEANSING CLOTH	-	3	DERMATOLOGICALS
podofilox soln. (CONDYLOX equiv)	-	2	DERMATOLOGICALS
polymyxin b/trimethoprim ophth soln. (POLYTRIM equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
POTABA POWDER	-	3	VITAMINS
POTABA TAB	-	2	VITAMINS
potassium bicarbonate effer tab	-	1	MINERALS & ELECTROLYTES
potassium chloride effer tab	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K CAP equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (KLOR-CON TAB equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride liquid	-	1	MINERALS & ELECTROLYTES
potassium chloride micro cap (K-DUR CAP equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	1	MINERALS & ELECTROLYTES
potassium citrate and citric acid granule (POLYCITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate er (UROKIT-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln.	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
PR OTIC (QL = 2 bottle/fill)	QL	2	OTIC AGENTS
PRADAXA CAP (QL= 2 caps/day)	QL	2	ANTICOAGULANTS
pramcort cream (PRAMOSONE equiv)	-	2	DERMATOLOGICALS
pramipexole tab (MIRAPEX TAB equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM	-	2	DERMATOLOGICALS
PRAMOSONE E CREAM	-	2	DERMATOLOGICALS
PRAMOSONE LOTION	-	3	DERMATOLOGICALS

GS	Generic Sampling	M	generic =small letters Medical Benefit	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
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PRAMOSONE OINT.	-	2	DERMATOLOGICALS
pramoxine/hc oint (PRAMOSONE equiv)	-	2	DERMATOLOGICALS
PRANDIMET	-	3	ANTIDIABETICS
PRANDIN TAB	-	2	ANTIDIABETICS
prascion fc (PLEXION CLEANSING CLOTH equiv)	-	2	DERMATOLOGICALS
pravastatin tab (PRAVACHOL equiv)	GS	1	ANTIHYPERLIPIDEMICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES
PRECISION INSULIN SYRINGE	OTC	1	MEDICAL DEVICES
PRECISION XTRA METER	OTC	-	MEDICAL DEVICES
PRECISION XTRA TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
prednicarbate cream (DERMATOP equiv)	-	1	DERMATOLOGICALS
prednicarbate oint. (DERMATOP equiv)	-	1	DERMATOLOGICALS
prednisolone (PRELONE equiv)	-	1	CORTICOSTEROIDS
prednisolone ophth soln. (PRED FORTE equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
prednisolone sodium phosphate ophth soln. (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
prednisone pak (STERAPRED equiv)	-	1	CORTICOSTEROIDS
prednisone tab	-	1	CORTICOSTEROIDS
PREMARIN	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE/PREMPRO	-	2	ESTROGENS
PRENATAL VITAMIN	-	2	VITAMINS
PREVACID OTC	OTC	1	ULCER DRUGS
PREVIDENT 5000 PLUS	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT ORAL RINSE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVPAC	-	3	ULCER DRUGS
PREZISTA	SP	2	ANTIVIRALS
PRILOSEC OTC	OTC	1	ULCER DRUGS
PRIMAQUINE	-	2	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMSOL SOLN.	-	3	ANTI-INFECTIVE AGENTS - MISC.
PRISTIQ (Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3	ANTIDEPRESSANTS
probenecid tab	-	1	GOUT AGENTS
PROCENTRA	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
PROCHIEVE GEL	SP	2	VAGINAL PRODUCTS
prochlorperazine supp.	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRT INJ. (May only be obtained through Specialty Pharmacy if self-injected)	MSP-PA	2	HEMATOPOIETIC AGENTS
PROCTOFOAM HC	-	2	ANORECTAL AGENTS
proctosol cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
PRODRIN	-	2	MIGRAINE PRODUCTS
PROGESTERONE SUPP.	-	2	VAGINAL PRODUCTS
PROGLYCEM	-	3	ANTIDIABETICS
PROLASTIN INJ.	M	M	RESPIRATORY AGENTS - MISC.
PROLEUKIN	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROMACTA TAB	MSP-PA	2	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	3	COUGH/COLD/ALLERGY

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Drug Name	Special Code	Tier	Category
promethazine supp.	-	2	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab	-	1	ANTIHISTAMINES
promethazine vc (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
promethazine vc w/codeine (PHENERGAN VC W/CODIENE equiv)	-	1	COUGH/COLD/ALLERGY
promethazine w/codeine (PHENERGAN W/CODIENE equiv)	-	1	COUGH/COLD/ALLERGY
PROMETRIUM	-	2	PROGESTINS
propafenone er (RHYTHMOL SR equiv)	-	2	ANTIARRHYTHMICS
propafenone tab (RHYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
PROPINE OPPTH SOLN. (QL = 2 bottle/fill)	QL	3	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
propranolol soln.	-	1	BETA BLOCKERS
propranolol tab	-	1	BETA BLOCKERS
propranolol/hctz tab	-	1	ANTIHYPERTENSIVES
propylthiouracil	-	1	THYROID AGENTS
PROQUIN XR	-	NC	FLUOROQUINOLONES
PROSTIGMIN	-	2	ANTIMYASTHENIC AGENTS
PROTONIX PAK	-	NC	ULCER DRUGS
PROTOPIC OINT.	-	2	DERMATOLOGICALS
protriptyline (VIVACTIL equiv)	-	3	ANTIDEPRESSANTS
PROVENTIL HFA (QL = 2 inhalers/fill)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROVIGIL	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
pruvate tab (REPLIVA equiv)	-	1	HEMATOPOIETIC AGENTS
pseudoephedrine/brompheniramine/codeine liquid (CPB WC equiv)	-	3	COUGH/COLD/ALLERGY
pseudoephedrine/codeine/guaifenesin syrup	-	3	COUGH/COLD/ALLERGY
pseudoephedrine/methscopolamine tab (ALLERX-D equiv)	-	3	COUGH/COLD/ALLERGY
PULMICORT FLEXHALER (QL = 2 inhalers/fill)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT RESPULE 1mg/2ml	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME	SP	2	RESPIRATORY AGENTS - MISC.
PYLERA	-	3	ULCER DRUGS
pyrazinamide	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC AGENTS
pyrilamine tannate/phenylephrine tannate susp. (VIRAVAN-S equiv)	-	3	COUGH/COLD/ALLERGY
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
quinapril/hctz (ACCURETIC equiv)	-	1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	2	ANTIARRHYTHMICS
quinidine sulfate ER tab	-	3	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
QVAR (QL = 2 inhalers/fill)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
RANEXA TAB	-	2	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	GS	1	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	GS	1	ULCER DRUGS
ranitidine tab (ZANTAC equiv)	GS	1	ULCER DRUGS
RAPAFLO	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	2	ASSORTED CLASSES
RAPAMUNE TAB	SP	2	ASSORTED CLASSES

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REBETOL SOLN	MSP	2	ANTIVIRALS
REBIF INJ	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REGRANEX GEL (QL = 2 - 15gm tubes/fill)	QL	2	DERMATOLOGICALS
RELENZA (QL=20 units/fill)	QL	2	ANTIVIRALS
RELION MIX	OTC	3	ANTIDIABETICS
RELION N	OTC	3	ANTIDIABETICS
RELION R	OTC	3	ANTIDIABETICS
RELISTOR INJ	MSP-PA	2	GASTROINTESTINAL AGENTS - MISC.
RELPAK (QL=Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	3	MIGRAINE PRODUCTS
REMICADE INJ.	M-PA-RS	M	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ.	M-PA	M	CARDIOVASCULAR AGENTS - MISC.
RENAGEL	-	2	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
RENOVA CREAM	-	NC	DERMATOLOGICALS
RENVELA	-	2	GASTROINTESTINAL AGENTS - MISC.
REQUIP XL	-	3	ANTIPARKINSON AGENTS
RESCRIPTOR	SP	2	ANTIVIRALS
RESERPINE TAB	-	3	ANTIHYPERTENSIVES
RESTASIS (QL = 2 bottle/fill; Restricted to Ophthalmologist or Optometrist)	QL-RS	2	OPHTHALMIC AGENTS
RETIN-A MICRO GEL	-	2	DERMATOLOGICALS
RETROVIR	SP	3	ANTIVIRALS
REVATIO TAB	MSP-PA	3	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP (QL = 1 tab/day)	MSP-PA-QL	2	ASSORTED CLASSES
REYATAZ	SP	2	ANTIVIRALS
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA (QL = 2 bottle/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
RIBAPAK TAB	MSP	2	ANTIVIRALS
ribasphere cap (REBETOL equiv)	MSP	2	ANTIVIRALS
RIBATAB	MSP	2	ANTIVIRALS
ribavirin tab (COPEGUS equiv)	MSP	2	ANTIVIRALS
RIDAURA CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
rifampin cap (RIFADIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RILUTEK	SP	2	NEUROMUSCULAR AGENTS
rimantadine tab (FLUMADINE equiv)	-	1	ANTIVIRALS
RIOMET SOLN.	-	3	ANTIDIABETICS
risperdone odt tab (RISPERDAL M equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITALIN LA	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
RITUXAN INJ.	M-PA-RS	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ropinirole (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROSULA FOAM	-	3	DERMATOLOGICALS
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXICET SOLN. 325mg/5ml	-	2	ANALGESICS - OPIOID
ROZEREM TAB (QL = 1 tab/day)	PA-QL	2	HYPNOTICS
r-tanna (RYNATAN equiv)	-	1	COUGH/COLD/ALLERGY
RYBIX ODT	-	NC	ANALGESICS - OPIOID

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SABRIL POWDER (Only available through Accredo 1-866-591-9075, Fax 1-866-591-9094)	-	2	ANTICONVULSANTS
SABRIL TAB (Only available through Accredo 1-866-591-9075, Fax 1-866-591-9094)	-	2	ANTICONVULSANTS
SAFYRAL	-	NC	CONTRACEPTIVES
SALAGEN TAB	-	2	MOUTH/THROAT/DENTAL AGENTS
salicylic acid shampoo (SALEX equiv)	-	2	DERMATOLOGICALS
salsalate	-	1	ANALGESICS - NONNARCOTIC
SANCTURA XR CAP	-	NC	URINARY ANTISPASMODICS
SANCUSO (QL = Retail 4 patch/fill; Mail Order 12 patch/fill)	QL-SP	3	ANTIEMETICS
SANDIMMUNE	SP	3	ASSORTED CLASSES
SANDIMMUNE SOLN	SP	3	ASSORTED CLASSES
SANDOSTATIN INJ	MSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANDOSTATIN LAR KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT.	-	2	DERMATOLOGICALS
SAPHRIS	PA	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SAVELLA	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
seb-prev cream (OVACE CREAM equiv)	-	3	DERMATOLOGICALS
SEB-PREV GEL	-	3	DERMATOLOGICALS
SECONAL	-	2	HYPNOTICS
selegiline (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulfate shampoo (SELSEB equiv)	-	2	DERMATOLOGICALS
selenium sulfide	-	1	DERMATOLOGICALS
selfemra (SARAFEM equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SELZENTRY	SP	2	ANTIVIRALS
SENSIPAR TAB	MSP-RS	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS (QL = 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEROQUEL TAB	TS	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEROQUEL XR	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sertraline soln. (ZOLOFT equiv)	GS	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	GS	1	ANTIDEPRESSANTS
SILENOR	-	NC	HYPNOTICS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SIMCOR TAB	-	2	ANTIHYPERLIPIDEMICS
SIMPONI INJ	MSP-PA	3	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	GS	1	ANTIHYPERLIPIDEMICS
SINGULAIR CHEW TAB (Step Therapy requires previous diagnosis of Asthma. ST not required for members less than 14 years)	ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR GRANULE (Step Therapy requires previous diagnosis of Asthma. ST not required for members less than 14 years)	ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR TAB (Step Therapy requires previous diagnosis of Asthma. ST not required for members less than 14 years)	ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SKELID TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
smz/tmp ds (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (SEPTRA SUSP equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride neb	-	1	COUGH/COLD/ALLERGY
sodium citrate and citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv)	-	1	MINERALS & ELECTROLYTES

GS	NC =Not Covered Generic Sampling	M	generic =small letters Medical Benefit	MSP	BRANDS =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
NC	Not Covered	OTC	Over-the-Counter	PA	Prior Authorization
PA*	PA required for reduced copay	QL	Quantity Limit	RS	Restricted to Specialist
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
TS	Tablet Splitting				

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Drug Name	Special Code	Tier	Category
sodium fluoride cream (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln. (LURIDE SOLN. equiv)	-	1	MINERALS & ELECTROLYTES
sodium fluoride tab	-	1	MINERALS & ELECTROLYTES
sodium polystyrene powder (KAYEXALATE equiv)	-	2	ASSORTED CLASSES
sodium polystyrene susp. (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide gel (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide lotion (CARMOL SCALP TREATMENT equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide pads (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulf lotion (SULFACET R equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (ROSAC CREAM equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur emu (ROSAC WASH equiv)	-	2	DERMATOLOGICALS
SOLARAZE	-	3	DERMATOLOGICALS
SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOMAVERT (Only available through Pfizer Bridge Program 1-800-645-1280)	SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	3	HYPNOTICS
SORBITOL	-	1	LAXATIVES
SORIATANE CAP	SP	2	DERMATOLOGICALS
SORIATANE CK KIT	-	2	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SPECTRACEF	-	3	CEPHALOSPORINS
SPIRIVA HANDIHALER (For use with Handihaler device)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hctz tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX ORAL SOLN	PA	3	ANTIFUNGALS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN.	-	2	MINERALS & ELECTROLYTES
STALEVO	-	2	ANTIPARKINSON AGENTS
stavudine (ZERIT equiv)	SP	2	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STIMATE	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRATTERA CAP (QL = 2 cap/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
STROMECTOL	-	2	ANTHELMINTICS
SUBOXONE SL FILM	-	2	ANALGESICS - OPIOID
SUBOXONE SL TAB	-	NC	ANALGESICS - OPIOID
sucralfate tab (CARAFATE equiv)	-	1	ULCER DRUGS
sulfacetamide liq (OVACE WASH equiv)	-	2	DERMATOLOGICALS
sulfacetamide sod. lotion (KLARON equiv)	-	3	DERMATOLOGICALS
sulfacetamide sodium ophth soln. (BLEPH-10 equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
sulfacetamide sodium w/ sulfur aerosol (CLARIFOAM EF equiv)	-	3	DERMATOLOGICALS
sulfacetamide sodium/prednisolone ophth soln. (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
sulfacleanse susp (SUMAXIN equiv)	-	3	DERMATOLOGICALS
SULFADIAZINE	-	1	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
sulfasalazine	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine ec	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
sumatriptan inj. (IMITREX equiv) (QL = Retail 4 inj/fill, 2 fill/30 days; Mail Order 12 inj/fill, 2 fill/90 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan kit (IMITREX equiv) (QL = Retail 4 inj/fill, 2 fill/30 days; Mail Order 12 inj/fill, 2 fill/90 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL = Retail 9 tab/fill, 2 fill/30 days; Mail Order 27 tab/fill, 2 fill/90 days)	QL	1	MIGRAINE PRODUCTS
SUMAVEL INJ. (QL = Retail 4 inj/fill, 2 fill/30 days; Mail Order 12 inj/fill, 2 fill/90 days)	QL	3	MIGRAINE PRODUCTS
suphera (PLEXION SCT equiv)	-	2	DERMATOLOGICALS
SUPRAX	-	3	CEPHALOSPORINS
SUPRAX SUSP.	-	3	CEPHALOSPORINS
SUPREP	-	3	LAXATIVES
SUSTIVA CAP	SP	2	ANTIVIRALS
SUSTIVA TAB	SP	2	ANTIVIRALS
SUTENT CAP (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ.	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMBICORT (Tier 2 when criteria met)	QL	2*	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMBYAX	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SYMLIN	-	NC	ANTIDIABETICS
SYNAREL	SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
syntest (ESTRATEST equiv)	-	1	ESTROGENS
SYPRINE CAP	-	3	ASSORTED CLASSES
TABLOID	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX OINT.	-	3	DERMATOLOGICALS
TACLONEX SCALP	-	3	DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	SP	2	ASSORTED CLASSES
TAMIFLU CAP (QL = 10 caps/fill)	QL	2	ANTIVIRALS
TAMIFLU SUSP 12mg/ml (QL= 125ml/fill)	QL	2	ANTIVIRALS
TAMIFLU SUSP 6mg/ml (QL= 250ml/fill)	QL	2	ANTIVIRALS
tamoxifen	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TARCEVA TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN CAP (Limited to 2 x 15 day fills per month for first 3 months)	MSP-RS	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	MSP	2	DERMATOLOGICALS
TASIGNA CAP	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TASMAR TAB	-	3	ANTIPARKINSON AGENTS
TAZORAC CREAM	PA	2	DERMATOLOGICALS
TAZORAC GEL	PA	2	DERMATOLOGICALS
TEKAMLO TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA HCT TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA TAB	-	3	ANTIHYPERTENSIVES
temazepam 15mg (RESTORIL equiv)	-	1	HYPNOTICS
temazepam 22.5mg capsule (RESTORIL equiv)	-	3	HYPNOTICS

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Drug Name	Special Code	Tier	Category
temazepam 30mg (RESTORIL equiv)	-	1	HYPNOTICS
temazepam 7.5mg capsule (RESTORIL equiv)	-	3	HYPNOTICS
TEMODAR CAP	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	GS	1	ANTIHYPERTENSIVES
terbinafine (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate (BRETHINE equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
terconazole supp. (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TEST STRIP (all other test strips)	OTC	3	DIAGNOSTIC PRODUCTS
TESTIM GEL (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone cypionate (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
tetracycline	-	1	TETRACYCLINES
TEVETEN HCT TAB	-	3	ANTIHYPERTENSIVES
TEVETEN TAB	-	3	ANTIHYPERTENSIVES
THALITONE TAB	-	3	DIURETICS
THALOMID CAP	MSP-PA	2	ASSORTED CLASSES
theophylline cr	-	1	ASTHMA AND BRONCHODILATOR AGENTS
THEOPHYLLINE ELIXIR	-	2	ASTHMA AND BRONCHODILATOR AGENTS
theophylline er tab (UNIPHYL equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
THEOPHYLLINE SOLN	-	1	ASTHMA AND BRONCHODILATOR AGENTS
thioridazine	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYROGEN INJ.	M	M	DIAGNOSTIC PRODUCTS
THYROLAR	-	2	THYROID AGENTS
ticlopidine tab (TICLID equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
TIKOSYN CAP	-	2	ANTIARRHYTHMICS
timolol maleate ophth gel (TIMOPTIC-XE equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
timolol maleate ophth soln. (TIMOPTIC equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
timolol maleate tab	-	1	BETA BLOCKERS
TIMOPTIC OCUDOSE (QL = 2 bottle/fill)	QL	3	OPHTHALMIC AGENTS
TINDAMAX	-	3	ANTI-INFECTIVE AGENTS - MISC.
TIROSINT	-	3	THYROID AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX TAB equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI	PA-SP	2	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
TOBRADEX ST (QL = 2 bottle/fill)	QL	3	OPHTHALMIC AGENTS
tobramycin ophth soln. (TOBREX equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln. (TOBRADEX equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
TOBREX OPHTH OINT. (QL = 2 bottle/fill)	QL	3	OPHTHALMIC AGENTS
tolazamide (TOLINASE equiv)	-	1	ANTIDIABETICS
TOLBUTAMIDE	-	2	ANTIDIABETICS
tolmetin cap	-	1	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
TOPICORT LP OINT.	-	3	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX SPRINKLE equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
torsemide tab (DEMADEX equiv)	-	1	DIURETICS

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Drug Name	Special Code	Tier	Category
TOVIAZ	-	2	URINARY ANTISPASMODICS
TRACLEER TAB (Step Therapy requires trial of LETAIRIS (Only available through Accredo 1-866-591-9075 AND PharmaCare 1-800-238-7828)	ST	2	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (Step Therapy requires trial of JANUVIA)	ST	3	ANTIDIABETICS
tramadol ER tab (ULTRAM ER equiv)	-	3	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tramadol/apap tab (ULTRACET equiv)	-	3	ANALGESICS - OPIOID
trandolapril (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
trandolapril/verapamil tab (TARKA equiv)	-	3	ANTIHYPERTENSIVES
TRANSDERM SCOP	-	2	ANTIEMETICS
tranylcypromine (PARNATE equiv)	-	2	ANTIDEPRESSANTS
TRAVATAN (Z) OPHTH SOLN. (QL=Retail 5ml/fill; Mail Order 15ml/fill)	QL	2	OPHTHALMIC AGENTS
trazodone	-	1	ANTIDEPRESSANTS
trazodone 300mg	-	NC	ANTIDEPRESSANTS
tretinoin cap (VESANOID equiv)	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tretinoin cream (RETIN-A equiv)	-	2	DERMATOLOGICALS
tretinoin gel (RETIN-A equiv)	-	2	DERMATOLOGICALS
TRETIN-X CREAM	-	3	DERMATOLOGICALS
TREXALL	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone nasal spray (NASACORT AQ equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone oint.	-	1	DERMATOLOGICALS
triamcinolone/nystatin oint (MYCOLOG-II OINT equiv)	-	1	DERMATOLOGICALS
triamterene/hctz cap (DYAZIDE equiv)	GS	1	DIURETICS
triamterene/hctz tab (MAXZIDE equiv)	GS	1	DIURETICS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS
TRIBENZOR TAB	-	3	ANTIHYPERTENSIVES
tricitrates soln. (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
TRICOR TAB	-	3	ANTIHYPERLIPIDEMICS
trifluoperazine	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
trifluridine ophth soln. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
trihexyphenidyl elixir	-	1	ANTIPARKINSON AGENTS
trihexyphenidyl tab	-	1	ANTIPARKINSON AGENTS
tri-legest (ESTROSTEP FE equiv)	-	2	CONTRACEPTIVES
TRILIPIX CAP	-	2	ANTIHYPERLIPIDEMICS
TRI-LUMA CREAM	-	NC	DERMATOLOGICALS
trilyte (NULYTELY equiv)	-	1	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
trimethoprim	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	2	ANTIDEPRESSANTS
trinessa (ORTHO TRI-CYCLEN equiv)	-	1	CONTRACEPTIVES
tri-vit/iron/fluoride tab	-	1	MULTIVITAMINS
TRIZIVIR	SP	2	ANTIVIRALS
tropicamide ophth soln. (MYDRIACYL equiv) (QL = 2 bottle/fill)	QL	1	OPHTHALMIC AGENTS
tropium tab (SANCTURA equiv)	-	3	URINARY ANTISPASMODICS
TRUVADA	SP	2	ANTIVIRALS
TUSSICAPS (QL = 20 caps/fill; 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY

