

Sierra VillageHealth (HMO)

2010 Formulary

(List of Covered Drugs)

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

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Formulary and/or co-payments/co-insurance may change on January 1, 2011.

Effective September 1, 2010

What is the Sierra VillageHealth Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of September 1, 2010. To get updated information about the drugs covered by Sierra VillageHealth, please visit our Web site at www.sierravillagehealth.com or call Member Services at 1-866-421-4386 November 15, 2009 through March 1, 2010, seven days a week from 8 a.m. to 8 p.m. and March 2, 2010 through November 14, 2010, Monday through Friday from 8 a.m. to 8 p.m. Calls on Saturday, Sunday and holidays will be received by our automated phone system (where you can leave a detailed message, and a representative will return your call as soon as possible. TTY/TDD users should call 1-866-525-7833. In the event of a mid-year non-maintenance change to the formulary, you will be mailed a list of corrections documenting any change(s) to the drug coverage.

How do I use the Formulary?

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

Medical Condition:

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs

used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

Alphabetical Listing:

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 56. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Sierra VillageHealth covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Sierra VillageHealth requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Sierra VillageHealth before you fill your prescriptions. If you don't get approval, Sierra VillageHealth may not cover the drug.
- **Quantity Limits:** For certain drugs, Sierra VillageHealth limits the amount of the drug that Sierra VillageHealth will cover. For example, Sierra VillageHealth provides 30 tablets per prescription for Benicar. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Sierra VillageHealth requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Sierra VillageHealth may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Sierra VillageHealth will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.sierravillagehealth.com.

You can ask Sierra VillageHealth to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Sierra VillageHealth’s formulary?” on page 3 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Sierra VillageHealth does not cover your drug, you have two options:

- You can ask Member services for a list of similar drugs that are covered by Sierra VillageHealth. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Sierra VillageHealth.
- You can ask Sierra VillageHealth to make an exception and cover your drug. See below information about how to request an exception.

How do I request an exception to the Sierra VillageHealth's Formulary?

You can ask Sierra VillageHealth to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Sierra VillageHealth limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier designated as the high-cost tier.

Generally, Sierra VillageHealth will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you are a member who has had a level-of-care change (for example, you have recently been discharged from a long-term care facility and are now back at home), we will cover a temporary 30-day transition supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

For more information

For more detailed information about your Sierra VillageHealth prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Sierra VillageHealth, please call:

Member Services at 1-866-421-4386

- From November 15, 2009 through March 1, 2010 – 7 days/week from 8 a.m. to 8 p.m.
- From March 2, 2010 through November 14, 2010 – Monday through Friday from 8 a.m. to 8 p.m. Calls on Saturday, Sunday and holidays will be received by our automated phone system (where you can leave a detailed message, and a representative will return your call as soon as possible).
- Or visit www.sierravillagehealth.com

TDD users should call 1-866-525-7833.

Si usted habla Español y necesita asistencia con este sumario o tiene alguna pregunta acerca de su cobertura con Sierra VillageHealth tenemos representantes disponibles para asistirle. Puede llamarnos al servicio del cliente de Sierra VillageHealth al 1-866-421-4389

- De noviembre 15, 2009 hasta marzo 1, 2010 – 7 días de la semana de 8:00 a.m.- 8:00 p.m.
- Comenzando en marzo 2, 2010 hasta noviembre 14, 2010 – lunes a viernes de 8:00 a.m.- 8:00 p.m.

Llamadas recibidas los sábados, domingos y los días festivos serán contestadas por nuestro sistema de teléfono automatizado (donde usted podrá dejar un mensaje detallado, y un representante le regresará su llamada lo más pronto posible.)

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Sierra VillageHealth's Formulary

The formulary below provides coverage information about some of the drugs covered by Sierra VillageHealth. If you have trouble finding your drug in the list, turn to the Index that begins on page 56.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., CELEBREX) and generic drugs are listed in lower-case italics (e.g., *naproxen*).

The information in the Notes column tells you if Sierra VillageHealth has any special requirements for coverage of your drug.

- **QL:** Quantity Limit. See “Are there any restrictions on my coverage?” on Page 2 for more information.
- **ST:** Step Therapy. See “Are there any restrictions on my coverage?” on Page 2 for more information.
- **PA:** Prior Authorization. See “Are there any restrictions on my coverage?” on Page 2 for more information.
- **B/D:** This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **ED:** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for

catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

- **CB:** This prescription drug has a capped benefit limit.
- **LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 866-421-4386 November 15, 2009 through March 1, 2010, seven days a week from 8 a.m. to 8 p.m. and March 2, 2010 through November 14, 2010, Monday through Friday from 8 a.m. to 8 p.m. Calls on Saturday, Sunday and holidays will be received by our automated phone system (where you can leave a detailed message, and a representative will return your call as soon as possible. TTY/TDD users should call 866-525-7833.
- **GC:** Gap Coverage. We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
- **MO:** Mail Order drugs. This drug is available through both the retail pharmacy benefit, and through the mail-order pharmacy benefit

Drug Name	Drug Tier	Notes
Analgesics		
<i>Analgesics</i>		
<i>butalbital /acetaminophen /caffeine</i>	special coverage - generic	QL (120 per 30 days) MO GC ED CB
<i>butalbital/apap/caffeine</i>	special coverage - generic	QL (120 per 30 days) MO GC ED CB
Nonsteroidal Anti-inflammatory Drugs		
<i>endodan</i>	generic	QL (360 per 30 days) MO
<i>ibuprofen</i>	generic	MO
<i>meloxicam</i>	generic	QL (30 per 30 days) MO
<i>naproxen sodium</i>	generic	MO
Opioid Analgesics		
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	generic	QL (150 per 30 days) MO
<i>acetaminophen/codeine #3</i>	generic	QL (390 per 30 days) MO
<i>acetaminophen/codeine #4</i>	generic	QL (390 per 30 days) MO
<i>acetaminophen/codeine tablet</i>	generic	QL (390 per 30 days) MO
<i>acetaminophen/codeine solution</i>	generic	QL (5000 per 30 days) MO
<i>ascomp/codeine</i>	generic	QL (360 per 30 days) MO
<i>astramorph</i>	generic	PA MO
AVINZA CAPSULE EXTENDED RELEASE 24 HOUR 30MG, 45MG, 60MG, 75MG	non-preferred	QL (30 per 30 days) ST
AVINZA CAPSULE EXTENDED RELEASE 24 HOUR 90MG	non-preferred	QL (60 per 30 days) ST
AVINZA CAPSULE EXTENDED RELEASE 24 HOUR 120MG	non-preferred	QL (90 per 30 days) ST
<i>buprenorphine hcl tablet sublingual 2mg</i>	non-preferred	QL (360 per 30 days)
<i>buprenorphine hcl tablet sublingual 8mg</i>	non-preferred	QL (90 per 30 days)
<i>butalbital /apap /caffeine /codeine</i>	generic	QL (240 per 30 days) MO
<i>butorphanol tartrate solution</i>	non-preferred	QL (10 per 30 days)
<i>co-gesic</i>	generic	QL (240 per 30 days) MO
CODEINE SULFATE TABLET 15MG, 30MG	generic	MO
<i>codeine sulfate tablet 60mg</i>	generic	MO
<i>duramorph</i>	generic	PA MO
EMBEDA	non-preferred	QL (60 per 30 days) ST
<i>endocet tablet 650mg; 10mg</i>	generic	QL (180 per 30 days) MO
<i>endocet tablet 500mg; 7.5mg</i>	generic	QL (240 per 30 days) MO
<i>endocet tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	generic	QL (360 per 30 days) MO
<i>fentanyl</i>	non-preferred	QL (20 per 30 days) ST
<i>fentanyl citrate</i>	generic	PA MO
FENTANYL CITRATE ORAL TRANSMUCOSAL	specialty	QL (120 per 30 days) PA MO
FENTORA	specialty	PA MO

Drug Name	Drug Tier	Notes
<i>hydrocodone /acetaminophen-hs</i>	generic	QL (240 per 30 days) MO
<i>hydrocodone /acetaminophen solution 500mg/15ml; 7.5mg/15ml</i>	generic	QL (3600 per 30 days) MO
<i>hydrocodone /acetaminophen solution 325mg/15ml; 10mg/15ml</i>	generic	QL (5400 per 30 days) MO
<i>hydrocodone /acetaminophen tablet 750mg; 7.5mg</i>	generic	QL (150 per 30 days) MO
<i>hydrocodone /acetaminophen tablet 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg</i>	generic	QL (180 per 30 days) MO
<i>hydrocodone /acetaminophen tablet 500mg; 10mg, 500mg; 5mg, 500mg; 7.5mg</i>	generic	QL (240 per 30 days) MO
<i>hydrocodone /acetaminophen tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	generic	QL (360 per 30 days) MO
<i>hydrocodone /ibuprofen</i>	generic	QL (480 per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen</i>	generic	QL (150 per 30 days) MO
<i>hydromorphone hcl tablet 2mg</i>	generic	QL (330 per 30 days) MO
<i>hydromorphone hcl tablet 4mg, 8mg</i>	generic	QL (360 per 30 days) MO
KADIAN	non-preferred	QL (60 per 30 days) ST
<i>levorphanol tartrate</i>	generic	MO
<i>margesic-h</i>	generic	QL (150 per 30 days) MO
<i>meperidine hcl tablet</i>	generic	QL (360 per 30 days) MO
<i>methadone hcl concentrate, solution</i>	generic	MO
<i>methadone hcl tablet 5mg</i>	generic	MO
<i>methadone hcl tablet 10mg</i>	generic	QL (270 per 30 days) MO
<i>methadose tablet 5mg</i>	generic	MO
<i>methadose tablet 10mg</i>	generic	QL (270 per 30 days) MO
<i>morphine sulfate er</i>	generic	MO
<i>morphine sulfate injection</i>	generic	PA MO
<i>morphine sulfate oral solution 20mg/ml</i>	generic	
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	generic	MO
<i>morphine sulfate tablet 30mg</i>	generic	QL (270 per 30 days) MO
<i>morphine sulfate tablet 15mg</i>	generic	QL (330 per 30 days) MO
NUCYNTA	non-preferred	QL (180 per 30 days)
ONSOLIS	specialty	QL (120 per 30 days) PA MO
OPANA ER	brand	QL (60 per 30 days) MO
OPANA TABLET 5MG	non-preferred	QL (330 per 30 days)
OPANA TABLET 10MG	non-preferred	QL (360 per 30 days)
<i>oxycodone /acetaminophen capsule</i>	generic	QL (240 per 30 days) MO
<i>oxycodone /acetaminophen tablet 650mg; 10mg</i>	generic	QL (180 per 30 days) MO
<i>oxycodone /acetaminophen tablet 325mg; 2.5mg, 325mg; 5mg</i>	generic	QL (360 per 30 days) MO
<i>oxycodone /apap</i>	generic	QL (240 per 30 days) MO
<i>oxycodone /aspirin</i>	generic	QL (360 per 30 days) MO
<i>oxycodone /ibuprofen</i>	generic	QL (240 per 30 days) MO
OXYCODONE HCL ER	non-preferred	QL (60 per 30 days) ST
<i>oxycodone hcl tablet 15mg, 30mg</i>	generic	QL (270 per 30 days) MO

Drug Name	Drug Tier	Notes
<i>oxycodone hcl tablet 5mg</i>	generic	QL (360 per 30 days) MO
<i>oxycodone-apap</i>	generic	QL (360 per 30 days) MO
OXYCONTIN TABLET EXTENDED RELEASE 12 HOUR 15MG, 30MG, 60MG	non-preferred	QL (60 per 30 days) ST
<i>pentazocine /acetaminophen</i>	generic	QL (180 per 30 days) MO
<i>pentazocine/naloxone hcl</i>	generic	MO
<i>propoxyphene /acetaminophen</i>	generic	QL (180 per 30 days) PA MO
<i>propoxyphene hcl</i>	generic	QL (180 per 30 days) PA MO
<i>propoxyphene-n /acetaminophen tablet 650mg; 100mg</i>	generic	QL (180 per 30 days) PA MO
<i>propoxyphene-n /acetaminophen tablet 500mg; 100mg</i>	generic	QL (240 per 30 days) PA MO
<i>propoxyphene-n /acetaminophen tablet 325mg; 50mg</i>	generic	QL (360 per 30 days) PA MO
REPREXAIN TABLET 2.5MG; 200MG, 5MG; 200MG	non-preferred	QL (360 per 30 days) ST
<i>roxicet tablet 500mg; 5mg</i>	generic	QL (240 per 30 days) MO
<i>roxicet tablet 325mg; 5mg</i>	generic	QL (360 per 30 days) MO
RYZOLT	non-preferred	QL (30 per 30 days)
<i>stagesic</i>	generic	QL (240 per 30 days) MO
SUBOXONE	non-preferred	QL (90 per 30 days)
SUBUTEX TABLET SUBLINGUAL 2MG	non-preferred	QL (360 per 30 days)
SUBUTEX TABLET SUBLINGUAL 8MG	non-preferred	QL (90 per 30 days)
<i>tramadol hcl</i>	generic	QL (240 per 30 days) MO
<i>tramadol hcl er</i>	non-preferred	QL (30 per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	generic	QL (240 per 30 days) MO
<i>vanacet</i>	generic	QL (240 per 30 days) MO
<i>zerlor</i>	generic	QL (150 per 30 days) MO
ZYDONE	non-preferred	QL (240 per 30 days) ST
Anesthetics		
Local Anesthetics		
<i>anestacon</i>	generic	MO
<i>lidocaine</i>	generic	MO
<i>lidocaine hcl</i>	generic	MO
<i>lidocaine hcl jelly</i>	generic	MO
<i>lidocaine viscous</i>	generic	MO
<i>lidocaine/prilocaine</i>	generic	MO
LIDODERM	non-preferred	QL (90 per 30 days) PA
SYNERA	non-preferred	QL (4 per 30 days)
Anti-inflammatory Agents		
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50	non-preferred	
ARTHROTEC 75	non-preferred	
CELEBREX CAPSULE 200MG	brand	QL (120 per 30 days) ST MO
CELEBREX CAPSULE 100MG	brand	QL (240 per 30 days) ST MO
CELEBREX CAPSULE 400MG, 50MG	brand	QL (60 per 30 days) ST MO
<i>diclofenac potassium</i>	generic	MO
<i>diclofenac sodium</i>	generic	MO

Drug Name	Drug Tier	Notes
<i>diclofenac sodium ec</i>	generic	MO
<i>diclofenac sodium xr</i>	generic	MO
<i>diflunisal</i>	non-preferred	
<i>etodolac</i>	generic	MO
<i>etodolac er</i>	generic	MO
<i>fenoprofen calcium</i>	generic	MO
<i>flurbiprofen</i>	generic	MO
<i>ibuprofen</i>	generic	MO
<i>indomethacin</i>	generic	MO
<i>indomethacin er</i>	generic	MO
<i>ketoprofen</i>	generic	QL (120 per 30 days) MO
<i>ketoprofen er</i>	generic	QL (30 per 30 days) MO
<i>ketorolac tromethamine tablet</i>	generic	QL (20 per 30 days)
<i>meclofenamate sodium</i>	generic	MO
<i>meloxicam tablet</i>	generic	QL (30 per 30 days) MO
<i>meloxicam suspension</i>	non-preferred	QL (300 per 3 days)
<i>nabumetone</i>	generic	MO
<i>naproxen</i>	generic	MO
<i>naproxen dr</i>	generic	MO
<i>oxaprozin</i>	generic	MO
<i>piroxicam</i>	generic	MO
PREVACID NAPRAPAC	non-preferred	QL (84 per 30 days) ST
<i>sulindac</i>	generic	MO
<i>tolmetin sodium</i>	generic	MO
Antibacterials		
<i>Aminoglycosides</i>		
<i>ak-tob</i>	generic	MO
<i>genoptic</i>	generic	MO
<i>gentak</i>	generic	MO
<i>gentamicin sulfate</i>	generic	MO
<i>gentasol</i>	generic	MO
<i>neomycin sulfate</i>	generic	MO
<i>paromomycin sulfate</i>	generic	MO
STREPTOMYCIN SULFATE	non-preferred	PA
TOBI	specialty	PA MO
<i>tobramycin sulfate solution</i>	generic	MO
<i>tobrasol</i>	generic	MO
<i>Antibacterials, Other</i>		
BACTROBAN NASAL	non-preferred	
BACTROBAN CREAM	non-preferred	
CLEOCIN PEDIATRIC GRANULES	non-preferred	
CLEOCIN SUPPOSITORY	non-preferred	
<i>clindamycin hcl</i>	generic	MO
<i>clindamycin phosphate add-vantage</i>	generic	PA MO

