



PrimeTime Health Plan 2013 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.*

*This document includes PrimeTime Health Plan's
partial formulary as of 9/18/2012. For a complete,
updated formulary, please visit our Web site at
www.PrimeTimeHealthPlan.com
or call 330-363-7407 or 1-800-577-5084,
Monday through Friday 8:00 a.m. to 8:00 p.m.
TTY/TDD users should call
330-363-7460 or 1-800-617-7446.*

*Beneficiaries must use network pharmacies to access their prescription
drug benefit. Benefits, formulary, pharmacy network, premium
and/or co-payments/co-insurance may change on January 1, 2014.*

PrimeTime Health Plan is a Medicare Advantage organization with a Medicare contract.

*To receive materials in alternate format or language, please call
330-363-7407 or 1-800-577-5084, Monday through Friday 8:00 a.m. to 8:00 p.m.
TTY/TDD users should call 330-363-7460 or 1-800-617-7446.*

What is the PrimeTime Health Plan Formulary?

A formulary is a list of covered drugs selected by PrimeTime Health Plan 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. PrimeTime Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a PrimeTime Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by PrimeTimeHealth Plan. For a complete listing of all prescription drugs covered by PrimeTime Health Plan, please visit our Web site at www.PrimeTimeHealthPlan.com or call 330-363-7407 or 1-800-577-5084, Monday through Friday 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 330-363-7460 or 1-800-617-7446.

Can the Formulary change?

Generally, if you are taking a drug on our 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2013 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, or 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 09/18/12. To get updated information about the drugs covered by PrimeTime Health Plan, please visit our Web site at www.PrimeTimeHealthPlan.com or call our Service Center at 330-363-7407 or 1-800-577-5084, Monday through Friday 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 330-363-7460 or 1-800-617-7446. In the event of mid-year non-maintenance formulary changes, PrimeTime Health Plan will contact all utilizing members and advise of the changes and allow appropriate transition. The printed formulary version will be updated on the website and in the RxEOB.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 6. 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 on page 6. 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 17. 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?

PrimeTime Health Plan 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:** PrimeTime Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from PrimeTime Health Plan before you fill your prescriptions. If you don't get approval, PrimeTime Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, PrimeTime Health Plan limits the amount of the drug that PrimeTime Health Plan will cover. For example, PrimeTime Health Plan provides 9 tablets per prescription for lmitrex 25mg tablets. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, PrimeTime Health Plan requires you to first try certain drugs to treat your medical condition. For example, if Drug A and Drug B both treat your medical condition, PrimeTime Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, PrimeTime Health Plan 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 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.PrimeTimeHealthPlan.com.

You can ask PrimeTime Health Plan to make an exception to these restrictions or limits. See the section, "How do I request an exception to the PrimeTime Health Plan 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 list of covered drugs, you should first contact our Service Center and ask if your drug is covered. This document includes only a partial list of covered drugs, so PrimeTime Health Plan may cover your drug. You can contact our Service Center at 330-363-7407 or 1-800-577-5084, Monday through Friday 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 330-363-7460 or 1-800-617-7446.

If you learn that PrimeTime Health Plan does not cover your drug, you have two options:

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

How do I request an exception to the PrimeTime Health Plan Formulary?

You can ask PrimeTime Health Plan 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, PrimeTime Health Plan limits 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/highest tier subject to the tiering exceptions process tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred/lowest tier subject to the tiering exceptions process 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 Tier 4 (Specialty Drug Tier).

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

Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception. Please contact our Service Center if your drug is not on our formulary, is subject to certain restrictions (such as prior authorization or quantity limits), or will no longer be our formulary next year. If so, you will need help switching to a different drug that we cover or request a formulary exception.

For more information

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

If you have questions about PrimeTime Health Plan, please call our Service Center at 330-363-7407 or 1-800-577-5084, Monday through Friday 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 330-363-7460 or 1-800-617-7446 or, visit www.primetimehealthplan.com.

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.

PrimeTime Health Plan's Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by PrimeTime Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 17. Remember: This is only a partial list of drugs covered by PrimeTime Health Plan. If your prescription is not in this partial formulary, please visit our Web site at www.PrimeTimeHealthPlan.com or call our Service Center at 330-363-7407 or 1-800-577-5084, Monday through Friday 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 330-363-7460 or 1-800-617-7446 for additional help.

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

The information in the Requirements/Limits column tells you if PrimeTime Health Plan has any special requirements for coverage of your drug.

LD = Limited Distribution products. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call our Service Center at 330-363-7407 or 1-800-577-5084, Monday through Friday 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 330-363-7460 or 1-800-617-7446.

QL + # indicates quantity allowed for a 30-day supply.

PA = Prior Authorization required to determine coverage.

PABvs.D = Prior Authorization to determine Part B or Part D coverage.

ST = Step Therapy.

* = Oral medications covered for AIDS

The drug tier is identified in the listing by the following (Refer to your EOC for co-payments/coinsurances that apply to your plan):

- Tier 1 (Generic drug)
- Tier 2 (Preferred brand drug)
- Tier 3 (Non-preferred brand drug)
- Tier 4 (Specialty drug)

NOTE: Specialty drugs are medications indicated by PrimeTime Health Plan that are high-cost injectable, infused, oral, or inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy. Most specialty drugs are used to treat chronic diseases. Certain medications within this tier must be obtained through a contracted specialty provider.

Some generic medications may be covered through the Coverage Gap. Please refer to your Evidence of Coverage (EOC), or call PrimeTime Health Plan's Service Center at 330-363-7407 or toll free 1-800-577-5084, Monday through Friday between 8:00 a.m. and 8:00 p.m. TTY/TDD users should call 330-363-7460 or toll free 1-800-617-7446 for additional information.

Therapeutic Category List of Drugs (by medical condition) - This is a list of the most commonly prescribed medications. We cover the medications listed here with very few exceptions. Please contact us for specific medication coverages.

| Name | Tier | Name | Tier | Name | Tier |
|---|-------------|---|-------------|-----------------------------------|-------------|
| ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ANOREXIANTS | | ANALGESICS - ANTI-INFLAMMATORY | | ANALGESICS - OPIOID | |
| Adderall PA ST | 3 | Actemra | 4 | Anexsia | 3 |
| Adderall xr PA ST | 3 | Anaprox | 3 | apap/code tab QL 360 | 1 |
| amphetami cap PA | 1 | Anaprox ds | 3 | Butrans QL 4 | 3 |
| Concerta PA ST | 3 | Arava | 3 | codeine/a tab QL 360 | 1 |
| Daytrana PA ST | 3 | Cataflam | 3 | codeine phosphate QL 360 | 1 |
| Dexedrine ST | 3 | Celebrex ST | 3 | Demerol PA QL 90 | 3 |
| dexmethyl tab | 1 | diclofena sodium dr | 1 | Dilaudid | 3 |
| dextroamp cap | 1 | diclofena sodium er | 1 | Duragesic QL 15 | 3 |
| Focalin ST | 3 | diclofena sodium sr | 1 | Exalgo QL 60 | 3 |
| Focalin xr PA ST | 3 | diclofena sodium xr | 1 | hydroco/a tab QL 180 | 1 |
| Intuniv ST | 3 | diclofen pot tab | 1 | hydrocod/ tab | 1 |
| Metadate cd PA ST | 3 | Enbrel | 4 | hydromorp tab | 1 |
| Metadate er PA ST | 2 | Enbrel sureclick | 4 | Kadian | 3 |
| Methylin PA ST | 3 | etodolac | 1 | Lortab QL 180 | 3 |
| methylphe cap PA | 1 | etodolac er | 1 | meperidin hcl PA QL 90 | 1 |
| methylphe sol PA | 1 | fenoprofe calcium | 1 | meperidin inj PA QL 45 | 1 |
| methylphe tab PA | 1 | flurbiprofen | 1 | meperitab PA QL 90 | 1 |
| Nuvigil | 3 | Humira | 4 | Morphine sulfate QL 120 | 3 |
| Provigil | 3 | Humira pen | 4 | morphine sulfate cr QL 120 | 1 |
| Ritalin PA ST | 3 | Humira pen-crohn disease | 4 | morphine sulfate er QL 120 | 1 |
| Ritalin la PA ST | 3 | Humira pen-psori star | 4 | Ms contin QL 120 | 3 |
| Ritalin sr PA ST | 3 | ibuprofen | 1 | Norco QL 180 | 3 |
| Strattera ST | 3 | indomethacin | 1 | Nucynta QL 60 | 3 |
| Vyvanse ST | 3 | indometha cr | 1 | Nucynta er QL 60 | 3 |
| ALTERNATIVE MEDICINES | | indometha er | 1 | Opana QL 120 | 3 |
| Quinzyme tab | 3 | indometha sa | 1 | Opana er QL 120 | 3 |
| | | indometha sr | 1 | oxycod/ap cap | 1 |
| | | ketoprofen | 1 | oxycod/as tab | 1 |
| | | ketoprofe er | 1 | oxycod/ib tab | 1 |
| | | ketorolac trometham PA | 1 | oxycodone hcl QL 90 | 1 |
| | | Kineret | 4 | Oxycontin QL 90 | 2 |
| | | meclofen sod cap | 1 | oxymorpho hydrochlo QL 90 | 1 |
| | | mefenam acid cap | 1 | pentaz/na tab PA | 1 |
| | | meloxicam | 1 | Percocet | 3 |
| | | Mobic | 3 | Roxicodone | 3 |
| | | nabumetone QL 120 | 1 | tramadol/a tab | 1 |
| | | Naprosyn | 3 | tramadol hcl QL 30 | 1 |
| | | naproxen | 1 | tramadol hcl er QL 30 | 1 |
| | | naproxen dr | 1 | Tylenol/c tab QL 360 | 3 |
| | | naproxen ec | 1 | Ultracet | 3 |
| | | naproxen sodium | 1 | Ultram QL 30 | 3 |
| | | Orencia | 4 | Ultram er QL 30 | 3 |
| | | oxaprozin | 1 | Vicodin | 3 |
| | | piroxicam | 1 | Vicodin es | 3 |
| | | Simponi | 4 | vicodin hp | 1 |
| | | sulindac | 1 | | |
| | | tolmetin sodium | 1 | | |
| | | Voltaren-xr | 3 | | |

QL + # indicates quantity allowed for a 30-day supply. **PA B vs. D** = Prior Authorization to determine Part B or Part D coverage.
LD = Limited Distribution products. This prescription may be available only at certain pharmacies. * Oral medications covered for AIDS

Tier 1 = Generic Drug
 Tier 2 = Preferred brand drug

Tier 3 = Non-preferred brand drug
 Tier 4 = Specialty drug

| Name | Tier |
|---------------------------------|------|
| ANDROGENS-ANABOLIC | |
| Androgel pump | 3 |
| Android PA | 3 |
| Depo-test inj PA Bvs.D | 3 |
| Fortesta gel | 3 |
| testost cyp inj PA Bvs.D | 1 |
| Testred PA | 3 |

ANTIANGINAL AGENTS

| | |
|-------------------|---|
| Imdur | 3 |
| Isordil titradose | 3 |
| isosorb din tab | 1 |
| isosorb mono tab | 1 |
| Nitrostat | 3 |
| Ranexa | 2 |

ANTIANSXIETY AGENTS

| | |
|------------------------------|---|
| alprazolam PA | 1 |
| alprazola intensol PA | 1 |
| alprazola xr PA | 1 |
| Ativan PA | 3 |
| chlordiaz cap PA | 1 |
| diazepam PA | 1 |
| lorazepam PA | 1 |
| Valium PA | 3 |
| Xanax PA | 3 |
| Xanax xr PA | 3 |