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TWINJECT (QL = 2 kit/fill)	QL	3	VASOPRESSORS
TWYNSTA TAB	-	3	ANTIHYPERTENSIVES
TYKERB TAB	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYSABRI INJ.	M-RS	M	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO (Available through Accredo phone 1-866-591-9075 fax 1-866-591-9094)	PA	2	CARDIOVASCULAR AGENTS - MISC.
TYZEKA	-	NC	ANTIVIRALS
u-cort cream (CARMOL-HC equiv)	-	2	DERMATOLOGICALS
ULESFIA LOTION	-	3	DERMATOLOGICALS
ULORIC (Step therapy requires failure of allopurinol)	ST-TS	2	GOUT AGENTS
ULTRASE	-	2	DIGESTIVE AIDS
UMECTA EMULSION 40%	-	3	DERMATOLOGICALS
URAMAXIN CREAM	-	2	DERMATOLOGICALS
urea cream	-	2	DERMATOLOGICALS
urea cream 40% (CARMOL equiv)	-	2	DERMATOLOGICALS
urea cream 50% (KERALAC equiv)	-	2	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	2	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
urea ointment 50% (KERALAC equiv)	-	2	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	2	DERMATOLOGICALS
URITACT DS TAB	-	3	URINARY ANTI-INFECTIVES
URITACT EC TAB	-	3	URINARY ANTI-INFECTIVES
UROCIT-K	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
UROXATRAL TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
ursodiol caps (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO/URSO FORTE equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
VAGIFEM TAB	-	2	VAGINAL PRODUCTS
valacyclovir (VALTREX equiv)	-	2	ANTIVIRALS
VALCYTE SOLN.	RS	2	ANTIVIRALS
VALCYTE TAB	RS	2	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
VALTURNA TAB	-	3	ANTIHYPERTENSIVES
VANCOCIN	-	2	ANTI-INFECTIVE AGENTS - MISC.
VANIQA	-	NC	DERMATOLOGICALS
VECTICAL OINT	-	2	DERMATOLOGICALS
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine ER tab (VENLAFAXINE ER TAB equiv)	-	1	ANTIDEPRESSANTS
VENLAFAXINE ER TAB 225MG	-	1	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	2	ANTIDEPRESSANTS
VENTAVIS (Only available through Accredo phone 1-866-591-9075 fax 1-866-591-9094)	PA	2	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA (QL = 2 inhalers/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAMYST	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
verapamil er (VERELAN PM equiv)	-	3	CALCIUM CHANNEL BLOCKERS
verapamil sr (VERELAN equiv)	GS	1	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR equiv)	GS	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO	-	3	DERMATOLOGICALS
VEREGEN OINT.	-	NC	DERMATOLOGICALS

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VERELAN CAP	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN PM CAP	-	3	CALCIUM CHANNEL BLOCKERS
VESICARE TAB	TS	2	URINARY ANTISPASMODICS
VEXOL (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
VFEND SUSP.	RS	2	ANTIFUNGALS
VFEND TAB	RS	3	ANTIFUNGALS
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES
VICTOZA INJ.	-	2	ANTIDIABETICS
VICTRELIS (Limited to 2X15 days supply for first 3 months)	MSP-PA	2	ANTIVIRALS
VIDEX	SP	2	ANTIVIRALS
VIGAMOX (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	2	ANTICONVULSANTS
VIMPAT TAB (QL = 2 tab/day)	QL	2	ANTICONVULSANTS
VIRACEPT	SP	2	ANTIVIRALS
VIRACEPT POWDER	SP	2	ANTIVIRALS
VIRAMUNE	SP	2	ANTIVIRALS
VIRAMUNE SUSP.	SP	2	ANTIVIRALS
VIRAMUNE XR	SP	3	ANTIVIRALS
VIREAD	SP	2	ANTIVIRALS
visqid tab (UROQUID equiv)	-	1	URINARY ANTI-INFECTIVES
VISUDYNE INJ.	M-RS	M	OPHTHALMIC AGENTS
vitamin d (RX strength only)	-	1	VITAMINS
VIVAGLOBIN INJ	MSP	2	PASSIVE IMMUNIZING AGENTS
VIVELLE (DOT)	-	2	ESTROGENS
VIVOTIF (QL=4 caps/fill)	QL	2	VACCINES
VOLTAREN GEL (QL = Retail 5 tubes/fill; Mail Order 15 tubes/fill)	QL	3	DERMATOLOGICALS
voriconazole tab (VFEND equiv)	RS	2	ANTIFUNGALS
VOTRIENT TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VYTORIN (QL = 1 tab/day (10/80mg is Not Covered))	QL	3	ANTIHYPERLIPIDEMICS
VYVANSE	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WELCHOL PAK	-	2	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	2	ANTIHYPERLIPIDEMICS
XARELTO TAB	-	2	ANTICOAGULANTS
XELODA TAB	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XENAZINE (Only available through the Xenazine Support Program 1-888-882-6013)	PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XERESE	-	3	DERMATOLOGICALS
XIBROM (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
XIBROM OPHTH SOLN. (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
XIFAXAN 200mg (QL=Max 3 tabs/day for 3 days)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN 550mg (QL=2 tabs/day)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
XOLAIR INJ.	M-PA	M	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	NC	DERMATOLOGICALS
XOPENEX HFA (QL = 2 inhalers/fill)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XYREM (Only available through Xyrem Central Pharmacy 1-866-997-3688)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
YASMIN	-	1	CONTRACEPTIVES
YAZ	-	1	CONTRACEPTIVES

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Drug Name	Special Code	Tier	Category
YODOXIN	-	3	AMEBICIDES
zafirlukast tab (ACCOLATE equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv)	-	1	HYPNOTICS
ZANAFLEX CAP	-	3	MUSCULOSKELETAL THERAPY AGENTS
ZANTAC EFFER TAB	-	3	ULCER DRUGS
ZAVESCA CAP	-	2	HEMATOPOIETIC AGENTS
ZEGERID OTC	OTC	1	ULCER DRUGS
ZEGERID POWDER (Member less than 12 years no PA required)	PA	2	ULCER DRUGS
ZELAPAR	-	3	ANTIPARKINSON AGENTS
ZEMPLAR	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZENPEP (Step Therapy requires trial of CREON and PANCREAZE)	ST	3	DIGESTIVE AIDS
zeosa (FEMCON FE equiv)	-	3	CONTRACEPTIVES
ZETIA TAB (QL = 1 tab/day)	QL	2	ANTIHYPERLIPIDEMICS
ZEVALIN KIT	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZIAGEN	SP	2	ANTIVIRALS
ZIANA	-	3	DERMATOLOGICALS
zidovudine (RETROVIR equiv)	SP	2	ANTIVIRALS
zidovudine cap (RETROVIR equiv)	-	2	ANTIVIRALS
zinc sulfate cap	-	1	MINERALS & ELECTROLYTES
ZIRGAN (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER	-	3	MACROLIDES
ZMAX	-	3	MACROLIDES
ZODRYL AC SUSP (Rx covered Only)	-	3	COUGH/COLD/ALLERGY
ZOLADEX IMP.	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLINZA CAP	MSP-RS	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolpidem (AMBIEN equiv)	-	1	HYPNOTICS
zolpidem ER tab (AMBIEN CR equiv)	-	NC	HYPNOTICS
ZOLPIMIST	-	NC	HYPNOTICS
ZOLVIT SOLN	-	3	ANALGESICS - OPIOID
ZOMIG NASAL SPRAY (QL = Retail 6 spray/fill, 2 fill/30 days; Mail Order 18 spray/fill, 2 fill/90 days)	QL	3	MIGRAINE PRODUCTS
ZOMIG TAB (QL=Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	3	MIGRAINE PRODUCTS
ZOMIG ZMT (QL=Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	3	MIGRAINE PRODUCTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZORPRIN	-	3	ANALGESICS - NONNARCOTIC
ZORTRESS TAB	PA-SP	2	ASSORTED CLASSES
zotane hc (CORTANE-B AQUEOUS equiv) (QL = 2 bottle/fill)	QL	1	OTIC AGENTS
ZOVIRAX CREAM	-	3	DERMATOLOGICALS
ZOVIRAX OINT	-	2	DERMATOLOGICALS
ZUPLENZ ORAL FILM	-	NC	ANTIEMETICS
ZUTRIPRO (QL = 4 oz/Rx; 2 fills/month)	QL	3	COUGH/COLD/ALLERGY
ZYDONE TAB	-	3	ANALGESICS - OPIOID
ZYFLO	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYFLO CR	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYLET OPHTH SOLN. (QL = 5 ml/fill, 10 ml bottle is Not Covered)	QL	2	OPHTHALMIC AGENTS
ZYMAXID 0.5% OPHTH SOLN (QL = 2 bottle/fill)	QL	2	OPHTHALMIC AGENTS

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ZYPREXA	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA ZYDIS	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYRTEC-D TAB (OTC)	OTC	1	COUGH/COLD/ALLERGY
ZYTIGA	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX SUSP.	RS	2	ANTI-INFECTIVE AGENTS - MISC.
ZYVOX TAB	RS	2	ANTI-INFECTIVE AGENTS - MISC.

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
methamphetamine (DESOXYN equiv)	-	1
ADDERALL XR	-	2
VYVANSE	-	2
PROCENTRA	-	3
AMPHETAMINE ER CAP	-	NC
ANALEPTICS		
caffeine citrate oral soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
STRATTERA CAP (QL = 2 cap/day)	QL	2
INTUNIV (Step Therapy requires trial of guanfacine IR)	ST	3
STIMULANTS - MISC.		
methylin er (METADATE ER equiv)	-	1
methylphenidate (RITALIN equiv)	-	1
dexmethylphenidate tab (FOCALIN equiv)	-	2
methylphenidate cap er (RITALIN LA CAP equiv)	-	2
METHYLPHENIDATE ER	-	2
methylphenidate soln (METHYLIN SOLN equiv)	-	2
NUVIGIL TAB (QL = 1 tab/day)	PA-QL	2
CONCERTA	-	3
DAYTRANA PATCH	-	3
FOCALIN XR	-	3
METADATE CD	-	3
METHYLIN CHEW	-	3
RITALIN LA	-	3
PROVIGIL	-	NC
AMEBICIDES		
AMEBICIDES		
YODOXIN	-	3
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	1
TOBI	PA-SP	2
paromomycin (HUMATIN equiv)	-	3
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	3
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ	MSP-PA	2
SIMPONI INJ	MSP-PA	3
GOLD COMPOUNDS		
RIDAURA CAP	-	2
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ	MSP-PA	2
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
etodolac cap	-	1
etodolac tab	-	1
fenoprofen calcium tab	-	1
flurbiprofen tab	-	1
ibuprofen (RX only)	-	1
ibuprofen susp. (MOTRIN equiv)	-	1
indomethacin cap	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
ketorolac tab (QL = 5 days treatment (20 tabs/5 days))	QL	1
meclofenamate cap	-	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen sodium tab (ANAPROX equiv)	-	1
naproxen susp. (NAPROSYN equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
oxaprozin tab (DAYPRO equiv)	-	1
piroxicam cap (FELDENE equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
tolmetin cap	-	1
TOLMETIN TAB	-	1
CELEBREX CAP (QL = 2 cap/day)	PA-QL	2
INDOCIN SUPP.	-	2
INDOCIN SUSP.	-	2
ARTHROTEC TAB	-	3
etodolac ER tab	-	3
KETOPROFEN ER CAP	-	3
mefenamic acid (PONSTEL equiv)	-	3
NALFON CAP	-	3
CAMBIA POWDER	-	NC
ketoprofen cap	-	NC
ketorolac inj (TORADOL INJ equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
SPRIX NASAL SPRAY	-	NC
VIMOVO TAB	-	NC
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA INJ.	M-PA-RS	M
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ	MSP-PA	2
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital	-	NC
DOLGIC	-	NC
SALICYLATES		
choline magnesium trisalicylate	-	1

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ANALGESICS - NONNARCOTIC Cont.		
diffunisal (DOLOBID equiv)	-	1
salsalate	-	1
EASPRIN TAB	-	3
ZORPRIN	-	3
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab	-	1
hydromorphone supp	-	1
hydromorphone tab (DILAUDID equiv)	-	1
meperidine tab (DEMEROL equiv)	-	1
METHADONE SOLN.	-	1
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate oral soln.	-	1
morphine sulfate supp.	-	1
morphine sulfate tab	-	1
oxycodone cap (OXYIR equiv)	-	1
oxycodone oral soln. (ROXICODONE equiv)	-	1
oxycodone tab (ROXICODONE equiv)	-	1
tramadol tab (ULTRAM equiv)	-	1
fentanyl patch (DURAGESIC equiv)	-	2
LEVORPHANOL TAB	-	2
NUCYNTA ER (QL= 2 tabs/day)	QL	2
oxycodone oral soln. (ROXICODONE equiv)	-	2
OXYCONTIN (QL = Retail 120 tab/30 days; Mail Order 360 tab/90 days)	QL	2
OXYIR	-	2
ABSTRAL TAB (QL = 120 tab/30 days)	PA-QL	3
AVINZA	-	3
DAZIDOX TAB	-	3
EMBEDA	-	3
EXALGO	-	3
fentanyl citrate lollipop (ACTIQ equiv) (QL = 120 unit/30 days)	QL	3
FENTORA (QL = 120 unit/30 days)	QL	3
KADIAN CAP	-	3
LAZANDA SPRAY (QL=15 bottles/30 days)	PA-QL	3
morphine sulfate er cap (KADIAN equiv)	-	3
NUCYNTA	-	3
ORAMORPH TAB	-	3
tramadol ER tab (ULTRAM ER equiv)	-	3
OPANA ER TAB	-	NC
oxymorphone tab (OPANA equiv)	-	NC
RYBIX ODT	-	NC
OPIOID COMBINATIONS		
acetaminophen/codeine soln.	-	1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
aspirin/codeine tab	-	1
hydrocodone/apap soln (ZOLVIT SOLN equiv)	-	1
hydrocodone/apap tab (LORTAB equiv)	-	1
oxycodone/apap cap (TYLOX equiv)	-	1
oxycodone/apap tab (PERCOCET equiv)	-	1

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ANALGESICS - OPIOID Cont.		
oxycodone/aspirin tab (PERCODAN equiv)	-	1
pentazocine/apap tab (TALACEN equiv)	-	1
ROXICET SOLN. 325mg/5ml	-	2
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	3
CAPITAL/CODEINE SUSP.	-	3
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3
tramadol/apap tab (ULTRACET equiv)	-	3
ZOLVIT SOLN	-	3
ZYDONE TAB	-	3
OPIOID PARTIAL AGONISTS		
SUBOXONE SL FILM	-	2
butorphanol nasal spray (STADOL equiv) (QL = Retail 1 bottle/fill, 2 fill/30 days; Mail Order 3 bottle/fill, 2 fill/90 days)	QL	3
BUTRANS PATCH (QL = 4 patch/28 day)	QL	3
pentazosin/naloxone tab (TALWIN NX equiv)	-	3
buprenorphine hcl (SUBUTEX equiv)	-	NC
SUBOXONE SL TAB	-	NC
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone (OXANDRIN equiv)	-	1
ANDROGENS		
testosterone cypionate (DEPO-TESTOSTERONE equiv)	-	1
ANDRODERM PATCH (QL = 1 patch/day)	PA-QL	2
ANDROGEL 25MG (QL= 1 packet/day)	PA-QL	2
ANDROGEL 50MG (QL = 2 packets/day)	PA-QL	2
ANDROGEL PUMP 1% (QL = 4 bottle/30 days)	PA-QL	2
ANDROGEL PUMP 1.62% (QL = 2 bottle/30 days)	PA-QL	2
ANDROXY	-	2
danazol (DANOCRINE equiv)	-	2
ANDROID	-	3
AXIRON SOLN. (QL = 2 bottle/30 days)	PA-QL	3
FORTESTA GEL (QL = 2 bottle/30 days)	PA-QL	3
METHITEST TAB	-	3
TESTIM GEL (QL= 2 packets/day)	PA-QL	3
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema	-	2
CORTIFOAM	-	3
RECTAL COMBINATIONS		
hc pramoxine cream (ANALPRAM HC equiv)	-	1
PROCTOFOAM HC	-	2
lidocaine/hydrocortisone cream kit (ANAMANTLE KIT equiv)	-	NC
RECTAL STEROIDS		
hydrocortisone supp	-	1
proctosol cream (ANUSOL HC equiv)	-	1
ANTHELMINTICS		
ANTHELMINTICS		
ALBENZA	-	2
mebendazole	-	2

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ANTHELMINTICS Cont.		
STROMECTOL	-	2
BILTRICIDE	-	3
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB	-	2
NITRATES		
isosorbide dinitrate cap	-	1
isosorbide dinitrate sl tab	-	1
isosorbide dinitrate tab	-	1
isosorbide mononitrate (MONOKET equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
nitroglycerin cap	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
NITROLINGUAL PUMPSPRAY	-	2
NITROSTAT SL TAB	-	2
NITRO-BID OINT.	-	3
NITROMIST AEROSOL	-	3
ANTIANGIETY AGENTS		
ANTIANGIETY AGENTS - MISC.		
buspirone (BUSPAR equiv)	-	1
hydroxyzine pamoate (VISTARIL equiv)	-	1
hydroxyzine syrup	-	1
hydroxyzine tab	-	1
meprobamate	-	1
buspirone 30mg tab (BUSPAR equiv)	-	NC
BENZODIAZEPINES		
alprazolam (XANAX equiv)	-	1
chlordiazepoxide (LIBRIUM equiv)	-	1
clorazepate (TRANXENE-T equiv)	-	1
diazepam soln	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam soln	-	1
lorazepam tab (ATIVAN equiv)	-	1
oxazepam	-	1
alprazolam ER tab (XANAX XR equiv)	-	2
alprazolam odt (NIRAVAM equiv)	-	3
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
quinidine sulfate tab	-	1
disopyramide ER cap (NORPACE CR equiv)	-	2
NORPACE CR CAP	-	2
quinidine gluconate CR tab	-	2
quinidine sulfate ER tab	-	3
ANTIARRHYTHMICS TYPE I-B		
MEXILETINE CAP	-	2
ANTIARRHYTHMICS TYPE I-C		
propafenone tab (RHYTHMOL equiv)	-	1

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ANTIARRHYTHMICS Cont.		
flecainide tab (TAMBOCOR equiv)	-	2
propafenone er (RYTHMOL SR equiv)	-	2
ANTIARRHYTHMICS TYPE III		
amiodarone tab (PACERONE equiv)	-	1
MULTAQ TAB (Restricted to Cardiology Specialist)	RS	2
TIKOSYN CAP	-	2
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
XOLAIR INJ.	M-PA	M
ANTI-INFLAMMATORY AGENTS		
cromolyn nebulizer solution (INTAL equiv)	-	1
INTAL INHALER (QL = 2 inhaler/fill)	QL	2
albuterol neb solution 0.63mg	-	3
albuterol neb solution 1.25 mg	-	3
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium nebulizer solution (ATROVENT equiv)	-	1
ATROVENT HFA (QL = 2 inhalers/fill)	QL	2
SPIRIVA HANDIHALER (For use with Handihaler device)	-	2
LEUKOTRIENE MODULATORS		
SINGULAIR CHEW TAB (Step Therapy requires previous diagnosis of Asthma. ST not required for members less than 14 years)	ST	2
SINGULAIR GRANULE (Step Therapy requires previous diagnosis of Asthma. ST not required for members less than 14 years)	ST	2
SINGULAIR TAB (Step Therapy requires previous diagnosis of Asthma. ST not required for members less than 14 years)	ST	2
zafirlukast tab (ACCOLATE equiv)	-	3
ZYFLO	-	3
ZYFLO CR	-	3
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB	-	NC
STEROID INHALANTS		
ASMANEX INHALER (QL=2 inhaler/fill)	QL	1
budesonide susp (PULMICORT RESPULES equiv)	-	1
FLOVENT DISKUS (QL = 1 inhalers/fill)	QL	1
FLOVENT HFA (QL = 2 inhalers/fill)	QL	1
QVAR (QL = 2 inhalers/fill)	QL	1
PULMICORT RESPULE 1mg/2ml	-	2
AEROBID (QL = 2 inhalers/fill)	QL	3
ALVESCO (QL = 2 inhalers/fill)	QL	3
AZMACORT (QL = 2 inhalers/fill)	QL	3
PULMICORT FLEXHALER (QL = 2 inhalers/fill)	QL	3
SYMPATHOMIMETICS		
albuterol neb. solution 0.083%	-	1
albuterol neb. solution 0.5%	-	1
albuterol sulfate er (VOSPIRE ER equiv)	-	1
albuterol sulfate syrup	-	1
albuterol sulfate tab	-	1
metaproterenol syrup	-	1
terbutaline sulfate (BRETHINE equiv)	-	1
COMBIVENT INHALER (QL = 2 inhalers/fill)	QL	2
FORADIL AEROLIZER	-	2

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
TS	Tablet Splitting				

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
MAXAIR AUTOHALER (QL = 2 inhalers/fill)	QL	2
SEREVENT DISKUS (QL = 1 inhaler/fill)	QL	2
VENTOLIN HFA (QL = 2 inhalers/fill)	QL	2
ADVAIR DISKUS (Tier 2 when criteria met; QL = 1 inhaler/fill)	QL	2*
ADVAIR HFA (Tier 2 when criteria met; QL = 2 inhaler/fill)	QL	2*
DULERA INHALER (Tier 2 when criteria met)	QL	2*
SYMBICORT (Tier 2 when criteria met)	QL	2*
albuterol/ipratropium nebulizer solution (DUONEB equiv)	-	3
BROVANA NEB	-	3
METAPROTERENOL TAB	-	3
PERFOROMIST NEB	-	3
PROVENTIL HFA (QL = 2 inhalers/fill)	QL	3
XOPENEX HFA (QL = 2 inhalers/fill)	QL	3
levalbuterol neb (XOPENEX equiv)	-	NC
XANTHINES		
aminophylline	-	1
theophylline cr	-	1
theophylline er tab (UNIPHYL equiv)	-	1
THEOPHYLLINE SOLN	-	1
THEOPHYLLINE ELIXIR	-	2
LUFYLLIN	-	3
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
DIRECT FACTOR XA INHIBITORS		
XARELTO TAB	-	2
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj. (LOVENOX equiv) (QL = 17 days supply)	QL-SP	2
fondaparinux soln (ARIXTRA SOLN equiv)	PA-SP	2
FRAGMIN INJ.	SP	2
INNOHEP INJ.	-	NC
THROMBIN INHIBITORS		
PRADAXA CAP (QL= 2 caps/day)	QL	2
ANTICONSULSANTS		
ANTICONSULSANTS - BENZODIAZEPINES		
clonazepam tab (KLONOPIN equiv)	-	1
DIASTAT RECTAL GEL	RS	2
clonazepam odt (KLONOPIN WAFER equiv)	-	3
ANTICONSULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL CHEW equiv)	-	1
carbamazepine susp. (TEGRETOL SUSP. equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv)	-	1
gabapentin tab (NEURONTIN equiv)	-	1
lamotrigine chew tab (LAMICTAL CHEW equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam oral soln (KEPPRA ORAL SOLN equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp. (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1

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ANTICONVULSANTS Cont.		
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX SPRINKLE equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
BANZEL SUSP	-	2
BANZEL TAB	-	2
carbamazepine cap (CARBATROL equiv)	-	2
carbamazepine ER tab (TEGRETOL XR equiv)	-	2
gabapentin soln. (NEURONTIN SOLN equiv)	-	2
lamotrigine starter kit (LAMICTAL STARTER equiv)	-	2
levetiracetam tab er (KEPPRA XR equiv)	-	2
LYRICA CAP	PA	2
VIMPAT SOLN	-	2
VIMPAT TAB (QL = 2 tab/day)	QL	2
KEPPRA ORAL SOLN	-	3
LAMICTAL ODT	-	3
LAMICTAL XR TAB	-	3
LAMICTAL XR/ODT KIT	-	3
CARBAMATES		
felbamate (FELBATOL equiv)	-	2
felbamate susp. (FELBATOL SUSP. equiv)	-	2
FELBATOL	-	2
GABA MODULATORS		
GABITRIL TAB	-	2
SABRIL POWDER (Only available through Accredo 1-866-591-9075, Fax 1-866-591-9094)	-	2
SABRIL TAB (Only available through Accredo 1-866-591-9075, Fax 1-866-591-9094)	-	2
HYDANTOINS		
PHENYTEK CAP	-	1
phenytoin cap (DILANTIN CAP equiv)	-	1
phenytoin susp. (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
DILANTIN CHEW TAB	-	2
PEGANONE TAB	-	2
SUCCINIMIDES		
ethosuximide soln. (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sprinkle cap (DEPAKOTE SPRINKLE equiv)	-	1
divalproex tab (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
STAVZOR CAP	-	NC