Drug Name	Drug Tier	Notes
<i>clindamycin phosphate cream</i>	generic	MO
<i>clindamycin phosphate foam</i>	non-preferred	
<i>colistimethate sodium</i>	specialty	MO
CUBICIN	specialty	PA MO
FURADANTIN	brand	MO
HELIDAC	non-preferred	QL (56 per 60 days)
LINCOCIN	non-preferred	PA
MACRODANTIN CAPSULE 25MG	non-preferred	
<i>methenamine hippurate</i>	generic	MO
<i>metronidazole</i>	generic	MO
<i>metronidazole vaginal</i>	generic	MO
<i>mupirocin</i>	generic	MO
<i>neomycin /bacitracin /polymyxin</i>	generic	MO
<i>neomycin/polymyxin b sulfates</i>	generic	MO
NEUTREXIN	specialty	PA MO
<i>nitrofurantoin macrocrystalline</i>	generic	MO
<i>nitrofurantoin monohydrate</i>	generic	MO
<i>polycin b</i>	generic	MO
PRIMSOL	brand	MO
PYLERA	non-preferred	QL (360 per 365 days)
<i>silver sulfadiazine</i>	generic	MO
<i>ssd</i>	generic	MO
<i>thermazene</i>	generic	MO
<i>trimethoprim</i>	generic	MO
TYGACIL	specialty	PA MO
VANCOCIN HCL	specialty	PA MO
<i>vancomycin hcl</i>	generic	PA MO
<i>vancomycin hcl iso-osmotic dextrose</i>	generic	PA MO
<i>vandazole</i>	generic	MO
VIBATIV	specialty	PA
XIFAXAN 200MG	non-preferred	QL (9 per 30 days)
ZYVOX	non-preferred	PA
<i>Beta-lactam, Cephalosporins</i>		
CEDAX	non-preferred	ST
<i>cefaclor</i>	generic	MO
<i>cefaclor er</i>	generic	MO
<i>cefadroxil</i>	generic	MO
<i>cefazolin sodium injection 1gm</i>	generic	MO
<i>cefdinir</i>	generic	MO
<i>cefepime</i>	generic	PA MO
<i>cefpodoxime proxetil</i>	generic	MO
<i>cefprozil</i>	generic	MO
<i>cefuroxime axetil</i>	generic	MO
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	generic	MO

Drug Name	Drug Tier	Notes
<i>cephalexin</i>	generic	MO
RANICLOR	non-preferred	ST
SPECTRACEF	non-preferred	ST
SUPRAX SUSPENSION RECONSTITUTED	non-preferred	ST
<i>tazicef injection 1gm</i>	generic	MO
<i>Beta-lactam, Other</i>		
AZACTAM	brand	MO
INVANZ	non-preferred	PA
MERREM	specialty	PA MO
PRIMAXIN I.M.	specialty	PA MO
PRIMAXIN IV INJECTION 250MG; 250MG	non-preferred	PA
PRIMAXIN IV INJECTION 500MG; 500MG	specialty	PA MO
<i>Beta-lactam, Penicillins</i>		
<i>amoclan</i>	generic	MO
<i>amoxicillin</i>	generic	MO
<i>amoxicillin/clavulanate potassium</i>	generic	MO
<i>amoxicillin/clavulanate potassium er</i>	non-preferred	QL (40 per 30 days)
<i>amoxicillin/potassium clavulanate</i>	generic	MO
<i>amoxil capsule</i>	generic	MO
<i>amoxil suspension reconstituted 250mg/5ml</i>	generic	MO
<i>ampicillin</i>	generic	MO
<i>ampicillin sodium injection 10gm, 1gm</i>	generic	MO
BICILLIN L-A	non-preferred	
<i>dicloxacillin sodium</i>	generic	MO
MOXATAG	non-preferred	ST
<i>nafcillin sodium</i>	generic	MO
<i>oxacillin sodium injection 1gm</i>	non-preferred	PA
<i>oxacillin sodium injection 10gm</i>	specialty	PA MO
<i>penicillin g potassium</i>	non-preferred	
<i>penicillin v potassium</i>	generic	MO
<i>piperacillin sodium/ tazobactam sodium</i>	non-preferred	PA
TIMENTIN	non-preferred	PA
<i>trimox</i>	generic	MO
<i>veetids</i>	generic	MO
<i>Macrolides</i>		
<i>azithromycin suspension reconstituted</i>	generic	MO
<i>azithromycin tablet 250mg</i>	generic	QL (12 per 30 days) MO
<i>azithromycin tablet 600mg</i>	generic	QL (14 per 30 days) MO
<i>azithromycin tablet 500mg</i>	generic	QL (6 per 30 days) MO
<i>clarithromycin</i>	generic	MO
<i>clarithromycin er</i>	generic	MO
<i>e.e.s. 400</i>	generic	MO
<i>ery</i>	generic	MO
ERY-TAB	brand	MO

Drug Name	Drug Tier	Notes
ERYTHROCIN LACTOBIONATE	brand	MO
<i>erythromycin</i>	generic	MO
<i>erythromycin /sulfoxazole</i>	generic	MO
ERYTHROMYCIN BASE	brand	MO
KETEK	non-preferred	QL (28 per 30 days) ST
PCE	non-preferred	ST
<i>romycin</i>	generic	MO
Quinolones		
AVELOX TABLET	brand	QL (21 per 30 days) ST MO
BESIVANCE	non-preferred	QL (5 per 30 days)
CIPRO SUSPENSION RECONSTITUTED	non-preferred	ST
<i>ciprofloxacin er</i>	non-preferred	
<i>ciprofloxacin extended-release</i>	non-preferred	
<i>ciprofloxacin hcl</i>	generic	MO
FACTIVE	non-preferred	QL (7 per 30 days) ST
LEVAQUIN INJECTION 5%; 750MG/150ML	non-preferred	PA
LEVAQUIN TABLET 750MG	non-preferred	QL (14 per 30 days) ST
LEVAQUIN TABLET 500MG	non-preferred	QL (28 per 30 days) ST
LEVAQUIN TABLET 250MG	non-preferred	QL (42 per 30 days) ST
NOROXIN	non-preferred	ST
<i>ofloxacin otic solution</i>	generic	MO
<i>ofloxacin tablet</i>	non-preferred	
QUIXIN	non-preferred	
ZYMAXID	non-preferred	QL (5 per 30 days)
Sulfonamides		
GANTRISIN PEDIATRIC	non-preferred	
<i>ocusulf-10</i>	generic	MO
<i>sodium sulfacetamide</i>	generic	MO
<i>sulfadiazine</i>	generic	MO
<i>sulfamethoxazole /trimethoprim suspension, tablet</i>	generic	MO
<i>sulfamethoxazole /trimethoprim injection</i>	non-preferred	
<i>sulfamethoxazole/trimethoprim ds</i>	generic	MO
<i>sulfatrim</i>	generic	MO
Tetracyclines		
ADOXA TABLET 100MG	non-preferred	ST
<i>demeclocycline hcl</i>	generic	MO
DORYX	non-preferred	ST
<i>doxy-caps</i>	generic	MO
<i>doxycycline hyclate capsule, capsule delayed release particles, tablet</i>	generic	MO
<i>doxycycline hyclate injection 100mg</i>	generic	MO
<i>doxycycline hyclate injection 100mg</i>	non-preferred	
<i>doxycycline monohydrate</i>	generic	MO
<i>minocycline hcl er</i>	non-preferred	PA
<i>minocycline hcl capsule</i>	generic	MO

Drug Name	Drug Tier	Notes
<i>minocycline hcl tablet 75mg</i>	non-preferred	
<i>minocycline hcl tablet 50mg</i>	generic	MO
<i>minocycline hcl tablet 75mg</i>	generic	MO
<i>minocycline hcl tablet 100mg</i>	generic	MO
<i>minocycline hcl tablet 50mg</i>	non-preferred	
<i>minocycline hcl tablet 100mg</i>	non-preferred	
ORACEA	non-preferred	PA
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 115MG, 65MG	non-preferred	PA
<i>tetracycline hcl</i>	generic	MO
VIBRAMYCIN SYRUP	non-preferred	ST
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BANZEL	non-preferred	ST
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500MG	non-preferred	QL (180 per 30 days)
KEPPRA INJECTION	brand	PA MO
<i>levetiracetam</i>	generic	MO
<i>phenobarbital</i>	special coverage - generic	MO GC ED
VIMPAT ORAL SOLUTION	non-preferred	
VIMPAT INJECTION	non-preferred	PA
VIMPAT TABLET 50MG	non-preferred	QL (120 per 30 days)
VIMPAT TABLET 100MG, 150MG, 200MG	non-preferred	QL (60 per 30 days)
Calcium Channel Modifying Agents		
CELONTIN	non-preferred	
<i>ethosuximide</i>	generic	MO
LYRICA CAPSULE 225MG, 300MG	non-preferred	QL (60 per 30 days) PA
LYRICA CAPSULE 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	non-preferred	QL (90 per 30 days) PA
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>divalproex sodium</i>	generic	MO
<i>divalproex sodium er</i>	generic	MO
<i>gabapentin capsule 100mg</i>	generic	QL (120 per 30 days) MO
<i>gabapentin capsule 400mg</i>	generic	QL (270 per 30 days) MO
<i>gabapentin capsule 300mg</i>	generic	QL (360 per 30 days) MO
<i>gabapentin tablet</i>	generic	QL (120 per 30 days) MO
GABITRIL TABLET 4MG	non-preferred	
GABITRIL TABLET 12MG, 2MG	non-preferred	QL (120 per 30 days)
GABITRIL TABLET 16MG	non-preferred	QL (90 per 30 days)
NEURONTIN SOLUTION	non-preferred	QL (2160 per 30 days)
<i>primidone</i>	generic	MO
SABRIL PACKET	specialty	LA MO
SABRIL TABLET	specialty	QL (180 per 30 days) LA MO

Drug Name	Drug Tier	Notes
STAVZOR	non-preferred	
<i>valproate sodium</i>	non-preferred	
<i>valproic acid</i>	generic	MO
<i>zonisamide</i>	generic	MO
Glutamate Reducing Agents		
FELBATOL	non-preferred	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	non-preferred	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	non-preferred	
LAMICTAL STARTER/TAKING VALPROATE	non-preferred	
<i>lamotrigine tablet chewable</i>	generic	MO
<i>lamotrigine tablet 25mg</i>	generic	MO
<i>lamotrigine tablet 100mg</i>	generic	QL (150 per 30 days) MO
<i>lamotrigine tablet 200mg</i>	generic	QL (60 per 30 days) MO
<i>lamotrigine tablet 150mg</i>	generic	QL (90 per 30 days) MO
<i>topiramate</i>	generic	MO
Sodium Channel Inhibitors		
<i>carbamazepine</i>	generic	MO
<i>carbamazepine er</i>	generic	MO
CARBATROL	non-preferred	
DILANTIN	brand	MO
DILANTIN INFATABS	brand	MO
<i>epitol</i>	generic	MO
<i>fosphenytoin sodium</i>	generic	PA MO
<i>oxcarbazepine suspension</i>	generic	QL (1200 per 30 days) MO
<i>oxcarbazepine tablet 600mg</i>	generic	QL (120 per 30 days) MO
<i>oxcarbazepine tablet 150mg</i>	generic	QL (60 per 30 days) MO
<i>oxcarbazepine tablet 300mg</i>	generic	QL (90 per 30 days) MO
PEGANONE	non-preferred	
PHENYTEK	brand	MO
<i>phenytoin</i>	generic	MO
<i>phenytoin sodium extended capsule 100mg</i>	generic	MO
TEGRETOL	brand	MO
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100MG	non-preferred	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates</i>	generic	MO
Cholinesterase Inhibitors		
ARICEPT	brand	QL (30 per 30 days) MO
ARICEPT ODT	brand	QL (30 per 30 days) MO
COGNEX	non-preferred	
EXELON PATCH 24 HOUR	brand	QL (30 per 30 days) MO
EXELON CAPSULE	brand	QL (60 per 30 days) MO

Drug Name	Drug Tier	Notes
EXELON SOLUTION	brand	QL (720 per 30 days) MO
<i>galantamine hydrobromide solution</i>	generic	QL (265 per 30 days) MO
<i>galantamine hydrobromide capsule extended release 24 hour</i>	generic	QL (30 per 30 days) MO
<i>galantamine hydrobromide tablet</i>	generic	QL (60 per 30 days) MO
RAZADYNE SOLUTION	brand	QL (265 per 30 days) MO
Glutamate Pathway Modifiers		
NAMENDA TITRATION PAK	brand	QL (49 per 365 days) MO
NAMENDA SOLUTION	brand	QL (300 per 30 days) MO
NAMENDA TABLET	brand	QL (60 per 30 days) MO
Antidepressants		
Antidepressants, Other		
<i>budeprion sr tablet extended release 12 hour 100mg</i>	generic	QL (60 per 30 days) MO
<i>budeprion sr tablet extended release 12 hour 150mg</i>	generic	QL (90 per 30 days) MO
<i>budeprion xl tablet extended release 24 hour 300mg</i>	generic	QL (30 per 30 days) MO
<i>budeprion xl tablet extended release 24 hour 150mg</i>	generic	QL (90 per 30 days) MO
<i>buproban</i>	generic	QL (60 per 30 days) MO
<i>bupropion hcl sr tablet extended release 12 hour 100mg, 200mg</i>	generic	QL (60 per 30 days) MO
<i>bupropion hcl sr tablet extended release 12 hour 150mg</i>	generic	QL (90 per 30 days) MO
<i>bupropion hcl tablet 100mg</i>	generic	QL (120 per 30 days) MO
<i>bupropion hcl tablet 75mg</i>	generic	QL (180 per 30 days) MO
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG	non-preferred	QL (60 per 30 days)
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5MG, 75MG	non-preferred	QL (90 per 30 days)
<i>mirtazapine</i>	generic	QL (30 per 30 days) MO
<i>mirtazapine odt</i>	generic	QL (30 per 30 days) MO
<i>nefazodone hcl</i>	generic	MO
<i>trazodone hcl</i>	generic	MO
<i>venlafaxine hcl tablet 25mg</i>	generic	MO
<i>venlafaxine hcl tablet 75mg</i>	generic	QL (150 per 30 days) MO
<i>venlafaxine hcl tablet 50mg</i>	generic	QL (210 per 30 days) MO
<i>venlafaxine hcl tablet 37.5mg</i>	generic	QL (300 per 30 days) MO
<i>venlafaxine hcl tablet 100mg</i>	generic	QL (90 per 30 days) MO
Monoamine Oxidase Inhibitors		
EMSAM	non-preferred	QL (30 per 30 days)
MARPLAN	non-preferred	
NARDIL	non-preferred	
<i>tranylcypromine sulfate</i>	generic	MO
Serotonin/ Norepinephrine Reuptake Inhibitors		
<i>citalopram hydrobromide solution</i>	generic	QL (600 per 30 days) MO
<i>citalopram hydrobromide tablet 10mg</i>	generic	QL (30 per 30 days) MO
<i>citalopram hydrobromide tablet 40mg</i>	generic	QL (45 per 30 days) MO
<i>citalopram hydrobromide tablet 20mg</i>	generic	QL (90 per 30 days) MO