ANTIARRHYTHMICS

| | |
|------------------------|---|
| amiodaron hcl | 1 |
| disopyram phosphate | 1 |
| flecainid acetate | 1 |
| mexiletin hcl | 1 |
| Multaq OT 120 | 2 |
| Norpace | 3 |
| Norpace cr | 3 |
| Pacerone | 3 |
| propafeno hcl | 1 |
| propafeno hcl er | 1 |
| quinidine gluconate cr | 1 |
| quinidine gluconate er | 1 |
| quinidine sulfate | 1 |
| quinidine sulfate er | 1 |
| Rythmol | 3 |
| Rythmol sr | 3 |
| Tambocor | 3 |
| Tikosyn | 2 |

| Name | Tier |
|--|------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | |
| Accolate | 3 |
| Accuneb PA Bvs.D | 3 |
| Advair diskus | 2 |
| Advair hfa | 2 |
| albuterol sulfate PA Bvs.D | 1 |
| Atrovent hfa | 2 |
| budesonide PA Bvs.D | 1 |
| Combivent | 2 |
| cromolyn sodium PA Bvs.D | 1 |
| Duoneb PA Bvs.D | 3 |
| Flovent diskus | 2 |
| Flovent hfa | 2 |
| ipratropi bromide/a PA Bvs.D | 1 |
| levalbuterol PA Bvs.D | 1 |
| levalbute neb PA Bvs.D | 1 |
| Maxair autohaler | 2 |
| monteluka sodium | 1 |
| Perforomist PA Bvs.D | 3 |
| proair hfa | 1 |
| Proventil hfa | 3 |
| Pulmicort PA Bvs.D | 3 |
| Pulmicort flexhaler | 2 |
| Qvar | 2 |
| Serevent diskus | 2 |
| Singulair | 3 |
| Spiriva handihale | 2 |
| Symbicort | 3 |
| theophyll anhydrous cr | 1 |
| theophyll cr | 1 |
| theophyll er | 1 |
| theophyll sr | 1 |
| Ventolin hfa | 2 |
| Vospire er tab | 3 |
| Xopenex PA Bvs.D | 3 |
| Xopenex concentra PA Bvs.D | 3 |
| Xopenex hfa | 3 |
| zafirlukast | 1 |
| Zyflo | 2 |

ANTICOAGULANTS

| | |
|----------------------------------|---|
| Arixtra PA Bvs.D | 4 |
| Coumadin | 3 |
| enoxapari sodium PA Bvs.D | 1 |
| Lovenox PA Bvs.D | 3 |
| Pradaxa | 2 |
| warfarin sodium | 1 |
| Xarelto | 2 |

| Name | Tier |
|----------------------------|------|
| ANTICONVULSANTS | |
| carbamaze cap | 1 |
| carbamaze tab | 1 |
| clonazepam PA | 1 |
| clonazep odt tab PA | 1 |
| Depakote | 3 |
| Depakote er | 3 |
| Depakote sprinkles | 3 |
| Diazepam intensol | 3 |
| Dilantin | 3 |
| gabapentin | 1 |
| Gabitril | 2 |
| Keppra | 3 |
| Keppra xr | 3 |
| Klonopin PA | 3 |
| Lamictal | 3 |
| Lamictal chewable dispers | 3 |
| Lamictal odt | 3 |
| Lamictal xr | 3 |
| lamotrigine | 1 |
| levetirac tab | 1 |
| Lyrica OT 90 | 2 |
| Neurontin | 3 |
| Onfi | 3 |
| oxcarbaze tab | 1 |
| Phenytek | 3 |
| Potiga | 3 |
| primidone | 1 |
| Tegretol | 3 |
| Tegretol xr tab | 3 |
| Topamax | 3 |
| Topamax sprinkle | 3 |
| topiramate | 1 |
| Trileptal | 3 |
| Zarontin | 3 |
| Zonegran | 3 |
| zonisamide | 1 |

Therapeutic Category List of Drugs (by medical condition) - This is a list of the most commonly prescribed medications. We cover the medications listed here with very few exceptions. Please contact us for specific medication coverages.

| Name | Tier | Name | Tier | Name | Tier |
|----------------------------------|-------------|--------------------------------|-------------|---|-------------|
| ANTIDEPRESSANTS | | ANTIDIABETICS | | ANTIDIARRHEALS | |
| <i>amitripty tab</i> | 1 | Actoplus met | 3 | <i>diphen/at liq</i> PA | 1 |
| Aplenzin ST | 3 | Actoplus met xr | 3 | <i>diphenatol</i> PA | 1 |
| <i>budeprion sr</i> | 1 | Actos | 3 | <i>lofene</i> PA | 1 |
| <i>budeprion xl</i> | 1 | Amaryl | 3 | Lomotil PA | 3 |
| <i>bupropion hcl</i> | 1 | Avandia | 3 | <i>lonox</i> PA | 1 |
| <i>bupropion hcl er</i> | 1 | Bydureon QL 4 | 2 | <i>loperamid hcl</i> | 1 |
| <i>bupropion hcl sr</i> | 1 | Byetta QL 4 | 2 | Vsl#3 ds pak | 3 |
| <i>bupropion tab</i> | 1 | <i>glimepiride</i> | 1 | | |
| <i>buproprn hcl tab</i> | 1 | <i>glipizide</i> | 1 | ANTIEMETICS | |
| Celexa ST | 3 | <i>glipizide er</i> | 1 | Antivert | 3 |
| <i>citalopra hydrobrom</i> | 1 | <i>glipizide xl</i> | 1 | Anzemet PA Bvs.D | 3 |
| Cymbalta | 3 | Glucagon emergency kit | 2 | Cesamet PA Bvs.D | 3 |
| Effexor xr ST | 3 | Glucophage | 3 | Emend PA Bvs.D | 2 |
| <i>escitalop oxalate</i> | 1 | Glucophag xr | 3 | <i>granisetr hcl</i> PA Bvs.D | 1 |
| <i>fluoxetine dr</i> | 1 | Glucotrol | 3 | <i>meclizine hcl</i> | 1 |
| Fluoxetine hcl ST | 3 | Glucotrol xl | 3 | <i>ondansetr hcl</i> PA Bvs.D | 1 |
| <i>mirtazapine</i> | 1 | <i>glyburide</i> | 1 | <i>ondansetr odt</i> PA Bvs.D | 1 |
| <i>mirtazapi odt</i> | 1 | <i>glyburid mcr tab</i> | 1 | Tigan PA Bvs.D | 3 |
| <i>nefazodon hcl</i> | 1 | Glyset | 2 | Transderm dis PA | 3 |
| <i>nortripty cap</i> | 1 | Humalog | 2 | <i>trimethob cap</i> PA | 1 |
| Oleptro | 3 | Humalog kwikpen | 2 | Zofran PA Bvs.D | 3 |
| Pamelor | 3 | Humulin 70/30 | 2 | Zofran odt PA Bvs.D | 3 |
| <i>paroxetine hcl</i> | 1 | Humulin n | 2 | Zuplenz PA Bvs.D | 3 |
| <i>paroxetine hcl er</i> | 1 | Humulin r | 2 | | |
| <i>paroxetine er tab</i> | 1 | Janumet..... | 2 | ANTIHISTAMINES | |
| Paxil ST | 3 | Janumet xr..... | 2 | Clarinet ST | 3 |
| Paxil cr ST | 3 | Januvia QL 30 | 2 | Clarinet redivabs ST | 3 |
| Pristiq ST | 3 | Lantus..... | 2 | <i>deslorata tab</i> | 1 |
| Prozac ST | 3 | Lantus solostar..... | 2 | <i>diphenhyd cap</i> PA | 1 |
| Prozac weekly ST | 3 | Levemir flexpen..... | 2 | <i>levocetir tab dhcl</i> | 1 |
| Remeron..... | 3 | <i>metformin hcl</i> | 1 | <i>promethaz hcl</i> PA | 1 |
| Remeron soltab..... | 3 | <i>metformin hcl er</i> | 1 | Xyzal sol ST | 3 |
| <i>sertraline hcl</i> | 1 | <i>nateglinide</i> | 1 | | |
| <i>trazodone hcl</i> | 1 | Novolin 70/30 | 2 | | |
| <i>venlafaxi hcl</i> | 1 | Novolog | 2 | | |
| <i>venlafaxi hcl er</i> | 1 | Novolog flexpen | 2 | | |
| Viibryd ST | 3 | Novolog mix 70/30 | 2 | | |
| Wellbutrin ST | 3 | Onglyza QL 30 | 3 | | |
| Wellbutri sr ST | 3 | <i>pioglitaz hci tab</i> | 1 | | |
| Wellbutri xl ST | 3 | Prandin | 2 | | |
| Zoloft con ST | 3 | Starlix | 3 | | |
| | | Symlinpen 60 | 2 | | |
| | | SymInpen | 2 | | |
| | | Tradjenta QL 30 | 3 | | |

Tier 1 = Generic Drug
 Tier 2 = Preferred brand drug

Tier 3 = Non-preferred brand drug
 Tier 4 = Specialty drug

| Name | Tier |
|--------------------------|------|
| ANTIHYPERTENSIVES | |
| Accupril | 3 |
| Altace | 3 |
| amlod/ben cap | 1 |
| Amturnide | 2 |
| Atacand ST | 3 |
| Atacand hct ST | 3 |
| atenol/ch tab | 1 |
| Avalide ST | 3 |
| Avapro ST | 3 |
| Azor ST | 3 |
| benazepr/h tab | 1 |
| benazepr/hcl | 1 |
| Benicar ST | 3 |
| Benicar hct ST | 3 |
| bisoprol/h tab | 1 |
| captopr/h tab | 1 |
| captopril | 1 |
| Cardura | 3 |
| Catapres | 3 |
| Catapres- dis | 3 |
| clonidine hcl | 1 |
| Cozaar ST | 3 |
| Diovan ST | 3 |
| Diovan hct ST | 3 |
| doxazosin mesylate | 1 |
| Edarbi ST | 3 |

| Name | Tier |
|------------------------|------|
| Edarbyclor ST | 3 |
| enalapr/h tab | 1 |
| enalapril maleate | 1 |
| Exforge ST | 3 |
| Exforge hct ST | 3 |
| fosinop/h tab | 1 |
| fosinopri sodium | 1 |
| guanfacin hcl | 1 |
| hydralazi hcl | 1 |
| Hyzaar ST | 3 |
| irbesar/h tab | 1 |
| irbesartan | 1 |
| lisinop/h tab | 1 |
| lisinopril | 1 |
| Lopress hct tab | 3 |
| losartan potassium | 1 |
| losartan potassium | 1 |
| Lotensin | 3 |
| Lotensin hct | 3 |
| Lotrel | 3 |
| Mavik | 3 |
| methyld/h tab | 1 |
| methyldopa | 1 |
| metoprl/h tab | 1 |
| Micardis ST | 3 |
| Micardis hct ST | 3 |
| Minipress | 3 |
| minoxidil | 1 |
| moexipr/h tab | 1 |
| moexipril hcl | 1 |
| perindopr erbumine | 1 |
| prazosin hcl | 1 |
| Prinivil | 3 |
| qnapril/h tab | 1 |
| quinapril hcl | 1 |
| ramipril | 1 |
| Tekamlo | 2 |
| Tekturna | 2 |
| Tekturna hct | 2 |
| Tenex | 3 |
| terazosin hcl | 1 |
| Teveten ST | 3 |
| Teveten hct ST | 3 |
| trandolapril | 1 |
| Tribenzor ST | 3 |
| Twynsta ST | 3 |
| Uniretic tab | 3 |
| Valturna ST | 3 |
| Vasotec | 3 |
| Zestoretic | 3 |

| Name | Tier |
|---|------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | |
| Afinitor | 4 |
| Alkeran PA Bvs.D | 2 |
| anastrozole | 1 |
| Arimidex | 3 |
| Aromasin | 3 |
| bicalutamide | 1 |
| Caprelsa | 4 |
| Casodex | 3 |
| Ceenu | 2 |
| cyclophos tab PA Bvs.D | 1 |
| Emcyt cap | 2 |
| Erwinaze | 4 |
| etoposide | 1 |
| exemestane | 1 |
| Femara | 3 |
| Gleevec | 4 |
| Hexalen | 2 |
| Hycamtin | 2 |
| hydroxyurea | 1 |
| Inlyta | 4 |
| Iressa LD | 4 |
| Jakafi | 4 |
| letrozole | 1 |
| leucovor ca tab | 1 |
| Leukeran | 2 |
| Lupron depot | 2 |
| megestrol ac sus | 1 |
| mercaptop tab | 1 |
| methotrexate | 1 |
| Myleran PA Bvs.D QL 120 | 2 |
| Sprycel | 4 |
| Sutent | 4 |
| Sylatron | 4 |
| tamoxifen citrate | 1 |
| Tarceva | 4 |
| Tasigna | 2 |
| Taxotere inj | 3 |
| Trexall | 3 |
| Vandetanib | 4 |
| Zevalin kit in | 3 |
| Zoladex imp | 2 |

Therapeutic Category List of Drugs (by medical condition) - This is a list of the most commonly prescribed medications. We cover the medications listed here with very few exceptions. Please contact us for specific medication coverages.