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

mirtazapine (REMERON equiv)	-	1
mirtazapine odt (REMERON SOLUTAB equiv)	-	1
ANTIDEPRESSANTS - MISC.		
bupropion tab (WELLBUTRIN equiv)	-	1

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ANTIDEPRESSANTS Cont.		
maprotiline tab	-	1
budeprion XL (WELLBUTRIN XL equiv)	-	2
bupropion sr (WELLBUTRIN SR equiv)	-	2
MODIFIED CYCLICS		
NEFAZODONE TAB	-	1
trazodone	-	1
OLEPTRO	-	3
trazodone 300mg	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1
MARPLAN	-	2
NARDIL	-	2
tranylcypromine (PARNATE equiv)	-	2
EMSAM	-	3
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram oral soln. (CELEXA equiv)	GS	1
citalopram tab (CELEXA equiv)	GS	1
fluoxetine cap (PROZAC equiv)	GS	1
fluoxetine liquid (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	GS	1
fluvoxamine (LUVOX equiv)	-	1
paroxetine oral soln (PAXIL equiv)	GS	1
paroxetine tab (PAXIL equiv)	GS	1
sertraline soln. (ZOLOFT equiv)	GS	1
sertraline tab (ZOLOFT equiv)	GS	1
LEXAPRO SOLN	-	2
LEXAPRO TAB	TS	2
paroxetine er (PAXIL CR equiv)	-	2
LUVOX CR (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	3
PEXEVA (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	3
FLUOXETINE 60mg	-	NC
fluoxetine weekly (PROZAC WEEKLY equiv)	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine ER tab (VENLAFAXINE ER TAB equiv)	-	1
VENLAFAXINE ER TAB 225MG	-	1
CYMBALTA CAP (QL = 1 cap/day)	QL	2
CYMBALTA CAP 60mg (QL = 2 cap/day)	QL	2
venlafaxine tab (EFFEXOR equiv)	-	2
PRISTIQ (Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3
TRICYCLIC AGENTS		
amitriptyline	-	1
amoxapine	-	1
clomipramine cap (ANAFRANIL equiv)	-	1
desipramine (NORPRAMINE equiv)	-	1
doxepin cap	-	1
imipramine (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline soln (PAMELOR equiv)	-	1
trimipramine cap (SURMONTIL equiv)	-	2

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ANTIDEPRESSANTS Cont.		
imipramine pamoate (TOFRANIL PM equiv)	-	3
protriptyline (VIVACTIL equiv)	-	3
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose (PRECOSE equiv)	-	1
GLYSET TAB	-	2
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLIN	-	NC
ANTIDIABETIC COMBINATIONS		
glipizide/metformin (METAGLIP equiv)	-	1
glyburide/metformin (GLUCOVANCE equiv)	-	1
ACTOPLUS MET	-	2
AVANDAMET	-	2
AVANDARYL	-	2
DUETACT	-	2
JANUMET	-	2
JUVISYNC TAB	-	2
ACTOPLUS MET XR	-	3
PRANDIMET	-	3
KOMBIGLYZE XR TAB	-	NC
BIGUANIDES		
metformin (GLUCOPHAGE equiv)	GS	1
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
FORTAMET TAB	-	3
metformin er (FORTAMET equiv)	-	3
RIOMET SOLN.	-	3
DIABETIC OTHER		
GLUCAGEN HYPOKIT	-	2
GLUCAGON KIT	-	2
PROGLYCEM	-	3
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL = 1 tab/day)	QL-TS	2
ONGLYZA (Step Therapy requires trial of JANUVIA)	ST	3
TRADJENTA TAB (Step Therapy requires trial of JANUVIA)	ST	3
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET	-	3
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYETTA	-	2
VICTOZA INJ.	-	2
INSULIN		
NOVOLIN VIAL	OTC	1
HUMULIN 50/50	OTC	2
HUMULIN PEN	OTC	2
HUMULIN R INJ U-500	-	2
LANTUS (SOLOSTAR)	-	2
LEVEMIR	-	2
NOVOLIN INNOLET	OTC	2
NOVOLIN PENFILL	OTC	2
NOVOLOG	-	2

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ANTIDIABETICS Cont.		
NOVOLOG MIX 70/30	-	2
APIDRA	-	3
HUMALOG	-	3
HUMALOG MIX	-	3
HUMULIN MIX	OTC	3
HUMULIN N U-100	OTC	3
HUMULIN-R U-100	OTC	3
RELION MIX	OTC	3
RELION N	OTC	3
RELION R	OTC	3
INSULIN SENSITIZING AGENTS		
ACTOS TAB	TS	2
AVANDIA	-	2
MEGLITINIDE ANALOGUES		
PRANDIN TAB	-	2
nateglinide (STARLIX equiv)	-	3
SULFONYLUREAS		
chlorpropamide (DIABINESE equiv)	-	1
glimepiride (AMARYL equiv)	-	1
glipizide (GLUCOTROL equiv)	GS	1
glipizide er (GLUCOTROL XL equiv)	-	1
glyburide (MICRONASE equiv)	GS	1
glyburide micronized (GLYNASE equiv)	-	1
GLYCRON	-	1
tolazamide (TOLINASE equiv)	-	1
TOLBUTAMIDE	-	2
ANTIDIARRHEALS		
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
opium tincture	-	3
loperamide cap	-	NC
ANTIDOTES		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
EXJADE (Only available through Accredo phone 1-866-890-3395, fax 1-866-591-9094)	-	2
OPIOID ANTAGONISTS		
naltrexone tab (REVIA equiv)	-	2
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= Retail 9 tabs/fill; Mail Order 27 tabs/fill)	QL-SP	1
ondansetron (ZOFRAN equiv)	SP	1
ondansetron ODT (ZOFRAN ODT equiv)	SP	1
ondansetron oral soln (ZOFRAN ORAL SOLN equiv)	SP	1
ANZEMET TAB (QL = Retail 9 tabs/fill; Mail Order 27 tabs/fill)	QL-SP	3
GRANISOL SOLN. (QL = Retail 60ml/fill, Mail Order 180ml/fill)	QL-SP	3
SANCUSO (QL = Retail 4 patch/fill; Mail Order 12 patch/fill)	QL-SP	3
ZUPLENZ ORAL FILM	-	NC
ANTIEMETICS - ANTICHOLINERGIC		

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ANTIEMETICS Cont.		
maldemar tab (SCOPACE equiv)	-	1
meclizine chew tab	OTC	1
meclizine tab	OTC	1
trimethobenzamide cap (TIGAN equiv)	-	1
TRANSDERM SCOP	-	2
ANTIEMETICS - MISCELLANEOUS		
dronabinol (MARINOL equiv)	-	2
CESAMET	-	3
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
EMEND CAP (QL = Retail 3 cap/fill; Mail Order 9 cap/fill)	M-QL-RS-SP	2
EMEND PAK (QL = Retail 3 cap/fill; Mail Order 9 cap/fill)	M-QL-RS-SP	2
ANTIFUNGALS		
ANTIFUNGALS		
nystatin powder	-	1
nystatin tab	-	1
terbinafine (LAMISIL equiv)	-	1
flucytosine cap (ANCOBON equiv)	-	2
griseofulvin susp. (GRIFULVIN equiv)	-	2
GRISEOFULVIN ULTRA	-	2
GRISFULVIN SUSP.	-	2
GRISFULVIN V TAB	-	2
ANCOBON	-	3
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole (DIFLUCAN equiv)	-	1
ketoconazole (NIZORAL equiv)	-	1
itraconazole (SPORANOX equiv)	PA	2
NOXAFIL	-	2
VFEND SUSP.	RS	2
voriconazole tab (VFEND equiv)	RS	2
SPORANOX ORAL SOLN	PA	3
VFEND TAB	RS	3
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine (Only 50mg covered)	-	1
carbinoxamine liquid (PALGIC equiv)	-	3
carbinoxamine tab (PALGIC equiv)	-	3
ANTIHISTAMINES - NON-SEDATING		
CLARINEX REDITAB	-	NC
CLARINEX SYRUP	-	NC
CLARINEX TAB	-	NC
levocetirizine soln (XYZAL equiv)	-	NC
levocetirizine tab (XYZAL equiv)	-	NC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine syrup	-	1
promethazine tab	-	1
promethazine supp.	-	2
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1

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ANTIHYPERTENSIVES

ANTIHYPERTENSIVES - COMBINATIONS

VYTORIN (QL = 1 tab/day (10/80mg is Not Covered))	QL	3
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ANTIHYPERTENSIVES - MISC.

LOVAZA CAP	-	2
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BILE ACID SEQUESTRANTS

cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
colestipol powder (COLESTID equiv)	-	2
WELCHOL PAK	-	2
WELCHOL TAB	-	2
colestipol granule (COLESTID equiv)	-	3

FIBRIC ACID DERIVATIVES

gemfibrozil tab (LOPID equiv)	-	1
LOFIBRA	-	1
TRILIPIX CAP	-	2
ANTARA CAP	-	3
FIBRICOR TAB	-	3
TRICOR TAB	-	3

HMG COA REDUCTASE INHIBITORS

LIPITOR TAB	TS	1
lovastatin tab (MEVACOR equiv)	GS	1
pravastatin tab (PRAVACHOL equiv)	GS	1
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	GS	1
CRESTOR TAB (QL = 1 tab/day)	QL-TS	2
CRESTOR TAB 20MG (QL = 1.5 tab/day)	QL-TS	2
LESCOL CAP (Covered at Level 3 if PA not completed)	PA*	2
LESCOL XL CAP (Covered at Level 3 if PA not completed)	PA*	2
SIMCOR TAB	-	2
ADVICOR TAB	-	3
ALTOPREV TAB	-	3
LIVALO	-	3
atorvastatin (LIPITOR equiv)	-	NC

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

ZETIA TAB (QL = 1 tab/day)	QL	2
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NICOTINIC ACID DERIVATIVES

NIASPAN ER TAB	-	2
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ANTIHYPERTENSIVES

ACE INHIBITORS

benazepril tab (LOTENSIN equiv)	-	1
captopril tab (CAPOTEN equiv)	-	1
enalapril tab (VASOTEC equiv)	GS	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril (PRINIVIL equiv)	GS	1
moexipril tab (UNIVASC equiv)	-	1
perindopril tab (ACEON equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1

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ANTIHYPERTENSIVES Cont.		
trandolapril (MAVIK equiv)	-	1
AGENTS FOR PHEOCHROMOCYTOMA		
DIBENZYLINE CAP	-	2
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
losartan tab (COZAAR equiv)	GS	1
DIOVAN TAB	TS	2
eprosartan mesylate tab (TEVETEN equiv)	-	2
ATACAND TAB	-	3
AVAPRO TAB	-	3
BENICAR TAB	-	3
EDARBI (Step therapy requires trial of losartan (hctz))	ST	3
MICARDIS TAB	-	3
TEVETEN TAB	-	3
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	GS	1
guanfacine tab (TENEX equiv)	-	1
methyldopa tab	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	GS	1
clonidine patch (CATAPRES-TTS equiv)	-	2
GUANABENZ TAB	-	3
NEXICLON XR SUSP	-	3
NEXICLON XR TAB	-	3
RESERPINE TAB	-	3
ANTIHYPERTENSIVE COMBINATIONS		
atenolol/chlorthalidone (TENORETIC equiv)	-	1
benazepril/hctz tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hctz tab (ZIAC equiv)	GS	1
captopril/hctz tab (CAPOZIDE equiv)	-	1
enalapril/hctz tab (VASERETIC equiv)	-	1
fosinopril/hctz tab (MONOPRIL HCT equiv)	-	1
hydralazine/hctz cap	-	1
lisinopril/hctz (ZESTORETIC equiv)	-	1
losartan/hctz tab (HYZAAR equiv)	GS	1
methyldopa/hctz tab	-	1
moexipril/hctz (UNIRETIC equiv)	-	1
propranolol/hctz tab	-	1
quinapril/hctz (ACCURETIC equiv)	-	1
amlodipine/benazepril cap (LOTREL equiv)	-	2
DIOVAN HCT TAB	-	2
EXFORGE HCT TAB	-	2
EXFORGE TAB	TS	2
metoprolol/hctz tab (LOPRESSOR HCT equiv)	-	2
AMTURNIDE	-	3
ATACAND HCT	-	3
AVALIDE TAB	-	3
AZOR TAB	-	3
BENICAR HCT TAB	-	3
EDARBYCLOR (Step Therapy requires trial of losartan (hctz))	ST	3
MICARDIS HCT TAB	-	3

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
TEKAMLO TAB	-	3
TEKTURNA HCT TAB	-	3
TEVETEN HCT TAB	-	3
trandolapril/verapamil tab (TARKA equiv)	-	3
TRIBENZOR TAB	-	3
TWYNSTA TAB	-	3
VALTURNA TAB	-	3
DIRECT RENIN INHIBITORS		
TEKTURNA TAB	-	3
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	2
VASODILATORS		
hydralazine tab	-	1
minoxidil tab	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole (FLAGYL equiv)	-	1
trimethoprim	-	1
CAYSTON (Contact Cystic Fibrosis Services Ph#1-800-541-4959 Fax: 1-800-263-0251 or Foundation Care Pharmacy ph#877-291-1122 fax#877-291-1155)	PA	2
NEBUPENT	-	2
VANCOCIN	-	2
FLAGYL ER	-	3
PRIMSOL SOLN.	-	3
TINDAMAX	-	3
XIFAXAN 200mg (QL=Max 3 tabs/day for 3 days)	QL	3
XIFAXAN 550mg (QL=2 tabs/day)	QL	3
ANTI-INFECTIVE MISC. - COMBINATIONS		
erythromycin/sulfisoxazole susp. (PEDIAZOLE equiv)	-	1
smz/tmp ds (BACTRIM DS equiv)	-	1
smz/tmp susp (SEPTRA SUSP equiv)	-	1
ANTIPROTOZOAL AGENTS		
ALINIA SUSP.	-	2
MEPRON	-	2
ALINIA TAB	-	3
KETOLIDES		
KETEK TAB	RS	2
LEPROSTATICS		
DAPSONE	-	1
LINCOSAMIDES		
clindamycin 150mg	-	1
clindamycin cap 75mg (CLEOCIN equiv)	-	1
clindamycin susp (CLEOCIN PED SUSP equiv)	-	3
clindamycin 300mg	-	NC
OXAZOLIDINONES		
ZYVOX SUSP.	RS	2
ZYVOX TAB	RS	2
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		

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DrugName	Special Code	Tier
ANTIMALARIALS Cont.		
atovaquone/proguanil (MALARONE equiv)	-	2
MALARONE	-	2
ANTIMALARIALS		
hydroxychloroquine (PLAQUENIL equiv)	-	1
chloroquine (ARALEN equiv)	-	2
DARAPRIM	-	2
mefloquine (LARIAM equiv)	-	2
PRIMAQUINE	-	2
ANTIMYASTHENIC AGENTS		
ANTIMYASTHENIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
MESTINON TIMESPAN	-	2
PROSTIGMIN	-	2
MESTINON SYRUP	-	3
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
isoniazid	-	1
isoniazid syrup	-	1
pyrazinamide	-	1
ethambutol tab (MYAMBUTOL tab equiv)	-	2
MYCOBUTIN	-	2
rifampin cap (RIFADIN equiv)	-	2
ANTINEOPLASTICS		
MITOTIC INHIBITORS		
etoposide	SP	2
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN	SP	2
CEENU	SP	2
cyclophosphamide	-	2
HEXALEN	SP	2
LEUKERAN	SP	2
MYLERAN TAB	-	2
TEMODAR CAP	MSP	2
ANTIMETABOLITES		
methotrexate inj.	-	1
methotrexate tab	-	1
mercaptapurine (PURINETHOL equiv)	SP	2
TABLOID	SP	2
TREXALL	-	2
XELODA TAB	MSP	2
ANTINEOPLASTIC - ANTIBODIES		
HERCEPTIN INJ.	M	M
RITUXAN INJ.	M-PA-RS	M
ZEVALLIN KIT	M	M
ANTINEOPLASTIC - HORMONAL AGENTS		
anastrozole tab (ARIMIDEX equiv)	SP	1
bicalutamide (CASODEX equiv)	SP	1
letrozole tab (FEMARA equiv)	SP	1

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
megesterol susp (MEGACE equiv)	-	1
megesterol tab (MEGACE equiv)	-	1
tamoxifen	-	1
EMCYT	SP	2
exemestane (AROMASIN equiv)	SP	2
FARESTON	SP	2
flutamide (EULEXIN equiv)	SP	2
LYSODREN TAB	MSP	2
NILANDRON	SP	2
ZYTIGA	MSP-PA	2
ZOLADEX IMP.	M	M
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR TAB (QL= 1 tab/day; Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA-QL	2
GLEEVEC TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-RS	2
IRESSA TAB (Only available through Curascript 1-877-634-8553)	RS-SP	2
NEXAVAR TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-RS	2
SPRYCEL TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	2
SUTENT CAP (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	2
TARCEVA TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	2
TASIGNA CAP	MSP-PA	2
TYKERB TAB	MSP-PA	2
VOTRIENT TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	2
ZOLINZA CAP	MSP-RS	2
ANTINEOPLASTICS MISC.		
hydroxyurea (HYDREA equiv)	-	1
ACTIMMUNE INJ	MSP	2
ALFERON N INJ	MSP	2
INTRON-A INJ	MSP	2
MATALUNE	SP	2
PROLEUKIN	SP	2
TARGRETIN CAP (Limited to 2 x 15 day fills per month for first 3 months)	MSP-RS	2
tretinoin cap (VESANOID equiv)	MSP	2
SYLATRON INJ.	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin	-	1
MESNEX TAB	MSP	2
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	MSP-PA	2
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
LODOSYN	-	2
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl elixir	-	1
trihexyphenidyl tab	-	1
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB	-	2
TASMAR TAB	-	3
ANTIPARKINSON DOPAMINERGICS		
amantadine cap	-	1

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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
amantadine syrup	-	1
carbidopa/levodopa (SINEMET equiv)	-	1
carbidopa/levodopa ER (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
pramipexole tab (MIRAPEX TAB equiv)	-	1
ropinirole (REQUIP equiv)	-	1
APOKYN INJ.	SP	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
STALEVO	-	2
AMANTADINE TAB	-	3
MIRAPEX ER	-	3
REQUIP XL	-	3
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline (ELDEPRYL equiv)	-	1
AZILECT TAB	TS	2
ZELAPAR	-	3
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carb er (ESKALITH ER equiv)	-	1
lithium carbonate	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium citrate	-	1
ANTIPSYCHOTICS - MISC.		
EQUETRO	-	2
GEODON	-	2
LATUDA TAB (QL = 1 tab/day)	PA-QL	3
BENZISOXAZOLES		
risperidone (RISPERDAL equiv)	-	1
risperidone soln (RISPERDAL equiv)	-	1
risperidone odt tab (RISPERDAL M equiv)	-	2
FANAPT	PA	3
INVEGA TAB	-	NC
BUTYROPHENONES		
haloperidol lactate conc.	-	1
haloperidol tab	-	1
DIBENZAPINES		
loxapine	-	1
clozapine (CLOZARIL equiv)	-	2
FAZACLO ODT	-	2
olanzapine ODT tab (ZYPREXA ZYDIS equiv)	-	2
olanzapine tab (ZYPREXA equiv)	-	2
SEROQUEL TAB	TS	2
SEROQUEL XR	-	2
SAPHRIS	PA	3
ZYPREXA	-	3
ZYPREXA ZYDIS	-	3
DIHYDROINDOLONES		
MOBAN	-	3

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ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
PHENOTHIAZINES		
chlorpromazine	-	1
fluphenazine	-	1
perphenazine	-	1
prochlorperazine supp.	-	1
prochlorperazine tab	-	1
thioridazine	-	1
trifluoperazine	-	1
QUINOLINONE DERIVATIVES		
ABILIFY DISCMELT	PA	2
ABILIFY SOLN	PA	2
ABILIFY TAB	PA-TS	2
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1
ANTISEPTICS & DISINFECTANTS		
CHLORINE ANTISEPTICS		
PHISOHEX	-	3
IODINE ANTISEPTICS		
IODOFLEX PAD	-	2
IODOSORB GEL	-	2
ANTIVIRALS		
ANTIRETROVIRALS		
APTIVUS	SP	2
APTIVUS SOLN	SP	2
ATRIPLA	SP	2
COMBIVIR	SP	2
CRIXIVAN	SP	2
didanosine (VIDEX EC equiv)	SP	2
EMTRIVA CAP	SP	2
EMTRIVA SOLN.	SP	2
EPIVIR SOLN.	SP	2
EPIVIR TAB	SP	2
EPZICOM	SP	2
FUZEON INJ	MSP	2
INTELENCE	SP	2
INVIRASE	SP	2
ISENTRESS	SP	2
KALETRA SOLN.	SP	2
KALETRA TAB	SP	2
lamivudine tab (EPIVIR equiv)	SP	2
lamivudine/zidovudine tab (COMBIVIR equiv)	SP	2
LEXIVA	SP	2
LEXIVA SUSPENSION	SP	2
NORVIR CAP	SP	2
NORVIR ORAL SOLN.	SP	2
NORVIR TAB	SP	2
PREZISTA	SP	2
RESCRIPTOR	SP	2
REYATAZ	SP	2
SELZENTRY	SP	2

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
stavudine (ZERIT equiv)	SP	2
SUSTIVA CAP	SP	2
SUSTIVA TAB	SP	2
TRIZIVIR	SP	2
TRUVADA	SP	2
VIDEX	SP	2
VIRACEPT	SP	2
VIRACEPT POWDER	SP	2
VIRAMUNE	SP	2
VIRAMUNE SUSP.	SP	2
VIREAD	SP	2
ZIAGEN	SP	2
zidovudine (RETROVIR equiv)	SP	2
zidovudine cap (RETROVIR equiv)	-	2
RETROVIR	SP	3
VIRAMUNE XR	SP	3
CMV AGENTS		
GANCICLOVIR CAP	RS	2
VALCYTE SOLN.	RS	2
VALCYTE TAB	RS	2
HEPATITIS AGENTS		
BARACLUDE	SP-TS	2
HEPSERA TAB	MSP	2
INCIVEK (Limited to 2x15 day supply for first 3 months)	MSP-PA	2
INFERGEN INJ.	MSP	2
PEGASYS INJ.	MSP	2
PEG-INTRON INJ	MSP	2
REBETOL SOLN	MSP	2
RIBAPAK TAB	MSP	2
ribasphere cap (REBETOL equiv)	MSP	2
RIBATAB	MSP	2
ribavirin tab (COPEGUS equiv)	MSP	2
VICTRELIS (Limited to 2X15 days supply for first 3 months)	MSP-PA	2
TYZEKA	-	NC
HERPES AGENTS		
acyclovir (ZOVIRAX equiv)	-	1
valacyclovir (VALTREX equiv)	-	2
famciclovir (FAMVIR equiv)	-	3
INFLUENZA AGENTS		
rimantadine tab (FLUMADINE equiv)	-	1
RELENZA (QL=20 units/fill)	QL	2
TAMIFLU CAP (QL = 10 caps/fill)	QL	2
TAMIFLU SUSP 12mg/ml (QL= 125ml/fill)	QL	2
TAMIFLU SUSP 6mg/ml (QL= 250ml/fill)	QL	2

ASSORTED CLASSES

CHELATING AGENTS

CUPRIMINE	-	2
SYPRINE CAP	-	3

IMMUNOMODULATORS

REVLIMID CAP (QL = 1 tab/day)	MSP-PA-QL	2
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ASSORTED CLASSES Cont.