Drug Name	Drug Tier	Notes
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 60MG	non-preferred	QL (30 per 30 days) ST PA
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG, 30MG	non-preferred	QL (60 per 30 days) ST PA
<i>fluoxetine dr</i>	non-preferred	QL (4 per 28 days)
<i>fluoxetine hcl capsule 20mg</i>	generic	QL (120 per 30 days) MO
<i>fluoxetine hcl capsule 10mg, 40mg</i>	generic	QL (90 per 30 days) MO
<i>fluoxetine hcl solution</i>	generic	QL (600 per 30 days) MO
<i>fluoxetine hcl tablet 20mg</i>	generic	QL (120 per 30 days) MO
<i>fluoxetine hcl tablet 10mg</i>	generic	QL (240 per 30 days) MO
<i>fluvoxamine maleate</i>	generic	QL (90 per 30 days) MO
LEXAPRO TABLET	non-preferred	QL (30 per 30 days) ST
LEXAPRO SOLUTION	non-preferred	QL (600 per 30 days) ST
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg</i>	generic	MO
<i>paroxetine hcl er tablet extended release 24 hour 25mg</i>	generic	QL (90 per 30 days) MO
<i>paroxetine hcl suspension</i>	generic	QL (900 per 30 days) MO
<i>paroxetine hcl tablet 10mg</i>	generic	QL (30 per 30 days) MO
<i>paroxetine hcl tablet 40mg</i>	generic	QL (45 per 30 days) MO
<i>paroxetine hcl tablet 30mg</i>	generic	QL (60 per 30 days) MO
<i>paroxetine hcl tablet 20mg</i>	generic	QL (90 per 30 days) MO
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5MG	non-preferred	QL (60 per 30 days) ST
PEXEVA TABLET 10MG, 20MG	non-preferred	QL (30 per 30 days) ST
PEXEVA TABLET 40MG	non-preferred	QL (45 per 30 days) ST
PEXEVA TABLET 30MG	non-preferred	QL (60 per 30 days) ST
PRISTIQ	non-preferred	QL (30 per 30 days)
SAVELLA	non-preferred	
<i>sertraline hcl concentrate</i>	generic	QL (300 per 30 days) MO
<i>sertraline hcl tablet 50mg</i>	generic	QL (30 per 30 days) MO
<i>sertraline hcl tablet 25mg</i>	generic	QL (45 per 30 days) MO
<i>sertraline hcl tablet 100mg</i>	generic	QL (60 per 30 days) MO
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 225MG	non-preferred	QL (30 per 30 days) ST
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 150MG	non-preferred	QL (60 per 30 days) ST
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 37.5MG, 75MG	non-preferred	QL (90 per 30 days) ST
Tricyclics		
<i>amitriptyline hcl</i>	generic	MO
<i>amoxapine</i>	generic	MO
<i>chlordiazepoxide /amitriptyline</i>	generic	MO
<i>clomipramine hcl</i>	generic	MO
<i>desipramine hcl</i>	generic	MO
<i>doxepin hcl</i>	generic	MO

Drug Name	Drug Tier	Notes				
<i>imipramine hcl</i>	generic	MO				
<i>imipramine pamoate</i>	non-preferred					
<i>maprotiline hcl</i>	generic	MO				
<i>nortriptyline hcl</i>	generic	MO				
<i>perphenazine /amitriptyline</i>	generic	MO				
<i>protriptyline hcl</i>	generic	MO				
<i>trimipramine maleate</i>	non-preferred					
Antidotes, Deterrents, and Toxicologic Agents						
Antidotes						
CUPRIMINE	brand	MO				
EXJADE	specialty	PA MO				
FOMEPIZOLE	specialty	PA MO				
<i>kionex</i>	generic	MO				
<i>sodium polystyrene sulfonate</i>	generic	MO				
SYPRINE	brand	ST MO				
Deterrents						
ANTABUSE	non-preferred					
CAMPRAL	non-preferred	QL (180 per 30 days) ST				
CHANTIX TABLET 0	non-preferred	QL (106 per 365 days) PA				
CHANTIX TABLET 0.5MG, 1MG	non-preferred	QL (360 per 365 days) PA				
NICOTROL INHALER	brand	MO				
NICOTROL NS	brand	MO				
VIVITROL	non-preferred	PA				
Toxicologic Agents						
<i>depade</i>	generic	MO				
<i>naloxone hcl</i>	generic	MO				
<i>naltrexone hcl</i>	generic	MO				
SUBOXONE	non-preferred	QL (360 per 30 days)				
Antiemetics						
Antiemetics						
<i>compro</i>	generic	MO				
<i>dronabinol capsule 2.5mg</i>	non-preferred	QL (60 per 30 days) PA				
<i>dronabinol capsule 10mg</i>	specialty	QL (60 per 30 days) PA MO				
<i>dronabinol capsule 5mg</i>	specialty	QL (90 per 30 days) PA MO				
EMEND	brand	PA MO				
<i>meclizine hcl</i>	generic	MO				
<i>metoclopramide hcl tablet</i>	generic	QL (180 per 30 days) MO				
<i>ondansetron hcl</i>	generic	PA MO				
<i>ondansetron odt</i>	generic	PA MO				
<i>prochlorperazine edisylate</i>	generic	MO				
<i>prochlorperazine maleate</i>	generic	MO				
<i>promethazine hcl</i>	generic	MO				
<i>promethegan</i>	generic	MO				
SANCUSO	non-preferred	QL (2 per 30 days) PA				

Drug Name	Drug Tier	Notes				
TRANSDERM-SCOP	brand	QL (10 per 30 days) MO				
<i>trimethobenzamide hcl capsule</i>	generic	MO				
Antifungals						
<i>Antifungals</i>						
ANCOBON	non-preferred					
<i>ciclopirox nail lacquer</i>	generic	QL (6.6 per 30 days) MO				
<i>ciclopirox olamine</i>	generic	MO				
CICLOPIROX SHAMPOO	non-preferred					
<i>ciclopirox suspension</i>	generic	MO				
<i>ciclopirox gel</i>	non-preferred					
<i>clotrimazole</i>	generic	MO				
<i>clotrimazole/betamethasone dipropionate</i>	generic	MO				
<i>econazole nitrate</i>	generic	MO				
ERAXIS	non-preferred	PA				
EXELDERM	non-preferred					
<i>fluconazole</i>	generic	MO				
<i>fluconazole in dextrose</i>	generic	PA MO				
GRIS-PEG	non-preferred					
<i>griseofulvin microsize</i>	generic	MO				
GNAZOLE-1	non-preferred					
<i>itraconazole</i>	generic	QL (120 per 30 days) MO				
<i>ketoconazole</i>	generic	MO				
<i>kuric</i>	generic	MO				
<i>miconazole 3</i>	generic	MO				
MYCAMINE	specialty	PA MO				
NAFTIN CREAM	non-preferred					
NAFTIN GEL	non-preferred	QL (40 per 30 days)				
NOXAFIL	non-preferred	PA				
<i>nyamyc</i>	generic	MO				
<i>nystatin</i>	generic	MO				
<i>nystatin/triamcinolone</i>	generic	MO				
<i>nystop</i>	generic	MO				
OXISTAT	non-preferred					
<i>pedi-dri</i>	generic	MO				
<i>selenium sulfide</i>	generic	MO				
SPORANOX SOLUTION	non-preferred	QL (1200 per 30 days)				
<i>terbinafine hcl</i>	generic	QL (90 per 365 days) MO				
<i>terconazole</i>	generic	MO				
VFEND	non-preferred	PA				
XOLEGEL	non-preferred					
<i>zazole</i>	generic	MO				
Antigout Agents						
<i>Antigout Agents</i>						
<i>allopurinol</i>	generic	MO				

Drug Name	Drug Tier	Notes
<i>probenecid</i>	generic	MO
<i>probenecid/colchicine</i>	generic	MO
ULORIC	non-preferred	QL (30 per 30 days) ST
Antimigraine Agents		
<i>Abortive</i>		
AMERGE	non-preferred	QL (9 per 30 days)
AXERT	non-preferred	QL (8 per 30 days)
<i>dihydroergotamine mesylate</i>	generic	MO
<i>ergotamine tartrate/caffeine</i>	generic	QL (40 per 30 days) MO
FROVA	non-preferred	QL (12 per 30 days)
IMITREX SOLUTION	brand	QL (8 per 30 days) MO
MAXALT	non-preferred	QL (12 per 30 days)
MAXALT-MLT	non-preferred	QL (12 per 30 days)
MIGRANAL	non-preferred	
RELPAK	brand	QL (12 per 30 days) MO
<i>sumatriptan succinate injection</i>	generic	QL (4 per 30 days) MO
<i>sumatriptan succinate tablet 50mg</i>	generic	QL (16 per 30 days) MO
<i>sumatriptan succinate tablet 25mg</i>	generic	QL (32 per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	generic	QL (8 per 30 days) MO
SUMAVEL DOSEPRO	non-preferred	QL (4 per 30 days)
ZOMIG	non-preferred	QL (6 per 30 days)
ZOMIG ZMT	non-preferred	QL (6 per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>bethanechol chloride</i>	generic	MO
<i>guanidine hcl</i>	generic	MO
MESTINON TIMESPAN	non-preferred	
MESTINON SYRUP	non-preferred	
<i>pyridostigmine bromide</i>	generic	MO
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
DAPSONE	brand	MO
MYCOBUTIN	non-preferred	
<i>Antituberculars</i>		
CAPASTAT SULFATE	non-preferred	PA
<i>ethambutol hcl</i>	generic	MO
<i>isonarif</i>	generic	MO
<i>isoniazid syrup, tablet</i>	generic	MO
PASER	non-preferred	
PRIFTIN	brand	MO
<i>pyrazinamide</i>	generic	MO
<i>rifampin capsule</i>	generic	MO
RIFATER	non-preferred	
SEROMYCIN	non-preferred	

Drug Name	Drug Tier	Notes
TRECTOR	non-preferred	
Antineoplastics		
<i>Alkylating Agents</i>		
CEENU	brand	MO
<i>cyclophosphamide tablet</i>	generic	B/D MO
HEXALEN	specialty	PA MO
LEUKERAN	non-preferred	
MATULANE	specialty	PA MO
<i>Antiangiogenic Agents</i>		
REVLIMID	specialty	PA LA MO
THALOMID	specialty	PA MO
VOTRIENT	specialty	PA
<i>Antiestrogens/Modifiers</i>		
EMCYT	non-preferred	PA
FARESTON	non-preferred	PA
<i>tamoxifen citrate</i>	generic	MO
<i>Antimetabolites</i>		
DROXIA	non-preferred	
ELITEK	specialty	PA MO
<i>hydroxyurea</i>	generic	MO
<i>mercaptopurine</i>	generic	MO
TABLOID	non-preferred	PA
<i>Antineoplastics, Other</i>		
BLEOMYCIN SULFATE	specialty	PA MO
FIRMAGON INJECTION 80MG	non-preferred	QL (1 per 30 days)
FIRMAGON INJECTION 120MG	specialty	QL (2 per 365 days) MO
MESNEX TABLET	specialty	PA MO
<i>mitoxantrone hcl</i>	non-preferred	
ONTAK	specialty	PA MO
PROLEUKIN	specialty	PA MO
TRISENOX	non-preferred	PA
TYKERB	specialty	PA MO
VELCADE	specialty	PA MO
VIDAZA	specialty	PA MO
ZOLINZA	specialty	PA MO
<i>Aromatase Inhibitors, 3rd Generation</i>		
ARIMIDEX	brand	QL (30 per 30 days) MO
AROMASIN	brand	MO
FEMARA	brand	QL (30 per 30 days) MO
<i>Molecular Target Inhibitors</i>		
AFINITOR	specialty	PA MO
GLEEVEC	specialty	PA MO
IRESSA	specialty	MO
NEXAVAR	specialty	PA MO

Drug Name	Drug Tier	Notes
SPRYCEL	specialty	PA MO
SUTENT	specialty	PA MO
TARCEVA	specialty	PA MO
TASIGNA	specialty	PA MO
Monoclonal Antibodies		
CAMPATH	specialty	PA LA MO
RITUXAN	specialty	PA LA MO
VECTIBIX	specialty	PA MO
Retinoids		
PANRETIN	specialty	PA MO
TARGRETIN GEL	non-preferred	PA
TARGRETIN CAPSULE	specialty	PA MO
<i>tretinoin</i>	generic	MO
VESANOID	specialty	MO
Antiparasitics		
Anthelmintics		
ALBENZA	non-preferred	
BILTRICIDE	brand	MO
<i>mebendazole</i>	generic	MO
STROMEKTOL	non-preferred	
Antiprotozoals		
ALINIA	non-preferred	
<i>chloroquine phosphate</i>	generic	MO
COARTEM	non-preferred	QL (24 per 60 days)
DARAPRIM	non-preferred	
FANSIDAR	non-preferred	
<i>hydroxychloroquine sulfate</i>	generic	MO
MALARONE	non-preferred	
<i>mefloquine hcl</i>	generic	MO
MEPRON	specialty	QL (300 per 30 days) PA MO
NEBUPENT	non-preferred	PA
<i>primaquine phosphate</i>	generic	MO
TINDAMAX	non-preferred	
Pediculicides/ Scabicides		
<i>acticin</i>	generic	MO
<i>lindane</i>	generic	MO
<i>malathion</i>	generic	MO
<i>permethrin</i>	generic	MO
Antiparkinson Agents		
Antiparkinson Agents		
<i>amantadine hcl</i>	generic	MO
APOKYN	specialty	QL (60 per 30 days) PA LA MO
<i>atamet</i>	generic	MO
AZILECT	non-preferred	QL (30 per 30 days)

Drug Name	Drug Tier	Notes
<i>benztropine mesylate tablet</i>	generic	MO
<i>bromocriptine mesylate</i>	generic	MO
<i>carbidopa/levodopa</i>	generic	MO
<i>carbidopa/levodopa cr</i>	generic	MO
<i>carbidopa/levodopa odt</i>	generic	MO
<i>carbidopa/levodopa sr</i>	generic	MO
COMTAN	non-preferred	QL (240 per 30 days)
MIRAPEX ER	non-preferred	QL (60 per 30 days)
<i>pramipexole dihydrochloride</i>	specialty	QL (90 per 30 days)
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 12MG	non-preferred	QL (60 per 30 days)
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 2MG, 4MG, 6MG, 8MG	non-preferred	QL (90 per 30 days)
<i>ropinirole hcl</i>	generic	MO
<i>selegiline hcl</i>	generic	MO
STALEVO 100	brand	MO
STALEVO 125	brand	MO
STALEVO 150	brand	MO
STALEVO 200	brand	MO
STALEVO 50	brand	MO
STALEVO 75	brand	MO
TASMAR	non-preferred	
<i>trihexyphenidyl hcl</i>	generic	MO
Antipsychotics		
<i>Atypicals</i>		
ABILIFY DISCMELT TABLET DISPERSIBLE 15MG	non-preferred	QL (60 per 30 days) ST
ABILIFY DISCMELT TABLET DISPERSIBLE 10MG	non-preferred	QL (90 per 30 days) ST
ABILIFY INJECTION	non-preferred	PA
ABILIFY ORAL SOLUTION	non-preferred	QL (900 per 30 days) ST
ABILIFY TABLET 20MG, 30MG	non-preferred	QL (30 per 30 days) ST
ABILIFY TABLET 15MG	non-preferred	QL (60 per 30 days) ST
ABILIFY TABLET 10MG, 2MG, 5MG	non-preferred	QL (90 per 30 days) ST
<i>clozapine</i>	generic	
CLOZARIL	non-preferred	ST
FANAPT	non-preferred	QL (60 per 30 days) ST
FANAPT TITRATION PACK	non-preferred	QL (8 per 365 days) ST
FAZACLO TABLET DISPERSIBLE 25MG	non-preferred	QL (270 per 30 days) ST
FAZACLO TABLET DISPERSIBLE 100MG	non-preferred	QL (90 per 30 days) ST
FAZACLO TABLET DISPERSIBLE 12.5MG	non-preferred	ST
GEODON INJECTION	non-preferred	QL (6 per 30 days) PA
GEODON CAPSULE	non-preferred	QL (60 per 30 days) ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	non-preferred	QL (0.25 per 30 days)
INVEGA SUSTENNA INJECTION 78MG/0.5ML	non-preferred	QL (0.5 per 30 days)