| Name | Tier | Name | Tier | Name | Tier |
|--|------|-------------------------------|------|--------------------------------------|------|
| ANTIPARKINSON AGENTS | | ANTIVIRALS | | Aminoglycosides | |
| <i>amantadin hcl</i> | 1 | <i>abacavir</i> | 1 | Zerit | 3 |
| Azilect | 2 | <i>acyclovir</i> | 1 | Ziagen | 2 |
| Carb/levo | 2 | Aptivus | 2 | <i>zidovudine</i> | 1 |
| Carb/levo tab /entacap | 2 | Atripla | 2 | Zovirax | 3 |
| <i>carb/levo er tab</i> | 1 | Combivir | 3 | Anti-infective Agents - Misc. | |
| <i>carb/levo sr tab</i> | 1 | Complera | 2 | <i>kanamycin inj</i> | 1 |
| <i>carb/levo tab</i> | 1 | Copegus tab | 3 | <i>paromomyc cap</i> | 1 |
| Mirapex | 3 | Crixivan | 2 | Tobi PA Bvs.D | 3 |
| Neupro | 3 | <i>didanosine</i> | 1 | Anti-infective Agents - Misc. | |
| Parcopa | 3 | Emtriva | 2 | Bactrim | 3 |
| <i>pramipexo dihydroch</i> | 1 | Epivir | 3 | Cleocin | 3 |
| Requip | 3 | Epivir hbv | 2 | <i>clindamyc hcl</i> | 1 |
| Requip xl | 3 | Epzicom tab | 2 | Dapsone | 2 |
| <i>ropinirol er</i> | 1 | <i>famciclovir</i> | 1 | <i>ees/sulfi sus</i> | 1 |
| <i>ropinirol hcl</i> | 1 | Famvir | 3 | Flagyl | 3 |
| Sinemet | 3 | Flumadine | 3 | <i>metronida cap</i> | 1 |
| Sinemet cr | 3 | Fuzeon | 2 | <i>metronida tab</i> | 1 |
| Stalevo 100 | 2 | Intelence | 2 | <i>smz/tmp ds tab</i> | 1 |
| Stalevo 150 | 2 | Invirase | 2 | <i>smz-tmp ds</i> | 1 |
| Stalevo 200 | 2 | Isentress | 2 | Vancocin hcl | 2 |
| Stalevo 50 | 2 | Kaletra | 2 | <i>vancomyci hcl</i> | 1 |
| Stalevo 75 | 2 | <i>lamivud/z tab</i> | 1 | Xifaxan tab | 3 |
| <i>trihexyph elx</i> | 1 | <i>lamivudine</i> | 1 | Zyvox | 2 |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | Lexiva | 2 | Zyvox sol | 2 |
| Abilify | 3 | <i>nevirapine</i> | 1 | Antidotes | |
| Abilify discmelt | 3 | Norvir | 2 | Exjade LD | 3 |
| Geodon | 3 | Pegasys | 2 | <i>naloxone hcl</i> | 1 |
| <i>haloperidol</i> | 1 | Pegasys proclick | 2 | <i>naltrexon hcl</i> | 1 |
| <i>lithium carbonate</i> | 1 | Peg-intron | 2 | Revia | 3 |
| <i>lithium carbonate er</i> | 1 | Peg-intro redipen | 2 | Antifungals | |
| Lithobid | 3 | Peg-intro redipen pak 4 | 2 | Diflucan | 3 |
| <i>olanzapine</i> | 1 | Prezista | 2 | <i>fluconazole</i> | 1 |
| <i>olanzapin odt</i> | 1 | Rebetol | 3 | <i>itraconazole</i> | 1 |
| <i>prochlorp tab</i> | 1 | Rescriptor | 2 | Lamisil | 3 |
| <i>quetiapin fumarate</i> | 1 | Retrovir | 3 | Sporanox | 3 |
| Risperdal | 3 | Reyataz | 2 | <i>terbinafi hcl</i> | 1 |
| Risperdal m-tab | 3 | <i>rimantadi hcl</i> | 1 | Antimalarials | |
| <i>risperidone</i> | 1 | Selzentry | 2 | Aralen | 3 |
| <i>risperido m-tab</i> | 1 | <i>stavudine</i> | 1 | <i>atovaq/pr tab</i> | 1 |
| <i>risperido odt</i> | 1 | Sustiva | 2 | <i>chloroqui phosphate</i> | 1 |
| <i>thioridaz hcl</i> PA | 1 | Trizivir | 2 | <i>hydroxych tab</i> | 1 |
| <i>ziprasido hcl</i> | 1 | Truvada | 2 | Malarone tab | 3 |
| Zyprexa | 3 | <i>valacyclo hcl</i> | 1 | <i>mefloquin hcl</i> | 1 |
| Zyprexa zydis | 3 | Valtrex | 3 | Qulaquin | 3 |
| | | Videx ec | 3 | | |
| | | Videx sol | 3 | | |
| | | Viracept | 2 | | |
| | | Viramune | 3 | | |
| | | Viramune xr | 3 | | |
| | | Viread | 2 | | |

Tier 1 = Generic Drug
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 Tier 4 = Specialty drug

| Name | Tier |
|--------------------------------------|------|
| Antimyasthenic Agents | |
| Mestinon syp | 3 |
| pyridosti tab | 1 |
| Antimycobacterial Agents | |
| Mycobutin QL 120 | 2 |
| Assorted Classes | |
| Azasan PA Bvs.D | 3 |
| azathioprine PA Bvs.D | 1 |
| Benlysta | 4 |
| Cellcept PA Bvs.D | 3 |
| cyclosporine PA Bvs.D | 1 |
| cyclospor modified PA Bvs.D | 1 |
| Dianeal sol low calc | 3 |
| gengraf PA Bvs.D | 1 |
| hecoria PA Bvs.D | 1 |
| Imuran tab PA Bvs.D | 3 |
| mycopheno cap PA Bvs.D QL 120 | 1 |
| Myfortic PA Bvs.D QL 120 | 2 |
| Neoral PA Bvs.D | 3 |
| Nexavir inj | 3 |
| Prograf PA Bvs.D | 3 |
| Rapamune PA Bvs.D | 2 |
| Revlimid LD | 4 |
| Sandimmune PA Bvs.D | 3 |
| tacrolimus PA Bvs.D | 1 |
| Thalomid | 4 |
| Zortress tab PA Bvs.D | 3 |
| BETA BLOCKERS | |
| atenolol | 1 |
| Betapace | 3 |
| Betapace af | 3 |
| Bystolic | 3 |
| carvedilol | 1 |
| Coreg | 3 |
| Coreg cr | 3 |
| Corgard | 3 |
| Inderal la | 3 |
| Lopressor | 3 |
| metoprolol succinate er | 1 |
| metoprolol tar tab | 1 |
| nadolol | 1 |
| propranolol hcl | 1 |
| propranolol hcl er | 1 |
| Sectral cap | 3 |
| sotalol hcl | 1 |
| sotalol hcl | 1 |
| Tenormin | 3 |
| Toprol xl | 3 |

| Name | Tier |
|--------------------------------------|------|
| CARDIOTONICS | |
| digoxin | 1 |
| Lanoxin | 3 |
| CARDIOVASCULAR AGENTS - MISC. | |
| Letairis LD | 4 |
| Remodulin inj LD | 4 |
| Revatio | 3 |
| Tracleer LD | 4 |
| Tyvaso | 4 |
| Tyvaso sol | 4 |
| Tyvaso starter | 4 |
| Ventavis LD | 4 |
| CEPHALOSPORINS | |
| cefaclor | 1 |
| cefaclor er | 1 |
| cefadroxil | 1 |
| cefdinir | 1 |
| cefprozil | 1 |
| Ceftin | 3 |
| cefuroxim axetil | 1 |
| Cephalexin | 3 |
| Keflex | 3 |
| CHEMICALS | |
| isop alcohol sol | 1 |
| CONTRACEPTIVES | |
| Beyaz ST | 3 |
| caziant pak | 1 |
| errin tab | 1 |
| Loestrin fe 1/20 ST | 3 |
| Norinyl 1+35 ST | 3 |
| Ortho-cept ST | 3 |
| Ortho-cyclen ST | 3 |
| Ortho micronor ST | 3 |
| Ortho-nov 1/35-28 ST | 3 |
| CORTICOSTEROIDS | |
| budesonide | 1 |
| dexametha tab | 1 |
| Entocort ec | 3 |
| fludrocortab | 1 |
| hydrocortab | 1 |
| Medrol | 3 |
| Medrol dosepak | 3 |
| methylpre pak | 1 |
| methylpre tab | 1 |
| Orapred odt | 3 |

| Name | Tier |
|---------------------------------|------|
| prednisone | 1 |
| COUGH/COLD/ALLERGY | |
| Clarinet- 12 hour ST | 3 |
| Clarinet- 24 hour ST | 3 |
| prometh/p syp PA | 1 |
| prometh vc syp PA | 1 |
| prometh vc syp plain PA | 1 |
| Calcium Channel Blockers | |
| amlodipin besylate | 1 |
| Calan | 3 |
| Calan sr | 3 |
| Cardizem | 3 |
| Cardizem cd | 3 |
| Cardizem la | 3 |
| diltiazem cd | 1 |
| diltiazem hcl | 1 |
| diltiazem hcl er | 1 |
| diltiazem hcl sr | 1 |
| felodipin er | 1 |
| matzim la tab | 1 |
| nifedipine PA | 1 |
| nifedipin er | 1 |
| Norvasc | 3 |
| Procardia PA | 3 |
| Procardia xl | 3 |
| verapamil hcl | 1 |
| verapamil hcl cr | 1 |
| verapamil hcl er | 1 |
| verapamil hcl sa | 1 |
| verapamil hcl sr | 1 |

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Therapeutic Category List of Drugs (by medical condition) - This is a list of the most commonly prescribed medications. We cover the medications listed here with very few exceptions. Please contact us for specific medication coverages.

| Name | Tier | Name | Tier | Name | Tier |
|--------------------------------|-------------|---------------------|-------------|---|-------------|
| DERMATOLOGICALS | | DIURETICS | | ENDOCRINE AND METABOLIC AGENTS - MISC. | |
| Aclovate | 3 | Aldactazide | 3 | Actonel ST | 3 |
| acticin cre | 1 | Aldactone | 3 | alendrona sodium | 1 |
| Aldara | 3 | amilor/hc tab | 1 | calcitoni spr | 1 |
| Bactroban | 3 | bumetanide | 1 | calcitriol PA Bvs. D | 1 |
| Calciptro oin | 3 | chlorthal tab | 1 | Carnitor PA Bvs. D | 3 |
| calciptro sol | 1 | Dyazide | 3 | Carnitor sf PA Bvs. D | 3 |
| clobetaso propionat | 1 | furosemide | 1 | Ddavn | 3 |
| clotrim/b cre diprop | 1 | hctz/tria tab | 1 | desmopres acetate | 1 |
| Cordran lot | 3 | hydrochlo cap | 1 | Egrifta inj | 4 |
| Denavir | 2 | Lasix | 3 | Elaprase inj LD | 3 |
| Differin | 3 | Maxzide | 3 | Evista | 2 |
| difloraso diacetate | 1 | Maxzide-25 | 3 | Fabrazyme | 2 |
| Diprolene af | 3 | methazola tab | 1 | fortical | 1 |
| Elidel | 2 | spirono/h tab | 1 | Fosamax ST | 3 |
| Elocon | 3 | spironola tab | 1 | Fosamax plus d ST | 3 |
| gentamici sulfate | 1 | triamt/hc cap | 1 | Ganite | 2 |
| Kenalog | 3 | | | Genotropin | 4 |
| lidocaine | 1 | | | Genotropi miniquick | 4 |
| lidocaine hcl | 1 | | | Hectorol PA Bvs. D | 2 |
| lidocaine hcl jelly | 1 | | | Humatrope | 4 |
| Lidoderm | 3 | | | Humatrope combo pack | 4 |
| Loprox | 3 | | | levocarni sol PA Bvs. D | 1 |
| Loprox shampoo | 3 | | | Miacalcin ST | 3 |
| Lotrisone | 3 | | | Norditrop flexpro | 4 |
| Metrocream | 3 | | | Nutropin | 4 |
| Metrogel | 2 | | | Nutropin aq | 4 |
| metronida gel | 1 | | | Nutropin aq nuspin 10 | 4 |
| Nizoral | 3 | | | Nutropin aq nuspin 20 | 4 |
| nystat/tr cre | 1 | | | Nutropin aq nuspin 5 | 4 |
| permethrin | 1 | | | Nutropin aq pen | 4 |
| Qutenza | 3 | | | Omnitrope | 4 |
| Regranex | 2 | | | Prolia PA Bvs. D ST | 3 |
| Retin-a | 3 | | | Reclast PA Bvs. D | 2 |
| Santyl | 2 | | | Rocaltro PA Bvs. D | 3 |
| selenium sulfide | 1 | | | Saizen | 4 |
| Silvadene | 3 | | | Saizen click.eas | 4 |
| sodium sulfaceta wash | 1 | | | Samsca | 4 |
| Stelara PA Bvs. D | 4 | | | Sandostatin | 3 |
| Targretin | 3 | | | Sensipar | 2 |
| Tazorac | 3 | | | Serostim | 4 |
| Temovate | 3 | | | Somatulin depot PA Bvs. D | 4 |
| Temovate e | 3 | | | Somavert LD | 4 |
| Texacort sol | 3 | | | Xgeva inj PA Bvs. D | 3 |
| Uramaxin | 3 | | | Zemplar PA Bvs. D | 3 |
| Voltaren | 3 | | | Zometa PA Bvs. D | 4 |