THALOMID CAP	MSP-PA	2
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IMMUNOSUPPRESSIVE AGENTS

azathioprine tab (IMURAN equiv)	SP	1
mycophenolate cap (CELLCEPT equiv)	SP	1
mycophenolate tab (CELLCEPT equiv)	SP	1
CELLCEPT SUSP.	SP	2
cyclosporine cap (SANDIMMUNE equiv)	SP	2
cyclosporine modified (NEORAL equiv)	SP	2
cyclosporine soln (SANDIMMUNE SOLN equiv)	SP	2
engraf (NEORAL equiv)	-	2
MYFORTIC TAB	SP	2
RAPAMUNE SOLN	-	2
RAPAMUNE TAB	SP	2
tacrolimus cap (PROGRAF equiv)	SP	2
ZORTRESS TAB	PA-SP	2
AZASAN TAB	SP	3
SANDIMMUNE	SP	3
SANDIMMUNE SOLN	SP	3

POTASSIUM REMOVING RESINS

sodium polystyrene susp. (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2

BETA BLOCKERS

ALPHA-BETA BLOCKERS

carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
COREG CR CAP	-	3

BETA BLOCKERS CARDIO-SELECTIVE

acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	GS	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	GS	1
BYSTOLIC	TS	2

BETA BLOCKERS NON-SELECTIVE

INNOPRAN XL CAP	-	1
nadolol tab (CORGARD equiv)	-	1
pindolol tab	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
propranolol soln.	-	1
propranolol tab	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab	-	1
LEVATOL TAB	-	2

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap	-	1
diltiazem tab (CARDIZEM equiv)	-	1

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DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
isradipine cap	-	1
nicardipine cap	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
verapamil sr (VERELAN equiv)	GS	1
verapamil SR tab (CALAN SR equiv)	GS	1
verapamil tab (CALAN equiv)	-	1
matzim LA tab (CARDIZEM LA equiv)	-	2
nisoldipine tablet (SULAR equiv)	-	2
CARDENE SR CAP	-	3
COVERA-HS TAB	-	3
DYNACIRC CR TAB	-	3
felodipine ER tab (PLENDIL equiv)	-	3
nimodipine cap (NIMOTOP equiv)	-	3
verapamil er (VERELAN PM equiv)	-	3
VERELAN CAP	-	3
VERELAN PM CAP	-	3
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin (LANOXIN equiv)	-	1
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv)	-	NC
PROSTAGLANDIN VASODILATORS		
TYVASO (Available through Accredo phone 1-866-591-9075 fax 1-866-591-9094)	PA	2
VENTAVIS (Only available through Accredo phone 1-866-591-9075 fax 1-866-591-9094)	PA	2
FLOLAN INJ.	M-PA	M
REMODULIN INJ.	M-PA	M
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB	PA	2
TRACLEER TAB (Step Therapy requires trial of LETAIRIS (Only available through Accredo 1-866-591-9075 AND PharmaCare 1-800-238-7828)	ST	2
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TAB	MSP-PA	2
REVATIO TAB	MSP-PA	3
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil (DURICEF equiv)	-	1
cephalexin cap	-	1
cephalexin susp.	-	1
cephalexin tab	-	1
CEPHALOSPORINS - 2ND GENERATION		
cefuroxime (CEFTIN equiv)	-	1
cefprozil (CEFZIL equiv)	-	2
cefaclor (CECLOR equiv)	-	3
CEFACTOR ER TAB	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir (OMNICEF equiv)	-	2
CEDAX CAP	-	3

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DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
CEDAX SUSP.	-	3
cefepime proxetil susp. (VANTIN equiv)	-	3
SPECTRACEF	-	3
SUPRAX	-	3
SUPRAX SUSP.	-	3
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
apri (DESOGEN equiv)	-	1
aranelle (TRI-NORINYL equiv)	-	1
aviane (ALESSE equiv)	-	1
balziva (OVCON 35 equiv)	-	1
cesia (CYCLESSA equiv)	-	1
cryselle (LO/OVRAL equiv)	-	1
enpresse (TRI-LEVELEN equiv)	-	1
junel fe (LOESTRIN FE equiv)	-	1
junel tab (LOESTRIN equiv)	-	1
kariva (MIRCETTE equiv)	-	1
kelnor (DEMULEN equiv)	-	1
mononessa (ORTHO-CYCLEN equiv)	-	1
necon (ORTHO-NOVUM equiv)	-	1
trinessa (ORTHO TRI-CYCLEN equiv)	-	1
YASMIN	-	1
YAZ	-	1
amethyst (LYBREL equiv)	-	2
BEYAZ	-	2
ORTHO TRI-CYCLEN LO	-	2
tri-legest (ESTROSTEP FE equiv)	-	2
FEMCON FE	-	3
jolessa (SEASONALE equiv) (3 copays per RX)	-	3
LO LOESTRIN	-	3
LOESTRIN 24 FE	-	3
LOSEASONIQUE (3 copays per RX)	-	3
NATAZIA (3 copays per Rx)	-	3
OVCON 50	-	3
zeosa (FEMCON FE equiv)	-	3
gianvi/ocella (YAZ/YASMIN equiv)	-	NC
SAFYRAL	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
ORTHO-EVRA	-	2
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	2
EMERGENCY CONTRACEPTIVES		
ELLA	-	2
next choice (PLAN-B equiv)	-	2
PLAN-B	-	2
PROGESTIN CONTRACEPTIVES - ORAL		
nora-be (NORA-QD equiv)	-	1
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide SR cap (ENTOCORT EC equiv)	-	1

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CORTICOSTEROIDS Cont.		
CORTEF	-	1
cortisone acetate tab	-	1
dexamethasone	-	1
hydrocortisone (CORTEF equiv)	-	1
methylprednisolone (MEDROL equiv)	-	1
methylprednisolone dose pack (MEDROL DOSE PACK equiv)	-	1
prednisolone (PRELONE equiv)	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
prednisone pak (STERAPRED equiv)	-	1
prednisone tab	-	1
ENTOCORT EC CAP	-	2
ORAPRED ODT	-	2
DEXPAK TAB	-	3
MILLIPRED	-	3
FLO-PRED	-	NC
MINERALOCORTICIDS		
fludrocortisone (FLORINEF equiv)	-	1

COUGH/COLD/ALLERGY

ANTITUSSIVES

benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1

COUGH/COLD/ALLERGY COMBINATIONS

cetirizine-d tab (ZYRTEC-D equiv)	OTC	1
guaifenesin/codeine soln (BRONTEX equiv)	-	1
guaifenesin/codeine syrup (TUSSI-ORGANI SYRUP equiv)	-	1
loratadine-d tab (OTC) (CLARITIN-D equiv)	GS-OTC	1
promethazine vc (PHENERGAN VC equiv)	-	1
promethazine vc w/codeine (PHENERGAN VC W/CODIENE equiv)	-	1
promethazine w/codeine (PHENERGAN W/CODIENE equiv)	-	1
r-tanna (RYNATAN equiv)	-	1
ZYRTEC-D TAB (OTC)	OTC	1
brompheniramine/phenylephrine cap (BROMFED equiv)	-	3
brompheniramine/pse (LODRANE equiv)	-	3
brompheniramine/pseudoephedrine cap	-	3
brompheniramine/pseudoephedrine syrup	-	3
chlorpheniramine tannate/carbetapentane tannate tab (TUSSI-12 equiv)	-	3
chlorpheniramine tannate/phenylephrine tannate susp. (RYNATAN equiv)	-	3
chlorpheniramine/phenylephrine syrup (RONDEC equiv)	-	3
chlorpheniramine/phenylephrine/methscopolamine syrup (DALLERGY equiv)	-	3
chlorpheniramine/phenylephrine/methscopolamine tab (EXTENDRYL JR equiv)	-	3
chlorpheniramine/pseudoephedrine cap (DECONAMINE equiv)	-	3
chlorpheniramine/pseudoephedrine/methscopolamine tab (ALLERX equiv)	-	3
dexchlorpheniramine/pseudoephedrine/methscopolamine tab	-	3
dextromethorphan/guaifenesin elixir	-	3
dextromethorphan/guaifenesin liquid	-	3
dextromethorphan/guaifenesin tab	-	3
guaifenesin/codeine tab	-	3
hydrocodone/chlorpheniramine (TUSSIONEX equiv) (QL = Retail 120ml/fill; 2 fill/30 days; Mail Order 360ml/fill, 2 fill/90 days)	QL	3
k-tan tab (RYNA-12 equiv)	-	3
METHSCOPOLAMINE DM/CPM	-	3

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COUGH/COLD/ALLERGY Cont.		
phenylephrine/chlorpheniramine/dextromethorphan/guaifenesin syrup (DONATUSSIN equiv)	-	3
phenylephrine/chlorpheniramine/dihydrocodeine syrup (PANCOF PD equiv)	-	3
promethazine DM syrup	-	3
pseudoephedrine/brompheniramine/codeine liquid (CPB WC equiv)	-	3
pseudoephedrine/codeine/guaifenesin syrup	-	3
pseudoephedrine/methscopolamine tab (ALLERX-D equiv)	-	3
pyrilamine tannate/phenylephrine tannate susp. (VIRAVAN-S equiv)	-	3
TUSSICAPS (QL = 20 caps/fill; 2 fills/30 days)	QL	3
ZODRYL AC SUSP (Rx covered Only)	-	3
ZUTRIPRO (QL = 4 oz/Rx; 2 fills/month)	QL	3
CENHIST CHEW	-	NC
CLARINEX-D TAB	-	NC
ENDAL CD SYRUP	-	NC
EXPECTORANTS		
guaifenesin tab (ALLFEN JR equiv)	-	NC
MISC. RESPIRATORY INHALANTS		
broncho saline	-	1
sodium chloride neb	-	1
NEBUSAL NEB 6%	-	2
MUCOLYTICS		
acetylcysteine soln.	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin topical (CLEOCIN-T equiv)	-	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin topical	-	1
sodium sulfacetamide/sulf lotion (SULFACET R equiv)	-	1
sodium sulfacetamide/sulfur cream (ROSAC CREAM equiv)	-	1
adapalene cream (DIFFERIN equiv)	-	2
adapalene gel (DIFFERIN equiv)	-	2
amnestem (ACCUTANE equiv)	-	2
AZELEX CREAM	-	2
BENZAACLIN GEL (QL = 50gm/fill)	QL	2
BENZAMYCIN GEL	-	2
BENZAMYCIN GEL PAK	-	2
clindamycin/benzoyl peroxide gel (BENZAACLIN equiv) (QL = 50gm/fill)	QL	2
DIFFERIN GEL 0.3%	-	2
DIFFERIN LOTION	-	2
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2
prascion fc (PLEXION CLEANSING CLOTH equiv)	-	2
RETIN-A MICRO GEL	-	2
sodium sulfacetamide (ROSULA equiv)	-	2
sodium sulfacetamide gel (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur emu (ROSAC WASH equiv)	-	2
suphera (PLEXION SCT equiv)	-	2
tretinoin cream (RETIN-A equiv)	-	2
tretinoin gel (RETIN-A equiv)	-	2
ACANYA GEL (QL = 50gm/fill)	QL	3
ATRALIN GEL	-	3

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DERMATOLOGICALS Cont.		
CLEOCIN GEL	-	3
DIFFERIN GEL	-	3
DUAC CS KIT	-	3
EPIDUO	-	3
PLEXION CLEANSING CLOTH	-	3
ROSULA FOAM	-	3
sulfacetamide sod. lotion (KLARON equiv)	-	3
sulfacetamide sodium w/ sulfur aerosol (CLARIFOAM EF equiv)	-	3
sulfacleanse susp (SUMAXIN equiv)	-	3
TRETIN-X CREAM	-	3
ZIANA	-	3
ACZONE	-	NC
benzoyl peroxide	NC	NC
CLINDACIN KIT	-	NC
clindamycin aerosol (EVOCLIN equiv)	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT.	-	NC
AGENTS FOR FACIAL WRINKLES		
RENOVA CREAM	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
BACTROBAN CREAM	-	2
mupirocin (BACTROBAN OINT equiv)	-	2
ALTABAX OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
econazole cream (SPECTAZOLE CREAM equiv)	-	1
ketconazole cream (NIZORAL CREAM equiv)	-	1
ketconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin powder	-	1
nystatin/triamcinolone cream (MYCOLOG II equiv)	-	1
triamcinolone/nystatin oint (MYCOLOG-II OINT equiv)	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2
NAFTIN CREAM	-	2
NAFTIN GEL	-	2
OXISTAT CREAM	-	2
OXISTAT LOTION	-	2
ERTACZO	-	3
EXELDERM	-	3
iodoquinol/hc cream (VYTONE equiv)	-	3
MENTAX CREAM	-	3

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DERMATOLOGICALS Cont.		
clotrimazole cream (LOTRIMINE AF CREAM equiv)	-	NC
XOLEGEL	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
FLECTOR PATCH (QL = Retail 30 patch/fill; Mail Order 90 patch/fill)	QL	3
PENNSAID SOLN	-	3
VOLTAREN GEL (QL = Retail 5 tubes/fill; Mail Order 15 tubes/fill)	QL	3
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
CARAC CREAM	-	2
fluorouracil cream (EFUDEX CREAM equiv)	-	2
fluorouracil soln (EFUDEX SOLN equiv)	-	2
TARGRETIN GEL	MSP	2
EFUDEX CREAM	-	3
EFUDEX SOLN	-	3
SOLARAZE	-	3
ANTIPSORIATICS		
8-MOP	-	2
calcipotriene soln (DOVONEX SOLN equiv)	-	2
CALCITRENE OINT.	-	2
DOVONEX CREAM	-	2
OXSORALEN ULTRA	-	2
SORIATANE CAP	SP	2
SORIATANE CK KIT	-	2
TAZORAC CREAM	PA	2
TAZORAC GEL	PA	2
VECTICAL OINT	-	2
DOVONEX SOLN	-	3
ANTISEBORRHEIC PRODUCTS		
selenium sulfide	-	1
selenium sulfate shampoo (SELSEB equiv)	-	2
sodium sulfacetamide pads (ROSULA equiv)	-	2
sulfacetamide liq (OVACE WASH equiv)	-	2
OVACE CREAM	-	3
OVACE SHAMPOO	-	3
OVACE WASH	-	3
seb-prev cream (OVACE CREAM equiv)	-	3
SEB-PREV GEL	-	3
sodium sulfacetamide lotion (CARMOL SCALP TREATMENT equiv)	-	3
ANTIVIRALS - TOPICAL		
ZOVIRAX OINT	-	2
XERESE	-	3
ZOVIRAX CREAM	-	3
DENAVIR CREAM	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
CORTICOSTEROIDS - TOPICAL		
apexicon e cream (PSORCON E equiv)	-	1
augmented betamethasone cream (DIPROLENE AF CREAM equiv)	-	1
augmented betamethasone gel (DIPROLENE GEL equiv)	-	1
augmented betamethasone lotion (DIPROLENE LOTION equiv)	-	1

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DERMATOLOGICALS Cont.		
augmented betamethasone oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
clobetasol propionate cream (TEMOVATE CREAM equiv)	-	1
clobetasol propionate emollient (TEMOVATE E equiv)	-	1
clobetasol propionate gel (TEMOVATE GEL equiv)	-	1
clobetasol propionate oint (TEMOVATE OINT equiv)	-	1
clobetasol soln (TEMOVATE SOLN equiv)	-	1
desonide cream	-	1
desonide lotion	-	1
desonide oint.	-	1
desoximetasone cream (TOPICORT equiv)	-	1
desoximetasone gel (TOPICORT equiv)	-	1
desoximetasone oint. (TOPICORT equiv)	-	1
diflorasone cream	-	1
diflorasone oint.	-	1
fluocinolone acetonide oil (DERMA SMOOTH/FS equiv)	-	1
fluocinolone cream	-	1
fluocinolone oint.	-	1
fluocinolone soln.	-	1
fluocinonide cream (LIDEX equiv)	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint.	-	1
fluocinonide soln.	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint. (CUTIVATE equiv)	-	1
halobetasol propionate cream (ULTRAVATE equiv)	-	1
halobetasol propionate oint. (ULTRAVATE equiv)	-	1
hydrocortisone butyrate cream (LOCOID equiv)	-	1
hydrocortisone butyrate oint. (LOCOID equiv)	-	1
hydrocortisone butyrate soln. (LOCOID equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone oint.	-	1
hydrocortisone valerate cream	-	1
hydrocortisone valerate oint. (WESTCORT equiv)	-	1
lidocaine/hc cream (LIDAMANTLE HC equiv)	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint. (ELOCON equiv)	-	1
mometasone soln. (ELOCON equiv)	-	1
prednicarbate cream (DERMATOP equiv)	-	1
prednicarbate oint. (DERMATOP equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint.	-	1
alclometasone (ACLOVATE equiv)	-	2
alclometasone oint (ACLOVATE OINT equiv)	-	2

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DERMATOLOGICALS Cont.		
amcinonide cream (CYCLOCORT CREAM equiv)	-	2
clobetasol lotion (CLOBEX LOTION equiv)	-	2
clobetasol shampoo (CLOBEX SHAMPOO equiv)	-	2
CUTIVATE LOTION	-	2
CYCLOCORT OINT	-	2
DERMA-SMOOTH/FS	-	2
EPIFOAM AEROSOL	-	2
hydrocortisone acetate lotion (NUCORT equiv)	-	2
pramcort cream (PRAMOSONE equiv)	-	2
PRAMOSONE CREAM	-	2
PRAMOSONE E CREAM	-	2
PRAMOSONE OINT.	-	2
pramoxine/hc oint (PRAMOSONE equiv)	-	2
u-cort cream (CARMOL-HC equiv)	-	2
AMCINONIDE LOTION	-	3
CAPEX SHAMPOO	-	3
clobetasol foam (OLUX FOAM equiv)	-	3
CLOBEX	-	3
CLODERM CREAM	-	3
CORDRAN CREAM	-	3
CORDRAN LOTION	-	3
CORDRAN TAPE	-	3
DIPROLENE OINT	-	3
HALOG	-	3
HALOG OINT.	-	3
KENALOG AEROSOL	-	3
LOCOID LIPO CREAM	-	3
LUXIQ	-	3
PANDEL CREAM	-	3
PRAMOSONE LOTION	-	3
TACLONEX OINT.	-	3
TACLONEX SCALP	-	3
TOPICORT LP OINT.	-	3
VERDESO	-	3
CLOBETAPLUS KIT CREAM	-	NC
CLOBETAPLUS KIT OINT.	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT. KIT	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
EMOLLIENT/KERATOLYTIC AGENTS		
URAMAXIN CREAM	-	2
urea cream	-	2
urea cream 40% (CARMOL equiv)	-	2
urea cream 50% (KERALAC equiv)	-	2
urea lotion (KERALAC LOTION equiv)	-	2
urea ointment 50% (KERALAC equiv)	-	2
urea susp 40% (UMECTA equiv)	-	2
KERAFOAM	-	3
KERALAC CREAM	-	3
UMECTA EMULSION 40%	-	3
UREA NAIL KIT	-	NC

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EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	1
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1
LAC-HYDRIN CREAM	-	2
ENZYMES - TOPICAL		
allanderm-T oint. (XENADERM equiv)	-	1
KOVIA OINT	-	2
PANAFIL OINT.	-	2
papain/urea/chlorophyllin oint. (PANAFIL equiv)	-	2
papain-urea oint (ACCUZYME OINT equiv)	-	2
SANTYL OINT.	-	2
HAIR REDUCTION AGENTS		
VANIQA	-	NC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	2
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CREAM	-	2
PROTOPIC OINT.	-	2
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln. (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream (LIDAMANTLE equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine oint.	-	1
lidocaine soln. (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
LIDODERM PATCH (QL=3 patches/day)	QL	2
lidocaine lotion (LIDAMANTLE equiv)	-	NC
MISC. TOPICAL		
aluminum chloride (DRYSOL equiv)	-	1
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	NC
TRI-LUMA CREAM	-	NC
ROSACEA AGENTS		
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel (METROGEL equiv)	-	1
metronidazole lotion (METROLOTION equiv)	-	1
FINACEA	-	2
FINACEA PLUS KIT	-	2
METROGEL 1% (Step Therapy requires trial of FINACEA)	ST	3
NORITATE (Step Therapy requires trial of FINACEA)	ST	3
METROGEL 1% KIT	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	1
ELIMITE CREAM	-	2
EURAX CREAM	-	2
lindane lotion	-	2

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TS	Tablet Splitting				

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
lindane shampoo	-	2
malathion lotion (OVIDE equiv)	-	2
NATROBA (QL = 1 bottle/fill)	QL	2
EURAX LOTION	-	3
ULESFIA LOTION	-	3
WOUND CARE PRODUCTS		
REGRANEX GEL (QL = 2 - 15gm tubes/fill)	QL	2
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ.	M	M
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE TEST STRIP	OTC	2
DIAGNOSTIC TESTS		
CLINISTIX	OTC	1
KETO-DIASTIX	OTC	1
KETOSTIX	OTC	1
ACCU-CHEK TEST STRIP	OTC	2
PRECISION XTRA TEST STRIP	OTC	2
TEST STRIP (all other test strips)	OTC	3
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
folbic tab (FOLTX equiv)	-	1
FOLTX TAB	-	2
DEPLIN TAB	-	3
folast tab (METANX equiv)	-	3
CEREFOLIN NAC	-	NC
enfolast-n tab (CEREFOLIN NAC equiv)	-	NC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON/PANCREAZE CAP	-	2
ULTRASE	-	2
PANCRELIPASE	-	3
ZENPEP (Step Therapy requires trial of CREON and PANCREAZE)	ST	3
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide tab	-	1
methazolamide tab (NEPTAZANE equiv)	-	1
acetazolamide cap (DIAMOX SEQUEL equiv)	-	2
DIURETIC COMBINATIONS		
amiloride/hctz tab	-	1
spironolactone/hctz tab (ALDACTAZIDE equiv)	-	1
triamterene/hctz cap (DYAZIDE equiv)	GS	1
triamterene/hctz tab (MAXZIDE equiv)	GS	1
LOOP DIURETICS		
bumetanide tab	-	1
furosemide oral soln	-	1
furosemide tab (LASIX equiv)	-	1
torseamide tab (DEMADEX equiv)	-	1

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DIURETICS Cont.		
EDECIN TAB	-	2
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
DYRENIUM CAP	-	2
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab	-	1
chlorthalidone tab	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab	-	1
indapamide tab	-	1
methyclothiazide tab	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL ORAL SOLN.	-	2
THALITONE TAB	-	3
HYDROCHLOROTHIAZIDE TAB 12.5MG	-	NC
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	GS	1
etidronate disodium tab (DIDRONEL equiv)	-	2
FORTEO INJ	MSP	2
FORTICAL SPRAY	SP	2
MIACALCIN INJ	MSP	2
ATELVIA TAB (Step therapy requires trial of alendronate)	ST	3
FOSAMAX+D	-	3
SKELID TAB	-	3
CALCIUM REGULATORS - MISC.		
ACTONEL TAB (Covered at Tier 3 if ST not completed. Step Therapy requires failure of alendronate.)	ST	2
ACTONEL W/ CALCIUM TAB (Covered at Tier 3 if ST not completed. Step Therapy requires failure of alendronate.)	ST	2
calcitonin nasal spray (MIACALCIN NS equiv)	SP	2
MIACALCIN NS	SP	2
BONIVA TAB 150 mg (QL=1 tab/month; Step Therapy requires failure of alendronate and Actonel)	QL-ST	3
FOSAMAX SOLN.	-	3
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT (Only available through Pfizer Bridge Program 1-800-645-1280)	SP	2
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ.	-	NC
GROWTH HORMONES		
NORDITROPIN INJ	MSP-PA	2
GENOTROPIN/HUMATROPE/NUTROPIN/OMNITROPE	-	NC
NUTROPIN AQ/OMNITROPE INJ.	-	NC
HORMONE RECEPTOR MODULATORS		
EVISTA	-	2
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	MSP	2
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL	SP	2
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1