Drug Name	Drug Tier	Notes
INVEGA SUSTENNA INJECTION 117MG/0.75ML	specialty	QL (0.75 per 30 days) MO
INVEGA SUSTENNA INJECTION 156MG/ML	specialty	QL (1 per 30 days) MO
INVEGA SUSTENNA INJECTION 234MG/1.5ML	specialty	QL (1.5 per 30 days) MO
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5MG, 3MG, 9MG	non-preferred	QL (30 per 30 days) ST
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	non-preferred	QL (60 per 30 days) ST
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	non-preferred	QL (2 per 30 days)
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	specialty	QL (2 per 30 days) MO
RISPERDAL M-TAB TABLET DISPERSIBLE 1MG	brand	MO
<i>risperidone</i>	generic	MO
<i>risperidone odt</i>	generic	MO
SAPHRIS TABLET SUBLINGUAL 5MG	non-preferred	QL (120 per 30 days) ST
SAPHRIS TABLET SUBLINGUAL 10MG	non-preferred	QL (60 per 30 days) ST
SEROQUEL XR	brand	QL (60 per 30 days) MO
SEROQUEL TABLET 200MG	brand	QL (120 per 30 days) MO
SEROQUEL TABLET 100MG, 25MG, 300MG, 400MG, 50MG	brand	QL (90 per 30 days) MO
SYMBYAX	non-preferred	QL (30 per 30 days)
ZYPREXA RELPREVV	specialty	QL (2 per 28 days)
ZYPREXA ZYDIS	non-preferred	QL (90 per 30 days) ST
ZYPREXA INJECTION	non-preferred	QL (9 per 30 days) PA
ZYPREXA TABLET	non-preferred	QL (90 per 30 days) ST
Conventional		
<i>chlorpromazine hcl</i>	generic	MO
<i>fluphenazine decanoate</i>	generic	MO
<i>fluphenazine hcl</i>	generic	MO
<i>haloperidol</i>	generic	MO
<i>haloperidol decanoate</i>	generic	MO
<i>haloperidol lactate</i>	non-preferred	
<i>loxapine succinate</i>	generic	MO
MOBAN	non-preferred	
ORAP	non-preferred	
<i>perphenazine</i>	generic	MO
<i>prochlorperazine</i>	generic	MO
<i>thioridazine hcl</i>	generic	MO
<i>thiothixene</i>	generic	MO
<i>trifluoperazine hcl</i>	generic	MO
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen</i>	generic	MO
<i>dantrolene sodium</i>	generic	MO
<i>tizanidine hcl</i>	generic	MO
Antivirals		
Anti-cytomegalovirus (CMV) Agents		

Drug Name	Drug Tier	Notes
<i>ganciclovir</i>	generic	MO
VALCYTE	specialty	PA MO
ZIRGAN	non-preferred	QL (5 per 30 days)
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</i>		
INTELENCE	specialty	QL (120 per 30 days) MO
RESCRIPTOR	brand	MO
SUSTIVA	non-preferred	
VIRAMUNE	brand	MO
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors</i>		
ATRIPLA	specialty	QL (30 per 30 days) MO
COMBIVIR	specialty	MO
<i>didanosine</i>	generic	MO
EMTRIVA	non-preferred	
EPIVIR	non-preferred	
EPIVIR HBV	non-preferred	
EPZICOM	non-preferred	
RETROVIR IV INFUSION	non-preferred	
<i>stavudine</i>	non-preferred	
TRIZIVIR	specialty	MO
TRUVADA	specialty	MO
VIDEX PEDIATRIC	brand	MO
VIREAD	non-preferred	
ZIAGEN	non-preferred	
<i>zidovudine</i>	non-preferred	
<i>Anti-HIV Agents, Other</i>		
FUZEON	specialty	QL (60 per 30 days) MO
ISENTRESS	specialty	QL (60 per 30 days) MO
SELZENTRY TABLET 300MG	specialty	QL (120 per 30 days) MO
SELZENTRY TABLET 150MG	specialty	QL (60 per 30 days) MO
<i>Anti-HIV Agents, Protease Inhibitors</i>		
APTIVUS	specialty	MO
CRIXIVAN	non-preferred	
INVIRASE	specialty	MO
KALETRA	brand	MO
LEXIVA SUSPENSION	non-preferred	
LEXIVA TABLET	specialty	MO
NORVIR CAPSULE, TABLET	non-preferred	
NORVIR SOLUTION	specialty	MO
PREZISTA TABLET 75MG	non-preferred	
PREZISTA TABLET 400MG, 600MG	specialty	MO
REYATAZ CAPSULE 100MG, 150MG, 200MG	specialty	MO
REYATAZ CAPSULE 300MG	specialty	QL (30 per 30 days) MO
VIRACEPT POWDER	non-preferred	

Drug Name	Drug Tier	Notes
VIRACEPT TABLET	specialty	MO
Anti-influenza Agents		
<i>amantadine hcl</i>	generic	
RELENZA DISKHALER	non-preferred	QL (56 per 30 days)
<i>rimantadine hcl</i>	generic	MO
TAMIFLU SUSPENSION RECONSTITUTED	brand	QL (100 per 60 days) MO
TAMIFLU CAPSULE	brand	QL (28 per 30 days) MO
Antihepatitis Agents		
BARACLUDE SOLUTION	non-preferred	QL (600 per 30 days)
BARACLUDE TABLET	specialty	QL (30 per 30 days) MO
HEPSERA	specialty	QL (30 per 30 days) MO
REBETOL SOLUTION	non-preferred	PA
<i>ribapak tablet 400mg, 600mg</i>	generic	PA MO
<i>ribasphe</i>	generic	PA MO
<i>ribavirin capsule</i>	generic	PA MO
<i>ribavirin tablet 200mg</i>	generic	PA MO
<i>ribavirin tablet 400mg, 600mg</i>	generic	QL (60 per 30 days) PA MO
TYZEKA	non-preferred	QL (30 per 30 days) PA
Antiherpetic Agents		
<i>acyclovir</i>	generic	MO
DENAVIR	non-preferred	
<i>famciclovir</i>	non-preferred	
<i>valacyclovir hcl tablet 1000mg</i>	non-preferred	QL (30 per 30 days)
<i>valacyclovir hcl tablet 500mg</i>	non-preferred	QL (60 per 30 days)
ZOVIRAX CREAM, OINTMENT	brand	MO
Anxiolytics		
Anxiolytics, Other		
<i>alprazolam</i>	special coverage - generic	QL (120 per 30 days) MO GC ED CB
<i>bupirone hcl</i>	generic	MO
<i>clonazepam</i>	special coverage - generic	QL (120 per 30 days) MO GC ED
<i>lorazepam</i>	special coverage - generic	QL (120 per 30 days) MO GC ED CB
<i>meprobamate</i>	generic	QL (180 per 30 days) PA MO
Bipolar Agents		
Bipolar Agents		
<i>lithium carbonate</i>	generic	MO
<i>lithium carbonate er</i>	generic	MO
<i>lithium citrate</i>	generic	MO
<i>risperidone odt</i>	generic	MO
SYMBYAX	non-preferred	QL (30 per 30 days)

Drug Name	Drug Tier	Notes
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose</i>	generic	QL (90 per 30 days) MO
ACTOPLUS MET	generic	QL (90 per 30 days) MO
ACTOPLUS MET XR	non-preferred	QL (60 per 30 days) ST
ACTOS	generic	QL (30 per 30 days) MO
AVANDAMET	non-preferred	QL (60 per 30 days) ST
AVANDARYL	non-preferred	QL (30 per 30 days) ST
AVANDIA	non-preferred	QL (30 per 30 days) ST
BYETTA	non-preferred	PA
<i>chlorpropamide</i>	generic	MO
DUETACT	generic	QL (30 per 30 days) MO
FORTAMET TABLET EXTENDED RELEASE 24 HOUR 500MG	non-preferred	QL (120 per 30 days)
FORTAMET TABLET EXTENDED RELEASE 24 HOUR 1000MG	non-preferred	QL (75 per 30 days)
<i>glimepiride tablet 1mg, 2mg</i>	generic	QL (30 per 30 days) MO
<i>glimepiride tablet 4mg</i>	generic	QL (60 per 30 days) MO
<i>glipizide er</i>	generic	QL (90 per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	generic	QL (60 per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 5mg</i>	generic	QL (90 per 30 days) MO
<i>glipizide/metformin hcl</i>	generic	QL (120 per 30 days) MO
<i>glipizide tablet 10mg</i>	generic	QL (120 per 30 days) MO
<i>glipizide tablet 5mg</i>	generic	QL (90 per 30 days) MO
GLUMETZA	brand	QL (120 per 30 days) MO
<i>glyburide</i>	generic	MO
<i>glyburide micronized tablet 1.5mg, 3mg</i>	generic	QL (120 per 30 days) MO
<i>glyburide micronized tablet 6mg</i>	generic	QL (60 per 30 days) MO
<i>glyburide/metformin hcl</i>	generic	QL (120 per 30 days) MO
<i>glycron tablet 1.5mg, 3mg</i>	generic	QL (120 per 30 days) MO
<i>glycron tablet 6mg</i>	generic	QL (60 per 30 days) MO
GLYSET	non-preferred	QL (120 per 30 days)
JANUMET	non-preferred	QL (60 per 30 days) PA
JANUVIA	non-preferred	QL (30 per 30 days) PA
<i>metformin hcl er tablet extended release 24 hour 500mg</i>	generic	QL (120 per 30 days) MO
<i>metformin hcl er tablet extended release 24 hour 750mg</i>	generic	QL (60 per 30 days) MO
<i>metformin hcl tablet 500mg</i>	generic	QL (150 per 30 days) MO
<i>metformin hcl tablet 1000mg</i>	generic	QL (60 per 30 days) MO
<i>metformin hcl tablet 850mg</i>	generic	QL (90 per 30 days) MO
<i>nateglinide</i>	generic	QL (90 per 30 days)
ONGLYZA	non-preferred	QL (30 per 30 days) PA
PRANDIMET	generic	QL (150 per 30 days) MO
PRANDIN TABLET 0.5MG, 1MG	generic	QL (120 per 30 days) MO
PRANDIN TABLET 2MG	generic	QL (240 per 30 days) MO
RIOMET	non-preferred	

Drug Name	Drug Tier	Notes
SYMLIN	generic	QL (20 per 30 days) ST MO
SYMLINPEN 120	generic	QL (12 per 30 days) ST MO
SYMLINPEN 60	generic	QL (12 per 30 days) ST MO
<i>tolazamide</i>	generic	MO
<i>tolbutamide</i>	generic	MO
VICTOZA	non-preferred	QL (6 per 30 days) PA
Glycemic Agents		
<i>glucagon emergency kit</i>	generic	QL (2 per 30 days) MO
PROGLYCEM	non-preferred	
Insulins		
APIDRA	non-preferred	
HUMALOG	non-preferred	
HUMALOG MIX 50/50	non-preferred	
HUMALOG MIX 50/50 PEN	non-preferred	
HUMALOG MIX 75/25	non-preferred	
HUMALOG MIX 75/25 PEN	non-preferred	
HUMALOG PEN	non-preferred	
HUMULIN 50/50	non-preferred	
HUMULIN 70/30	non-preferred	
HUMULIN 70/30 PEN	non-preferred	
HUMULIN N	non-preferred	
HUMULIN N U-100 PEN	non-preferred	
HUMULIN R	non-preferred	
HUMULIN R U-500 (CONCENTRATED)	non-preferred	B/D
LANTUS	generic	MO
LANTUS SOLOSTAR	generic	MO
LEVEMIR	generic	MO
LEVEMIR FLEXPEN	generic	MO
NOVOLIN 70/30	generic	MO
NOVOLIN 70/30 INNOLET	generic	MO
NOVOLIN N	generic	MO
NOVOLIN N INNOLET	generic	MO
NOVOLIN R	generic	MO
NOVOLIN R INNOLET	generic	MO
NOVOLOG	generic	MO
NOVOLOG FLEXPEN	generic	MO
NOVOLOG MIX 70/30	generic	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	generic	MO
RELION 70/30	non-preferred	
RELION N	non-preferred	
RELION R	non-preferred	
Blood Products/Modifiers/ Volume Expanders		
Anticoagulants		
ARIXTRA INJECTION 2.5MG/0.5ML	non-preferred	PA

Drug Name	Drug Tier	Notes
ARIXTRA INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	specialty	PA MO
COUMADIN TABLET	brand	MO
FRAGMIN INJECTION 2500UNIT/0.2ML, 5000UNIT/0.2ML	non-preferred	PA
FRAGMIN INJECTION 10000UNIT/ML, 25000UNIT/ML, 7500UNIT/0.3ML	specialty	PA MO
<i>heparin sodium/nacl 0.9%</i>	generic	MO
<i>heparin sodium/sodium chloride 0.9% premix</i>	generic	MO
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 5000unit/ml</i>	generic	MO
<i>jantoven</i>	generic	MO
LOVENOX INJECTION 100MG/ML, 120MG/0.8ML, 150MG/ML, 60MG/0.6ML, 80MG/0.8ML	specialty	PA MO
<i>warfarin sodium</i>	generic	MO
Blood Formation Products		
ARANESP ALBUMIN FREE INJECTION 25MCG/0.42ML, 25MCG/ML	brand	PA MO
ARANESP ALBUMIN FREE INJECTION 40MCG/0.4ML	non-preferred	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 40MCG/ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	specialty	PA MO
EPOGEN INJECTION 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	specialty	PA MO
LEUKINE	specialty	PA MO
NEULASTA	specialty	PA MO
NEUMEGA	specialty	PA MO
NEUPOGEN	specialty	PA MO
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML	specialty	PA MO
Blood Products/Modifiers/ Volume Expanders		
<i>pentoxil</i>	generic	MO
PROMACTA TABLET 50MG	specialty	QL (30 per 30 days) PA MO
PROMACTA TABLET 25MG	specialty	QL (90 per 30 days) PA MO
Coagulants		
CYKLOKAPRON	brand	MO
Platelet Aggregation Inhibitors		
AGGRENOX	brand	QL (60 per 30 days) MO
<i>cilostazol</i>	generic	QL (60 per 30 days) MO
<i>dipyridamole</i>	generic	MO
EFFIENT	non-preferred	
PLAVIX TABLET 75MG	brand	QL (30 per 30 days) MO

Drug Name	Drug Tier	Notes
<i>ticlopidine hcl</i>	generic	QL (60 per 30 days) MO
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine hcl patch weekly</i>	generic	
<i>clonidine hcl tablet</i>	generic	MO
CLORPRES	non-preferred	
<i>guanabenz acetate</i>	generic	MO
<i>guanfacine hcl</i>	generic	MO
INTUNIV	non-preferred	QL (30 per 30 days)
<i>methyldopa</i>	generic	MO
<i>methyldopa /hydrochlorothiazide</i>	generic	MO
<i>midodrine hcl</i>	generic	MO
<i>Alpha-adrenergic Blocking Agents</i>		
<i>doxazosin mesylate</i>	generic	QL (60 per 30 days) MO
<i>prazosin hcl</i>	generic	MO
<i>reserpine</i>	generic	MO
<i>Antiarrhythmics</i>		
<i>amiodarone hcl tablet</i>	generic	MO
<i>disopyramide phosphate</i>	generic	MO
<i>flecainide acetate</i>	generic	MO
<i>mexiletine hcl</i>	generic	MO
MULTAQ	non-preferred	
NORPACE CR	non-preferred	
PACERONE TABLET 100MG, 300MG, 400MG	non-preferred	
<i>pacerone tablet 200mg</i>	generic	MO
<i>propafenone hcl</i>	generic	MO
<i>quinidine gluconate cr</i>	generic	MO
<i>quinidine sulfate</i>	generic	MO
<i>quinidine sulfate er</i>	generic	MO
RYTHMOL SR	brand	MO
<i>sorine</i>	generic	MO
<i>sotalol hcl</i>	generic	MO
TIKOSYN	non-preferred	
<i>Beta-adrenergic Blocking Agents</i>		
<i>acebutolol hcl</i>	generic	MO
<i>atenolol</i>	generic	MO
<i>atenolol/chlorthalidone</i>	generic	MO
<i>betaxolol hcl</i>	generic	MO
<i>bisoprolol fumarate</i>	generic	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	generic	MO
BYSTOLIC TABLET 10MG	brand	QL (120 per 30 days) MO
BYSTOLIC TABLET 5MG	brand	QL (240 per 30 days) MO
BYSTOLIC TABLET 2.5MG	brand	QL (480 per 30 days) MO
BYSTOLIC TABLET 20MG	brand	QL (60 per 30 days) MO