Tier 1 = Generic Drug
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 Tier 4 = Specialty drug

| Name | Tier |
|--|------|
| Estrogens | |
| Activella | 3 |
| Angeliq | 3 |
| Cenestin PA | 3 |
| Climara | 3 |
| Combipatch | 2 |
| Enjuvia PA | 3 |
| estra/nor tab | 1 |
| Estrace | 3 |
| estradiol | 1 |
| estropipate PA | 1 |
| Menest PA | 2 |
| ortho-est PA | 1 |
| Premarin PA | 2 |
| Premphase PA | 2 |
| Prempro tab PA | 2 |
| Fluoroquinolones | |
| Avelox | 3 |
| Avelox abc pack | 3 |
| Cipro | 3 |
| ciproflox tab | 1 |
| Levaquin..... | 3 |
| levofloxacin | 1 |
| GASTROINTESTINAL AGENTS - MISC. | |
| Apriso ST | 2 |
| Asacol ST | 2 |
| Asacol hd ST | 2 |
| Azulfidine ST | 3 |
| Azulfidin en-tabs ST | 3 |
| balsalazi disodium | 1 |
| Canasa ST | 2 |
| Cimzia | 4 |
| Cimzia starter kit..... | 4 |
| Colazal ST | 3 |
| cromolyn sodium | 1 |
| Dipentum cap ST | 3 |
| Lialda ST | 3 |
| Lotronex..... | 2 |
| mesalamine | 1 |
| metoclopr sol | 1 |
| Pentasa ST | 2 |
| Reglan..... | 3 |
| Rowasa ST | 3 |
| Sfrowasa ST | 2 |
| sulfasala tab | 1 |
| sulfazine | 1 |
| sulfazine ec | 1 |
| ursodiol | 1 |

| Name | Tier |
|---|------|
| GENERAL ANESTHETICS | |
| isofluran sol | 1 |
| GENITOURINARY AGENTS - MISCELLANEOUS | |
| Avodart | 2 |
| Cardura xl | 3 |
| finasteride | 1 |
| Flomax..... | 3 |
| Jalyn..... | 3 |
| Proscar | 3 |
| Sodium citrate | 3 |
| tamsulosi hcl | 1 |
| Gout Agents | |
| allopurinol | 1 |
| Aloprim inj | 3 |
| Colcrys..... | 3 |
| probenecid | 1 |
| Uloric | 3 |
| Zyloprim | 3 |
| HEMATOLOGICAL AGENTS - MISC. | |
| Aggrenox | 3 |
| clopidogrel | 1 |
| dipyridamole PA | 1 |
| Effient | 2 |
| Persantine PA | 3 |
| Plavix | 3 |
| HEMATOPOIETIC AGENTS | |
| Aranesp albumin free PA Bvs. D | 2 |
| Cerezyme | 3 |
| Epogen PA Bvs. D | 2 |
| Mozobil QL 120..... | 4 |
| Neulasta PA Bvs. D | 4 |
| Neupogen inj PA Bvs. D | 4 |
| Procrit PA Bvs. D | 2 |
| Promacta LD | 4 |

| Name | Tier |
|---|------|
| HYPNOTICS | |
| Ambien ST QL 30 | 3 |
| Ambien cr ST QL 30 | 3 |
| Butisol sodium PA | 3 |
| Edluar ST QL 30 | 3 |
| estazolam PA | 1 |
| flurazepa hcl PA | 1 |
| Halcion PA | 3 |
| Intermezzo ST QL 30 | 3 |
| phenobarb inj PA | 1 |
| phenobarb tab PA | 1 |
| Restoril PA | 3 |
| Rozerem ST | 3 |
| Silenor ST QL 30 | 3 |
| Sonata ST | 3 |
| temazepam PA | 1 |
| triazolam PA | 1 |
| zaleplon | 1 |
| zolpidem tartrate QL 30 | 1 |
| zolpidem tartrate er QL 30 | 1 |
| Zolpimist ST QL 30 | 3 |
| LAXATIVES | |
| Nulytely sol flav pks | 3 |
| polyeth glyc pow | 1 |
| LOCAL ANESTHETICS-Parenteral | |
| Naropin inj | 3 |
| MACROLIDES | |
| azithromycin | 1 |
| Biaxin | 3 |
| Biaxin xl | 3 |
| Biaxin xl pac | 3 |
| clarithro tab | 1 |
| erythrom eth tab | 1 |
| erythrom st tab | 1 |
| erythromycin | 1 |
| erythromy base | 1 |
| Zithromax | 3 |
| Zithromax tri-pak | 3 |
| Zithromax z-pak | 3 |

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| Name | Tier | Name | Tier | Name | Tier |
|----------------------------------|------|--|------|-------------------------------|------|
| MEDICAL DEVICES | | MUSCULOSKELETAL THERAPY | | NUTRIENTS | |
| Bd pen needle/mi | 2 | AGENTS | | Trophamin inj PA Bvs.D | 3 |
| Bd pen needle/sh | 2 | Amrix PA | 3 | OPHTHALMIC AGENTS | |
| Bd pen needles short/ult | 2 | carisopr/ tab PA | 1 | Acular | 3 |
| Curity amd gauze sponge 2 | 2 | carisoprodol PA | 1 | Acular Is | 3 |
| Curity gauze pads 2"x2" 1 | 2 | carisopro tab asa/cod PA | 1 | Alphagan p | 3 |
| Incontrol mis | 2 | cyclobenz tab PA | 1 | Azopt | 2 |
| Insulin syringe/0 | 2 | Flexeril PA | 3 | Bacitracin | 3 |
| Insulin syringe/0 | 2 | orph/asa/ tab PA | 1 | Betagan | 3 |
| Insulin syringe/0 | 2 | Soma PA | 3 | Betagan c cap qd | 3 |
| Insulin syringe/1 x | 2 | tizanidin hcl | 1 | betaxolol hcl | 1 |
| Insulin syringe/1 x | 2 | Zanaflex | 3 | Betimol | 3 |
| Insulin syringe/u | 2 | Migraine Products | | Betoptic-s | 3 |
| Nordipen | 2 | Alsuma ST QL 4 | 3 | brimonidi tartrate | 1 |
| Novofine 30gx8mm | 2 | Amerge ST QL 9 | 3 | Ciloxan | 3 |
| Novofine 32gx6mm | 2 | Axert ST QL 8 | 3 | ciproflox sol | 1 |
| Plas adapt mis | 3 | Cafergot ST | 3 | Cosopt | 3 |
| Sure-fine pen needles 31g | 2 | Frova ST QL 12 | 3 | cromolyn sodium | 1 |
| MINERALS AND ELECTROLYTES | | Imitrex ST QL 9 | 3 | dexameth pho sol | 1 |
| karidium dro | 1 | Imitrex statdose refill ST QL 4 | 3 | dorzol/ti sol | 1 |
| klor-con 10 | 1 | Imitrex statdose system ST QL 4 | 3 | dorzolami hcl | 1 |
| klor-con 8 | 1 | Maxalt ST QL 12 | 3 | erythromycin | 1 |
| klor-con m10 | 1 | Maxalt-mlt ST QL 12 | 3 | flurbipro sodium | 1 |
| Klor-con m15 | 3 | Migral tab | 3 | Garamycin | 3 |
| klor-con m20 | 1 | naratript hcl QL 9 | 1 | garamycin oin | 1 |
| K-tabs | 3 | Relpax ST QL 9 | 3 | gentak | 1 |
| lactated rin inj | 1 | sumatriptan QL 6 | 1 | gentamici sulfate | 1 |
| Luride chw | 3 | sumatript succinate QL 8 | 1 | Isopto carpine | 3 |
| Micro-k | 3 | sumatript succinate ref QL 4 | 1 | Istalol | 3 |
| pot chloride cap | 1 | Sumavel dosepro ST QL 8 | 3 | ketorolac trometham | 1 |
| pot chloride tab | 1 | Treximet ST QL 10 | 3 | latanoprost | 1 |
| pot cl micro tab | 1 | Zomig ST QL 6 | 3 | levobunol hcl | 1 |
| MOUTH/THROAT/DENTAL | | Zomig zmt ST QL 6 | 3 | Lumigan | 3 |
| AGENTS | | NASAL AGENTS - SYSTEMIC AND TOPICAL | | Omnipred | 3 |
| Peridex | 3 | Astelin | 3 | Patanol | 3 |
| periogard | 1 | azelastin hcl | 1 | pilocarpi hcl | 1 |
| MULTIVITAMINS | | Beconase aq ST | 3 | Pred forte | 3 |
| co-natal fa tab | 1 | Flonase | 3 | prednisol acetate | 1 |
| Purefe ob cap plus | 3 | flunisolide | 1 | Restasis | 2 |
| se-natal | 1 | fluticaso propionat | 1 | tetracain hcl | 1 |
| Vp-ch-pnv cap | 3 | Nasacort aq ST | 3 | timolol maleate | 1 |
| | | Nasonex ST | 3 | timolol maleate ophthami | 1 |
| | | Omnaris ST | 3 | Timoptic | 3 |
| | | Rhinocort aqua ST | 3 | Timoptic ocudose | 3 |
| | | triamcino spr | 1 | Timoptic-xe | 3 |
| | | Veramyst ST | 3 | Tobradex | 3 |
| | | | | Tobrex | 3 |
| | | | | Travatan z | 3 |
| | | | | Trusopt | 3 |
| | | | | Voltaren | 3 |

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 Tier 4 = Specialty drug

| Name | Tier |
|---------------|------|
| Zirgan | 3 |
| Zymaxid | 3 |

OTIC AGENTS

| | |
|-------------------|---|
| Ciprodex | 2 |
| Cortisporin | 3 |

Oxytocics

| | |
|--------------------|---|
| oxytocin inj | 1 |
|--------------------|---|

PENICILLINS

| | |
|-----------------------|---|
| amox/k clav tab | 1 |
| amoxicillin | 1 |
| Augmentin | 3 |
| Augmentin xr | 2 |
| dicloxacil cap | 1 |
| Oxacillin inj | 3 |

Progestins

| | |
|------------------------|---|
| medroxypr ac tab | 1 |
| progesterone | 1 |
| Prometrium | 3 |
| Provera | 3 |

| Name | Tier |
|--|------|
| Psychotherapeutic and Neurological Agents - Misc. | |
| Ampyra | 4 |
| Antabuse | 3 |
| Aricept | 3 |
| Aricept odt | 3 |
| Avonex | 4 |
| Avonex pen | 4 |
| Betaseron | 4 |
| bupropion hcl sr | 1 |
| Campral | 2 |
| cdp/amitr tab PA | 1 |
| Chantix | 3 |
| Chantix continuin month | 3 |
| Chantix starting month pa | 3 |
| disulfiram | 1 |
| donepezil hcl | 1 |
| Exelon | 3 |
| Extavia | 4 |
| galantamine | 1 |
| galantami hydrobrom | 1 |
| Namenda | 2 |
| Namenda titration pak | 2 |
| nicotine | 1 |
| Nicotrol inhaler | 2 |
| Nicotrol ns | 2 |
| perphen/a tab | 1 |
| Razadyne | 3 |
| Razadyne er | 3 |
| Rebif | 4 |
| Rebif titration pack | 4 |
| rivastigm tartrate | 1 |