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	Tablet Splitting				

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
calcitriol inj (CALCIJEX INJ equiv)	MSP	1
calcitriol oral soln. (ROCALTROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
HECTOROL	-	2
KUVAN TAB	MSP-PA	2
SENSIPAR TAB	MSP-RS	2
ZEMPLAR	-	2
FABRAZYME INJ.	M-MSP-PA	M
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP INJ equiv)	MSP	2
desmopressin nasal soln. (DDAVP equiv)	SP	2
desmopressin tab (DDAVP equiv)	-	2
STIMATE	-	2
PROLACTIN INHIBITORS		
cabergoline (DOSTINEX equiv)	SP	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	MSP	2
SANDOSTATIN INJ	MSP	2
SANDOSTATIN LAR KIT	-	NC
ESTROGENS		
ESTROGEN COMBINATIONS		
syntest (ESTRATEST equiv)	-	1
COMBIPATCH	-	2
jinteli (FEMHRT equiv)	-	2
PREMPHASE/PREMPRO	-	2
ANGELIQ	-	3
CLIMARA PRO	-	3
estra/noreth tab (ACTIVELLA equiv)	-	3
ORTHO-PREFEST	-	3
ESTROGENS		
estradiol (ESTRACE equiv)	GS	1
estradiol patch (CLIMARA PATCH equiv)	-	1
estropipate (OGEN equiv)	-	1
PREMARIN	-	2
VIVELLE (DOT)	-	2
ALORA	-	3
CENESTIN	-	3
DIVIGEL/ELESTRIN GEL	-	3
ENJUVA	-	3
ESTRASORB	-	3
ESTRATAB	-	3
EVAMIST SPRAY	-	3
MENOSTAR	-	3
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1

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FLUOROQUINOLONES Cont.		
AVELOX	-	2
CIPRO SUSP. (5%, 10%)	-	2
ciprofloxacin er (CIPRO XR equiv)	-	3
LEVAQUIN SOLN	-	3
NOROXIN	-	3
FACTIVE	-	NC
PROQUIN XR	-	NC
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
ursodiol caps (ACTIGALL equiv)	-	1
ursodiol tab (URSO/URSO FORTE equiv)	-	3
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn soln. (GASTROCROM equiv)	-	2
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA	ST	3
GASTROINTESTINAL STIMULANTS		
metoclopramide (REGLAN equiv)	-	1
metoclopramide soln	-	1
METZOZOLV ODT	-	NC
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine	-	1
sulfasalazine ec	-	1
ASACOL(HD)/LIALDA	-	2
CANASA	-	2
DIPENTUM CAP	-	2
mesalamine enema (ROWASA equiv)	-	2
PENTASA	-	2
APRISO	-	3
CIMZIA INJ	MSP-PA	3
REMICADE INJ.	M-PA-RS	M
ROWASA KIT	-	NC
INTESTINAL ACIDIFIERS		
lactulose	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LOTRONEX	-	3
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
RELISTOR INJ	MSP-PA	2
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
PHOSLYRA SOLN	-	1
FOSRENOL	-	2
RENAGEL	-	2
RENVELA	-	2
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
cytra-3 syrup (POLYCITRA SYRUP equiv)	-	1
ORACIT	-	1
potassium citrate and citric acid granule (POLYCITRA equiv)	-	1

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GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
potassium citrate er (UROKIT-K equiv)	-	1
potassium citrate/citric acid soln.	-	1
sodium citrate and citric acid soln (BICITRA equiv)	-	1
tricitrates soln. (POLYCITRA-LC equiv)	-	1
UROKIT-K	-	2
CYSTINOSIS AGENTS		
CYSTAGON (Only available through PharmaCare 1-800-238-7828)	-	2
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	-	2
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab (UROXATRAL equiv)	-	1
finasteride tab (PROSCAR equiv)	GS	1
tamsulosin (FLOMAX equiv)	-	1
AVODART	-	2
JALYN CAP	-	2
CARDURA XL	-	3
RAPAFLO	-	3
UROXATRAL TAB	-	3
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	1
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab	-	1
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
colchicine tab	-	1
COLCRYS TAB	-	2
ULORIC (Step therapy requires failure of allopurinol)	ST-TS	2
URICOSURICS		
probenecid tab	-	1
HEMATOLOGICAL AGENTS - MISC.		
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
ticlopidine tab (TICLID equiv)	-	1
AGGRENEX CAP	-	2
EFFIENT TAB	-	2
PLAVIX 75mg TAB	-	2
PLAVIX 300mg TAB	-	NC
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
ZAVESCA CAP	-	2
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
COBALAMINS		

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HEMATOPOIETIC AGENTS Cont.		
cyanocobalamin inj	-	1
NASCOBAL	-	3
CALOMIST	-	NC
FOLIC ACID/FOLATES		
folic acid tab	-	1
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ. (May only be obtained through Specialty Pharmacy if self-injected)	MSP-PA	2
EPOGEN INJ. (May only be obtained through Specialty Pharmacy if self-injected)	MSP-PA	2
LEUKINE INJ.	MSP	2
NEULASTA INJ	MSP	2
NEUMEGA INJ	MSP	2
NEUPOGEN INJ	MSP	2
PROCRIT INJ. (May only be obtained through Specialty Pharmacy if self-injected)	MSP-PA	2
PROMACTA TAB	MSP-PA	2
HEMATOPOIETIC MIXTURES		
ferrex 150 forte	-	1
FOLITAB	-	1
multigen folic tab (CHROMAGEN FA equiv)	-	1
multigen plus tab (CHROMAGEN FORTE equiv)	-	1
multigen tab (CHROMAGEN equiv)	-	1
pruvate tab (REPLIVA equiv)	-	1
tricon cap (TRINSICON equiv)	-	1
CHROMAGEN FORTE	-	2
CHROMAGEN TAB	-	2
NEPHRON FA TAB	-	2
NIFEREX 150 FORTE	-	2
FETRIN CAP	-	3
BIFERARX TAB	-	NC
IRON		
ferrex 150 cap	-	1
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid syrup (AMICAR equiv)	SP	1
aminocaproic acid tab (AMICAR equiv)	SP	1
AMICAR 1000mg TAB	SP	2
LYSTEDA (Step Therapy requires trial of one generic NSAID)	ST	2
HYPNOTICS		
BARBITURATE HYPNOTICS		
mephobarbital tab (MEBARAL equiv)	-	1
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL	-	2
BUTISOL ELIXIR	-	3
BUTISOL TAB	-	3
MEBARAL	-	3
HYPNOTICS - TRICYCLIC AGENTS		
SILENOR	-	NC
NON-BARBITURATE HYPNOTICS		
chloral hydrate	-	1

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HYPNOTICS Cont.		
estazolam tab (PROSOM equiv)	-	1
flurazepam cap (DALMANE equiv)	-	1
temazepam 15mg (RESTORIL equiv)	-	1
temazepam 30mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv)	-	1
zolpidem (AMBIEN equiv)	-	1
LUNESTA (QL= 1 tab/day)	QL	3
SOMNOTE CAP	-	3
temazepam 22.5mg capsule (RESTORIL equiv)	-	3
temazepam 7.5mg capsule (RESTORIL equiv)	-	3
EDLUAR SL	-	NC
zolpidem ER tab (AMBIEN CR equiv)	-	NC
ZOLPIMIST	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ROZEREM TAB (QL = 1 tab/day)	PA-QL	2
LAXATIVES		
LAXATIVE COMBINATIONS		
GOLYTELY PACKET	-	1
peg 3350/electrolytes (GOLYTELY/COLYTE equiv)	-	1
trilyte (NULYTELY equiv)	-	1
HALFLYTELY BOWEL PREP KIT	-	3
MOVIPREP	-	3
SUPREP	-	3
LAXATIVES - MISCELLANEOUS		
lactulose	-	1
SORBITOL	-	1
KRISTALOSE	-	3
glycolax (MIRALAX equiv)	-	NC
SALINE LAXATIVES		
OSMOPREP	-	3
MACROLIDES		
AZITHROMYCIN		
azithromycin tab (ZITHROMAX equiv)	-	1
azithromycin susp (ZITHROMAX SUSP equiv)	-	2
ZITHROMAX POWDER	-	3
ZMAX	-	3
azithromycin 500mg tab (ZITHROMAX 500mg equiv)	-	NC
CLARITHROMYCIN		
clarithromycin (BIAXIN equiv)	-	1
clarithromycin susp. (BIAXIN equiv)	-	1
clarithromycin er (BIAXIN XL equiv)	-	2
ERYTHROMYCINS		
erythromycin (all forms except PCE)	-	1
ERYPED SUSP.	-	2
PCE	-	2
FIDAXOMICIN		
DIFICID TAB (Step Therapy requires trial of VANCOCIN; QL = 20 tab/fill)	QL-ST	2
MEDICAL DEVICES		

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DrugName	Special Code	Tier
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MEDICAL DEVICES Cont.

CONTRACEPTIVES

DIAPHRAGM	-	2
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DIABETIC SUPPLIES

ACCU-CHEK ACTIVE METER	OTC	-
ACCU-CHEK ADVANTAGE METER	OTC	-
ACCU-CHEK AVIVA METER	OTC	-
ACCU-CHEK COMPACT METER	OTC	-
FREESTYLE FLASH METER	OTC	-
FREESTYLE FREEDOM LITE METER	OTC	-
FREESTYLE LITE METER	OTC	-
FREESTYLE METER	OTC	-
PRECISION XTRA METER	OTC	-
ACCU-CHEK CALIBRATION LIQUID	OTC	1
FREESTYLE CALIBRATION LIQUID	OTC	1
LANCET KIT	OTC	1
lancets	OTC	1
PRECISION CALIBRATION LIQUID	OTC	1
CALIBRATION LIQUID	OTC	3
DIABETIC METER (all other diabetic meters)	OTC	3

MISC. DEVICES

alcohol swab	OTC	1
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PARENTERAL THERAPY SUPPLIES

B-D INSULIN SYRINGE	OTC	1
B-D PEN NEEDLE	OTC	1
FREESTYLE INSULIN SYRINGES	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
PRECISION INSULIN SYRINGE	OTC	1
INSULIN SYRINGE	OTC	3
PEN NEEDLE	OTC	3

RESPIRATORY THERAPY SUPPLIES

AEROCHAMBER	OTC	2
PEAK FLOW METER	-	NC

MIGRAINE PRODUCTS

MIGRAINE COMBINATIONS

apap/isometheptene/dichloral cap (MIDRIN equiv)	-	1
ergotamine/caffeine tab (CAFERGOT equiv)	-	1
isometh/caff/apap tab (PRODRIN equiv)	-	2
MIDRIN CAP	-	2
MIGERGOT SUPP.	-	2
PRODRIN	-	2
TREXIMET TAB	-	NC

MIGRAINE PRODUCTS

dihydroergotamine (D.H.E. equiv)	-	2
MIGRANAL NASAL SPRAY (QL = Retail 8 unit/Rx; Mail Order 24 unit/Rx)	QL	2

SEROTONIN AGONISTS

sumatriptan inj. (IMITREX equiv) (QL = Retail 4 inj/fill, 2 fill/30 days; Mail Order 12 inj/fill, 2 fill/90 days)	QL	1
sumatriptan kit (IMITREX equiv) (QL = Retail 4 inj/fill, 2 fill/30 days; Mail Order 12 inj/fill, 2 fill/90 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL = Retail 9 tab/fill, 2 fill/30 days; Mail Order 27 tab/fill, 2 fill/90 days)	QL	1
IMITREX NASAL SPRAY (QL = Retail 6 Sprys/Rx, 2 fills/30 days; Mail Order 18 Sprys/Rx, 2 fills/90 days)	QL	2

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
MAXALT TAB (QL=Retail 12 tabs/Rx, 3 fills/60 days; Mail Order 36 tabs/Rx, 2 fills/90 days; Step therapy requires trial of sumatriptan)	QL-ST	2
MAXALT-MLT TAB (QL=Retail 12 tabs/Rx, 3 fills/60 days; Mail Order 36 tabs/Rx, 2 fills/90 days; Step therapy requires trial of sumatriptan)	QL-ST	2
naratriptan tab (AMERGE equiv) (QL = Retail 9 tabs/fill, 2 fill/30 days; Mail Order 27 tab/fill, 2 fill/90 days)	QL	2
AXERT (QL= 9 tabs/fill; 2 fills/30 days. Mail order 27 tabs/fill; 2 fills/90 days)	QL	3
FROVA TAB (QL = Retail 9 tab/fill, 2 fill/30 days; Mail Order 27 tab/fill, 2 fill/90 days)	QL	3
RELPAK (QL=Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	3
SUMAVEL INJ. (QL = Retail 4 inj/fill, 2 fill/30 days; Mail Order 12 inj/fill, 2 fill/90 days)	QL	3
ZOMIG NASAL SPRAY (QL = Retail 6 spray/fill, 2 fill/30 days; Mail Order 18 spray/fill, 2 fill/90 days)	QL	3
ZOMIG TAB (QL=Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	3
ZOMIG ZMT (QL=Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	3
MINERALS & ELECTROLYTES		
FLUORIDE		
sodium fluoride chew tab (LURIDE equiv)	-	1
sodium fluoride soln. (LURIDE SOLN. equiv)	-	1
sodium fluoride tab	-	1
FLUORABON SOLN.	-	2
IODINE PRODUCTS		
SSKI SOLN.	-	2
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
POTASSIUM		
potassium bicarbonate effer tab	-	1
potassium chloride effer tab	-	1
potassium chloride ER cap (MICRO-K CAP equiv)	-	1
potassium chloride ER tab (KLOR-CON TAB equiv)	-	1
potassium chloride liquid	-	1
potassium chloride micro cap (K-DUR CAP equiv)	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	1
KLOR-CON M15 CAP	-	2
ZINC		
zinc sulfate cap	-	1
GALZIN CAP	-	2
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous	-	1
FIRST MOUTHWASH BLM	-	3
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL	-	2
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp.	-	1
ORAVIG	-	3
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate	-	1
DENTAL PRODUCTS		
sodium fluoride cream (PREVIDENT equiv)	-	1

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PA*	PA required for reduced copay	QL	Quantity Limit	RS	Restricted to Specialist
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
TS	Tablet Splitting				

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MOUTH/THROAT/DENTAL AGENTS Cont.		
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride paste	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
PREVIDENT 5000 PLUS	-	2
PREVIDENT ORAL RINSE	-	2
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase	-	1
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	1
EVOXAC	-	2
GELCLAIR GEL	-	2
SALAGEN TAB	-	2
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
dialyvite tab (NEPHRO-VITE equiv)	-	1
folbee plus cz tab (DIATX ZN equiv)	-	1
FOLBEE PLUS TAB	-	1
renaphro cap (NEPHROCAP equiv)	-	1
MULTIPLE VITAMINS W/ MINERALS		
multiple vitamins w/ minerals tab	-	1
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln.	-	1
tri-vit/iron/fluoride tab	-	1
PED MV W/ FLUORIDE		
pediatric multiple vitamins/fluoride soln	-	1
pediatric multiple vitamins/fluoride chew tab	-	1
pediatric multiple vitamins/fluoride soln	-	1
PRENATAL VITAMINS		
PRENATAL VITAMIN	-	2
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen	-	1
carisoprodol tab (SOMA Equiv. equiv)	-	1
chlorzoxazone (PARAFON FORTE equiv)	-	1
cyclobenzaprine 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine 5mg (FLEXERIL equiv)	-	1
methocarbamol (ROBAXIN equiv)	-	1
orphenadrine citrate ER	-	1
tizanidine tab (ZANAFLEX TAB equiv)	-	1
cyclobenzaprine 7.5mg (FEXMID equiv)	-	2
metaxalone tab (SKELAXIN equiv)	-	2
ZANAFLEX CAP	-	3
AMRIX	-	NC
cyclobenzaprine er (AMRIX equiv)	-	NC
LORZONE TAB	-	NC
SOMA TAB 250MG	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene (DANTRIUM equiv)	-	2
MUSCLE RELAXANT COMBINATIONS		

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MUSCULOSKELETAL THERAPY AGENTS Cont.		
carisoprodol/aspirin	-	1
orphenadrine/asa/caffeine (NORGESIC (FORTE) equiv)	-	2
carisoprodol/aspirin/codeine	-	3
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
ASTELIN NASAL SPRAY (QL = 2 bottle/month)	QL	2
ASTEPRO NASAL SPRAY (QL = 2 bottle/fill)	QL	2
PATANASE	-	2
azelastine nasal spray (ASTELIN equiv)	-	NC
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	2
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT.	-	3
NASAL STEROIDS		
fluticasone nasal spray (FLONASE equiv)	GS	1
BECONASE AQ	-	2
NASONEX	-	2
triamcinolone nasal spray (NASACORT AQ equiv)	-	2
VERAMYST	-	2
FLUNISOLIDE NASAL SPRAY	-	3
OMNARIS	-	3
RHINOCORT AQUA (QL = 2 bottle/fill)	QL	3
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RILUTEK	SP	2
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT	-	2
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL OPHTH SOLN. (QL = 2 bottle/fill)	QL	1
carteolol ophth soln. (QL = 2 bottle/fill)	QL	1
dorzolamide/timolol ophth soln. (COSOPT equiv) (QL = 2 bottle/fill)	QL	1
levobunolol ophth soln. (BETAGAN equiv) (QL = 2 bottle/fill)	QL	1
metipranolol ophth soln. (OPTIPRANOLOL equiv) (QL = 2 bottle/fill)	QL	1
timolol maleate ophth gel (TIMOPTIC-XE equiv) (QL = 2 bottle/fill)	QL	1
timolol maleate ophth soln. (TIMOPTIC equiv) (QL = 2 bottle/fill)	QL	1
BETIMOL OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
BETOPTIC-S OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
COMBIGAN (QL = 2 bottle/fill)	QL	2
ISTALOL OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
TIMOPTIC OCUDOSE (QL = 2 bottle/fill)	QL	3
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint. (QL = 2 bottle/fill)	QL	1
atropine ophth soln. (ISOPTO ATROPINE equiv) (QL = 2 bottle/fill)	QL	1
cyclopentolate ophth soln. (CYCLOGYL equiv) (QL = 2 bottle/fill)	QL	1
homatropine ophth soln. (ISOPTO HOMATROPINE equiv) (QL = 2 bottle/fill)	QL	1
tropicamide ophth soln. (MYDRIACYL equiv) (QL = 2 bottle/fill)	QL	1
CYCLOGYL OPHTH SOLN 0.5%, 2% (QL = 2 bottle/fill)	QL	2

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
CYCLOMYDRIL OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
ISOPTO HOMATROPINE OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
ISOPTO HYOSCINE OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
MIOTICS		
pilocarpine ophth soln. (ISOPTO CARPINE equiv) (QL = 2 bottle/fill)	QL	1
ISOPTO CARBACHOL OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
PHOSPHOLINE OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
PILOPINE HS OPHTH GEL (QL = 2 bottle/fill)	QL	3
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
LUCENTIS INJ.	M-RS	M
MACUGEN INJ.	M-RS	M
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine (ALPHAGAN P equiv) (QL = 2 bottle/fill)	QL	1
dipivefrin ophth soln. (PROPINE equiv) (QL = 2 bottle/fill)	QL	1
ALPHAGAN P 0.1% (QL = 2 bottle/fill)	QL	2
apraclonidine ophth soln. (IOPIDINE equiv) (QL = 2 bottle/fill)	QL	2
IOPIDINE OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
PROPINE OPHTH SOLN. (QL = 2 bottle/fill)	QL	3
OPHTHALMIC ANTI-INFECTIVES		
bacitracin ophth oint. (QL = 2 bottle/fill)	QL	1
bacitracin/neomycin/polymyxin b ophth oint. (QL = 2 bottle/fill)	QL	1
bacitracin/polymyxin b ophth oint. (QL = 2 bottle/fill)	QL	1
ciprofloxacin ophth soln. (CILOXAN equiv) (QL = 2 bottle/fill)	QL	1
erythromycin ophth oint. (QL = 2 bottle/fill)	QL	1
gentamicin ophth oint. (QL = 2 bottle/fill)	QL	1
gentamicin ophth soln. (QL = 2 bottle/fill)	QL	1
neomycin/polymyxin b/gramicidin ophth soln. (NEOSPORIN equiv) (QL = 2 bottle/fill)	QL	1
ofloxacin ophth soln. (OCUFLOX equiv) (QL = 2 bottle/fill)	QL	1
polymyxin b/trimethoprim ophth soln. (POLYTRIM equiv) (QL = 2 bottle/fill)	QL	1
sulfacetamide sodium ophth soln. (BLEPH-10 equiv) (QL = 2 bottle/fill)	QL	1
tobramycin ophth soln. (TOBREX equiv) (QL = 2 bottle/fill)	QL	1
AZASITE SOLN (QL = 2 bottle/fill)	QL	2
levofloxacin ophth soln (QUIXIN equiv) (QL = 2 bottle/fill)	QL-RS	2
MOXEZA OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
trifluridine ophth soln. (QL = 2 bottle/fill)	QL	2
VIGAMOX (QL = 2 bottle/fill)	QL	2
ZIRGAN (QL = 2 bottle/fill)	QL	2
ZYMAXID 0.5% OPHTH SOLN (QL = 2 bottle/fill)	QL	2
BESIVANCE (QL = 2 bottle/fill)	QL	3
CILOXAN OPHTH OINT. (QL = 2 bottle/fill)	QL	3
TOBREX OPHTH OINT. (QL = 2 bottle/fill)	QL	3
OPHTHALMIC DECONGESTANTS		
phenylephrine ophth soln. (MYDRIN equiv) (QL = 2 bottle/fill)	QL	1
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS (QL = 2 bottle/fill; Restricted to Ophthalmologist or Optometrist)	QL-RS	2
OPHTHALMIC LOCAL ANESTHETICS		
parcaine ophth soln. (ALCAINE equiv) (QL = 2 bottle/fill)	QL	1
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ.	M-RS	M
OPHTHALMIC STEROIDS		