Drug Name	Drug Tier	Notes
CARTROL	non-preferred	
<i>carvedilol tablet 25mg</i>	generic	QL (120 per 30 days) MO
<i>carvedilol tablet 12.5mg, 3.125mg, 6.25mg</i>	generic	QL (60 per 30 days) MO
COREG CR	non-preferred	QL (30 per 30 days)
INNOPRAN XL	non-preferred	QL (30 per 30 days)
<i>labetalol hcl tablet</i>	generic	MO
LEVATOL	non-preferred	
<i>metoprolol /hydrochlorothiazide</i>	generic	MO
<i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i>	generic	MO
<i>metoprolol succinate er tablet extended release 24 hour 100mg</i>	generic	QL (120 per 30 days) MO
<i>metoprolol succinate er tablet extended release 24 hour 200mg</i>	generic	QL (60 per 30 days) MO
<i>metoprolol tartrate tablet</i>	generic	MO
<i>nadolol</i>	generic	MO
<i>nadolol /bendroflumethiazide</i>	generic	MO
<i>pindolol</i>	generic	MO
<i>propranolol /hydrochlorothiazide</i>	generic	MO
<i>propranolol hcl er</i>	generic	MO
<i>propranolol hcl tablet</i>	generic	MO
<i>timolol maleate</i>	generic	MO
Calcium Channel Blocking Agents		
<i>afeditab cr tablet extended release 24 hour 30mg</i>	generic	QL (180 per 30 days) MO
<i>afeditab cr tablet extended release 24 hour 60mg</i>	generic	QL (90 per 30 days) MO
<i>amlodipine besylate</i>	generic	QL (30 per 30 days) MO
AZOR	non-preferred	QL (30 per 30 days)
CARDENE SR	non-preferred	
<i>cartia xt</i>	generic	MO
COVERA-HS	non-preferred	QL (60 per 30 days)
DILACOR XR CAPSULE EXTENDED RELEASE 24 HOUR 120MG	non-preferred	QL (30 per 30 days)
DILACOR XR CAPSULE EXTENDED RELEASE 24 HOUR 240MG	non-preferred	QL (60 per 30 days)
<i>dilt-cd</i>	generic	MO
<i>dilt-xr</i>	generic	MO
<i>diltiazem cd</i>	generic	MO
<i>diltiazem hcl er</i>	generic	MO
<i>diltiazem hcl capsule extended release 24 hour, tablet</i>	generic	MO
<i>diltzac</i>	generic	MO
<i>felodipine er</i>	generic	QL (30 per 30 days) MO
<i>isradipine</i>	generic	MO
<i>nicardipine hcl capsule</i>	generic	MO
<i>nifediac cc</i>	generic	QL (30 per 30 days) MO
<i>nifedical xl tablet extended release 24 hour 30mg</i>	generic	QL (120 per 30 days) MO

Drug Name	Drug Tier	Notes
<i>nifedical xl tablet extended release 24 hour 60mg</i>	generic	QL (60 per 30 days) MO
<i>nifedipine er tablet extended release 24 hour 30mg</i>	generic	QL (120 per 30 days) MO
<i>nifedipine er tablet extended release 24 hour 60mg, 90mg</i>	generic	QL (30 per 30 days) MO
<i>nimodipine</i>	generic	MO
<i>nisoldipine</i>	non-preferred	QL (30 per 30 days)
SULAR	non-preferred	QL (30 per 30 days)
<i>taztia xt</i>	generic	MO
<i>verapamil hcl er</i>	generic	MO
<i>verapamil hcl tablet</i>	generic	MO
VERELAN PM	non-preferred	
Cardiovascular Agents, Other		
<i>digoxin</i>	generic	MO
LANOXIN TABLET	brand	MO
RANEXA TABLET EXTENDED RELEASE 12 HOUR 500MG	brand	QL (120 per 30 days) MO
RANEXA TABLET EXTENDED RELEASE 12 HOUR 1000MG	brand	QL (60 per 30 days) MO
Diuretics		
<i>acetazolamide tablet</i>	generic	MO
<i>acetazolamide capsule extended release 12 hour</i>	non-preferred	
<i>amiloride /hydrochlorothiazide</i>	generic	MO
<i>amiloride hcl</i>	generic	MO
<i>bumetanide</i>	generic	MO
<i>chlorothiazide</i>	generic	MO
<i>chlorthalidone</i>	generic	MO
DYRENIUM	non-preferred	
<i>furosemide</i>	generic	MO
<i>hydrochlorothiazide</i>	generic	MO
<i>indapamide</i>	generic	MO
<i>methyclothiazide</i>	generic	MO
<i>metolazone</i>	generic	MO
SAMSCA	specialty	PA MO
<i>toremide tablet</i>	generic	MO
<i>triamterene /hydrochlorothiazide</i>	generic	MO
Dyslipidemics		
ADVICOR TABLET EXTENDED RELEASE 24 HOUR 20MG; 500MG	non-preferred	QL (120 per 30 days)
ADVICOR TABLET EXTENDED RELEASE 24 HOUR 20MG; 1000MG, 20MG; 750MG, 40MG; 1000MG	non-preferred	QL (60 per 30 days)
ANTARA	non-preferred	QL (30 per 30 days)
CADUET	non-preferred	QL (30 per 30 days)
<i>cholestyramine</i>	generic	MO
<i>cholestyramine light</i>	generic	MO

Drug Name	Drug Tier	Notes
<i>colestipol hcl</i>	generic	MO
CRESTOR	non-preferred	QL (30 per 30 days)
<i>fenofibrate</i>	non-preferred	QL (30 per 30 days)
<i>fenofibrate micronized</i>	non-preferred	QL (30 per 30 days)
<i>gemfibrozil</i>	generic	QL (60 per 30 days) MO
LESCOL XL	non-preferred	QL (30 per 30 days)
LESCOL CAPSULE 40MG	non-preferred	QL (60 per 30 days)
LESCOL CAPSULE 20MG	non-preferred	QL (90 per 30 days)
LIPITOR	brand	QL (30 per 30 days) MO
<i>lovastatin tablet 10mg, 20mg</i>	generic	QL (30 per 30 days) MO
<i>lovastatin tablet 40mg</i>	generic	QL (60 per 30 days) MO
LOVAZA	brand	QL (120 per 30 days) MO
<i>niacor</i>	generic	MO
NIASPAN TABLET EXTENDED RELEASE 1000MG, 750MG	brand	QL (60 per 30 days) MO
NIASPAN TABLET EXTENDED RELEASE 500MG	brand	QL (90 per 30 days) MO
<i>pravastatin sodium tablet 10mg, 20mg, 80mg</i>	generic	QL (30 per 30 days) MO
<i>pravastatin sodium tablet 40mg</i>	generic	QL (60 per 30 days) MO
<i>prevalite</i>	generic	MO
SIMCOR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 20MG	non-preferred	QL (60 per 30 days)
SIMCOR TABLET EXTENDED RELEASE 24 HOUR 500MG; 20MG, 750MG; 20MG	non-preferred	QL (90 per 30 days)
<i>simvastatin</i>	generic	QL (30 per 30 days) MO
TRICOR TABLET 145MG	brand	QL (30 per 30 days) MO
TRICOR TABLET 48MG	brand	QL (60 per 30 days) MO
TRIGLIDE	non-preferred	QL (30 per 30 days)
TRILIPIX	non-preferred	QL (30 per 30 days)
VYTORIN	brand	QL (30 per 30 days) MO
WELCHOL PACKET	non-preferred	QL (113 per 30 days)
WELCHOL TABLET	non-preferred	QL (210 per 30 days)
ZETIA	non-preferred	QL (30 per 30 days)
<i>Renin-angiotensin-aldosterone System Inhibitors</i>		
ACEON	non-preferred	QL (60 per 30 days)
ALDACTAZIDE	non-preferred	
<i>amlodipine besylate/benazepril hydrochloride</i>	generic	QL (30 per 30 days) MO
ATACAND HCT TABLET 32MG; 12.5MG, 32MG; 25MG	non-preferred	QL (30 per 30 days)
ATACAND HCT TABLET 16MG; 12.5MG	non-preferred	QL (60 per 30 days)
ATACAND TABLET 32MG	non-preferred	QL (30 per 30 days)
ATACAND TABLET 16MG, 4MG, 8MG	non-preferred	QL (60 per 30 days)
AVALIDE	brand	QL (30 per 30 days) MO
AVAPRO	brand	QL (30 per 30 days) MO
<i>benazepril hcl</i>	generic	QL (60 per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide</i>	generic	QL (60 per 30 days) MO

Drug Name	Drug Tier	Notes
BENICAR	brand	QL (30 per 30 days) MO
BENICAR HCT	brand	QL (30 per 30 days) MO
<i>captopril</i>	generic	MO
<i>captopril /hydrochlorothiazide</i>	generic	QL (90 per 30 days) MO
DIOVAN HCT TABLET 12.5MG; 320MG, 25MG; 320MG	non-preferred	QL (30 per 30 days)
DIOVAN HCT TABLET 12.5MG; 160MG, 12.5MG; 80MG, 25MG; 160MG	non-preferred	QL (60 per 30 days)
DIOVAN TABLET 320MG	non-preferred	QL (30 per 30 days)
DIOVAN TABLET 160MG, 40MG, 80MG	non-preferred	QL (60 per 30 days)
<i>enalapril maleate/hydrochlorothiazide</i>	generic	QL (60 per 30 days) MO
<i>enalapril maleate tablet 20mg</i>	generic	MO
<i>enalapril maleate tablet 10mg, 2.5mg, 5mg</i>	generic	QL (60 per 30 days) MO
<i>eplerenone tablet 25mg</i>	generic	QL (120 per 30 days) MO
<i>eplerenone tablet 50mg</i>	generic	QL (60 per 30 days) MO
EXFORGE	non-preferred	QL (30 per 30 days)
<i>fosinopril sodium</i>	generic	QL (60 per 30 days) MO
<i>fosinopril sodium/hydrochlorothiazide</i>	generic	MO
<i>lisinopril</i>	generic	QL (60 per 30 days) MO
<i>lisinopril /hydrochlorothiazide</i>	generic	QL (60 per 30 days) MO
<i>losartan potassium</i>	non-preferred	QL (30 per 30 days)
<i>losartan potassium/hydrochlorothiazide</i>	non-preferred	QL (30 per 30 days)
MICARDIS	non-preferred	QL (30 per 30 days)
MICARDIS HCT	non-preferred	QL (30 per 30 days)
<i>moexipril /hydrochlorothiazide</i>	generic	QL (60 per 30 days) MO
<i>moexipril hcl tablet 15mg</i>	generic	QL (120 per 30 days) MO
<i>moexipril hcl tablet 7.5mg</i>	generic	QL (60 per 30 days) MO
<i>perindopril erbumine</i>	non-preferred	QL (60 per 30 days)
<i>quinapril /hydrochlorothiazide</i>	generic	QL (60 per 30 days) MO
<i>quinapril hcl</i>	generic	QL (60 per 30 days) MO
<i>quinaretic</i>	generic	QL (60 per 30 days) MO
<i>ramipril</i>	generic	QL (60 per 30 days) MO
<i>spironolactone</i>	generic	MO
<i>spironolactone /hydrochlorothiazide</i>	generic	MO
TARKA	non-preferred	QL (60 per 30 days)
TEKTURNA	non-preferred	QL (30 per 30 days)
TEKTURNA HCT	non-preferred	QL (30 per 30 days)
TEVETEN	non-preferred	
TEVETEN HCT	non-preferred	
<i>trandolapril</i>	generic	QL (60 per 30 days) MO
<i>trandolapril/verapamil hcl</i>	non-preferred	QL (60 per 30 days)
VALTURNA	non-preferred	QL (30 per 30 days)
Vasodilators		
BIDIL	non-preferred	PA
<i>hydralazine hcl tablet</i>	generic	MO

Drug Name	Drug Tier	Notes
<i>isochron</i>	generic	MO
<i>isosorbide dinitrate</i>	generic	MO
<i>isosorbide dinitrate er</i>	generic	MO
<i>isosorbide mononitrate</i>	generic	MO
<i>isosorbide mononitrate er</i>	generic	MO
<i>minitran</i>	generic	QL (30 per 30 days) MO
<i>minoxidil</i>	generic	MO
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	brand	QL (30 per 30 days) MO
<i>nitroglycerin transdermal</i>	generic	MO
<i>nitroglycerin patch 24 hour</i>	generic	MO
NITROLINGUAL PUMPSPRAY	brand	MO
NITROSTAT	brand	MO
Central Nervous System Agents		
Amphetamines, ADHD		
ADDERALL XR	brand	QL (60 per 30 days) MO
<i>amphetamine /dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	generic	QL (120 per 30 days) MO
<i>amphetamine /dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	generic	QL (240 per 30 days) MO
<i>amphetamine /dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	generic	QL (360 per 30 days) MO
<i>amphetamine /dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	generic	QL (60 per 30 days) MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	generic	QL (120 per 30 days) MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	generic	QL (180 per 30 days) MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	generic	QL (360 per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg</i>	generic	QL (180 per 30 days) MO
<i>dextroamphetamine sulfate tablet 5mg</i>	generic	QL (360 per 30 days) MO
<i>methamphetamine hcl</i>	generic	QL (150 per 30 days)
VYVANSE CAPSULE 30MG, 50MG, 70MG	non-preferred	
Non-amphetamines, ADHD		
DAYTRANA	non-preferred	QL (30 per 30 days)
<i>dexmethylphenidate hcl</i>	generic	QL (60 per 30 days)
FOCALIN XR	non-preferred	QL (30 per 30 days)
METADATE CD	non-preferred	QL (30 per 30 days)
<i>methylin er tablet extended release 10mg</i>	generic	QL (30 per 30 days) MO
<i>methylin er tablet extended release 20mg</i>	generic	QL (90 per 30 days) MO
METHYLIN SOLUTION	non-preferred	
METHYLIN TABLET CHEWABLE 10MG	non-preferred	QL (270 per 30 days)