Respiratory Agents - Misc.

| | |
|-----------------------------|---|
| Glassia inj TD | 3 |
| Pulmozyme | 4 |
| Steril talc sus | 3 |
| Zemaira inj LD | 3 |

THYROID AGENTS

| | |
|----------------------|---|
| Armour thyroid | 2 |
| Cytomel | 3 |
| levothyro tab | 1 |
| methimazole | 1 |
| propylthi tab | 1 |
| Synthroid | 2 |
| Tapazole | 3 |

| Name | Tier |
|------------------------|------|
| Tetracyclines | |
| Alodox kit | 3 |
| doxycycl hyc cap | 1 |
| doxycycline | 1 |
| doxycyc mono cap | 1 |
| Minocin | 3 |
| minocycli hcl | 1 |
| minocycli hcl er | 1 |
| tetracycl hcl | 1 |
| Vibramycin | 3 |

Toxoids

| | |
|--|---|
| Boostrix | 3 |
| Tet/dip tox inj | 3 |
| Tetanus toxoid adsorbed PABvs.D | 3 |

ULCER DRUGS

| | |
|-------------------------------------|---|
| Bentyl PA | 3 |
| Carafate | 3 |
| cimetidine | 1 |
| Cytotec | 3 |
| dicyclomi hcl PA | 1 |
| famotidine | 1 |
| hyoscyami sulfate | 1 |
| lansoprazole QL 30 | 1 |
| Levsin | 3 |
| Levsin/sl | 3 |
| omeprazole QL 30 | 1 |
| pantopraz sodium QL 30 | 1 |
| Pepcid | 3 |
| Prevpac | 3 |
| Propanthe tab PA | 3 |
| Pylera cap | 3 |
| ranitidin hcl | 1 |
| sucralfate | 1 |
| Zantac | 3 |

Urinary Anti-infectives

| | |
|---------------------------------------|---|
| Hiprex | 3 |
| Macrobid PA QL 90 | 3 |
| Macrodantin PA | 3 |
| methenam hip tab | 1 |
| Methenam man tab | 3 |
| nitrofur cap PA | 1 |
| nitrofur cap PA | 1 |
| nitrofur mac cap PA | 1 |
| Urex | 3 |

Therapeutic Category List of Drugs (by medical condition) - This is a list of the most commonly prescribed medications. We cover the medications listed here with very few exceptions. Please contact us for specific medication coverages.

| Name | Tier | Name | Tier | Name | Tier |
|------------------------------------|------|------|------|------|------|
| Urinary Antispasmodics | | | | | |
| Detrol la QL 30 | 3 | | | | |
| Detrol tab QL 60 | 3 | | | | |
| Ditropan xl QL 60 | 3 | | | | |
| Enablex QL 30 | 3 | | | | |
| flavoxate hcl | 1 | | | | |
| oxybutyni chloride QL 60 | 1 | | | | |
| oxybutyni chloride er QL 60 | 1 | | | | |
| oxybutyni syp | 1 | | | | |
| Tolterodi tartrate QL 60 | 3 | | | | |
| Toviaz QL 30 | 3 | | | | |
| Vesicare QL 30 | 3 | | | | |
| VACCINES | | | | | |
| Cervarix | 2 | | | | |
| Comvax inj | 2 | | | | |
| Engerix-b PABvs.D | 2 | | | | |
| Gardasil | 2 | | | | |
| Havrix | 2 | | | | |
| Hiberix | 2 | | | | |
| Menactra | 2 | | | | |
| Menomune inj a/c/y/w | 2 | | | | |
| M-m-r ii | 2 | | | | |
| M-m-r ii w/diluent 10 dos | 2 | | | | |
| Pedvax hib | 2 | | | | |
| Proquad | 2 | | | | |
| Rabavert PABvs.D | 2 | | | | |
| Recombiva hb inj PABvs.D | 2 | | | | |
| Twinrix | 2 | | | | |
| Typhim vi | 2 | | | | |
| Vivotif berna | 2 | | | | |
| Zostavax | 2 | | | | |
| VAGINAL PRODUCTS | | | | | |
| Cleocin | 3 | | | | |
| metronida gel | 1 | | | | |
| Premarin | 2 | | | | |
| Vasopressors | | | | | |
| midodrine tab | 1 | | | | |

Tier 1 = Generic Drug
 Tier 2 = Preferred brand drug

Tier 3 = Non-preferred brand drug
 Tier 4 = Specialty drug

| Name | Page | Tier |
|---|------|------|
| A | | |
| <i>abacavir</i> | 10 | 1 |
| Abilify | 10 | 3 |
| Abilify discmelt | 10 | 3 |
| Accolate | 7 | 3 |
| Accuneb PA Bvs.D | 7 | 3 |
| Accupril | 9 | 3 |
| Aclovate | 12 | 3 |
| Actemra | 6 | 4 |
| <i>acticin cre</i> | 12 | 1 |
| Activella | 13 | 3 |
| Actonel ST | 12 | 3 |
| Actoplus met | 8 | 3 |
| Actoplus met xr | 8 | 3 |
| Actos | 8 | 3 |
| Acular | 14 | 3 |
| Acular ls | 14 | 3 |
| <i>acyclovir</i> | 10 | 1 |
| Adderall PA ST | 6 | 3 |
| Adderall xr PA ST | 6 | 3 |
| Advair diskus | 7 | 2 |
| Advair hfa | 7 | 2 |
| Afinitor | 9 | 4 |
| Aggrenox | 13 | 3 |
| <i>albuterol sulfate</i> PA Bvs.D | 7 | 1 |
| Aldactazide | 12 | 3 |
| Aldactone | 12 | 3 |
| Aldara | 12 | 3 |
| <i>alendrona sodium</i> | 12 | 1 |
| Alkeran PA Bvs.D | 9 | 2 |
| <i>allopurinol</i> | 13 | 1 |
| Alodox kit | 15 | 3 |
| Aloprim inj | 13 | 3 |
| Alphagan p | 14 | 3 |
| <i>alprazolam</i> PA | 7 | 1 |
| <i>alprazola intenzol</i> PA | 7 | 1 |
| <i>alprazola xr</i> PA | 7 | 1 |
| Alsuma ST QL 4 | 14 | 3 |
| Altace | 9 | 3 |
| <i>amantadin hcl</i> | 10 | 1 |
| Amaryl | 8 | 3 |
| Ambien ST QL 30 | 13 | 3 |
| Ambien cr ST QL 30 | 13 | 3 |
| Amerge ST QL 9 | 14 | 3 |
| <i>amilor/hc tab</i> | 12 | 1 |
| <i>amidaron hcl</i> | 7 | 1 |
| <i>amitripty tab</i> | 8 | 1 |
| <i>amlod/ben cap</i> | 9 | 1 |
| <i>amlodipin besylate</i> | 11 | 1 |
| <i>amox/k clav tab</i> | 15 | 1 |
| <i>amoxicillin</i> | 15 | 1 |

| Name | Page | Tier |
|---|------|------|
| <i>amphetami cap</i> PA | 6 | 1 |
| Ampyra | 15 | 4 |
| Amrix PA | 14 | 3 |
| Amturnide | 9 | 2 |
| Anaprox | 6 | 3 |
| Anaprox ds | 6 | 3 |
| <i>anastrozole</i> | 9 | 1 |
| Androgel pump | 7 | 3 |
| Android PA | 7 | 3 |
| Anexsia | 6 | 3 |
| Angeliq | 13 | 3 |
| Antabuse | 15 | 3 |
| Antara cap | 9 | 2 |
| Antivert | 8 | 3 |
| Anzemet PA Bvs.D | 8 | 3 |
| <i>apap/code tab</i> QL 360 | 6 | 1 |
| Aplenzin ST | 8 | 3 |
| Apriso ST | 13 | 2 |
| Aptivus | 10 | 2 |
| Aralen | 10 | 3 |
| Aranesp albumin free PA Bvs.D | 13 | 2 |
| Arava | 6 | 3 |
| Aricept | 15 | 3 |
| Aricept odt | 15 | 3 |
| Arimidex | 9 | 3 |
| Arixtra PA Bvs.D | 7 | 4 |
| Armour thyroid | 15 | 2 |
| Aromasin | 9 | 3 |
| Asacol ST | 13 | 2 |
| Asacol hd ST | 13 | 2 |
| Astelin | 14 | 3 |
| Atacand ST | 9 | 3 |
| Atacand hct ST | 9 | 3 |
| <i>atenol/ch tab</i> | 9 | 1 |
| <i>atenolol</i> | 11 | 1 |
| Ativan PA | 7 | 3 |
| <i>atorvasta calcium</i> | 9 | 1 |
| <i>atovaq/pr tab</i> | 10 | 1 |
| Atripla | 10 | 2 |
| Atrovent hfa | 7 | 2 |
| Augmentin | 15 | 3 |
| Augmentin xr | 15 | 2 |
| Avalide ST | 9 | 3 |
| Avandia | 8 | 3 |
| Avapro ST | 9 | 3 |
| Avelox | 13 | 3 |
| Avelox abc pack | 13 | 3 |
| Avodart | 13 | 2 |
| Avonex | 15 | 4 |
| Avonex pen | 15 | 4 |
| Axert ST QL 8 | 14 | 3 |

| Name | Page | Tier |
|--|------|------|
| Azasan PA Bvs.D | 11 | 3 |
| <i>azathioprine</i> PA Bvs.D | 11 | 1 |
| <i>azelastin hcl</i> | 14 | 1 |
| Azilect | 10 | 2 |
| <i>azithromycin</i> | 13 | 1 |
| Azopt | 14 | 2 |
| Azor ST | 9 | 3 |
| Azulfidine ST | 13 | 3 |
| Azulfidin en-tabs ST | 13 | 3 |
| B | | |
| Bacitracin | 14 | 3 |
| Bactrim | 10 | 3 |
| Bactroban | 12 | 3 |
| <i>balsalazi disodium</i> | 13 | 1 |
| Bd pen needle/mi | 14 | 2 |
| Bd pen needle/sh | 14 | 2 |
| Bd pen needles short/ult | 14 | 2 |
| Beconase aq ST | 14 | 3 |
| <i>benazepr/h tab</i> | 9 | 1 |
| <i>benazepr hcl</i> | 9 | 1 |
| Benicar ST | 9 | 3 |
| Benicar hct ST | 9 | 3 |
| Benlysta | 11 | 4 |
| Bentyl PA | 15 | 3 |
| Betagan | 14 | 3 |
| Betagan c cap qd | 14 | 3 |
| Betapace | 11 | 3 |
| Betapace af | 11 | 3 |
| Betaseron | 15 | 4 |
| <i>betaxolol hcl</i> | 14 | 1 |
| Betimol | 14 | 3 |
| Betoptic-s | 14 | 3 |
| Beyaz ST | 11 | 3 |
| Biaxin | 13 | 3 |
| Biaxin xl | 13 | 3 |
| Biaxin xl pac | 13 | 3 |
| <i>bicalutamide</i> | 9 | 1 |
| <i>bisopri/h tab</i> | 9 | 1 |
| Boostrix | 15 | 3 |
| <i>brimonidi tartrate</i> | 14 | 1 |
| <i>budeprion sr</i> | 8 | 1 |
| <i>budeprion xl</i> | 8 | 1 |
| <i>budesonide</i> | 11 | 1 |
| <i>bumetanide</i> | 12 | 1 |
| <i>bupropion hcl</i> | 8 | 1 |
| <i>bupropion hcl er</i> | 8 | 1 |
| <i>bupropion hcl sr</i> | 15 | 1 |
| <i>bupropion tab</i> | 8 | 1 |
| <i>bupropn hcl tab</i> | 8 | 1 |
| Butisol sodium PA | 13 | 3 |

PA = Prior Authorization required to determine coverage. Only applies to certain plans.

ST = Step Therapy. Only applies to certain plans.