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
bacitracin/polymyxin/neomycin/hc ophth oint. (QL = 2 bottle/fill)	QL	1
dexamethasone ophth soln. (QL = 2 bottle/fill)	QL	1
fluorometholone ophth soln. (FML LIQUIFILM equiv) (QL = 2 bottle/fill)	QL	1
neomycin/polymyxin/dexamethasone ophth oint. (MAXITROL equiv) (QL = 2 bottle/fill)	QL	1
neomycin/polymyxin/dexamethasone ophth soln. (MAXITROL equiv) (QL = 2 bottle/fill)	QL	1
neomycin/polymyxin/hc ophth soln. (CORTISPORIN equiv) (QL = 2 bottle/fill)	QL	1
prednisolone ophth soln. (PRED FORTE equiv) (QL = 2 bottle/fill)	QL	1
prednisolone sodium phosphate ophth soln. (QL = 2 bottle/fill)	QL	1
sulfacetamide sodium/prednisolone ophth soln. (QL = 2 bottle/fill)	QL	1
tobramycin/dexamethasone ophth soln. (TOBRADEX equiv) (QL = 2 bottle/fill)	QL	1
BLEPHAMIDE OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
DUREZOL (QL = 2 bottle/fill)	QL	2
LOTEMAX OPHTH OINT (QL= 2 tubes/fill)	QL	2
LOTEMAX/ALREX OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
MAXIDEX OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
PRED MILD OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
PRED-G OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
TOBRADEX OPHTH OINT. (QL = 2 bottle/fill)	QL	2
VEXOL (QL = 2 bottle/fill)	QL	2
ZYLET OPHTH SOLN. (QL = 5 ml/fill, 10 ml bottle is Not Covered)	QL	2
BLEPHAMIDE S.O.P (QL = 2 bottle/fill)	QL	3
FLAREX (QL = 2 bottle/fill)	QL	3
FML FORTE (QL = 2 bottle/fill)	QL	3
FML S.O.P (QL = 2 bottle/fill)	QL	3
TOBRADEX ST (QL = 2 bottle/fill)	QL	3
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv) (QL = 2 bottle/fill)	GS-QL	1
cromolyn ophth soln (CROLOM equiv) (QL = 2 bottle/fill)	QL	1
diclofenac sodium ophth. (VOLTAREN equiv) (QL = 2 bottle/fill)	QL	1
dorzolamide (TRUSOPT equiv) (QL = 2 bottle/fill)	QL	1
epinastine ophth soln (ELESTAT equiv)	GS-QL	1
flurbiprofen ophth soln. (OCUFEN equiv) (QL = 2 bottle/fill)	QL	1
ketorolac ophth soln (ACULAR LS equiv) (QL= 20ml/fill)	QL	1
ketotifen ophth soln. (OTC) (ZADITOR equiv) (QL = 2 bottle/fill)	GS-QL	1
AZOPT (QL = 2 bottle/fill)	QL	2
BEPREVE (Step Therapy requires trial of epinastine)	QL-ST	2
BROMDAY OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
bromfenac (XIBROM equiv) (QL = 2 bottle/fill)	QL	2
NEVANAC (QL = 2 bottle/fill)	QL	2
XIBROM (QL = 2 bottle/fill)	QL	2
XIBROM OPHTH SOLN. (QL = 2 bottle/fill)	QL	2
ACUVAIL (QL= 60 units/fill)	QL	3
ALAMAST (QL = 2 bottle/fill, Step Therapy requires trial of epinastine)	QL-ST	3
ALOCRIAL (QL = 2 bottle/fill, Step Therapy requires trial of epinastine)	QL-ST	3
ALOMIDE (QL = 2 bottle/fill, Step Therapy requires trial of epinastine)	QL-ST	3
EMADINE OPHTH SOLN (QL = 2 bottle/fill; ST requires trial of epinastine)	QL-ST	3
LASTACRAFT OPHTH SOLN (QL=2 bottles/fill; Step Therapy requires trial of epinastine.)	QL-ST	3
PATADAY (QL = 2 bottles/fill, ST requires trial of epinastine)	QL-ST	3
PATANOL (QL= 2 bottles/fill, ST requires trial of epinastine)	QL-ST	3
PROSTAGLANDINS - OPHTHALMIC		
latanoprost (XALATAN equiv) (QL= Retail 2.5ml/fill; Mail Order 7.5ml/fill)	QL	1

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OPHTHALMIC AGENTS Cont.		
LUMIGAN OPHTH SOLN (QL=Retail 2.5ml/fill; Mail Order 7.5ml/fill)	QL	2
TRAVATAN (Z) OPHTH SOLN. (QL=Retail 5ml/fill; Mail Order 15ml/fill)	QL	2
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid (VOSOL equiv) (QL = 2 bottle/fill)	QL	1
acetic acid/aluminum acetate otic (QL = 2 bottle/fill)	QL	1
OTIC ANALGESICS		
omedia otic (QL = 2 bottle/fill)	QL	1
OTIC ANTI-INFECTIVES		
ofloxacin otic (QL = 2 bottle/fill)	QL	1
CETRAXAL OTIC SOLN	-	3
OTIC COMBINATIONS		
aero otic (CORTANE-B equiv) (QL = 2 bottle/fill)	QL	1
antipyrine/benzocaine (AURALGAN equiv) (QL = 2 bottle/fill)	QL	1
neomycin/polymixin/hc otic (QL = 2 bottle/fill)	QL	1
zotane hc (CORTANE-B AQUEOUS equiv) (QL = 2 bottle/fill)	QL	1
CIPRODEX (QL = 2 bottle/fill)	QL	2
COLY-MYCIN S OTIC (QL = 2 bottle/fill)	QL	2
PR OTIC (QL = 2 bottle/fill)	QL	2
AURALGAN (QL = 2 bottle/fill)	QL	3
CIPRO HC (QL = 2 bottle/fill)	QL	3
otozin drops (NEOTIC DROPS equiv) (QL = 2 bottle/fill)	QL	3
OTIC STEROIDS		
acetic acid/hydrocortisone (VOSOL HC equiv) (QL= 2 bottles/fill)	QL	1
fluocinolone otic oil (DERMOTIC equiv) (QL = 2 bottle/fill)	QL	2
OXYTOCICS		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv)	-	2
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
VIVAGLOBIN INJ	MSP	2
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap	-	1
amoxicillin chew tab	-	1
amoxicillin susp (AMOXIL equiv)	-	1
amoxicillin tab	-	1
ampicillin cap	-	1
NATURAL PENICILLINS		
penicillin	-	1
penicillin vk	-	1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	2
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium	-	1

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PROGESTINS		
PROGESTINS		
medroxyprogesterone (PROVERA equiv)	-	1
norethindrone (AYGESTIN equiv)	-	1
PROMETRIUM	-	2
MEGACE ES SUSP.	-	3
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
CAMPRAL	-	2
disulfiram tab (ANTABUSE equiv)	-	2
ANTI-CATAPLECTIC AGENTS		
XYREM (Only available through Xyrem Central Pharmacy 1-866-997-3688)	-	2
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT ODT equiv) (QL=1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL=2 tabs/day)	QL	1
galantamine (RAZADYNE equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1
ARICEPT TAB 23MG (QL=1 tab/day. Step Therapy requires trial of donepezil 10 mg)	QL-ST	2
EXELON PATCH	-	2
EXELON SOLN.	-	2
galantamine er (RAZADYNE ER equiv)	-	2
galantamine oral soln (RAZADYNE equiv)	-	2
NAMENDA	-	2
COGNEX	-	3
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide/amitriptyline (LIMBITROL equiv)	-	1
perphenazine/amitriptyline	-	1
SYMBYAX	-	2
FIBROMYALGIA AGENTS		
SAVELLA	-	2
MOVEMENT DISORDER DRUG THERAPY		
XENAZINE (Only available through the Xenazine Support Program 1-888-882-6013)	PA	2
MULTIPLE SCLEROSIS AGENTS		
AVONEX INJ	MSP	2
BETASERON INJ. (Requires failure of 2 of the 3 products: Avonex, Rebif or Copaxone)	MSP-ST	2
COPAXONE INJ	MSP	2
GILENYA (QL= 1 cap/day)	MSP-PA-QL	2
REBIF INJ	MSP	2
TYSABRI INJ.	M-RS	M
AMPYRA	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
selfemra (SARAFEM equiv)	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL = 2 cap/day)	QL	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ORAP	-	2
SMOKING DETERRENTS		
buproban tab (ZYBAN equiv) (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	SMKG	1*
CHANTIX PAK (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	SMKG	1*

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GS	NC =Not Covered Generic Sampling	M	generic =small letters Medical Benefit	MSP	BRANDS =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
NC	Not Covered	OTC	Over-the-Counter	PA	Prior Authorization
PA*	PA required for reduced copay	QL	Quantity Limit	RS	Restricted to Specialist
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
TS	Tablet Splitting				

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
CHANTIX TAB (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	SMKG	1*
nicotine gum (NICORETTE equiv) (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	OTC-SMKG	1*
nicotine lozenge (COMMIT equiv) (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	OTC-SMKG	1*
nicotine patch (NICORETTE CQ equiv) (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	OTC-SMKG	1*
NICOTROL INHALER (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	SMKG	1*
NICOTROL NASAL SPRAY (Covered if enrolled in "Quit for Life Program" to enroll call 866-784-8454)	SMKG	1*
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN INJ.	M	M
CYSTIC FIBROSIS AGENTS		
PULMOZYME	SP	2
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE	-	1
TETRACYCLINES		
TETRACYCLINES		
demeclocycline (DECLOMYCIN equiv)	-	1
doxycycline hyclate	-	1
minocycline (MINOCIN equiv)	-	1
tetracycline	-	1
doxycycline hyclate DR tab (DORYX equiv)	-	2
doxycycline hyclate tab 20mg (PERIOSTAT equiv)	-	2
doxycycline monohydrate cap (MONODOX equiv)	-	2
doxycycline monohydrate tab (ADOXA equiv)	-	2
minocycline tab (DYNACIN equiv)	-	2
VIBRAMYCIN SYRUP	-	3
doxycycline monohydrate 150mg tab (ADOXA equiv)	-	NC
minocycline er (SOLODYN equiv)	-	NC
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole (TAPAZOLE equiv)	-	1
propylthiouracil	-	1
THYROID HORMONES		
levothyroxine (SYNTHROID equiv)	-	1
liothyronine (CYTOMEL equiv)	-	1
NATURE THYROID	-	1
THYROLAR	-	2
TIROSINT	-	3
ULCER DRUGS		
ANTISPASMODICS		
belladonna /phenobarbital elixir (DONNATAL equiv)	-	1
belladonna alkaloids/phenobarb tab (DONNATAL equiv)	-	1
belladonna/phenobarbital ER tab (DONNATAL EXTENDTAB equiv)	-	1
chlordiazepoxide/clidinium (LIBRAX equiv)	-	1
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine soln (BENTYL SOLN equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
hyoscyamine sulfate cr (LEVBID equiv)	-	1
hyoscyamine sulfate sl tab (LEVSIN equiv)	-	1

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
hyoscyamine tab (LEVSIN equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP.	-	2
glycopyrrolate (ROBINUL equiv)	-	2
PROPANTHELINE TAB	-	2
CANTIL	-	3
CUVPOSA SOLN.	-	3
methscopolamine tab (PAMINE equiv)	-	3
H-2 ANTAGONISTS		
cimetidine (TAGAMET equiv)	-	1
cimetidine soln	-	1
famotidine tab (PEPCID equiv)	GS	1
nizatidine cap (AXID equiv)	-	1
ranitidine cap (ZANTAC equiv)	GS	1
ranitidine syrup (ZANTAC equiv)	GS	1
ranitidine tab (ZANTAC equiv)	GS	1
famotidine susp (PEPCID SUSP equiv)	-	2
nizatidine soln (AXID SOLN equiv)	-	3
ZANTAC EFFER TAB	-	3
MISC. ANTI-ULCER		
CARAFATE SUSP	-	1
sucralfate tab (CARAFATE equiv)	-	1
PROTON PUMP INHIBITORS		
omeprazole cap 10mg (PRILOSEC equiv)	-	1
omeprazole cap 20mg (PRILOSEC equiv)	GS	1
omeprazole cap 40mg (PRILOSEC equiv)	-	1
pantoprazole (PROTONIX equiv)	GS	1
PREVACID OTC	OTC	1
PRILOSEC OTC	OTC	1
DEXILANT (QL=1 cap/day Step Therapy requires failure of omeprazole)	QL-ST	2
lansoprazole ODT (PREVACID ODT equiv)	-	2
ACIPHEX	PA	3
FIRST OMEPRAZOLE SUSP	-	NC
lansoprazole cap (PREVACID equiv)	-	NC
NEXIUM CAP	-	NC
NEXIUM GRANULE	-	NC
omeprazole tab	OTC	NC
PROTONIX PAK	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol (CYTOTEC equiv)	-	1
ULCER THERAPY COMBINATIONS		
ZEGERID OTC	OTC	1
ZEGERID POWDER (Member less than 12 years no PA required)	PA	2
PREVPAC	-	3
PYLERA	-	3
omeprazole/sodium bicarbonate (ZEGERID equiv)	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
visqid tab (UROQUID equiv)	-	1
URITACT DS TAB	-	3
URITACT EC TAB	-	3

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DrugName	Special Code	Tier
URINARY ANTI-INFECTIVES Cont.		
URINARY ANTI-INFECTIVES		
methenamine mandelate	-	1
nitrofurantion cap (MACROBID equiv)	-	1
nitrofurantoin monohydrate (MACROBID equiv)	-	1
FURADANTIN SUSP	-	2
methenamine hippurate (HIPREX equiv)	-	2
nitrofurantoin susp (FURADANTIN equiv)	-	2
MONUROL	-	3
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC COMBINATIONS		
phenazopyridine plus (PYRIDIUM PLUS equiv)	-	1
URINARY ANTISPASMODICS		
bethanechol tab (URECHOLINE TAB equiv)	-	1
hyoscyamine (LEVSIN equiv)	-	1
oxybutynin er (DITROPAN XL equiv)	GS	1
oxybutynin syrup (DITROPAN equiv)	-	1
oxybutynin tab (DITROPAN equiv)	GS	1
DETROL	TS	2
DETROL LA	-	2
TOVIAZ	-	2
VESICARE TAB	TS	2
ENABLEX	-	3
GELNIQUE	-	3
OXYTROL	-	3
tropium tab (SANCTURA equiv)	-	3
flavoxate (URISPAS equiv)	-	NC
SANCTURA XR CAP	-	NC
VACCINES		
BACTERIAL VACCINES		
VIVOTIF (QL=4 caps/fill)	QL	2
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
acidic vaginal jelly	-	2
FEM PH GEL	-	3
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN VAGINAL CREAM equiv)	-	1
metronidazole vaginal gel (METROGEL VAGINAL GEL equiv)	-	1
nystatin vaginal tab	-	1
terconazole cream (TERAZOL equiv)	-	1
terconazole supp. (TERAZOL equiv)	-	1
AVC	-	2
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE	-	3
VAGINAL ESTROGENS		
ESTRACE VAGINAL CREAM	-	2
ESTRING (3 copay per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
VAGIFEM TAB	-	2
FEMRING (3 copays per Rx)	-	3

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DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
VAGINAL PROGESTINS		
CRINONE GEL	SP	2
ENDOMETRIN SUPP.	-	2
PROCHIEVE GEL	SP	2
PROGESTERONE SUPP.	-	2
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN INJ. (QL = 2 kit/fill)	QL	2
EPIPEN-JR (QL = 2 kit/fill)	QL	2
ADRENACLICK (QL = 2 kit/fill)	QL	3
TWINJECT (QL = 2 kit/fill)	QL	3
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
VITAMINS		
MISC. NUTRITIONAL FACTORS		
PRENATAL VITAMIN	-	2
OIL SOLUBLE VITAMINS		
vitamin d (RX strength only)	-	1
MEPHYTON	-	2
WATER SOLUBLE VITAMINS		
aminobenzoate cap (POTABA CAP equiv)	-	1
niacin cap	OTC	1
niacin CR tab (SLO-NIACIN equiv)	OTC	1
niacin tab	OTC	1
niacinamide tab	OTC	1
POTABA POWDER	-	2
POTABA TAB	-	2
POTABA POWDER	-	3

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**Employer Based Plan
Therapeutic Interchange List**

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Non-Preferred/Not Covered	Alternatives*
ABSTRAL TAB	fentanyl citrate lollipop
ACANYA GEL	clindamycin/benzoyl peroxide gel
ACIPHEX	omeprazole
ACTONEL TAB	alendronate
ACTONEL W/ CALCIUM TAB	alendronate
ACTOPLUS MET XR	ACTOPLUS MET
ACZONE	adapalene
	clindamycin topical
	erythromycin topical
	tretinoin
ADRENALICK	EPIPEN
ADVICOR TAB	lovastatin
	pravastatin
	simvastatin
AEROBID	FLOVENT HFA
	PULMICORT
ALAMAST	epinastine ophth soln
ALBENZA	Formulary Anti-Infectives
albuterol neb solution 0.63mg	albuterol neb 0.5%, 0.083%
albuterol neb solution 1.25 mg	albuterol neb 0.5%, 0.083%
albuterol/ipratropium nebulizer solution	albuterol neb + ipratropium neb
ALINIA TAB	ALINIA SUSP.
ALOCRI	epinastine ophth soln
ALOMIDE	epinastine ophth soln
ALORA	estradiol patch
	VIVELLE-DOT
alprazolam odt	alprazolam
ALTABAX OINT	mupirocin oint
ALTOPREV TAB	CRESTOR
	lovastatin
	simvastatin
	VYTORIN
ALVESCO	FLOVENT HFA
	PULMICORT
AMANTADINE TAB	amantadine cap
AMPHETAMINE ER CAP	ADDERALL XR
AMRIX	cyclobenzaprine
AMTURNIDE	amlodipine
	DIOVAN
	hydrochlorothiazide
	losartan
ANDROID	ANDROGEL
ANGELIQ	COMBIPATCH

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Employer Based Plan Cont'

Therapeutic Interchange List

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Last Updated* 2/1/2012

Non-Preferred/Not Covered	Alternatives*
ANGELIQ	jinteli
	PREMPHASE
	PREMPRO
ANTARA CAP	LOFIBRA
	TRILIPIX
ANZEMET TAB	ondansetron
APIDRA	NOVOLOG
APRISO	ASACOL
	mesalamine
ARTHROTEC TAB	omeprazole + generic NSAID
ATACAND HCT	DIOVAN/HCT
	losartan/hctz
ATACAND TAB	DIOVAN
	losartan
ATELVIA TAB	alendronate
atorvastatin	LIPITOR
AURALGAN	acetic acid
	antipyrine/benzocaine
AVALIDE TAB	DIOVAN
	losartan/hctz
AVAPRO TAB	DIOVAN
	losartan
AVINZA	morphine sulfate ER
AXERT	MAXALT
	naratriptan
	sumatriptan
AXIRON SOLN.	ANDRODERM
	ANDROGEL
AZASAN TAB	azathioprine
azelastine nasal spray	ASTELIN
	ASTEPRO
azithromycin 500mg tab	azithromycin 250mg
AZMACORT	FLOVENT HFA
	PULMICORT
AZOR TAB	DIOVAN + amlodipine
	losartan
BENICAR HCT TAB	DIOVAN/HCT
	losartan/hctz
BENICAR TAB	DIOVAN
	losartan
benzoyl peroxide	OTC alternatives
BEPREVE	epinastine ophth soln
BESIVANCE	AVELOX

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BESIVANCE	ciprofloxacin ofloxacin ZYMAR
BIFERARX TAB	Formulary Vitamins and Minerals
BILTRICIDE	mebendazole STROMECTOL
BONIVA TAB 150 mg	ACTONEL alendronate
brompheniramine/phenylephrine cap	OTC Alternatives
brompheniramine/pse	OTC Alternatives
brompheniramine/pseudoephedrine cap	OTC Alternatives
brompheniramine/pseudoephedrine syrup	OTC Alternatives
BROVANA NEB	iprotropium neb
buspirone 30mg tab	buspirone 15mg
BUTRANS PATCH	hydrocodone/apap tramadol
CALOMIST	NASCOBAL
CAMBIA POWDER	sumatriptan
CAPITAL/CODEINE SUSP.	acetaminophen/codeine
CARDENE SR CAP	amlodipine nifedipine ER
CARDURA XL	doxazosin terazosin UROXATRAL
carisoprodol/aspirin/codeine	carisoprodol/aspirin
CEDAX CAP	cefprozil cefuroxime
CEDAX SUSP.	cefdinir cefprozil cefuroxime
cefaclor	cefdinir cefprozil cefuroxime
CEFACLOR ER TAB	cefdinir cefprozil cefuroxime
CENESTIN	estradiol PREMARIN
CEREFOLIN NAC	Formulary Vitamins and Minerals
CESAMET	Formulary Antiemetics MARINOL
CETRAXAL OTIC SOLN	CIPRODEX ofloxacin otic

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Non-Preferred/Not Covered	Alternatives*
chlorpheniramine tannate/carbetapentane tannate tab	OTC Alternatives
chlorpheniramine tannate/phenylephrine tannate susp.	OTC Alternatives
chlorpheniramine/phenylephrine syrup	OTC Alternatives
chlorpheniramine/pseudoephedrine cap	OTC Alternatives
CIMZIA INJ	ENBREL
	HUMIRA
CIPRO HC	CIPRODEX
	ofloxacin
ciprofloxacin er	AVELOX
	ciprofloxacin
	levofloxacin
CLARINEX REDITAB	Formulary Antihistamines
CLARINEX SYRUP	Formulary Antihistamines
CLARINEX TAB	Formulary Antihistamines
CLARINEX-D TAB	Formulary Antihistamines
clarithromycin er	clarithromycin
CLIMARA PRO	COMBIPATCH
CLINDACIN KIT	clindamycin topical
clindamycin 300mg	clindamycin 150mg cap
clindamycin aerosol	clindamycin topical solution
CLINDESSE	clindamycin vaginal cream
CLOBETAPLUS KIT CREAM	clobetasol cream
CLOBETAPLUS KIT OINT.	clobetasol oint.
CLOBEX	clobetasol
clonazepam odt	clonazepam
clotrimazole cream	OTC CLOTRIMAZOLE
COGNEX	donepezil
	rivastigmine
colestipol granule	cholestyramine powder
CONCERTA	methylphenidate ER tab
CONDYLOX GEL	imiquimod
CORDRAN CREAM	betamethasone
	flucinolone
	triamcinolone
CORDRAN LOTION	betamethasone
	fluocinolone
	triamcinolone
CORDRAN TAPE	betamethasone
	fluocinolone
	triamcinolone
COREG CR CAP	carvedilol
CORTIFOAM	hydrocortisone supp
COVERA-HS TAB	verapamil

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cyclobenzaprine er	cyclobenzaprine
CYCLOSET	ACTOS
	glipizide
	JANUVIA
	metformin
DAYTRANA PATCH	methylphenidate (ER)
DAZIDOX TAB	oxycodone
DESOWEN CREAM KIT	betamethasone
	clobetasol
	triamcinolone
DESOWEN LOTION KIT	betamethasone
	clobetasol
	triamcinolone
DESOWEN OINT. KIT	betamethasone
	clobetasol
	triamcinolone
DEXPAK TAB	dexamethasone
dextromethorphan/guaifenesin elixir	OTC Alternatives
dextromethorphan/guaifenesin liquid	OTC Alternatives
dextromethorphan/guaifenesin tab	OTC Alternatives
DIABETIC METER	ACCU-CHEK METER
	FREESTYLE METER
	PRECISION XTRA METER
diclofenac sodium XR tab	regular release diclofenac
DIFICID TAB	VANCOCIN
DIVIGEL/ELESTRIN GEL	estradiol patch
	estradiol tab
	PREMARIN
	VIVELLE/DOT
doxycycline monohydrate 150mg tab	doxycycline monohydrate 75mg
DUAC CS KIT	clindamycin gel
	OTC benzoyl peroxide
DYNACIRC CR TAB	isradipine
EASPRIN TAB	OTC Alternatives
EDLUAR SL	formulary benzodiazepines
	trazodone
	zolpidem
EMADINE OPHTH SOLN	epinastine ophth soln
EMBEDA	morphine sulfate ER
EMSAM	Formulary Anti-Depressants
ENABLEX	DETROL LA
	TOVIAZ
	VESICARE