Drug Name	Drug Tier	Notes
METHYLIN TABLET CHEWABLE 2.5MG, 5MG	non-preferred	QL (540 per 30 days)
<i>methylin tablet 5mg</i>	generic	QL (30 per 30 days) MO
<i>methylin tablet 10mg, 20mg</i>	generic	QL (90 per 30 days) MO
<i>methylphenidate hcl</i>	generic	QL (90 per 30 days) MO
<i>methylphenidate hcl sr</i>	generic	QL (90 per 30 days) MO
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 40MG	non-preferred	QL (30 per 30 days)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30MG	non-preferred	QL (60 per 30 days)
STRATTERA	non-preferred	QL (30 per 30 days) ST
Non-amphetamines, Other		
AMPYRA	specialty	PA
NUVIGIL	non-preferred	QL (30 per 30 days) PA
PROVIGIL TABLET 100MG	non-preferred	QL (30 per 30 days) PA
PROVIGIL TABLET 200MG	non-preferred	QL (60 per 30 days) PA
RILUTEK	brand	MO
XYREM	specialty	PA LA MO
Dental and Oral Agents		
Dental and Oral Agents		
APHTHASOL	non-preferred	
<i>chlorhexidine gluconate oral rinse</i>	generic	MO
EVOXAC	non-preferred	
<i>periogard</i>	generic	MO
<i>pilocarpine hcl</i>	generic	MO
<i>pilocarpine hydrochloride</i>	generic	MO
<i>triamcinolone in orabase</i>	generic	MO
Dermatological Agents		
Dermatological Agents		
AMEVIVE	specialty	PA MO
<i>ammonium lactate</i>	generic	MO
<i>avita</i>	generic	QL (45 per 60 days) PA MO
AZELEX	non-preferred	
<i>calcipotriene</i>	generic	QL (60 per 30 days) MO
CARAC	non-preferred	
<i>clindamycin phosphate</i>	generic	MO
<i>clindamycin/benzoyl peroxide</i>	generic	MO
DIFFERIN	non-preferred	
DOVONEX CREAM	non-preferred	QL (100 per 30 days)
<i>doxepin hcl</i>	generic	MO
ELIDEL	non-preferred	QL (100 per 30 days)
EPIDUO	non-preferred	QL (45 per 30 days)
<i>erythromycin/benzoyl peroxide</i>	generic	MO
FINACEA	non-preferred	
<i>fluorouracil solution</i>	generic	MO
<i>imiquimod</i>	generic	QL (12 per 30 days)

Drug Name	Drug Tier	Notes
<i>laclotion</i>	generic	MO
OXSORALEN	non-preferred	PA
OXSORALEN ULTRA	non-preferred	PA
<i>podofilox</i>	generic	MO
PROTOPIC	non-preferred	QL (30 per 30 days)
REGRANEX	non-preferred	PA
SANTYL	non-preferred	QL (60 per 30 days)
SOLARAZE	brand	MO
SORIATANE	specialty	QL (30 per 30 days) PA MO
SORIATANE CK	specialty	PA MO
STELARA	specialty	PA MO
TACLONEX	non-preferred	QL (60 per 30 days) ST
TAZORAC	non-preferred	PA
<i>tretinoin</i>	generic	QL (45 per 60 days) PA MO
VECTICAL	non-preferred	
ZIANA	non-preferred	QL (60 per 30 days) PA
Enzyme Replacements/ Modifiers		
<i>Enzyme Replacements/ Modifiers</i>		
ADAGEN	specialty	PA LA MO
ALDURAZYME	specialty	PA LA MO
BUPHENYL	specialty	PA MO
CEREDASE	specialty	PA LA MO
CEREZYME	specialty	PA MO
CREON	non-preferred	
CYSTADANE	non-preferred	PA
CYSTAGON	non-preferred	PA
ELAPRASE	specialty	PA LA MO
FABRAZYME	specialty	PA LA MO
KUVAN	specialty	PA MO
MYOZYME	specialty	PA MO
NAGLAZYME	specialty	PA LA MO
ORFADIN	specialty	PA MO
PANCREAZE	non-preferred	
PULMOZYME	specialty	PA MO
SUCRAID	specialty	PA MO
VPRIV	specialty	PA
ZAVESCA	specialty	PA MO
ZENPEP	non-preferred	
Gastrointestinal Agents		
<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hcl capsule, solution, tablet</i>	generic	MO
<i>glycopyrrolate tablet</i>	non-preferred	
<i>methscopolamine bromide</i>	generic	MO
<i>propantheline bromide</i>	generic	MO

Drug Name	Drug Tier	Notes
Gastrointestinal Agents, Other		
AMITIZA	non-preferred	QL (60 per 30 days)
<i>constulose</i>	generic	MO
<i>diphenoxylate/atropine</i>	generic	MO
<i>enulose</i>	generic	MO
GASTROCROM	non-preferred	
<i>gavilyte-c</i>	generic	MO
<i>gavilyte-g</i>	generic	MO
<i>gavilyte-n/flavor pack</i>	generic	MO
<i>generlac</i>	generic	MO
KRISTALOSE	non-preferred	
<i>lactulose</i>	generic	MO
<i>lonox</i>	generic	MO
<i>loperamide hcl</i>	generic	MO
<i>metoclopramide hcl</i>	generic	MO
<i>peg 3350/electrolytes</i>	generic	QL (4000 per 30 days) MO
<i>polyethylene glycol 3350</i>	generic	MO
<i>trilyte</i>	generic	QL (4000 per 30 days) MO
<i>ursodiol</i>	generic	MO
Histamine2 (H2) Blocking Agents		
<i>cimetidine</i>	generic	MO
<i>cimetidine hcl</i>	generic	MO
<i>famotidine</i>	generic	MO
<i>famotidine premixed</i>	generic	MO
<i>nizatidine solution</i>	generic	
<i>nizatidine capsule</i>	generic	MO
<i>ranitidine hcl</i>	generic	MO
ZANTAC PACKET, TABLET EFFERVESCENT	non-preferred	
Irritable Bowel Syndrome Agents		
LOTRONEX	brand	QL (60 per 30 days) PA MO
Protectants		
CARAFATE SUSPENSION	non-preferred	QL (1200 per 30 days)
<i>misoprostol</i>	generic	MO
<i>sucralfate</i>	generic	MO
Proton Pump Inhibitors		
ACIPHEX	brand	QL (30 per 30 days) MO
DEXILANT	non-preferred	QL (30 per 30 days) ST
KAPIDEX	non-preferred	QL (30 per 30 days) ST
<i>lansoprazole</i>	non-preferred	ST
NEXIUM	non-preferred	QL (30 per 30 days) ST
<i>omeprazole capsule delayed release 40mg</i>	generic	QL (30 per 30 days) MO
<i>omeprazole capsule delayed release 10mg, 20mg</i>	generic	QL (60 per 30 days) MO
<i>pantoprazole sodium</i>	non-preferred	QL (30 per 30 days) ST
PREVACID	non-preferred	ST

Drug Name	Drug Tier	Notes
PREVACID SOLUTAB	non-preferred	ST
PROTONIX INJECTION	non-preferred	PA
ZEGERID	brand	QL (30 per 30 days) MO
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
DETROL	brand	QL (60 per 30 days) MO
DETROL LA	brand	QL (30 per 30 days) MO
ENABLEX	non-preferred	QL (30 per 30 days)
<i>flavoxate hcl</i>	generic	MO
GELNIQUE	non-preferred	QL (30 per 30 days)
<i>oxybutynin chloride</i>	generic	MO
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 5mg</i>	generic	QL (30 per 30 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 15mg</i>	generic	QL (60 per 30 days) MO
OXYTROL	non-preferred	QL (8 per 28 days)
SANCTURA	non-preferred	QL (60 per 30 days)
SANCTURA XR	non-preferred	QL (30 per 30 days)
TOVIAZ	brand	QL (30 per 30 days) MO
VESICARE	non-preferred	QL (30 per 30 days)
<i>Benign Prostatic Hypertrophy Agents</i>		
AVODART	non-preferred	QL (30 per 30 days)
CARDURA XL	non-preferred	QL (30 per 30 days)
<i>doxazosin mesylate</i>	generic	QL (60 per 30 days) MO
<i>finasteride</i>	generic	QL (30 per 30 days) MO
RAPAFLO	non-preferred	QL (30 per 30 days)
<i>tamsulosin hcl</i>	generic	QL (60 per 30 days)
<i>terazosin hcl capsule 1mg, 2mg, 5mg</i>	generic	QL (30 per 30 days) MO
<i>terazosin hcl capsule 10mg</i>	generic	QL (60 per 30 days) MO
UROXATRAL	non-preferred	QL (30 per 30 days)
<i>Genitourinary Agents, Other</i>		
CLINDESSE	non-preferred	
ELMIRON	non-preferred	
THIOLA	non-preferred	
<i>Phosphate Binders</i>		
<i>calcium acetate</i>	generic	MO
FOSRENOL	brand	MO GC
RENAGEL	brand	MO
RENVELA	brand	MO GC
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>Glucocorticoids/ Mineralocorticoids</i>		
<i>a-methapred</i>	generic	MO
<i>ala cort</i>	generic	MO
<i>ala-cort</i>	generic	MO

Drug Name	Drug Tier	Notes
<i>alclometasone dipropionate</i>	generic	MO
<i>amcinonide</i>	generic	MO
<i>augmented betamethasone dipropionate</i>	generic	MO
<i>beta-val</i>	generic	MO
<i>betamethasone dipropionate</i>	generic	MO
<i>betamethasone valerate</i>	generic	MO
CAPEX	non-preferred	
CELESTONE	non-preferred	
<i>clobetasol propionate e</i>	generic	MO
<i>clobetasol propionate gel, ointment, solution</i>	generic	MO
<i>clobetasol propionate foam</i>	non-preferred	
CLOBEX	non-preferred	
CLODERM	non-preferred	
CORDRAN	non-preferred	
CORDRAN SP	non-preferred	
<i>cormax</i>	generic	MO
CORTIFOAM	non-preferred	
<i>cortisone acetate</i>	generic	MO
<i>del-beta</i>	generic	MO
<i>desonide</i>	generic	MO
<i>desoximetasone</i>	generic	MO
<i>dexamethasone</i>	generic	MO
<i>diflorasone diacetate</i>	generic	MO
<i>fludrocortisone acetate</i>	generic	MO
<i>fluocinolone acetonide</i>	generic	MO
<i>fluocinonide</i>	generic	MO
<i>fluocinonide emollient base</i>	generic	MO
<i>fluticasone propionate</i>	generic	MO
<i>halobetasol propionate</i>	generic	MO
HALOG	non-preferred	
<i>hydrocortisone</i>	generic	MO
<i>hydrocortisone butyrate</i>	generic	MO
<i>hydrocortisone in absorbase</i>	generic	MO
<i>hydrocortisone valerate</i>	generic	MO
<i>isovate</i>	generic	MO
<i>lokara</i>	generic	MO
LUXIQ	non-preferred	
<i>methylprednisolone</i>	generic	MO
<i>methylprednisolone sodiumsuccinate</i>	generic	MO
<i>mometasone furoate</i>	generic	MO
<i>prednicarbate</i>	generic	MO
<i>prednisolone</i>	generic	MO
<i>prednisolone sodium phosphate</i>	generic	MO
<i>prednisone tablet</i>	generic	B/D MO

Drug Name	Drug Tier	Notes
<i>procto-pak</i>	generic	MO
<i>proctocream-hc</i>	generic	MO
<i>proctosol hc</i>	generic	MO
<i>proctozone-hc</i>	generic	MO
TOPICORT LP	non-preferred	
<i>triamcinolone acetonide</i>	generic	MO
<i>triamcinolone acetonide in absorbase</i>	generic	MO
<i>triderm</i>	generic	MO
<i>u-cort</i>	non-preferred	
VANOS	non-preferred	
VERDESO	non-preferred	QL (100 per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
<i>chorionic gonadotropin</i>	non-preferred	PA
<i>desmopressin acetate injection, tablet</i>	generic	MO
<i>desmopressin acetate nasal solution 0.01%</i>	generic	MO
<i>desmopressin acetate nasal solution 0.01%</i>	generic	QL (15 per 30 days) MO
GENOTROPIN	specialty	PA MO
GENOTROPIN MINIQUICK	specialty	PA MO
HUMATROPE	specialty	PA MO
HUMATROPE COMBO PACK	specialty	PA MO
INCRELEX	specialty	PA LA MO
NORDITROPIN CARTRIDGE	specialty	PA MO
NORDITROPIN NORDIFLEX PEN	specialty	PA MO
NUTROPIN	specialty	PA MO
NUTROPIN AQ	specialty	PA MO
NUTROPIN AQ PEN	specialty	PA MO
OMNITROPE	specialty	PA MO
SAIZEN	specialty	PA MO
SAIZEN CLICK.EASY	specialty	PA MO
SEROSTIM	specialty	PA MO
STIMATE	non-preferred	
TEV-TROPIN	specialty	PA MO
ZORBTIVE	specialty	PA MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50	specialty	PA MO
<i>oxandrolone tablet 2.5mg</i>	generic	QL (120 per 30 days) PA MO
<i>oxandrolone tablet 10mg</i>	specialty	QL (60 per 30 days) PA MO
<i>Androgens</i>		
ANDRODERM	non-preferred	QL (30 per 30 days) PA
ANDROGEL	brand	QL (300 per 30 days) MO

Drug Name	Drug Tier	Notes
ANDROXY	non-preferred	
<i>danazol</i>	generic	MO
METHITEST	non-preferred	
TESTIM	non-preferred	QL (300 per 30 days) PA
<i>testosterone cypionate</i>	generic	MO
<i>testosterone enanthate</i>	generic	MO
TESTRED	non-preferred	
Estrogens		
CENESTIN	non-preferred	QL (30 per 30 days)
DIVIGEL	brand	QL (30 per 30 days) MO
ELESTRIN	non-preferred	QL (144 per 30 days)
ESTRACE CREAM	non-preferred	
<i>estradiol valerate</i>	generic	MO
<i>estradiol/norethindrone acetate</i>	generic	QL (28 per 28 days) MO
<i>estradiol tablet</i>	generic	MO
<i>estradiol patch weekly</i>	generic	QL (4 per 28 days) MO
ESTRASORB	non-preferred	QL (104 per 30 days)
ESTRING	non-preferred	
ESTROGEL	non-preferred	
<i>estropipate</i>	generic	MO
EVAMIST	non-preferred	QL (16.2 per 30 days)
FEMRING	non-preferred	QL (1 per 90 days)
<i>gynodiol tablet 0.5mg, 1mg, 2mg</i>	generic	MO
<i>kelnor 1/35</i>	generic	QL (28 per 28 days) MO
LOSEASONIQUE	brand	QL (91 per 91 days)
LYBREL	non-preferred	QL (28 per 28 days)
MENEST	non-preferred	QL (30 per 30 days)
MENOSTAR	non-preferred	QL (4 per 28 days)
<i>mononessa</i>	generic	QL (28 per 28 days) MO
<i>necon 10/11-28</i>	generic	QL (28 per 28 days) MO
<i>ocella</i>	generic	QL (28 per 28 days) MO
<i>ortho-est</i>	generic	MO
PREMARIN W/APPLICATOR	brand	QL (45 per 30 days) MO
PREMARIN TABLET	brand	QL (30 per 30 days) MO
<i>previfem</i>	generic	QL (28 per 28 days) MO
<i>quasense</i>	generic	QL (28 per 28 days) MO
<i>tri-legest fe</i>	generic	QL (28 per 28 days) MO
<i>tri-previfem</i>	generic	QL (28 per 28 days) MO
<i>tri-sprintec</i>	generic	QL (28 per 28 days) MO
VAGIFEM	non-preferred	
VIVELLE-DOT	non-preferred	QL (8 per 28 days)
Progestins		
ANGELIQ	non-preferred	QL (28 per 28 days)
<i>apri</i>	generic	QL (28 per 28 days) MO