Alphabetical List of Drugs - This is the same list as the Therapeutic Category list except it is in alphabetical order. We cover the medications listed here with very few exceptions. Please contact us for specific medication coverages.

| Name | Page | Tier | Name | Page | Tier | Name | Page | Tier |
|---------------------------------|------|------|---------------------------------|------|------|------------------------------------|------|------|
| Butrans QL 4 | 6 | 3 | Celebrex ST | 6 | 3 | Coreg | 11 | 3 |
| Bydureon QL 4 | 8 | 2 | Celexa ST | 8 | 3 | Coreg cr | 11 | 3 |
| Byetta QL 4 | 8 | 2 | Cellcept PA Bvs.D | 11 | 3 | Corgard | 11 | 3 |
| Bystolic | 11 | 3 | Cenestin PA | 13 | 3 | Cortisporin | 15 | 3 |
| C | | | Cephalexin | 11 | 3 | Cosopt | 14 | 3 |
| Cafergot ST | 14 | 3 | Cerezyme | 13 | 3 | Coumadin | 7 | 3 |
| Calan | 11 | 3 | Cervarix | 16 | 2 | Cozaar ST | 9 | 3 |
| Calan sr | 11 | 3 | Cesamet PA Bvs.D | 8 | 3 | Crestor ST | 9 | 3 |
| Calcipotr oin | 12 | 3 | Chantix | 15 | 3 | Crixivan | 10 | 2 |
| calcipotr sol | 12 | 1 | Chantix continuin month | 15 | 3 | cromolyn sodium | 14 | 1 |
| calcitoni spr | 12 | 1 | Chantix starting month pa | 15 | 3 | Curity amd gauze sponge 2 | 14 | 2 |
| calcitriol PA Bvs.D | 12 | 1 | chlordiaz cap PA | 7 | 1 | Curity gauze pads 2"x2" 1 | 14 | 2 |
| Campral | 15 | 2 | chloroqui phosphate | 10 | 1 | cyclobenz tab PA | 14 | 1 |
| Canasa ST | 13 | 2 | chlorthal tab | 12 | 1 | cyclophos tab PA Bvs.D | 9 | 1 |
| Caprelsa | 9 | 4 | cholestyr pow | 9 | 1 | cyclosporine PA Bvs.D | 11 | 1 |
| captopr/h tab | 9 | 1 | Ciloxan | 14 | 3 | cyclospor modified PA Bvs.D | 11 | 1 |
| captopril | 9 | 1 | cimetidine | 15 | 1 | Cymbalta | 8 | 3 |
| Carafate | 15 | 3 | Cimzia | 13 | 4 | Cytomel | 15 | 3 |
| Carb/levo | 10 | 2 | Cimzia starter kit | 13 | 4 | Cytotec | 15 | 3 |
| Carb/levo tab /entacap | 10 | 2 | Cipro | 13 | 3 | | | |
| carb/levo er tab | 10 | 1 | Ciprodex | 15 | 2 | D | | |
| carb/levo sr tab | 10 | 1 | ciproflox sol | 14 | 1 | Dapsone | 10 | 2 |
| carb/levo tab | 10 | 1 | ciproflox tab | 13 | 1 | Daytrana PA ST | 6 | 3 |
| carbamaze cap | 7 | 1 | citalopra hydrobrom | 8 | 1 | Ddavn | 12 | 3 |
| carbamaze tab | 7 | 1 | Clarinox ST | 8 | 3 | Demerol PA QL 90 | 6 | 3 |
| Cardizem | 11 | 3 | Clarinox- 12 hour ST | 11 | 3 | Denavir | 12 | 2 |
| Cardizem cd | 11 | 3 | Clarinox- 24 hour ST | 11 | 3 | Depakote | 7 | 3 |
| Cardizem la | 11 | 3 | Clarinox reditabs ST | 8 | 3 | Depakote er | 7 | 3 |
| Cardura | 9 | 3 | clarithro tab | 13 | 1 | Depakote sprinkles | 7 | 3 |
| Cardura xl | 13 | 3 | Cleocin | 16 | 3 | Depo-test inj PA Bvs.D | 7 | 3 |
| carisopr/ tab PA | 14 | 1 | Climara | 13 | 3 | deslorata tab | 8 | 1 |
| carisoprodol PA | 14 | 1 | clindamyc hcl | 10 | 1 | desmopres acetate | 12 | 1 |
| carisopro tab asa/cod PA | 14 | 1 | clobetaso propionat | 12 | 1 | Detrol la QL 30 | 16 | 3 |
| Carnitor PA Bvs.D | 12 | 3 | clonazepam PA | 7 | 1 | Detrol tab QL 60 | 16 | 3 |
| Carnitor sf PA Bvs.D | 12 | 3 | clonazep odt tab PA | 7 | 1 | dexametha tab | 11 | 1 |
| carvedilol | 11 | 1 | clonidine hcl | 9 | 1 | dexameth pho sol | 14 | 1 |
| Casodex | 9 | 3 | clopidogrel | 13 | 1 | Dexedrine ST | 6 | 3 |
| Cataflam | 6 | 3 | clotrim/b cre diprop | 12 | 1 | dexmethyl tab | 6 | 1 |
| Catapres | 9 | 3 | codeine/a tab QL 360 | 6 | 1 | dextroamp cap | 6 | 1 |
| Catapres- dis | 9 | 3 | codeine phosphate QL 360 | 6 | 1 | Dianeal sol low calc | 11 | 3 |
| caziant pak | 11 | 1 | Colazal ST | 13 | 3 | diazepam PA | 7 | 1 |
| cdp/amitr tab PA | 15 | 1 | Colcrys | 13 | 3 | Diazepam intensol | 7 | 3 |
| Ceenu | 9 | 2 | Combipatch | 13 | 2 | diclofena sodium dr | 6 | 1 |
| cefaclor | 11 | 1 | Combivent | 7 | 2 | diclofena sodium er | 6 | 1 |
| cefaclor er | 11 | 1 | Combivir | 10 | 3 | diclofena sodium sr | 6 | 1 |
| cefadroxil | 11 | 1 | Complera | 10 | 2 | diclofena sodium xr | 6 | 1 |
| cefdinir | 11 | 1 | Comvax inj | 16 | 2 | diclofen pot tab | 6 | 1 |
| cefprozil | 11 | 1 | co-natal fa tab | 14 | 1 | dicloxaci cap | 15 | 1 |
| Ceftin | 11 | 3 | Concerta PA ST | 6 | 3 | dicyclomi hcl PA | 15 | 1 |
| cefuroxim axetil | 11 | 1 | Copegus tab | 10 | 3 | didanosine | 10 | 1 |
| | | | Cordran lot | 12 | 3 | Differin | 12 | 3 |

Tier 1 = Generic Drug
 Tier 2 = Preferred brand drug

Tier 3 = Non-preferred brand drug
 Tier 4 = Specialty drug

| Name | Page | Tier |
|---------------------------------------|------|------|
| <i>difforaso diacetate</i> | 12 | 1 |
| Diflucan | 10 | 3 |
| <i>digoxin</i> | 11 | 1 |
| Dilantin | 7 | 3 |
| Dilaudid | 6 | 3 |
| <i>diltiazem cd</i> | 11 | 1 |
| <i>diltiazem hcl</i> | 11 | 1 |
| <i>diltiazem hcl er</i> | 11 | 1 |
| <i>diltiazem hcl sr</i> | 11 | 1 |
| Diovan ST | 9 | 3 |
| Diovan hct ST | 9 | 3 |
| Dipentum cap ST | 13 | 3 |
| <i>diphen/at liq</i> PA | 8 | 1 |
| <i>diphenatol</i> PA | 8 | 1 |
| <i>diphenhyd cap</i> PA | 8 | 1 |
| Diprolene af | 12 | 3 |
| <i>dipyridamole</i> PA | 13 | 1 |
| <i>disopyram phosphate</i> | 7 | 1 |
| <i>disulfiram</i> | 15 | 1 |
| Ditropan xl QL 60..... | 16 | 3 |
| <i>donepezil hcl</i> | 15 | 1 |
| <i>dorzol/ti sol</i> | 14 | 1 |
| <i>dorzolami hcl</i> | 14 | 1 |
| <i>doxazosin mesylate</i> | 9 | 1 |
| <i>doxycycl hyc cap</i> | 15 | 1 |
| <i>doxycycline</i> | 15 | 1 |
| <i>doxycyc mono cap</i> | 15 | 1 |
| Duoneb PA / Bvs.D | 7 | 3 |
| Duragesic QL 15..... | 6 | 3 |
| Dyazide | 12 | 3 |

E

| | | |
|--|----|---|
| Edarbi ST | 9 | 3 |
| Edarbyclor ST | 9 | 3 |
| Edluar ST QL 30..... | 13 | 3 |
| <i>ees/sulfi sus</i> | 10 | 1 |
| Effexor xr ST | 8 | 3 |
| Effient | 13 | 2 |
| Egrifta inj | 12 | 4 |
| Elaprased inj LD | 12 | 3 |
| Elidel | 12 | 2 |
| Elocon | 12 | 3 |
| Emcyt cap | 9 | 2 |
| Emend PA / Bvs.D | 8 | 2 |
| Emtriva | 10 | 2 |
| Enablex QL 30..... | 16 | 3 |
| <i>enalapr/h tab</i> | 9 | 1 |
| <i>enalapril maleate</i> | 9 | 1 |
| Enbrel | 6 | 4 |
| Enbrel sureclick | 6 | 4 |
| Engerix-b PA / Bvs.D | 16 | 2 |

| Name | Page | Tier |
|--|------|------|
| Enjuvia PA | 13 | 3 |
| <i>enoxapari sodium</i> PA / Bvs.D | 7 | 1 |
| Entocort ec | 11 | 3 |
| Epivir | 10 | 3 |
| Epivir hbv | 10 | 2 |
| Epogen PA / Bvs.D | 13 | 2 |
| Epzicom tab | 10 | 2 |
| <i>errin tab</i> | 11 | 1 |
| Erwinaze | 9 | 4 |
| <i>erythrom eth tab</i> | 13 | 1 |
| <i>erythrom st tab</i> | 13 | 1 |
| <i>erythromycin</i> | 14 | 1 |
| <i>erythromy base</i> | 13 | 1 |
| <i>escitalop oxalate</i> | 8 | 1 |
| <i>estazolam</i> PA | 13 | 1 |
| <i>estra/nor tab</i> | 13 | 1 |
| Estrace | 13 | 3 |
| <i>estradiol</i> | 13 | 1 |
| <i>estropipate</i> PA | 13 | 1 |
| <i>etodolac</i> | 6 | 1 |
| <i>etodolac er</i> | 6 | 1 |
| <i>etoposide</i> | 9 | 1 |
| Evista | 12 | 2 |
| Exalgo QL 60..... | 6 | 3 |
| Exelon | 15 | 3 |
| <i>exemestane</i> | 9 | 1 |
| Exforge ST | 9 | 3 |
| Exforge hct ST | 9 | 3 |
| Exjade LD | 10 | 3 |
| Extavia | 15 | 4 |

F

| | | |
|--------------------------------|----|---|
| Fabrazyme | 12 | 2 |
| <i>famciclovir</i> | 10 | 1 |
| <i>famotidine</i> | 15 | 1 |
| Famvir | 10 | 3 |
| <i>felodipin er</i> | 11 | 1 |
| Femara | 9 | 3 |
| <i>fenoprofe calcium</i> | 6 | 1 |
| <i>finasteride</i> | 13 | 1 |
| Flagyl | 10 | 3 |
| <i>flavoxate hcl</i> | 16 | 1 |
| <i>flecainid acetate</i> | 7 | 1 |
| Flexeril PA | 14 | 3 |
| Flomax | 13 | 3 |
| Flonase | 14 | 3 |
| Flovent diskus | 7 | 2 |
| Flovent hfa | 7 | 2 |
| <i>fluconazole</i> | 10 | 1 |
| <i>fludrocortab</i> | 11 | 1 |
| Flumadine | 10 | 3 |

| Name | Page | Tier |
|--------------------------------------|------|------|
| <i>flunisolide</i> | 14 | 1 |
| <i>fluoxetine dr</i> | 8 | 1 |
| Fluoxetine hcl ST | 8 | 3 |
| <i>flurazepa hcl</i> PA | 13 | 1 |
| <i>flurbiprofen</i> | 6 | 1 |
| <i>flurbipro sodium</i> | 14 | 1 |
| <i>fluticaso propionat</i> | 14 | 1 |
| <i>fluvastatin</i> | 9 | 1 |
| Focalin ST | 6 | 3 |
| Focalin xr PA ST | 6 | 3 |
| Fortesta gel | 7 | 3 |
| <i>fortical</i> | 12 | 1 |
| Fosamax ST | 12 | 3 |
| Fosamax plus d ST | 12 | 3 |
| <i>fosinop/h tab</i> | 9 | 1 |
| <i>fosinopri sodium</i> | 9 | 1 |
| Frova ST QL 12..... | 14 | 3 |
| <i>furosemide</i> | 12 | 1 |
| Fuzeon | 10 | 2 |

G

| | | |
|--|----|---|
| <i>gabapentin</i> | 7 | 1 |
| Gabitril | 7 | 2 |
| <i>galantamine</i> | 15 | 1 |
| <i>galantami hydrobrom</i> | 15 | 1 |
| Ganite | 12 | 2 |
| Garamycin | 14 | 3 |
| <i>garamycin oin</i> | 14 | 1 |
| Gardasil | 16 | 2 |
| <i>gemfibrozil</i> | 9 | 1 |
| <i>gengraf</i> PA / Bvs.D | 11 | 1 |
| Genotropin | 12 | 4 |
| Genotropi miniquick | 12 | 4 |
| <i>gentak</i> | 14 | 1 |
| <i>gentamici sulfate</i> | 14 | 1 |
| Geodon | 10 | 3 |
| Glassia inj LD | 15 | 3 |
| Gleevec | 9 | 4 |
| <i>glimepiride</i> | 8 | 1 |
| <i>glipizide</i> | 8 | 1 |
| <i>glipizide er</i> | 8 | 1 |
| <i>glipizide xl</i> | 8 | 1 |
| Glucagon emergency kit | 8 | 2 |
| Glucophage | 8 | 3 |
| Glucophag xr | 8 | 3 |
| Glucotrol | 8 | 3 |
| Glucotrol xl | 8 | 3 |
| <i>glyburide</i> | 8 | 1 |
| <i>glyburid mcr tab</i> | 8 | 1 |
| Glyset | 8 | 2 |
| <i>granisetrl hcl</i> PA / Bvs.D | 8 | 1 |

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ST = Step Therapy. Only applies to certain plans.