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ENDAL CD SYRUP	OTC Alternatives
enfolast-n tab	Formulary Vitamins and Minerals
ENJUVIA	PREMARIN
EPIDUO	adapalene + OTC Alternatives
ERTACZO	OTC Alternatives
estra/noreth tab	FEMHRT
	PREMPRO
ESTRASORB	estradiol
ESTRATAB	estradiol
	PREMARIN
etodolac ER tab	etodolac
EVAMIST SPRAY	estradiol patch
	estradiol tab
	PREMARIN
	VIVELLE/DOT
EXALGO	fentanyl patch
	morphine sulfate ER
	OXYCONTIN
famciclovir	acyclovir
	valacyclovir
FANAPT	risperidone
	SEROQUEL
	SEROQUEL XR
	ZYPREXA
felodipine ER tab	amlodipine
	nifedipine ER
FEMCON FE	levora
	portia
FEMRING	estradiol patch
	Formulary Estrogens
FIBRICOR TAB	LOFIBRA
	TRILIPIX
FIRST MOUTHWASH BLM	OTC Alternatives
FLAGYL ER	metronidazole
flavoxate	oxybutynin
FLECTOR PATCH	generic NSAID's
FLO-PRED	prednisolone soln
FLUNISOLIDE NASAL SPRAY	fluticasone nasal spray
	NASONEX
	VERAMYST
FLUOXETINE 60mg	fluoxetine 20mg tab
fluoxetine weekly	fluoxetine
FML FORTE	fluorometholone

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FOCALIN XR	ADDERALL XR amphetamine/dextroamphetamine methylphenidate ER
fondaparinux soln	enoxaparin
FORTAMET TAB	metformin ER
FORTESTA GEL	ANDRODERM ANDROGEL
FOSAMAX SOLN.	alendronate
FOSAMAX+D	alendronate+vitamin D (OTC)
FROVA TAB	MAXALT naratriptan sumatriptan
GELNIQUE	DETROL LA oxybutynin er TOVIAZ VESICARE
GENOTROPIN/HUMATROPE/NUTROPIN/OMNITROPE	NORDITROPIN
gianvi/ocella	YASMIN YAZ
glycolax	NOW AVAILABLE OTC
GRANISOL SOLN.	granisetron ondansetron
guaifenesin tab	OTC Alternatives
guaifenesin/codeine tab	OTC Alternatives
HALFLYTELY BOWEL PREP KIT	peg 3350/electrolytes trilyte
HALOG OINT.	betamethasone triamcinolone
halonate pac kit	ammonium lactate cream halobetasol
HUMALOG	NOVOLOG
HUMALOG MIX	NOVOLOG
HUMULIN MIX	NOVOLIN
HUMULIN N U-100	NOVOLIN
HUMULIN-R U-100	NOVOLIN
HYDROCHLOROTHIAZIDE TAB 12.5MG	hydrochlorothiazide cap 12.5mg
hydrocodone/chlorpheniramine	OTC Alternatives
hydrocodone/ibuprofen tab	hydrocodone + ibuprofen
hydroquinone cream	Plan Exclusion
imipramine pamoate	imipramine
INSULIN SYRINGE	B-D BRAND PRECISION BRAND
INTUNIV	methylphenidate ER

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Non-Preferred/Not Covered	Alternatives*
INVEGA TAB	risperidone
iodoquinol/hc cream	nystatin/triamcinolone cream
jolessa	aviane
	portia
KADIAN CAP	morphine sulfate
	morphine sulfate ER
KERAFOAM	formulary urea products
ketoprofen cap	regular release diclofenac
KETOPROFEN ER CAP	ibuprofen
	indomethacin
	ketoprofen
	naproxen
KOMBIGLYZE XR TAB	JANUMET
KRISTALOSE	lactulose
LAMICTAL ODT	lamotrigine
LAMICTAL XR TAB	lamotrigine
LAMICTAL XR/ODT KIT	lamotrigine
lansoprazole cap	omeprazole
	pantoprazole
LASTACFT OPTH SOLN	epinastine ophth soln
LATUDA TAB	GEODON
	risperidone
	SEROQUEL
	ZYPREXA
LESCOL CAP	lovastatin
	pravastatin
	simvastatin
LESCOL XL CAP	lovastatin
	pravastatin
	simvastatin
levalbuterol neb	albuterol neb
levocetirizine soln	OTC Alternatives
levocetirizine tab	Formulary Antihistamines
lidocaine cream	Plan Exclusion
lidocaine lotion	Plan Exclusion
lidocaine/hydrocortisone cream kit	OTC Alternatives
LIVALO	simvastatin
LOCOID LIPO CREAM	hydrocortisone butyrate cream
	hydrocortisone butyrate oint.
	hydrocortisone butyrate soln.
LOESTRIN 24 FE	junel (FE)
	microgestin (FE)
loperamide cap	OTC Alternatives

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Employer Based Plan Cont'

Therapeutic Interchange List

Note: Suggested interchange is product appropriate for MOST indications.

Last Updated* 2/1/2012

Non-Preferred/Not Covered	Alternatives*
LORZONE TAB	chlorzoxazone tab
LOSEASONIQUE	aviane
	portia
LUNESTA	temazepam
	trazodone
	triazolam
	zolpidem
LUVOX CR	citalopram
	fluoxetine
	fluvoxamine
	paroxetine
	sertraline
LYRICA CAP	gabapentin
LYSTEDA	aminocaproic acid
mefenamic acid	diclofenac
	ibuprofen
	naproxen
MEGACE ES SUSP.	megestrol
MELOXICAM COMFORT KIT	meloxicam + OTC alternative
MENOSTAR	estradiol patch
	VIVELLE/DOT
MENTAX CREAM	OTC CLOTRIMAZOLE
METADATE CD	methylphenidate ER
metformin er	metformin
METHITEST TAB	ANDROGEL
METHYLIN CHEW	methylphenidate
METOZOLV ODT	metoclopramide
METROGEL 1%	FINACEA
METROGEL 1% KIT	FINACEA
MICARDIS HCT TAB	DIOVAN HCT
	losartan/hctz
MICARDIS TAB	DIOVAN
	losartan
MILLIPRED	prednisolone
minocycline er	minocycline
MIRAPEX ER	pramipexole
	ropinirole
MONUROL	ciprofloxacin
morphine sulfate er cap	morphine sulfate er tab
	morphine sulfate tab
MOVIPREP	peg 3350/electrolytes
NATAZIA	aviane
	portia

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Employer Based Plan Cont'

Therapeutic Interchange List

Note: Suggested interchange is product appropriate for MOST indications.

Last Updated* 2/1/2012

Non-Preferred/Not Covered	Alternatives*
NATAZIA	YAZ
nateglinide	glipizide
	glyburide
NATROBA	OTC Alternatives
NEFAZODONE TAB	citalopram
	fluoxetine
	paroxetine
NEXICLON XR SUSP	clonidine IR
NEXICLON XR TAB	clonidine IR
NEXIUM CAP	omeprazole
NEXIUM GRANULE	omeprazole
NITROMIST AEROSOL	NITROSTAT SL TAB
nizatidine soln	cimetidine
	nizatidine cap
	ranitidine
NORITATE	FINACEA
NOROXIN	ciprofloxacin
NUCYNTA	oxycodone
	tramadol
NUTROPIN AQ/OMNITROPE INJ.	NORDITROPIN
OLEPTRO	bupropion
	trazodone
	venlafaxine
omeprazole tab	omeprazole cap
omeprazole/sodium bicarbonate	omeprazole + sodium bicarbonate
OMNARIS	fluticasone nasal spray
	NASONEX
	VERAMYST
ONGLYZA	JANUVIA
OPANA ER TAB	Formulary Analgesics
opium tincture	Formulary Analgesics
ORAMORPH TAB	morphine sulfate ER
ORAVIG	clotrimazole troches
	nystatin
OSMOPREP	peg 3350/electrolytes
otozin drops	antipyrine/benzocaine
OVACE SHAMPOO	Formulary Topical Agents
oxycodone/ibuprofen tab	oxycodone + ibuprofen
oxymorphone tab	Formulary Analgesics
OXYTROL	DETROL LA
	oxybutynin
	TOVIAZ
PANCRELIPASE	CREON

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**Employer Based Plan Cont'
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 2/1/2012**

Non-Preferred/Not Covered	Alternatives*
PANCRELIPASE	PANCREAZE
PANDEL CREAM	hydrocortisone
PATADAY	epinastine ophth soln
PATANOL	epinastine ophth soln
PEAK FLOW METER	Plan Exclusion
PEN NEEDLE	B-D PEN NEEDLE
	NOVOFINE PEN NEEDLE
	NOVOTWIST PEN NEEDLE
PENNSAID SOLN	oral NSAIDs
	VOLTAREN GEL
PERFOROMIST NEB	FORADIL AEROLIZER
PEXEVA	citalopram
	fluoxetine
	fluvoxamine
	paroxetine
	sertraline
phenylephrine/chlorpheniramine/dextromethorphan/guaifenesin syrup	OTC Alternatives
phenylephrine/chlorpheniramine/dihydrocodeine syrup	OTC Alternatives
PLAVIX 300mg TAB	PLAVIX 75mg
POTABA POWDER	aminobenzoate cap
PRANDIMET	glipizide + metformin
	glyburide + metformin
PREVPAC	omeprazole + antibiotic
	pantoprazole + antibiotic
PRISTIQ	citalopram
	fluoxetine
	fluvoxamine
	paroxetine
	sertraline
	venlafaxine
PROCENTRA	dextroamphetamine
PROQUIN XR	ciprofloxacin
PROTONIX PAK	pantoprazole
protriptyline	amitriptyline
	nortriptyline
PROVENTIL HFA	VENTOLIN HFA
PROVIGIL	amphetamine/dextroamphetamine
	methylphenidate
pseudoephedrine/brompheniramine/codeine liquid	OTC Alternatives
pseudoephedrine/codeine/guaifenesin syrup	OTC Alternatives
pseudoephedrine/methscopolamine tab	OTC Alternatives
PULMICORT FLEXHALER	ASMANEX
	FLOVENT

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**Employer Based Plan Cont'
Therapeutic Interchange List**

Note: Suggested interchange is product appropriate for MOST indications.

Last Updated* 2/1/2012

Non-Preferred/Not Covered	Alternatives*
PULMICORT FLEXHALER	QVAR
PYLERA	metronidazole + tetracycline + antacid
quinidine sulfate ER tab	quinidine sulfate
RAPAFLO	doxazosin
	terazosin
	UROXATRAL
RELION MIX	NOVOLIN
RELION N	NOVOLIN
RELION R	NOVOLIN
RENAGEL	calcium acetate cap
RENOVA CREAM	Plan Exclusion
RENVELA	calcium acetate cap
	FOSRENOL
REQUIP XL	ropinirole
REVATIO TAB	ADCIRCA
RHEUMATREX TAB	methotrexate
RHINOCORT AQUA	fluticasone
	NASONEX
	VERAMYST
RIOMET SOLN.	metformin
ROSULA FOAM	sodium sulfacetamide/sulfur
ROWASA KIT	mesalamine
ROZEREM TAB	temazepam
	trazodone
	zolpidem
RYBIX ODT	tramadol
SAFYRAL	BEYAZ
	YASMIN
	YAZ
SANCTURA XR CAP	DETROL LA
	oxybutynin
	TOVIAZ
SANDOSTATIN LAR KIT	octreotide inj.
SAPHRIS	GEODON
	risperidone
	SEROQUEL (XR)
	ZYPREXA
seb-prev cream	Formulary Topical Agents
SEB-PREV GEL	Formulary Topical Agents
selfemra	fluoxetine
SILENOR	doxepin
	trazodone
	zolpidem

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Employer Based Plan Cont'

Therapeutic Interchange List

Note: Suggested interchange is product appropriate for MOST indications.

Last Updated* 2/1/2012

Non-Preferred/Not Covered	Alternatives*
SIMPONI INJ	ENBREL
	HUMIRA
SKELID TAB	alendronate
SOMA TAB 250MG	carisoprodol
SPECTRACEF	cefdinir
	cefprozil
	cefuroxime
SPORANOX ORAL SOLN	itraconazole
SPRIX NASAL SPRAY	ketorolac tabs
STAVZOR CAP	divalproex
	divalproex er
SUBOXONE SL TAB	SUBOXONE SL FILM
sulfacetamide sod. lotion	sodium sulfacetamide/sulfur emulsion
sulfacetamide sodium w/ sulfur aerosol	sodium sulfacetamide w/sulfur emulsion
sulfacleanse susp	sodium sulfacetamide emulsion
	sodium sulfacetamide lotion
	sodium sulfacetamide soln
SUMAVEL INJ.	sumatriptan
SUPRAX	cefdinir
	cefprozil
	cefuroxime
SUPREP	GOLYTELY
	NULYTELY
SYMLIN	LANTUS
	NOVOLIN
	NOVOLOG
SYPRINE CAP	CUPRIMINE
TACLONEX OINT.	DOVONEX + betamethasone
TACLONEX SCALP	DOVONEX SOLN.
TASMAR TAB	COMTAN
TAZORAC CREAM	tretinoin
TAZORAC GEL	tretinoin
TEKAMLO TAB	amlodipine
	DIOVAN
	losartan
TEKTURNA HCT TAB	DIOVAN/HCT
	losartan/hctz
TEKTURNA TAB	DIOVAN
	losartan
temazepam 22.5mg capsule	temazepam 15mg
	temazepam 30mg
	triazolam
temazepam 7.5mg capsule	temazepam 15mg

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Employer Based Plan Cont'

Therapeutic Interchange List

Note: Suggested interchange is product appropriate for MOST indications.

Last Updated* 2/1/2012

Non-Preferred/Not Covered	Alternatives*
temazepam 7.5mg capsule	temazepam 30mg
	triazolam
TEST STRIP (all other test strips)	ACCU-CHEK TEST STRIP
	FREESTYLE TEST STRIP
	PRECISION XTRA TEST STRIP
TESTIM GEL	ANDROGEL
TEVETEN HCT TAB	DIOVAN HCT
	losartan/hctz
TEVETEN TAB	DIOVAN
	losartan
TIMOPTIC OCUDOSE	ISTALOL
	timolol maleate
TINDAMAX	metronidazole
TIROSINT	levothyroxine
TIZANIDINE COMFORT KIT	tizanidine tab
TOPICORT LP OINT.	desoximetasone oint.
TRACLEER TAB	LETAIRIS
TRADJENTA TAB	JANUVIA
tramadol ER tab	tramadol
tramadol/apap tab	tramadol + acetaminophen
trandolapril/verapamil tab	amlodipine/benazepril
trazodone 300mg	trazodone 150mg
TREXIMET TAB	sumatriptan + naproxen
TRIBENZOR TAB	amlodipine
	hydrochlorothiazide
	losartan
TRICOR TAB	LOFIBRA
	TRILIPIX
TRI-LUMA CREAM	Plan Exclusion
trimipramine cap	amitriptyline
	doxepin
	imipramine
tospium tab	DETROL LA
	oxybutynin
	TOVIAZ
TUSSICAPS	OTC Alternatives
TWINJECT	EPIPEN
TWYNSTA TAB	amlodipine
	DIOVAN
	losartan
ULESFIA LOTION	OTC Alternatives
UMECTA EMULSION 40%	urea
UREA NAIL KIT	Formulary Alternatives

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Employer Based Plan Cont'
Therapeutic Interchange List**

Note: Suggested interchange is product appropriate for MOST indications.

Last Updated* 2/1/2012

Non-Preferred/Not Covered	Alternatives*
URITACT DS TAB	phenazopyridine usept
URITACT EC TAB	phenazopyridine usept
UROXATRAL TAB	tamsulosin
ursodiol tab	ursodiol 300mg cap
VALTURNA TAB	Formulary Angiotensin Receptor Blockers
VANIQA	Plan Exclusion
verapamil er	verapamil sr
VERDESO	augmented betamethasone clobetasol desonide
VEREGEN OINT.	imiquimod
VERELAN PM CAP	verapamil sr
VIBRAMYCIN SYRUP	doxycycline hyclate
VIMOVO TAB	lansoprazole + naproxen omeprazole + naproxen pantoprazole + naproxen
VIRAMUNE XR	VIRAMUNE IR
VOLTAREN GEL	generic oral NSAIDS
VYTORIN	ZETIA + simvastatin
XERESE	ZOVIRAX OINTMENT
XIFAXAN 200mg	smz/tmp
XIFAXAN 550mg	smz/tmp
XOLEGEL	ketoconazole cr
XOPENEX HFA	VENTOLIN HFA
zafirlukast tab	SINGULAIR
ZANAFLEX CAP	tizanidine tab
ZANTAC EFFER TAB	ranitidine
ZELAPAR	AZILECT Formulary Anti-Parkinson Agents
ZENPEP	CREON PANCREAZE
zeosa	aviane portia
ZIANA	clindamycin soln. + tretinoin
ZITHROMAX POWDER	azithromycin susp. azithromycin tab
ZMAX	azithromycin susp
ZODRYL AC SUSP	guaifenesin/codeine promethazine/codeine
ZOLPIMIST	zolpidem tab
ZOMIG NASAL SPRAY	MAXALT

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**Employer Based Plan Cont'
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 2/1/2012**

Non-Preferred/Not Covered	Alternatives*
ZOMIG NASAL SPRAY	naratriptan
	sumatriptan
ZORPRIN	aspirin (OTC)
ZUPLENZ ORAL FILM	granisetron
	ondansetron ODT
ZUTRIPRO	OTC Alternatives
ZYDONE TAB	hydrocodone/apap
ZYFLO	SINGULAIR
ZYFLO CR	SINGULAIR

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Employer Based Plan
Prior Authorization Drug List
Last Updated* 2/1/2012**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABILIFY DISCMELT	2
ABILIFY SOLN	2
ABILIFY TAB	2
ABSTRAL TAB	3
ACIPHEX	3
ADCIRCA TAB	2
AFINITOR TAB	2
ANDRODERM PATCH	2
ANDROGEL 25MG	2
ANDROGEL 50MG	2
ANDROGEL PUMP 1%	2
ANDROGEL PUMP 1.62%	2
ARANESP INJ.	2
AXIRON SOLN.	3
CAYSTON	2
CELEBREX CAP	2
CIMZIA INJ	3
ENBREL INJ	2
EPOGEN INJ.	2
FABRAZYME INJ.	M
FANAPT	3
FLOLAN INJ.	M
fondaparinux soln	2
FORTESTA GEL	3
GILENYA	2
HUMIRA INJ	2
HYCAMTIN CAP	2
INCIVEK	2
itraconazole	2
KINERET INJ	2
KUVAN TAB	2
LATUDA TAB	3
LAZANDA SPRAY	3
LETAIRIS TAB	2
LYRICA CAP	2
NORDITROPIN INJ	2
NUVIGIL TAB	2
ORENCIA INJ.	M
PROCRIT INJ.	2
PROMACTA TAB	2
RELISTOR INJ	2
REMICADE INJ.	M
REMODULIN INJ.	M
REVATIO TAB	3
REVLIMID CAP	2
RITUXAN INJ.	M
ROZEREM TAB	2

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**Employer Based Plan cont.
 Prior Authorization Drug List
 Last Updated* 2/1/2012**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
SAPHRIS	3
SIMPONI INJ	3
SPORANOX ORAL SOLN	3
SPRYCEL TAB	2
SUTENT CAP	2
TARCEVA TAB	2
TASIGNA CAP	2
TAZORAC CREAM	2
TAZORAC GEL	2
TESTIM GEL	3
THALOMID CAP	2
TOBI	2
TYKERB TAB	2
TYVASO	2
VENTAVIS	2
VICTRELIS	2
VOTRIENT TAB	2
XENAZINE	2
XOLAIR INJ.	M
ZEGERID POWDER	2
ZORTRESS TAB	2
ZYTIGA	2

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**Employer Based Plan
Generic Sampling Program
Last Updated* 2/1/2012**

The Generic Copay Waiver Program is designed to allow members to “try out” certain generic medications as an alternative to using high cost, brand name counterparts.

How it Works

- Your physician needs to write a prescription for certain generic medications for up to a 30-day supply.
- If this is the first time you are filling a prescription for this medication, your first fill will be FREE!

Generic Sampling Program Medications

Generic Name	Equivalent Brand Name
alendronate tab	FOSAMAX
atenolol tab	TENORMIN
azelastine ophth soln	OPTIVAR
bisoprolol/hctz tab	ZIAC
citalopram oral soln.	CELEXA
citalopram tab	CELEXA
doxazosin tab	CARDURA
enalapril tab	VASOTEC
epinastine ophth soln	ELESTAT
estradiol	ESTRACE
famotidine tab	PEPCID
finasteride tab	PROSCAR
fluoxetine cap	PROZAC
fluoxetine tab	PROZAC
fluticasone nasal spray	FLONASE
glipizide	GLUCOTROL
glyburide	MICRONASE
ketotifen ophth soln. (OTC)	ZADITOR
lisinopril	PRINIVIL
loratadine-d tab (OTC)	CLARITIN-D
losartan tab	COZAAR
losartan/hctz tab	HYZAAR
lovastatin tab	MEVACOR
metformin	GLUCOPHAGE
metoprolol tab	LOPRESSOR
omeprazole cap 20mg	PRIOSEC
oxybutynin er	DITROPAN XL
oxybutynin tab	DITROPAN
pantoprazole	PROTONIX
paroxetine oral soln	PAXIL
paroxetine tab	PAXIL
pravastatin tab	PRAVACHOL
ranitidine cap	ZANTAC
ranitidine syrup	ZANTAC
ranitidine tab	ZANTAC
sertraline soln.	ZOLOFT
sertraline tab	ZOLOFT
simvastatin tab	ZOCOR
terazosin cap	HYTRIN
triamterene/hctz cap	DYAZIDE
triamterene/hctz tab	MAXZIDE

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**Employer Based Plan
Generic Sampling Program
Last Updated* 2/1/2012**

The Generic Copay Waiver Program is designed to allow members to “try out” certain generic medications as an alternative to using high cost, brand name counterparts.

How it Works

- Your physician needs to write a prescription for certain generic medications for up to a 30-day supply.
- If this is the first time you are filling a prescription for this medication, your first fill will be FREE!

Generic Sampling Program Medications

Generic Name	Equivalent Brand Name
verapamil sr	VERELAN
verapamil SR tab	CALAN SR

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**Employer Based Plan
Last Updated* 2/1/2012
Tablet Splitting Program**

Tablet splitting helps control prescription drug benefit costs and can provide significant savings for members. Participation in the program is voluntary. Through this program, members pay up to one-half of their usual copayment on a select group of prescription drugs. Drugs included in this program are based on the following criteria:

- The drug product is on the formulary.
- The drug product is recognized as an appropriate product to split by the Pharmacy & Therapeutics Committee.
- The drug is flat priced (i.e. various strengths of the medication must be comparably priced).
- The medication must have once-daily dosing.

An example of the savings that can be realized through this program is illustrated below:

	Product & Strength	Quantity	Member Copay	Member Annual Savings
Without Tablet Splitting	Drug A 40 mg tab	30	\$15.00	
With Tablet Splitting	Drug A 80 mg tab	15	\$7.50	\$90

As the example illustrates, tablet splitting allows members to receive the same dose in a fewer number of tablets; thus, the overall cost of the medication is reduced. Members may obtain tablet-splitting devices free of charge by contacting Customer Service.