Drug Name	Drug Tier	Notes
<i>aranelle</i>	generic	QL (28 per 28 days) MO
<i>aviane</i>	generic	QL (28 per 28 days) MO
<i>balziva</i>	generic	QL (28 per 28 days) MO
<i>camila</i>	generic	QL (28 per 28 days) MO
<i>cesia</i>	generic	QL (28 per 28 days) MO
CLIMARA PRO	non-preferred	QL (28 per 28 days)
COMBIPATCH	non-preferred	QL (8 per 28 days)
CRINONE	non-preferred	
<i>cryselle-28</i>	generic	QL (28 per 28 days) MO
DEPO-PROVERA	non-preferred	PA
DEPO-SUBQ PROVERA 104	non-preferred	PA
<i>enpresse-28</i>	generic	QL (28 per 28 days) MO
<i>errin</i>	generic	QL (28 per 28 days) MO
FEMHRT 1/5	non-preferred	QL (28 per 28 days)
FEMHRT LOW DOSE	non-preferred	QL (28 per 28 days)
<i>jolivette</i>	generic	QL (28 per 28 days) MO
<i>junel 1.5/30</i>	generic	QL (28 per 28 days) MO
<i>junel 1/20</i>	generic	QL (28 per 28 days) MO
<i>junel fe 1.5/30</i>	generic	QL (28 per 28 days) MO
<i>junel fe 1/20</i>	generic	QL (28 per 28 days) MO
<i>kariva</i>	generic	QL (28 per 28 days) MO
<i>leena</i>	generic	QL (28 per 28 days) MO
<i>lessina-28</i>	generic	QL (28 per 28 days) MO
<i>levora 0.15/30-28</i>	generic	QL (28 per 28 days) MO
<i>low-ogestrel</i>	generic	QL (28 per 28 days) MO
<i>lutera</i>	generic	QL (28 per 28 days) MO
<i>medroxyprogesterone acetate tablet</i>	generic	MO
<i>medroxyprogesterone acetate injection</i>	generic	QL (1 per 90 days) MO
MEGACE ES	non-preferred	ST
<i>megestrol acetate</i>	generic	MO
<i>microgestin 1.5/30</i>	generic	QL (28 per 28 days) MO
<i>microgestin 1/20</i>	generic	QL (28 per 28 days) MO
<i>microgestin fe</i>	generic	QL (28 per 28 days) MO
<i>microgestin fe 1.5/30</i>	generic	QL (28 per 28 days) MO
<i>necon 0.5/35-28</i>	generic	QL (28 per 28 days) MO
<i>necon 1/35-28</i>	generic	QL (28 per 28 days) MO
<i>necon 1/50-28</i>	generic	QL (28 per 28 days) MO
<i>necon 7/7/7</i>	generic	QL (28 per 28 days) MO
<i>next choice</i>	generic	MO
<i>nora-be</i>	generic	QL (28 per 28 days) MO
<i>norethindrone acetate</i>	generic	MO
<i>nortrel 0.5/35 (28)</i>	generic	QL (28 per 28 days) MO
<i>nortrel 1/35 (21)</i>	generic	QL (28 per 28 days) MO
<i>nortrel 1/35 (28)</i>	generic	QL (28 per 28 days) MO

Drug Name	Drug Tier	Notes
<i>nortrel 7/7/7</i>	generic	QL (28 per 28 days) MO
OGESTREL	non-preferred	QL (28 per 28 days)
<i>portia-28</i>	generic	QL (28 per 28 days) MO
PREMPHASE	brand	QL (28 per 28 days) MO
PREMPRO	brand	QL (28 per 28 days) MO
PROCHIEVE GEL 4%	non-preferred	
PROMETRIUM	non-preferred	
<i>reclipsen</i>	generic	QL (28 per 28 days) MO
SEASONIQUE	non-preferred	QL (28 per 28 days)
<i>solia</i>	generic	QL (28 per 28 days) MO
<i>sprintec 28</i>	generic	QL (28 per 28 days) MO
<i>sronyx</i>	generic	QL (28 per 28 days) MO
TRI-NORINYL 28	non-preferred	QL (28 per 28 days)
<i>trinessa</i>	generic	QL (28 per 28 days) MO
<i>trivora-28</i>	generic	QL (28 per 28 days) MO
<i>velivet</i>	generic	QL (28 per 28 days) MO
<i>zovia 1/35e</i>	generic	QL (28 per 28 days) MO
<i>zovia 1/50e</i>	generic	QL (28 per 28 days) MO
Selective Estrogen Receptor Modifying Agents		
EVISTA	brand	QL (30 per 30 days) MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothroid</i>	generic	MO
<i>levothyroxine sodium</i>	generic	MO
<i>levoxyl</i>	generic	MO
<i>liothyronine sodium tablet</i>	generic	MO
SYNTHROID	brand	MO
THYROLAR-1	non-preferred	
THYROLAR-1/2	non-preferred	
THYROLAR-1/4	non-preferred	
THYROLAR-2	non-preferred	
THYROLAR-3	non-preferred	
<i>unithroid</i>	generic	MO
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	brand	MO
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR TABLET 90MG	brand	QL (120 per 30 days) MO GC
SENSIPAR TABLET 30MG, 60MG	brand	QL (60 per 30 days) MO GC
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	generic	MO

Drug Name	Drug Tier	Notes
<i>leuprolide acetate</i>	non-preferred	PA
LUPRON DEPOT INJECTION 22.5MG, 30MG, 7.5MG	specialty	PA MO
<i>octreotide acetate injection 50mcg/ml</i>	non-preferred	PA
<i>octreotide acetate injection 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml</i>	specialty	PA MO
SANDOSTATIN LAR DEPOT	specialty	PA MO
SOMATULINE DEPOT	specialty	PA MO
SOMAVERT	specialty	PA LA MO
SYNAREL	specialty	PA MO
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
<i>Antiandrogens</i>		
<i>bicalutamide</i>	generic	QL (30 per 30 days) MO
<i>flutamide</i>	generic	MO
NILANDRON	non-preferred	
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole</i>	generic	MO
<i>propylthiouracil</i>	generic	MO
Immunological Agents		
<i>Immune Suppressants</i>		
ACTEMRA	specialty	PA
AZASAN	non-preferred	B/D
<i>azathioprine</i>	generic	B/D MO
CELLCEPT SUSPENSION RECONSTITUTED	brand	B/D MO
CIMZIA INJECTION 200MG/ML	specialty	PA
CIMZIA INJECTION 200MG	specialty	PA MO
CYCLOSPORINE MODIFIED CAPSULE 50MG	generic	B/D MO
<i>cyclosporine modified capsule 100mg</i>	generic	B/D MO
<i>cyclosporine modified solution</i>	generic	B/D MO
<i>cyclosporine capsule</i>	generic	B/D MO
<i>cyclosporine injection</i>	non-preferred	B/D
ENBREL	specialty	PA MO
ENBREL SURECLICK	specialty	PA MO
<i>gengraf</i>	generic	B/D MO
HUMIRA PEN-CROHNS DISEASESTARTER	specialty	QL (6 per 365 days) PA MO
HUMIRA INJECTION 40MG/0.8ML	specialty	QL (2 per 30 days) PA MO
HUMIRA INJECTION 20MG/0.4ML	specialty	QL (4 per 30 days) PA MO
<i>methotrexate</i>	generic	MO
<i>methotrexate sodium injection 25mg/ml</i>	generic	MO
<i>mycophenolate mofetil</i>	generic	B/D MO
MYFORTIC	non-preferred	B/D
NEORAL	non-preferred	B/D
ORENCIA	specialty	PA MO
PROGRAF INJECTION	non-preferred	B/D

Drug Name	Drug Tier	Notes
RAPAMUNE	brand	B/D MO
REMICADE	specialty	PA MO
SANDIMMUNE CAPSULE, SOLUTION	non-preferred	B/D
SIMPONI	specialty	QL (1 per 28 days) PA MO
<i>tacrolimus</i>	generic	B/D MO
TREXALL	non-preferred	
Immunizing Agents, Passive		
CARIMUNE NANOFILTERED	specialty	PA MO
FLEBOGAMMA	specialty	PA MO
GAMASTAN S/D	non-preferred	PA
GAMMAGARD LIQUID	specialty	PA MO
GAMUNEX	specialty	PA MO
OCTAGAM	specialty	PA MO
POLYGAM S/D	specialty	PA MO
PRIVIGEN	specialty	PA
THYMOGLOBULIN	specialty	PA MO
VIVAGLOBIN	specialty	PA MO
Immunomodulators		
ACTIMMUNE	specialty	PA LA MO
ALFERON N	specialty	PA MO
AVONEX INJECTION 30MCG/0.5ML	specialty	QL (2 per 30 days) PA MO
AVONEX INJECTION 30MCG/VIAL	specialty	QL (4 per 30 days) PA MO
BETASERON	specialty	QL (15 per 30 days) PA MO
COPAXONE	specialty	QL (30 per 30 days) PA MO
EXTAVIA	specialty	QL PA MO
INFERGEN	specialty	QL (12 per 30 days) PA MO
INTRON-A W/DILUENT	non-preferred	PA
INTRON-A INJECTION 3MU/0.2ML	non-preferred	PA
INTRON-A INJECTION 10MU/0.2ML, 5MU/0.2ML	specialty	PA MO
KINERET	specialty	PA MO
<i>leflunomide</i>	generic	QL (30 per 30 days) MO
PEG-INTRON	specialty	QL (2 per 28 days) PA MO
PEG-INTRON REDIPEN	specialty	QL (2 per 28 days) PA MO
PEG-INTRON REDIPEN PAK 4	specialty	QL (2 per 28 days) PA MO
PEGASYS	specialty	QL (2 per 30 days) PA MO
REBIF	specialty	QL (12 per 30 days) PA MO
REBIF TITRATION PACK	specialty	QL (12 per 365 days) PA MO
TYSABRI	specialty	PA LA MO
Vaccines		
ACTHIB	brand	MO
ADACEL	non-preferred	
ATTENUVAX	brand	MO
BOOSTRIX	non-preferred	
CERVARIX	non-preferred	

Drug Name	Drug Tier	Notes
COMVAX	non-preferred	
DAPTACEL	brand	MO
DECAVAC	non-preferred	
DIPHThERIA/TETANUS TOXOID PEDIATRIC	brand	MO
ENGERIX-B	brand	B/D MO
GARDASIL	brand	PA MO
HAVRIX	non-preferred	
IMOVAX RABIES (H.D.C.V.)	brand	B/D MO
INFANRIX	brand	MO
IPOL INACTIVATED IPV	brand	MO
IXIARO	brand	
JE-VAX	brand	MO
M-M-R II W/DILUENT 10 DOSE	brand	MO
MENACTRA	non-preferred	
MENOMUNE-A/C/Y/W-135	brand	MO
MERUVAX II W/DILUENT 10 DOSE	brand	MO
PEDIARIX	non-preferred	
PEDVAX HIB	brand	MO
PROQUAD	non-preferred	
RABAVERT	non-preferred	
RECOMBIVAX HB	non-preferred	
ROTATEQ	brand	MO
TETANUS TOXOID ADSORBED	brand	MO
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	brand	MO
TRIHIBIT	non-preferred	
TRIPEDIA	non-preferred	
TWINRIX	non-preferred	
TYPHIM VI	brand	MO
VAQTA	brand	MO
VARIVAX	brand	MO
VIVOTIF BERNA	non-preferred	
YF-VAX	brand	MO
ZOSTAVAX	non-preferred	PA
Inflammatory Bowel Disease Agents		
<i>Glucocorticoids</i>		
<i>colocort</i>	generic	MO
ENTOCORT EC	non-preferred	
<i>hydrocortisone</i>	generic	MO
<i>Salicylates</i>		
ASACOL	brand	QL (360 per 30 days) MO
ASACOL HD	brand	QL (180 per 30 days) MO
<i>balsalazide disodium</i>	generic	MO
CANASA	non-preferred	
LIALDA	non-preferred	QL (120 per 30 days)

Drug Name	Drug Tier	Notes
<i>mesalamine</i>	generic	MO
PENTASA	non-preferred	QL (270 per 30 days)
<i>Sulfonamides</i>		
<i>sulfasalazine</i>	generic	MO
<i>sulfazine</i>	generic	MO
<i>sulfazine ec</i>	generic	MO
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
ACTONEL WITH CALCIUM	non-preferred	QL (28 per 28 days)
ACTONEL TABLET 150MG	non-preferred	QL (1 per 28 days)
ACTONEL TABLET 75MG	non-preferred	QL (2 per 30 days)
ACTONEL TABLET 5MG	non-preferred	QL (30 per 30 days)
ACTONEL TABLET 30MG	non-preferred	QL (30 per 30 days) PA
ACTONEL TABLET 35MG	non-preferred	QL (4 per 28 days)
<i>alendronate sodium tablet 40mg</i>	generic	PA MO
<i>alendronate sodium tablet 10mg, 5mg</i>	generic	QL (30 per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	generic	QL (4 per 28 days) MO
BONIVA INJECTION	brand	QL (3 per 90 days) PA MO
BONIVA TABLET 150MG	non-preferred	QL (1 per 30 days)
BONIVA TABLET 2.5MG	non-preferred	QL (30 per 30 days)
<i>calcitonin-salmon</i>	generic	QL (3.7 per 30 days) MO
<i>calcitriol capsule, solution</i>	generic	MO
FORTEO	specialty	PA MO
<i>fortical</i>	generic	QL (3.7 per 30 days) MO
FOSAMAX PLUS D	non-preferred	QL (4 per 28 days)
HECTOROL INJECTION	brand	MO GC
HECTOROL CAPSULE 1MCG	brand	MO
HECTOROL CAPSULE 0.5MCG, 2.5MCG	brand	MO GC
MIACALCIN SOLUTION	non-preferred	QL (3.7 per 30 days)
SKELID	non-preferred	PA
ZEMPLAR INJECTION	brand	MO
ZEMPLAR CAPSULE	brand	MO GC
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol 5%/dextrose 5%</i>	generic	MO
ALCOHOL PREPS	generic	MO
<i>anagrelide hydrochloride</i>	generic	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	generic	MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	generic	MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	generic	MO
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	generic	MO

Drug Name	Drug Tier	Notes
<i>curity gauze pads 2"x2"</i>	generic	MO
<i>dextrose 10% flex container</i>	generic	MO
<i>intralipid injection 2.25%; 20%</i>	generic	MO
<i>levocarnitine tablet</i>	generic	MO
<i>pentopak</i>	generic	MO
<i>pentoxifylline er</i>	generic	MO
<i>sterile water irrigation</i>	generic	MO
XENAZINE	specialty	MO
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>ak-con</i>	generic	MO
<i>ak-poly-bac</i>	generic	MO
AZASITE	brand	QL (5 per 30 days) MO
<i>bacitracin</i>	generic	MO
<i>bacitracin/polymyxin b</i>	generic	MO
CILOXAN	non-preferred	QL (3.5 per 30 days)
<i>gentak</i>	generic	MO
LACRISERT	non-preferred	QL (60 per 30 days)
<i>mydral</i>	generic	MO
<i>naphazoline hcl</i>	generic	MO
NATACYN	brand	MO
<i>neomycin /polymyxin /bacitracin /hydrocortisone</i>	generic	MO
<i>neomycin /polymyxin /gramicidin</i>	generic	MO
<i>ofloxacin</i>	generic	QL (10 per 30 days) MO
<i>parcaine</i>	generic	MO
<i>proparacaine hcl</i>	generic	MO
RESTASIS	non-preferred	QL (64 per 30 days)
TOBREX OINTMENT	brand	MO
<i>trifluridine</i>	generic	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	generic	MO
<i>tropicacyl</i>	generic	MO
<i>tropicamide</i>	generic	MO
VIGAMOX	brand	QL (3 per 30 days) MO
<i>Ophthalmic Anti-allergy Agents</i>		
ALAMAST	non-preferred	
ALOCRIAL	non-preferred	
ALOMIDE	non-preferred	
<i>azelastine hcl</i>	non-preferred	QL (6 per 30 days)
BEPREVE	non-preferred	QL (10 per 30 days)
<i>cromolyn sodium</i>	generic	MO
ELESTAT	brand	QL (10 per 30 days) MO
EMADINE	non-preferred	QL (10 per 30 days)
OPTIVAR	non-preferred	QL (6 per 30 days)
PATADAY	non-preferred	QL (2.5 per 30 days)