Alphabetical List of Drugs - This is the same list as the Therapeutic Category list except it is in alphabetical order. We cover the medications listed here with very few exceptions. Please contact us for specific medication coverages.

| Name | Page | Tier | Name | Page | Tier | Name | Page | Tier |
|--|------|------|---|------|------|--|------|------|
| <i>guanfacin hcl</i> | 9 | 1 | Insulin syringe/0 | 14 | 2 | L | | |
| H | | | Insulin syringe/0 | 14 | 2 | <i>lactated rin inj</i> | 14 | 1 |
| Halcion PA | 13 | 3 | Insulin syringe/1 x | 14 | 2 | Lamictal | 7 | 3 |
| <i>haloperidol</i> | 10 | 1 | Insulin syringe/1 x | 14 | 2 | Lamictal chewable dispers ... | 7 | 3 |
| Havrix | 16 | 2 | Insulin syringe/u | 14 | 2 | Lamictal odt | 7 | 3 |
| <i>hctz/tria tab</i> | 12 | 1 | Intelece | 10 | 2 | Lamictal xr | 7 | 3 |
| <i>hecoria</i> PA Bvs.D | 11 | 1 | Intermezzo ST QL 30..... | 13 | 3 | Lamisil | 10 | 3 |
| Hectorol PA Bvs.D | 12 | 2 | Intuniv ST | 6 | 3 | <i>lamivud/z tab</i> | 10 | 1 |
| Hexalen | 9 | 2 | Invirase | 10 | 2 | <i>lamivudine</i> | 10 | 1 |
| Hiberix | 16 | 2 | <i>ipratropi bromide/a</i> PA Bvs.D .. | 7 | 1 | <i>lamotrigine</i> | 7 | 1 |
| Hiprex | 15 | 3 | <i>irbesar/h tab</i> | 9 | 1 | Lanoxin | 11 | 3 |
| Humalog | 8 | 2 | <i>irbesartan</i> | 9 | 1 | <i>lansoprazole QL</i> 30..... | 15 | 1 |
| Humalog kwikpen | 8 | 2 | Iressa LD | 9 | 4 | Lantus | 8 | 2 |
| Humatrope | 12 | 4 | Isentress | 10 | 2 | Lantus solostar | 8 | 2 |
| Humatrope combo pack | 12 | 4 | <i>isofluran sol</i> | 13 | 1 | Lasix | 12 | 3 |
| Humira | 6 | 4 | <i>isop alcohol sol</i> | 11 | 1 | <i>latanoprost</i> | 14 | 1 |
| Humira pen | 6 | 4 | Isopto carpine | 14 | 3 | Letairis LD | 11 | 4 |
| Humira pen-crohn disease ... | 6 | 4 | Isordil titradose | 7 | 3 | <i>letrozole</i> | 9 | 1 |
| Humira pen-psori star | 6 | 4 | <i>isosorb din tab</i> | 7 | 1 | <i>leucovor ca tab</i> | 9 | 1 |
| Humulin 70/30 | 8 | 2 | <i>isosorb mono tab</i> | 7 | 1 | Leukeran | 9 | 2 |
| Humulin n | 8 | 2 | Istalol | 14 | 3 | <i>levabuterol</i> PA Bvs.D | 7 | 1 |
| Humulin r | 8 | 2 | <i>itraconazole</i> | 10 | 1 | <i>levabute neb</i> PA Bvs.D | 7 | 1 |
| Hycamtin | 9 | 2 | J | | | Levaquin | 13 | 3 |
| <i>hydralazi hcl</i> | 9 | 1 | Jakafi | 9 | 4 | Levemir flexpen | 8 | 2 |
| <i>hydrochlo cap</i> | 12 | 1 | Jalyn | 13 | 3 | <i>levetirac tab</i> | 7 | 1 |
| <i>hydroco/a tab QL</i> 180..... | 6 | 1 | Janumet | 8 | 2 | <i>levobunol hcl</i> | 14 | 1 |
| <i>hydrocod/ tab</i> | 6 | 1 | Janumet xr | 8 | 2 | <i>levocarni sol</i> PA Bvs.D | 12 | 1 |
| <i>hydrocort tab</i> | 11 | 1 | Januvia QL 30..... | 8 | 2 | <i>levocetir tab dhcl</i> | 8 | 1 |
| <i>hydromorp tab</i> | 6 | 1 | K | | | <i>levofloxacin</i> | 13 | 1 |
| <i>hydroxych tab</i> | 10 | 1 | Kadian | 6 | 3 | <i>levothyro tab</i> | 15 | 1 |
| <i>hydroxyurea</i> | 9 | 1 | Kaletra | 10 | 2 | Levsin | 15 | 3 |
| <i>hyoscyami sulfate</i> | 15 | 1 | <i>kanamycin inj</i> | 10 | 1 | Levsin/sl | 15 | 3 |
| Hyzaar ST | 9 | 3 | <i>karidium dro</i> | 14 | 1 | Lexiva | 10 | 2 |
| I | | | Keflex | 11 | 3 | Lialda ST | 13 | 3 |
| <i>ibuprofen</i> | 6 | 1 | Kenalog | 12 | 3 | <i>lidocaine</i> | 12 | 1 |
| Imdur | 7 | 3 | Kepra | 7 | 3 | <i>lidocaine hcl</i> | 12 | 1 |
| Imitrex ST QL 9 | 14 | 3 | Kepra xr | 7 | 3 | <i>lidocaine hcl jelly</i> | 12 | 1 |
| Imitrex statdose refill ST QL 4 ... | 14 | 3 | <i>ketoprofen</i> | 6 | 1 | Lidoderm | 12 | 3 |
| Imitrex statdose system ST QL 4 | 14 | 3 | <i>ketoprofe er</i> | 6 | 1 | <i>lisinop/h tab</i> | 9 | 1 |
| Imuran tab PA Bvs.D | 11 | 3 | <i>ketorolac trometham</i> | 14 | 1 | <i>lisinopril</i> | 9 | 1 |
| Incontrol mis | 14 | 2 | Kineret | 6 | 4 | <i>lithium carbonate</i> | 10 | 1 |
| Inderal la | 11 | 3 | Klonopin PA | 7 | 3 | <i>lithium carbonate er</i> | 10 | 1 |
| <i>indomethacin</i> | 6 | 1 | <i>klor-con 10</i> | 14 | 1 | Lithobid | 10 | 3 |
| <i>indometha cr</i> | 6 | 1 | <i>klor-con 8</i> | 14 | 1 | Livalo ST | 9 | 3 |
| <i>indometha er</i> | 6 | 1 | <i>klor-con m10</i> | 14 | 1 | Loestrin fe 1/20 ST | 11 | 3 |
| <i>indometha sa</i> | 6 | 1 | Klor-con m15 | 14 | 3 | <i>lofene</i> PA | 8 | 1 |
| <i>indometha sr</i> | 6 | 1 | <i>klor-con m20</i> | 14 | 1 | Lomotil PA | 8 | 3 |
| Inlyta | 9 | 4 | K-tabs | 14 | 3 | <i>lonox</i> PA | 8 | 1 |
| Insulin syringe/0 | 14 | 2 | | | | <i>loperamid hcl</i> | 8 | 1 |
| | | | | | | Lopid | 9 | 3 |
| | | | | | | Lopress hct tab | 9 | 3 |

Tier 1 = Generic Drug
 Tier 2 = Preferred brand drug

Tier 3 = Non-preferred brand drug
 Tier 4 = Specialty drug

| Name | Page | Tier |
|------------------------|------|------|
| Lopressor | 11 | 3 |
| Loprox | 12 | 3 |
| Loprox shampoo | 12 | 3 |
| lorazepam PA | 7 | 1 |
| Lortab QL 180 | 6 | 3 |
| losartan potassium | 9 | 1 |
| losartan potassium | 9 | 1 |
| Lotensin | 9 | 3 |
| Lotensin hct | 9 | 3 |
| Lotrel | 9 | 3 |
| Lotrisone | 12 | 3 |
| Lotronex | 13 | 2 |
| lovastatin ST | 9 | 1 |
| Lovaza | 9 | 2 |
| Lovenox PABvs.D | 7 | 3 |
| Lumigan | 14 | 3 |
| Lupron depot | 9 | 2 |
| Luride chw | 14 | 3 |
| Lyrica QL 90 | 7 | 2 |

M

| | | |
|-------------------------------|----|---|
| Macrobid PA QL 90 | 15 | 3 |
| Macrodantin PA | 15 | 3 |
| Malarone tab | 10 | 3 |
| matzim la tab | 11 | 1 |
| Mavik | 9 | 3 |
| Maxair autohaler | 7 | 2 |
| Maxalt ST QL 12 | 14 | 3 |
| Maxalt-mlt ST QL 12 | 14 | 3 |
| Maxzide | 12 | 3 |
| Maxzide-25 | 12 | 3 |
| meclizine hcl | 8 | 1 |
| meclufen sod cap | 6 | 1 |
| Medrol | 11 | 3 |
| Medrol dosepak | 11 | 3 |
| medroxypr ac tab | 15 | 1 |
| mefenam acid cap | 6 | 1 |
| mefloquin hcl | 10 | 1 |
| megestrol ac sus | 9 | 1 |
| meloxicam | 6 | 1 |
| Menactra | 16 | 2 |
| Menest PA | 13 | 2 |
| Menomune inj a/c/y/w | 16 | 2 |
| meperidin hcl PA QL 90 | 6 | 1 |
| meperidin inj PA QL 45 | 6 | 1 |
| meperitab PA QL 90 | 6 | 1 |
| mercaptob tab | 9 | 1 |
| mesalamine | 13 | 1 |
| Mestinon syp | 11 | 3 |
| Metadate cd PA ST | 6 | 3 |
| Metadate er PA ST | 6 | 2 |

| Name | Page | Tier |
|-----------------------------------|------|------|
| metformin hcl | 8 | 1 |
| metformin hcl er | 8 | 1 |
| methazola tab | 12 | 1 |
| methenam hip tab | 15 | 1 |
| Methenam man tab | 15 | 3 |
| methimazole | 15 | 1 |
| methotrexate | 9 | 1 |
| methyl/d/h tab | 9 | 1 |
| methyl/dopa | 9 | 1 |
| Methylin PA ST | 6 | 3 |
| methylphe cap PA | 6 | 1 |
| methylphe sol PA | 6 | 1 |
| methylphe tab PA | 6 | 1 |
| methylpre pak | 11 | 1 |
| methylpre tab | 11 | 1 |
| metoclopr sol | 13 | 1 |
| metopri/h tab | 9 | 1 |
| metoprolo succinate er | 11 | 1 |
| metoprol tar tab | 11 | 1 |
| Metrocream | 12 | 3 |
| Metrogel | 12 | 2 |
| metronida cap | 10 | 1 |
| metronida gel | 16 | 1 |
| metronida tab | 10 | 1 |
| mexiletin hcl | 7 | 1 |
| Miacalcin ST | 12 | 3 |
| Micardis ST | 9 | 3 |
| Micardis hct ST | 9 | 3 |
| Micro-k | 14 | 3 |
| midodrine tab | 16 | 1 |
| Migral tab | 14 | 3 |
| Minipress | 9 | 3 |
| Minocin | 15 | 3 |
| minocycli hcl | 15 | 1 |
| minocycli hcl er | 15 | 1 |
| minoxidil | 9 | 1 |
| Mirapex | 10 | 3 |
| mirtazapine | 8 | 1 |
| mirtazapi odt | 8 | 1 |
| M-m-r ii | 16 | 2 |
| M-m-r ii w/diluent 10 dos | 16 | 2 |
| Mobic | 6 | 3 |
| moexipr/h tab | 9 | 1 |
| moexipril hcl | 9 | 1 |
| monteluka sodium | 7 | 1 |
| Morphine sulfate QL 120 | 6 | 3 |
| morphine sulfate cr QL 120 | 6 | 1 |
| morphine sulfate er QL 120 | 6 | 1 |
| Mozobil QL 120 | 13 | 4 |
| Ms contin QL 120 | 6 | 3 |
| Multaq QL 120 | 7 | 2 |

| Name | Page | Tier |
|-------------------------------------|------|------|
| Mycobutin QL 120 | 11 | 2 |
| mycopheno cap PABvs.D QL 120 | 11 | 1 |
| Myfortic PABvs.D QL 120 | 11 | 2 |
| Myleran PABvs.D QL 120 | 9 | 2 |