Tablet Splitting Program Medications

ABILIFY TAB	ACTOS TAB	AZILECT TAB	BARACLUDE
BYSTOLIC	CRESTOR TAB	CRESTOR TAB 20MG	DETROL
DIOVAN TAB	EXFORGE TAB	JANUVIA TAB	LEXAPRO TAB
LIPITOR TAB	SEROQUEL TAB	ULORIC	VESICARE TAB

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**Employer Based Plan
Last Updated* 2/1/2012
Over-the-Counter (OTC)**

- The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

ACCU-CHEK ACTIVE METER	ACCU-CHEK ADVANTAGE METER	ACCU-CHEK AVIVA METER	ACCU-CHEK CALIBRATION LIQUID
ACCU-CHEK COMPACT METER	ACCU-CHEK TEST STRIP	AEROCHAMBER	alcohol swab
B-D INSULIN SYRINGE	B-D PEN NEEDLE	CALIBRATION LIQUID	cetirizine-d tab
CLINISTIX	DIABETIC METER	FREESTYLE CALIBRATION LIQUID	FREESTYLE FLASH METER
FREESTYLE FREEDOM LITE METER	FREESTYLE INSULIN SYRINGES	FREESTYLE LITE METER	FREESTYLE METER
FREESTYLE TEST STRIP	HUMULIN 50/50	HUMULIN MIX	HUMULIN N U-100
HUMULIN PEN	HUMULIN-R U-100	INSULIN SYRINGE	KETO-DIASTIX
KETOSTIX	LANCET KIT	lancets	loratadine-d tab (OTC)
meclizine chew tab	meclizine tab	niacin cap	niacin CR tab
niacin tab	niacinamide tab	nicotine gum	nicotine lozenge
nicotine patch	NOVOFINE PEN NEEDLE	NOVOLIN INNOLET	NOVOLIN PENFILL
NOVOLIN VIAL	NOVOTWIST PEN NEEDLE	omeprazole tab	PEN NEEDLE
PRECISION CALIBRATION LIQUID	PRECISION INSULIN SYRINGE	PRECISION XTRA METER	PRECISION XTRA TEST STRIP
PREVACID OTC	PRILOSEC OTC	RELION MIX	RELION N
RELION R	TEST STRIP (all other test strips)	ZEGERID OTC	ZYRTEC-D TAB (OTC)

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Employer Based Plan
Last Updated* 2/1/2012
Mandatory Specialty Pharmacy (MSP)**

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use
- The following drugs are required to be filled through a Specialty Pharmacy provider.

Mandatory Specialty Pharmacy (MSP) Medications

ACTIMMUNE INJ	ADCIRCA TAB	AFINITOR TAB	ALFERON N INJ
ARANESP INJ.	AVONEX INJ	BETASERON INJ.	calcitriol inj
CIMZIA INJ	COPAXONE INJ	desmopressin acetate inj	ENBREL INJ
EPOGEN INJ.	FABRAZYME INJ.	FORTEO INJ	FUZEON INJ
GILENYA	GLEEVEC TAB	HEPSERA TAB	HUMIRA INJ
HYCAMTIN CAP	INCIVEK	INCRELEX INJ	INFERGEN INJ.
INTRON-A INJ	KINERET INJ	KUVAN TAB	LEUKINE INJ.
LYSODREN TAB	MESNEX TAB	MIACALCIN INJ	NEULASTA INJ
NEUMEGA INJ	NEUPOGEN INJ	NEXAVAR TAB	NORDITROPIN INJ
octreotide inj	PEGASYS INJ.	PEG-INTRON INJ	PROCRIT INJ.
PROMACTA TAB	REBETOL SOLN	REBIF INJ	RELISTOR INJ
REVATIO TAB	REVLIMID CAP	RIBAPAK TAB	ribasphere cap
RIBATAB	ribavirin tab	SANDOSTATIN INJ	SENSIPAR TAB
SIMPONI INJ	SPRYCEL TAB	SUTENT CAP	TARCEVA TAB
TARGRETIN CAP	TARGRETIN GEL	TASIGNA CAP	TEMODAR CAP
THALOMID CAP	tretinoin cap	TYKERB TAB	VICTRELIS
VIVAGLOBIN INJ	VOTRIENT TAB	XELODA TAB	ZOLINZA CAP
ZYTIGA			

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**Employer Based Plan
Last Updated* 2/1/2012
Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ACTONEL TAB	Covered at Tier 3 if ST not completed. Step Therapy requires failure of alendronate.
ACTONEL W/ CALCIUM TAB	Covered at Tier 3 if ST not completed. Step Therapy requires failure of alendronate.
ALAMAST	QL = 2 bottle/fill, Step Therapy requires trial of epinastine
ALOCRIIL	QL = 2 bottle/fill, Step Therapy requires trial of epinastine
ALOMIDE	QL = 2 bottle/fill, Step Therapy requires trial of epinastine
AMITIZA	
ARICEPT TAB 23MG	QL=1 tab/day. Step Therapy requires trial of donepezil 10 mg
ATELVIA TAB	Step therapy requires trial of alendronate
BEPREVE	Step Therapy requires trial of epinastine
BETASERON INJ.	Requires failure of 2 of the 3 products: Avonex, Rebif or Copaxone
BONIVA TAB 150 mg	QL=1 tab/month; Step Therapy requires failure of alendronate and Actonel
DEXILANT	QL=1 cap/day Step Therapy requires failure of omeprazole
DIFICID TAB	Step Therapy requires trial of VANCOCIN; QL = 20 tab/fill
EDARBI	Step therapy requires trial of losartan (hctz)
EDARBYCLOR	Step Therapy requires trial of losartan (hctz)
EMADINE OPHTH SOLN	QL = 2 bottle/fill; ST requires trial of epinastine
INTUNIV	Step Therapy requires trial of guanfacine IR
LASTACRAFT OPHTH SOLN	QL=2 bottles/fill; Step Therapy requires trial of epinastine.
LUVOX CR	Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine
LYSTEDA	Step Therapy requires trial of one generic NSAID
MAXALT TAB	QL=Retail 12 tabs/Rx, 3 fills/60 days; Mail Order 36 tabs/Rx, 2 fills/90 days; Step therapy requires trial of sumatriptan
MAXALT-MLT TAB	QL=Retail 12 tabs/Rx, 3 fills/60 days; Mail Order 36 tabs/Rx, 2 fills/90 days; Step therapy requires trial of sumatriptan
METROGEL 1%	Step Therapy requires trial of FINACEA
NORITATE	Step Therapy requires trial of FINACEA
ONGLYZA	Step Therapy requires trial of JANUVIA
PATADAY	QL= 2 bottles/fill, ST requires trial of epinastine
PATANOL	QL= 2 bottles/fill, ST requires trial of epinastine
PEXEVA	Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine
PRISTIQ	Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product
SINGULAIR CHEW TAB	Step Therapy requires previous diagnosis of Asthma. ST not required for members less than 14 years
SINGULAIR GRANULE	Step Therapy requires previous diagnosis of Asthma. ST not required for members less than 14 years
SINGULAIR TAB	Step Therapy requires previous diagnosis of Asthma. ST not required for members less than 14 years
TRACLEER TAB	Step Therapy requires trial of LETAIRIS (Only available through Accredo 1-866-591-9075 AND PharmaCare 1-800-238-7828

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Employer Based Plan Cont.
Last Updated* 2/1/2012
Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
TRADJENTA TAB	Step Therapy requires trial of JANUVIA
ULORIC	Step therapy requires failure of allopurinol
ZENPEP	Step Therapy requires trial of CREON and PANCREAZE

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**Employer Based Plan
Smoking Cessation Agents
Last Updated* 2/1/2012**

Drug Name	Tier # for Drug Copay
buproban tab	1*
CHANTIX PAK	1*
CHANTIX TAB	1*
nicotine gum	1*
nicotine lozenge	1*
nicotine patch	1*
NICOTROL INHALER	1*
NICOTROL NASAL SPRAY	1*

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**Employer Based Plan
Last Updated* 2/1/2012
Quantity Limit (QL)**

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ABSTRAL TAB	QL = 120 tab/30 days
ACANYA GEL	QL = 50gm/fill
acetic acid	QL = 2 bottle/fill
acetic acid/aluminum acetate otic	QL = 2 bottle/fill
acetic acid/hydrocortisone	QL= 2 bottles/fill
ACUVAIL	QL= 60 units/fill
ADRENACLICK	QL = 2 kit/fill
ADVAIR DISKUS	Tier 2 when criteria met; QL = 1 inhaler/fill
ADVAIR HFA	Tier 2 when criteria met; QL = 2 inhaler/fill
aero otic	QL = 2 bottle/fill
AEROBID	QL = 2 inhalers/fill
AFINITOR TAB	QL= 1 tab/day; Limited to 2 x 15 day fills per month for first 3 months
ALAMAST	QL = 2 bottle/fill, Step Therapy requires trial of epinastine
ALOCRIL	QL = 2 bottle/fill, Step Therapy requires trial of epinastine
ALOMIDE	QL = 2 bottle/fill, Step Therapy requires trial of epinastine
ALPHAGAN P 0.1%	QL = 2 bottle/fill
ALVESCO	QL = 2 inhalers/fill
ANDRODERM PATCH	QL = 1 patch/day
ANDROGEL 25MG	QL= 1 packet/day
ANDROGEL 50MG	QL = 2 packets/day
ANDROGEL PUMP 1%	QL = 4 bottle/30 days
ANDROGEL PUMP 1.62%	QL = 2 bottle/30 days
antipyrine/benzocaine	QL = 2 bottle/fill
ANZEMET TAB	QL = Retail 9 tabs/fill; Mail Order 27 tabs/fill
apraclonidine ophth soln.	QL = 2 bottle/fill
ARICEPT TAB 23MG	QL=1 tab/day. Step Therapy requires trial of donepezil 10 mg
ASMANEX INHALER	QL=2 inhaler/fill
ASTELIN NASAL SPRAY	QL = 2 bottle/month
ASTEPRO NASAL SPRAY	QL = 2 bottle/fill
atropine ophth oint.	QL = 2 bottle/fill
atropine ophth soln.	QL = 2 bottle/fill
ATROVENT HFA	QL = 2 inhalers/fill
AURALGAN	QL = 2 bottle/fill
AXERT	QL= 9 tabs/fill; 2 fills/30 days. Mail order 27 tabs/fill; 2 fills/90 days
AXIRON SOLN.	QL = 2 bottle/30 days
AZASITE SOLN	QL = 2 bottle/fill
azelastine ophth soln	QL = 2 bottle/fill
AZMACORT	QL = 2 inhalers/fill
AZOPT	QL = 2 bottle/fill
bacitracin ophth oint.	QL = 2 bottle/fill
bacitracin/neomycin/polymyxin b ophth oint.	QL = 2 bottle/fill
bacitracin/polymyxin b ophth oint.	QL = 2 bottle/fill
bacitracin/polymyxin/neomycin/hc ophth oint.	QL = 2 bottle/fill
BENZACLIN GEL	QL = 50gm/fill
BEPREVE	Step Therapy requires trial of epinastine

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Employer Based Plan Cont.
Last Updated* 2/1/2012
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
BESIVANCE	QL = 2 bottle/fill
BETAXOLOL OPHTH SOLN.	QL = 2 bottle/fill
BETIMOL OPHTH SOLN.	QL = 2 bottle/fill
BETOPTIC-S OPHTH SOLN.	QL = 2 bottle/fill
BLEPHAMIDE OPHTH SOLN.	QL = 2 bottle/fill
BLEPHAMIDE S.O.P	QL = 2 bottle/fill
BONIVA TAB 150 mg	QL=1 tab/month; Step Therapy requires failure of alendronate and Actonel
brimonidine	QL = 2 bottle/fill
BROMDAY OPHTH SOLN.	QL = 2 bottle/fill
bromfenac	QL = 2 bottle/fill
butorphanol nasal spray	QL = Retail 1 bottle/fill, 2 fill/30 days; Mail Order 3 bottle/fill, 2 fill/90 days
BUTRANS PATCH	QL = 4 patch/28 day
carteolol ophth soln.	QL = 2 bottle/fill
CELEBREX CAP	QL = 2 cap/day
CILOXAN OPHTH OINT.	QL = 2 bottle/fill
CIPRO HC	QL = 2 bottle/fill
CIPRODEX	QL = 2 bottle/fill
ciprofloxacin ophth soln.	QL = 2 bottle/fill
clindamycin/benzoyl peroxide gel	QL = 50gm/fill
COLY-MYCIN S OTIC	QL = 2 bottle/fill
COMBIGAN	QL = 2 bottle/fill
COMBIVENT INHALER	QL = 2 inhalers/fill
CRESTOR TAB	QL = 1 tab/day
CRESTOR TAB 20MG	QL = 1.5 tab/day
cromolyn ophth soln	QL = 2 bottle/fill
CYCLOGYL OPHTH SOLN 0.5%, 2%	QL = 2 bottle/fill
CYCLOMYDRIL OPHTH SOLN.	QL = 2 bottle/fill
cyclopentolate ophth soln.	QL = 2 bottle/fill
CYMBALTA CAP	QL = 1 cap/day
CYMBALTA CAP 60mg	QL = 2 cap/day
dexamethasone ophth soln.	QL = 2 bottle/fill
DEXILANT	QL=1 cap/day Step Therapy requires failure of omeprazole
diclofenac sodium ophth.	QL = 2 bottle/fill
DIFICID TAB	Step Therapy requires trial of VANCOCIN; QL = 20 tab/fill
dipivefrin ophth soln.	QL = 2 bottle/fill
donepezil ODT	QL=1 tab/day
donepezil tab	QL=2 tabs/day
dorzolamide	QL = 2 bottle/fill
dorzolamide/timolol ophth soln.	QL = 2 bottle/fill
DULERA INHALER	Tier 2 when criteria met
DUREZOL	QL = 2 bottle/fill
EMADINE OPHTH SOLN	QL = 2 bottle/fill; ST requires trial of epinastine
EMEND CAP	QL = Retail 3 cap/fill; Mail Order 9 cap/fill
EMEND PAK	QL = Retail 3 cap/fill; Mail Order 9 cap/fill
enoxaparin inj.	QL = 17 days supply
epinastine ophth soln	

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Employer Based Plan Cont.
Last Updated* 2/1/2012
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
EPIPEN INJ.	QL = 2 kit/fill
EPIPEN-JR	QL = 2 kit/fill
erythromycin ophth oint.	QL = 2 bottle/fill
fentanyl citrate lollipop	QL = 120 unit/30 days
FENTORA	QL = 120 unit/30 days
FLAREX	QL = 2 bottle/fill
FLECTOR PATCH	QL = Retail 30 patch/fill; Mail Order 90 patch/fill
FLOVENT DISKUS	QL = 1 inhalers/fill
FLOVENT HFA	QL = 2 inhalers/fill
fluocinolone otic oil	QL = 2 bottle/fill
fluorometholone ophth soln.	QL = 2 bottle/fill
flurbiprofen ophth soln.	QL = 2 bottle/fill
FML FORTE	QL = 2 bottle/fill
FML S.O.P	QL = 2 bottle/fill
FORTESTA GEL	QL = 2 bottle/30 days
FROVA TAB	QL = Retail 9 tab/fill, 2 fill/30 days; Mail Order 27 tab/fill, 2 fill/90 days
gentamicin ophth oint.	QL = 2 bottle/fill
gentamicin ophth soln.	QL = 2 bottle/fill
GILENYA	QL= 1 cap/day
granisetron tab	QL= Retail 9 tabs/fill; Mail Order 27 tabs/fill
GRANISOL SOLN.	QL = Retail 60ml/fill, Mail Order 180ml/fill
homatropine ophth soln.	QL = 2 bottle/fill
hydrocodone/chlorpheniramine	QL = Retail 120ml/fill; 2 fill/30 days; Mail Order 360ml/fill, 2 fill/90 days
IMITREX NASAL SPRAY	QL = Retail 6 Sprys/Rx, 2 fills/30 days; Mail Order 18 Sprys/Rx, 2 fills/90 days
INTAL INHALER	QL = 2 inhaler/fill
IOPIDINE OPHTH SOLN.	QL = 2 bottle/fill
ISOPTO CARBACHOL OPHTH SOLN.	QL = 2 bottle/fill
ISOPTO HOMATROPINE OPHTH SOLN.	QL = 2 bottle/fill
ISOPTO HYOSCINE OPHTH SOLN.	QL = 2 bottle/fill
ISTALOL OPHTH SOLN.	QL = 2 bottle/fill
JANUVIA TAB	QL = 1 tab/day
ketorolac ophth soln	QL= 20ml/fill
ketorolac tab	QL = 5 days treatment (20 tabs/5 days)
ketotifen ophth soln. (OTC)	QL = 2 bottle/fill
LASTACFT OPHTH SOLN	QL=2 bottles/fill; Step Therapy requires trial of epinastine.
latanoprost	QL= Retail 2.5ml/fill; Mail Order 7.5ml/fill
LATUDA TAB	QL = 1 tab/day
LAZANDA SPRAY	QL=15 bottles/30 days
levobunolol ophth soln.	QL = 2 bottle/fill
levofloxacin ophth soln	QL = 2 bottle/fill
LIDODERM PATCH	QL=3 patches/day
LOTEMAX OPHTH OINT	QL= 2 tubes/fill
LOTEMAX/ALREX OPHTH SOLN.	QL = 2 bottle/fill
LUMIGAN OPHTH SOLN	QL=Retail 2.5ml/fill; Mail Order 7.5ml/fill
LUNESTA	QL= 1 tab/day
MAXAIR AUTOHALER	QL = 2 inhalers/fill

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**Employer Based Plan Cont.
Last Updated* 2/1/2012
Quantity Limit (QL)**

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
MAXALT TAB	QL=Retail 12 tabs/Rx, 3 fills/60 days; Mail Order 36 tabs/Rx, 2 fills/90 days; Step therapy requires trial of sumatriptan
MAXALT-MLT TAB	QL=Retail 12 tabs/Rx, 3 fills/60 days; Mail Order 36 tabs/Rx, 2 fills/90 days; Step therapy requires trial of sumatriptan
MAXIDEX OPHTH SOLN.	QL = 2 bottle/fill
metipranolol ophth soln.	QL = 2 bottle/fill
MIGRANAL NASAL SPRAY	QL = Retail 8 unit/Rx; Mail Order 24 unit/Rx
MOXEZA OPHTH SOLN.	QL = 2 bottle/fill
naratriptan tab	QL = Retail 9 tabs/fill, 2 fill/30 days; Mail Order 27 tab/fill, 2 fill/90 days
NATROBA	QL = 1 bottle/fill
neomycin/polymixin/hc otic	QL = 2 bottle/fill
neomycin/polymyxin b/gramicidin ophth soln.	QL = 2 bottle/fill
neomycin/polymyxin/dexamethasone ophth oint.	QL = 2 bottle/fill
neomycin/polymyxin/dexamethasone ophth soln.	QL = 2 bottle/fill
neomycin/polymyxin/hc ophth soln.	QL = 2 bottle/fill
NEVANAC	QL = 2 bottle/fill
NUCYNTA ER	QL= 2 tabs/day
NUDEXTA CAP	QL = 2 cap/day
NUVIGIL TAB	QL = 1 tab/day
ofloxacin ophth soln.	QL = 2 bottle/fill
ofloxacin otic	QL = 2 bottle/fill
omedia otic	QL = 2 bottle/fill
otozin drops	QL = 2 bottle/fill
OXYCONTIN	QL = Retail 120 tab/30 days; Mail Order 360 tab/90 days
parcaine ophth soln.	QL = 2 bottle/fill
PATADAY	QL= 2 bottles/fill, ST requires trial of epinastine
PATANOL	QL= 2 bottles/fill, ST requires trial of epinastine
phenylephrine ophth soln.	QL = 2 bottle/fill
PHOSPHOLINE OPHTH SOLN.	QL = 2 bottle/fill
pilocarpine ophth soln.	QL = 2 bottle/fill
PILOPINE HS OPHTH GEL	QL = 2 bottle/fill
polymyxin b/trimethoprim ophth soln.	QL = 2 bottle/fill
PR OTIC	QL = 2 bottle/fill
PRADAXA CAP	QL= 2 caps/day
PRED MILD OPHTH SOLN.	QL = 2 bottle/fill
PRED-G OPHTH SOLN.	QL = 2 bottle/fill
prednisolone ophth soln.	QL = 2 bottle/fill
prednisolone sodium phosphate ophth soln.	QL = 2 bottle/fill
PROPINE OPHTH SOLN.	QL = 2 bottle/fill
PROVENTIL HFA	QL = 2 inhalers/fill
PULMICORT FLEXHALER	QL = 2 inhalers/fill
QVAR	QL = 2 inhalers/fill
REGANEX GEL	QL = 2 - 15gm tubes/fill

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Employer Based Plan Cont.
Last Updated* 2/1/2012
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
RELENZA	QL=20 units/fill
RELPAK	QL=Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days
RESTASIS	QL = 2 bottle/fill; Restricted to Ophthalmologist or Optometrist
REVLIMID CAP	QL = 1 tab/day
RHINOCORT AQUA	QL = 2 bottle/fill
ROZEREM TAB	QL = 1 tab/day
SANCUSO	QL = Retail 4 patch/fill; Mail Order 12 patch/fill
SEREVENT DISKUS	QL = 1 inhaler/fill
STRATTERA CAP	QL = 2 cap/day
sulfacetamide sodium ophth soln.	QL = 2 bottle/fill
sulfacetamide sodium/prednisolone ophth soln.	QL = 2 bottle/fill
sumatriptan inj.	QL = Retail 4 inj/fill, 2 fill/30 days; Mail Order 12 inj/fill, 2 fill/90 days
sumatriptan kit	QL = Retail 4 inj/fill, 2 fill/30 days; Mail Order 12 inj/fill, 2 fill/90 days
sumatriptan tab	QL = Retail 9 tab/fill, 2 fill/30 days; Mail Order 27 tab/fill, 2 fill/90 days
SUMAVEL INJ.	QL = Retail 4 inj/fill, 2 fill/30 days; Mail Order 12 inj/fill, 2 fill/90 days
SYMBICORT	Tier 2 when criteria met
TAMIFLU CAP	QL = 10 caps/fill
TAMIFLU SUSP 12mg/ml	QL= 125ml/fill
TAMIFLU SUSP 6mg/ml	QL= 250ml/fill
TESTIM GEL	QL= 2 packets/day
timolol maleate ophth gel	QL = 2 bottle/fill
timolol maleate ophth soln.	QL = 2 bottle/fill
TIMOPTIC OCUDOSE	QL = 2 bottle/fill
TOBRADEX OPHTH OINT.	QL = 2 bottle/fill
TOBRADEX ST	QL = 2 bottle/fill
tobramycin ophth soln.	QL = 2 bottle/fill
tobramycin/dexamethasone ophth soln.	QL = 2 bottle/fill
TOBREX OPHTH OINT.	QL = 2 bottle/fill
TRAVATAN (Z) OPHTH SOLN.	QL=Retail 5ml/fill; Mail Order 15ml/fill
trifluridine ophth soln.	QL = 2 bottle/fill
tropicamide ophth soln.	QL = 2 bottle/fill
TUSSICAPS	QL = 20 caps/fill; 2 fills/30 days
TWINJECT	QL = 2 kit/fill
VENTOLIN HFA	QL = 2 inhalers/fill
VEXOL	QL = 2 bottle/fill
VIGAMOX	QL = 2 bottle/fill
VIMPAT TAB	QL = 2 tab/day
VIVOTIF	QL=4 caps/fill
VOLTAREN GEL	QL = Retail 5 tubes/fill; Mail Order 15 tubes/fill
VYTORIN	QL = 1 tab/day (10/80mg is Not Covered)
XIBROM	QL = 2 bottle/fill
XIBROM OPHTH SOLN.	QL = 2 bottle/fill
XIFAXAN 200mg	QL=Max 3 tabs/day for 3 days
XIFAXAN 550mg	QL=2 tabs/day
XOPENEX HFA	QL = 2 inhalers/fill

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Employer Based Plan Cont.
Last Updated* 2/1/2012
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ZETIA TAB	QL = 1 tab/day
ZIRGAN	QL = 2 bottle/fill
ZOMIG NASAL SPRAY	QL = Retail 6 spray/fill, 2 fill/30 days; Mail Order 18 spray/fill, 2 fill/90 days
ZOMIG TAB	QL=Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days
ZOMIG ZMT	QL=Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days
zotane hc	QL = 2 bottle/fill
ZUTRIPRO	QL = 4 oz/Rx; 2 fills/month
ZYLET OPHTH SOLN.	QL = 5 ml/fill, 10 ml bottle is Not Covered
ZYMAXID 0.5% OPHTH SOLN	QL = 2 bottle/fill

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