Drug Name	Drug Tier	Notes
PATANASE	non-preferred	QL (30.5 per 30 days) ST
PATANOL	non-preferred	QL (15 per 30 days)
<i>Ophthalmic Anti-inflammatories</i>		
ACULAR	brand	QL (10 per 30 days) MO
ACULAR LS	brand	QL (10 per 30 days) MO
ACUVAIL	non-preferred	QL (30 per 30 days)
ALREX	non-preferred	QL (20 per 30 days)
BLEPHAMIDE	brand	MO
BLEPHAMIDE S.O.P.	brand	MO
<i>dexamethasone sodium phosphate</i>	generic	MO
<i>dexasporin</i>	generic	MO
<i>diclofenac sodium</i>	non-preferred	
DUREZOL	non-preferred	QL (10 per 30 days)
FLAREX	non-preferred	
<i>fluor-op</i>	generic	MO
<i>fluorometholone</i>	generic	MO
<i>flurbiprofen sodium</i>	generic	MO
FML FORTE	brand	MO
FML LIQUIFILM	brand	MO
<i>ketorolac tromethamine</i>	generic	QL (10 per 30 days) MO
LOTEMAX	non-preferred	QL (20 per 30 days)
<i>neomycin /polymyxin /dexamethasone</i>	generic	MO
NEVANAC	brand	QL (3 per 30 days) MO
<i>poly-dex</i>	generic	MO
PRED MILD	non-preferred	
PRED-G S.O.P.	non-preferred	
<i>prednisolone acetate</i>	generic	MO
<i>prednisolone sodium phosphate</i>	generic	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	generic	MO
TOBRADEX OINTMENT	brand	MO
<i>tobramycin /dexamethasone</i>	generic	MO
VEXOL	non-preferred	
XIBROM	non-preferred	QL (5 per 30 days)
ZYLET	non-preferred	QL (20 per 30 days)
<i>Ophthalmic Antiglaucoma Agents</i>		
ALPHAGAN P SOLUTION 0.15%	brand	QL (15 per 30 days)
ALPHAGAN P SOLUTION 0.1%	non-preferred	QL (15 per 30 days)
<i>apraclonidine</i>	generic	MO
AZOPT	non-preferred	QL (15 per 30 days)
<i>betaxolol hcl</i>	generic	MO
<i>brimonidine tartrate</i>	generic	QL (15 per 30 days) MO
<i>carteolol hcl</i>	generic	MO
COMBIGAN	brand	QL (5 per 30 days)
<i>dipivefrin hcl</i>	generic	MO

Drug Name	Drug Tier	Notes
<i>dorzolamide hcl</i>	generic	QL (10 per 30 days) MO
<i>dorzolamide hcl/timolol maleate</i>	generic	QL (10 per 30 days) MO
IOPIDINE SOLUTION 1%	brand	MO
<i>levobunolol hcl</i>	generic	MO
<i>methazolamide</i>	generic	MO
<i>metipranolol</i>	generic	MO
PHOSPHOLINE IODIDE	non-preferred	
PILOPINE HS	non-preferred	
<i>timolol maleate</i>	generic	MO
<i>timolol maleate ophthalmic gel forming</i>	generic	MO
<i>Ophthalmic Prostaglandin and Prostanamide Analogs</i>		
LUMIGAN	brand	QL (5 per 30 days) MO
TRAVATAN Z	brand	QL (5 per 30 days) MO
XALATAN	non-preferred	QL (7.5 per 30 days)
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	generic	MO
<i>acetic acid/aluminum acetate</i>	generic	MO
<i>acetic acid/hydrocortisone</i>	generic	MO
<i>borofair</i>	generic	MO
CIPRO HC	non-preferred	
CIPRODEX	non-preferred	
<i>cortomycin</i>	generic	MO
DERMOTIC	brand	MO
FLOXIN OTIC	non-preferred	
<i>neomycin /polymyxin /hc</i>	generic	MO
<i>neomycin /polymyxin /hydrocortisone</i>	generic	MO
Respiratory Tract Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ADVAIR DISKUS	non-preferred	QL (60 per 30 days) ST
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	non-preferred	QL
ADVAIR HFA AEROSOL 230MCG/ACT; 21MCG/ACT	non-preferred	QL (12 per 30 days) ST
AEROBID-M	non-preferred	QL (21 per 30 days)
ALVESCO	non-preferred	QL (12.2 per 30 days)
ASMANEX 120 METERED DOSES	brand	QL (120 per 30 days) MO
ASMANEX 14 METERED DOSES	brand	QL (56 per 30 days) MO
ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	brand	QL (30 per 30 days)
ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	brand	QL (60 per 30 days) MO
ASMANEX 60 METERED DOSES	brand	QL (60 per 30 days) MO
AZMACORT	non-preferred	QL (40 per 30 days)
BECONASE AQ	non-preferred	QL (50 per 30 days)

Drug Name	Drug Tier	Notes
<i>budesonide</i>	generic	QL (120 per 30 days) B/D MO
FLOVENT HFA AEROSOL 44MCG/ACT	non-preferred	QL (21.2 per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	non-preferred	QL (24 per 30 days)
<i>fluticasone propionate</i>	generic	QL (16 per 30 days) MO
NASACORT AQ	non-preferred	QL (16.5 per 30 days)
OMNARIS	non-preferred	QL (12.5 per 30 days)
PULMICORT FLEXHALER	non-preferred	QL (2 per 30 days)
PULMICORT SUSPENSION 0.25MG/2ML, 1MG/2ML	brand	QL (120 per 30 days) B/D MO
QVAR AEROSOL SOLUTION 40MCG/ACT	brand	QL (14.6 per 25 days) MO
QVAR AEROSOL SOLUTION 80MCG/ACT	brand	QL (21.9 per 25 days) MO
RHINOCORT AQUA	non-preferred	QL (17.2 per 30 days)
SYMBICORT	brand	QL (10.2 per 30 days) ST MO
VERAMYST	non-preferred	QL (10 per 30 days)
Antihistamines		
ASTELIN	non-preferred	QL (30 per 30 days)
ASTEPRO	brand	QL (30 per 25 days) MO
<i>azelastine hcl</i>	generic	QL (30 per 25 days)
<i>carbinoxamine maleate</i>	generic	MO
CLARINEX REDITABS	non-preferred	QL (30 per 30 days) ST
CLARINEX-D 12 HOUR	non-preferred	QL (60 per 30 days) ST
CLARINEX-D 24 HOUR	non-preferred	QL (30 per 30 days) ST
CLARINEX TABLET	non-preferred	QL (30 per 30 days) ST
CLARINEX SYRUP	non-preferred	QL (300 per 30 days) ST
<i>clemastine fumarate</i>	generic	MO
<i>cyproheptadine hcl</i>	generic	MO
<i>dexchlorpheniramine maleate</i>	generic	MO
<i>diphenhydramine hcl</i>	generic	MO
<i>fexofenadine hcl tablet 180mg</i>	generic	QL (30 per 30 days) MO
<i>fexofenadine hcl tablet 30mg, 60mg</i>	generic	QL (60 per 30 days) MO
<i>hydroxyzine hcl syrup, tablet</i>	generic	MO
<i>hydroxyzine pamoate</i>	generic	MO
<i>promethazine hcl</i>	generic	QL (180 per 30 days) MO
<i>promethazine vc</i>	generic	MO
XYZAL TABLET	non-preferred	QL (30 per 30 days)
XYZAL SOLUTION	non-preferred	QL (300 per 30 days)
Antileukotrienes		
ACCOLATE	brand	QL (60 per 30 days) MO
SINGULAIR	non-preferred	QL (30 per 30 days) ST PA
ZYFLO CR	non-preferred	QL (120 per 30 days) PA
Bronchodilators, Anticholinergic		
ATROVENT HFA	brand	QL (25.8 per 30 days) MO
<i>ipratropium bromide nasal solution</i>	generic	MO
<i>ipratropium bromide inhalation solution</i>	generic	QL (450 per 30 days) B/D MO

Drug Name	Drug Tier	Notes
SPIRIVA HANDIHALER	brand	QL (30 per 30 days) MO
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
<i>aminophylline tablet</i>	generic	MO
THEO-24	non-preferred	
<i>theochron</i>	generic	MO
<i>theophylline cr</i>	generic	MO
<i>theophylline er</i>	generic	MO
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	generic	MO
<i>albuterol sulfate syrup, tablet</i>	generic	MO
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	generic	QL (375 per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.083%, 0.5%</i>	generic	QL (525 per 30 days) B/D MO
COMBIVENT	non-preferred	QL (29.4 per 30 days)
EPIPEN 2-PAK	non-preferred	QL (8 per 30 days)
EPIPEN-JR 2-PAK	non-preferred	QL (8 per 30 days)
FORADIL AEROLIZER	brand	QL (60 per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	generic	QL (375 per 30 days) B/D MO
LEVALBUTEROL	non-preferred	PA
MAXAIR AUTOHALER	brand	QL (14 per 30 days) MO
<i>metaproterenol sulfate</i>	generic	MO
PROAIR HFA	non-preferred	QL (25.5 per 30 days)
PROVENTIL HFA	non-preferred	QL (25.5 per 30 days)
SEREVENT DISKUS	non-preferred	QL (60 per 30 days)
<i>terbutaline sulfate tablet</i>	generic	MO
TWINJECT	brand	MO
UNIPHYL	non-preferred	
VENTOLIN HFA	generic	QL (54 per 30 days) MO
XOPENEX	non-preferred	PA
XOPENEX HFA	non-preferred	QL (30 per 30 days) PA
Mast Cell Stabilizers		
<i>cromolyn sodium</i>	generic	B/D MO
Pulmonary Antihypertensives		
ADCIRCA	specialty	QL (60 per 30 days) PA MO
LETAIRIS	specialty	QL (30 per 30 days) PA MO
REMODULIN	specialty	PA
REVATIO INJECTION	specialty	PA
REVATIO TABLET	specialty	QL (90 per 30 days) PA MO
TRACLEER	specialty	QL (60 per 30 days) PA LA MO
VENTAVIS	specialty	PA MO
Respiratory Tract Agents, Other		
<i>acetylcysteine</i>	generic	MO
ARALAST NP	specialty	PA MO

Drug Name	Drug Tier	Notes
<i>benzonatate</i>	special coverage - generic	QL (90 per 30 days) MO GC ED CB
<i>flunisolide</i>	generic	MO
<i>ipratropium bromide</i>	generic	MO
NASONEX	brand	QL (34 per 30 days) MO
PROLASTIN	specialty	PA MO
TYZINE	brand	MO
XOLAIR	specialty	PA LA MO
ZEMAIRA	specialty	PA MO
Sedatives/Hypnotics		
<i>Sedatives/Hypnotics</i>		
AMBIEN CR	non-preferred	QL (30 per 30 days)
LUNESTA	non-preferred	QL (30 per 30 days) ST
ROZEREM	non-preferred	QL (30 per 30 days) ST
TEMAZEPAM CAPSULE 22.5MG, 7.5MG	special coverage - brand	QL (30 per 30 days) MO GC ED CB
<i>temazepam capsule 15mg, 30mg</i>	special coverage - generic	QL (30 per 30 days) MO GC ED CB
<i>zaleplon</i>	generic	QL (30 per 30 days) MO
<i>zolpidem tartrate</i>	generic	QL (30 per 30 days) MO
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
AMRIX	non-preferred	QL (30 per 30 days) ST PA
<i>carisoprodol</i>	generic	QL (120 per 30 days) PA MO
<i>carisoprodol /aspirin</i>	generic	QL (360 per 30 days) PA MO
<i>carisoprodol /aspirin /codeine</i>	generic	QL (360 per 30 days) MO
<i>chlorzoxazone</i>	generic	MO
<i>cyclobenzaprine hcl</i>	generic	QL (90 per 30 days) PA MO
FEXMID	non-preferred	QL (90 per 30 days) ST PA
<i>metaxalone</i>	non-preferred	QL (240 per 30 days) PA
<i>methocarbamol tablet 750mg</i>	generic	QL (180 per 30 days) PA MO
<i>methocarbamol tablet 500mg</i>	generic	QL (240 per 30 days) PA MO
<i>orphenadrine /asa /caffeine</i>	generic	MO
<i>orphenadrine citrate</i>	non-preferred	
<i>orphenadrine citrate er</i>	generic	MO
<i>orphenadrine compound ds</i>	generic	MO
SOMA TABLET 250MG	non-preferred	QL (120 per 30 days) ST
Therapeutic Nutrients/Minerals/ Electrolytes		
<i>Electrolytes/Minerals</i>		
AMINOSYN II M 3.5%/DEXTROSE 5%	brand	MO
AMMONIUM CHLORIDE	generic	PA MO
<i>dextrose 10%/nacl 0.45%</i>	generic	MO

Drug Name	Drug Tier	Notes
<i>dextrose 10%/nacl 0.2%</i>	generic	MO
<i>dextrose 2.5%/sodium chloride 0.45%</i>	generic	MO
<i>dextrose 5%</i>	generic	MO
<i>dextrose 5%/nacl 0.2%</i>	generic	MO
<i>dextrose 5%/nacl 0.225%</i>	generic	MO
<i>dextrose 5%/nacl 0.33%</i>	generic	MO
<i>dextrose 5%/nacl 0.45%</i>	generic	MO
<i>dextrose 5%/nacl 0.9%</i>	generic	MO
<i>dextrose 5%/potassium chloride 0.075%</i>	generic	MO
<i>ed k+10</i>	generic	MO
<i>isolyte-m/dextrose 5%</i>	generic	MO
<i>kaon-cl-10</i>	generic	MO
<i>kcl 0.075%/d5w/nacl 0.45%</i>	generic	MO
<i>kcl 0.15%/d10w/nacl 0.2%</i>	generic	MO
KCL 0.15%/D5W/LR	brand	MO
<i>kcl 0.15%/d5w/nacl 0.2%</i>	generic	MO
<i>kcl 0.15%/d5w/nacl 0.225%</i>	generic	MO
<i>kcl 0.15%/d5w/nacl 0.9%</i>	generic	MO
<i>kcl 0.224%/d5w/nacl 0.2%</i>	generic	MO
KCL 0.3%/D5W/LR IV LAC RING	brand	MO
<i>kcl 0.3%/d5w/nacl 0.2%</i>	generic	MO
<i>kcl 0.3%/d5w/nacl 0.45%</i>	generic	MO
<i>kcl 0.3%/d5w/nacl 0.9%</i>	generic	MO
<i>klor-con 10</i>	generic	MO
<i>klor-con 8</i>	generic	MO
KLOR-CON M15	brand	MO
<i>klor-con m20</i>	generic	MO
<i>lactated ringers irrigation</i>	generic	MO
<i>lactated ringers viaflex</i>	generic	MO
<i>leucovorin calcium</i>	generic	MO
<i>normosol-m in d5w</i>	generic	MO
<i>normosol-r in d5w</i>	generic	MO
<i>plasma-lyte-r</i>	generic	MO
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	generic	MO
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	generic	MO
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	generic	MO
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	generic	MO
<i>potassium chloride 0.15% nacl 0.9%</i>	generic	MO
<i>potassium chloride 0.15%/d5w</i>	generic	MO
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	generic	MO
<i>potassium chloride 0.224%/d5w</i>	generic	MO
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	generic	MO
<i>potassium chloride 0.3%/d5w</i>	generic	MO
<i>potassium chloride cr</i>	generic	MO

Drug Name	Drug Tier	Notes
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<i>potassium chloride injection 0.4meq/ml, 10meq/100ml, 2meq/ml, 30meq/100ml</i>	generic	MO
<i>potassium citrate extended-release</i>	generic	MO
<i>ringers injection</i>	generic	MO
<i>ringers irrigation</i>	generic	MO
<i>sodium chloride 0.9%</i>	generic	MO
<i>sodium chloride 0.45% viaflex</i>	generic	MO
<i>sodium chloride injection 0.9%, 2.5meq/ml, 5%</i>	generic	MO
<i>sodium fluoride</i>	generic	MO
<i>tis-u-sol</i>	generic	MO
<i>tpn electrolytes ftv</i>	generic	MO
Vitamins		
<i>cyanocobalamin</i>	special coverage - vitamins	MO GC ED
MEPHYTON	special coverage - brand	MO GC ED
<i>prenatabs obn</i>	generic	MO
Unclassified		
No Classification		
<i>folic acid</i>	special coverage - vitamins	QL (30 per 30 days) MO GC ED CB

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