N

| | | |
|-----------------------------|----|---|
| nabumetone QL 120 | 6 | 1 |
| nadolol | 11 | 1 |
| naloxone hcl | 10 | 1 |
| naltrexon hcl | 10 | 1 |
| Namenda | 15 | 2 |
| Namenda titration pak | 15 | 2 |
| Naprosyn | 6 | 3 |
| naproxen | 6 | 1 |
| naproxen dr | 6 | 1 |
| naproxen ec | 6 | 1 |
| naproxen sodium | 6 | 1 |
| naratript hcl QL 9 | 14 | 1 |
| Naropin inj | 13 | 3 |
| Nasacort aq ST | 14 | 3 |
| Nasonex ST | 14 | 3 |
| nateglinide | 8 | 1 |
| nefazodon hcl | 8 | 1 |
| Neoral PABvs.D | 11 | 3 |
| Neulasta PABvs.D | 13 | 4 |
| Neupogen inj PABvs.D | 13 | 4 |
| Neupro | 10 | 3 |
| Neurontin | 7 | 3 |
| nevirapine | 10 | 1 |
| Nexavir inj | 11 | 3 |
| Niaspan | 9 | 3 |
| nicotine | 15 | 1 |
| Nicotrol inhaler | 15 | 2 |
| Nicotrol ns | 15 | 2 |
| nifedipine PA | 11 | 1 |
| nifedipin er | 11 | 1 |
| nitrofur cap PA | 15 | 1 |
| nitrofur cap PA | 15 | 1 |
| nitrofur mac cap PA | 15 | 1 |
| Nitrostat | 7 | 3 |
| Nizoral | 12 | 3 |
| Norco QL 180 | 6 | 3 |
| Nordipen | 14 | 2 |
| Norditrop flexpro | 12 | 4 |
| Norinyl 1+35 ST | 11 | 3 |
| Norpace | 7 | 3 |
| Norpace cr | 7 | 3 |
| nortripty cap | 8 | 1 |
| Norvasc | 11 | 3 |
| Norvir | 10 | 2 |
| Novofine 30gx8mm | 14 | 2 |

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| Name | Page | Tier | Name | Page | Tier | Name | Page | Tier |
|------------------------------------|------|------|-------------------------------|------|------|--------------------------------|------|------|
| Novofine 32gx6mm | 14 | 2 | oxytocin inj | 15 | 1 | prednisone | 11 | 1 |
| Novolin 70/30 | 8 | 2 | | | | Premarin | 16 | 2 |
| Novolog | 8 | 2 | P | | | Premphase PA | 13 | 2 |
| Novolog flexpen | 8 | 2 | Pacerone | 7 | 3 | Prempro tab PA | 13 | 2 |
| Novolog mix 70/30 | 8 | 2 | Pamelor | 8 | 3 | prevalite | 9 | 1 |
| Nucynta QL 60 | 6 | 3 | pantopraz sodium QL 30 | 15 | 1 | Prevpac | 15 | 3 |
| Nucynta er QL 60 | 6 | 3 | Parcopa | 10 | 3 | Prezista | 10 | 2 |
| Nulytely sol flav pks | 13 | 3 | paromomyc cap | 10 | 1 | primidone | 7 | 1 |
| Nutropin | 12 | 4 | paroxetine hcl | 8 | 1 | Prinivil | 9 | 3 |
| Nutropin aq | 12 | 4 | paroxetine hcl er | 8 | 1 | Pristiq ST | 8 | 3 |
| Nutropin aq nuspin 10 | 12 | 4 | paroxetine er tab | 8 | 1 | proair hfa | 7 | 1 |
| Nutropin aq nuspin 20 | 12 | 4 | Patanol | 14 | 3 | probenecid | 13 | 1 |
| Nutropin aq nuspin 5 | 12 | 4 | Paxil ST | 8 | 3 | Procardia PA | 11 | 3 |
| Nutropin aq pen | 12 | 4 | Paxil cr ST | 8 | 3 | Procardia xl | 11 | 3 |
| Nuvigil | 6 | 3 | Pedvax hib | 16 | 2 | prochlorp tab | 10 | 1 |
| nystat/tr cre | 12 | 1 | Pegasys | 10 | 2 | Procrit PA Bvs.D | 13 | 2 |
| | | | Pegasys proclick | 10 | 2 | progesterone | 15 | 1 |
| O | | | Peg-intron | 10 | 2 | Prograf PA Bvs.D | 11 | 3 |
| olanzapine | 10 | 1 | Peg-intro redipen | 10 | 2 | Prolia PA Bvs.D ST | 12 | 3 |
| olanzapin odt | 10 | 1 | Peg-intro redipen pak 4 | 10 | 2 | Promacta LD | 13 | 4 |
| Oleptro | 8 | 3 | Pentasa ST | 13 | 2 | prometh/p syp PA | 11 | 1 |
| omeprazole QL 30 | 15 | 1 | pentaz/na tab PA | 6 | 1 | promethaz hcl PA | 8 | 1 |
| Omnaris ST | 14 | 3 | Pepcid | 15 | 3 | prometh vc syp PA | 11 | 1 |
| Omnipred | 14 | 3 | Percocet | 6 | 3 | prometh vc syp plain PA | 11 | 1 |
| Omnitrope | 12 | 4 | Perforomist PA Bvs.D | 7 | 3 | Prometrium | 15 | 3 |
| ondansetr hcl PA Bvs.D | 8 | 1 | Peridex | 14 | 3 | propafeno hcl | 7 | 1 |
| ondansetr odt PA Bvs.D | 8 | 1 | perindopr erbumine | 9 | 1 | propafeno hcl er | 7 | 1 |
| Onfi | 7 | 3 | perio gard | 14 | 1 | Propanthe tab PA | 15 | 3 |
| Onglyza QL 30 | 8 | 3 | permethrin | 12 | 1 | propranol hcl | 11 | 1 |
| Opana QL 120 | 6 | 3 | perphen/a tab | 15 | 1 | propranol hcl er | 11 | 1 |
| Opana er QL 120 | 6 | 3 | Persantine PA | 13 | 3 | propylthi tab | 15 | 1 |
| Orapred odt | 11 | 3 | phenobarb inj PA | 13 | 1 | Proquad | 16 | 2 |
| Orencia | 6 | 4 | phenobarb tab PA | 13 | 1 | Proscar | 13 | 3 |
| orph/asa/ tab PA | 14 | 1 | Phenylek | 7 | 3 | Proventil hfa | 7 | 3 |
| Ortho-cept ST | 11 | 3 | pilocarpi hcl | 14 | 1 | Provera | 15 | 3 |
| Ortho-cyclen ST | 11 | 3 | pioglitaz hci tab | 8 | 1 | Provigil | 6 | 3 |
| ortho-est PA | 13 | 1 | piroxicam | 6 | 1 | Prozac ST | 8 | 3 |
| Ortho micronor ST | 11 | 3 | Plas adapt mis | 14 | 3 | Prozac weekly ST | 8 | 3 |
| Ortho-nov 1/35-28 ST | 11 | 3 | Plavix | 13 | 3 | Pulmicort PA Bvs.D | 7 | 3 |
| Oxacillin inj | 15 | 3 | polyeth glyc pow | 13 | 1 | Pulmicort flexhaler | 7 | 2 |
| oxaprozin | 6 | 1 | pot chloride cap | 14 | 1 | Pulmozyme | 15 | 4 |
| oxcarbaze tab | 7 | 1 | pot chloride tab | 14 | 1 | Purefe ob cap plus | 14 | 3 |
| oxybutyni chloride QL 60 | 16 | 1 | pot cl micro tab | 14 | 1 | Pylera cap | 15 | 3 |
| oxybutyni chloride er QL 60 | 16 | 1 | Potiga | 7 | 3 | pyridosti tab | 11 | 1 |
| oxybutyni syp | 16 | 1 | Pradaxa | 7 | 2 | | | |
| oxycod/ap cap | 6 | 1 | pramipexo dihydroch | 10 | 1 | Q | | |
| oxycod/as tab | 6 | 1 | Prandin | 8 | 2 | qnapiiril/h tab | 9 | 1 |
| oxycod/ib tab | 6 | 1 | pravastat sodium | 9 | 1 | Qualaquin | 10 | 3 |
| oxycodone hcl QL 90 | 6 | 1 | prazosin hcl | 9 | 1 | Questran | 9 | 3 |
| Oxycontin QL 90 | 6 | 2 | Pred forte | 14 | 3 | Questran light | 9 | 3 |
| oxymorpha hydrochlo QL 90 | 6 | 1 | prednisol acetate | 14 | 1 | quetiapin fumarate | 10 | 1 |

Tier 1 = Generic Drug
 Tier 2 = Preferred brand drug

Tier 3 = Non-preferred brand drug
 Tier 4 = Specialty drug

| Name | Page | Tier |
|------------------------|------|------|
| quinapril hcl | 9 | 1 |
| quinidine gluconate cr | 7 | 1 |
| quinidine gluconate er | 7 | 1 |
| quinidine sulfate | 7 | 1 |
| quinidine sulfate er | 7 | 1 |
| Quinzyme tab | 6 | 3 |
| Qutenza | 12 | 3 |
| Qvar | 7 | 2 |

R

| | | |
|----------------------------------|----|---|
| Rabavert PA Bvs.D | 16 | 2 |
| ramipril | 9 | 1 |
| Ranexa | 7 | 2 |
| ranitidin hcl | 15 | 1 |
| Rapamune PA Bvs.D | 11 | 2 |
| Razadyne | 15 | 3 |
| Razadyne er | 15 | 3 |
| Rebetol | 10 | 3 |
| Rebif | 15 | 4 |
| Rebif titration pack | 15 | 4 |
| Reclast PA Bvs.D | 12 | 2 |
| Recombiva hb inj PA Bvs.D | 16 | 2 |
| Reglan | 13 | 3 |
| Regranex | 12 | 2 |
| Relpax ST QL 9 | 14 | 3 |
| Remeron | 8 | 3 |
| Remeron soltab | 8 | 3 |
| Remodulin inj LD | 11 | 4 |
| Requip | 10 | 3 |
| Requip xl | 10 | 3 |
| Rescriptor | 10 | 2 |
| Restasis | 14 | 2 |
| Restoril PA | 13 | 3 |
| Retin-a | 12 | 3 |
| Retrovir | 10 | 3 |
| Revatio | 11 | 3 |
| Revia | 10 | 3 |
| Revlimid LD | 11 | 4 |
| Reyataz | 10 | 2 |
| Rhinocort aqua ST | 14 | 3 |
| rimantadi hcl | 10 | 1 |
| Risperdal | 10 | 3 |
| Risperdal m-tab | 10 | 3 |
| risperidone | 10 | 1 |
| risperido m-tab | 10 | 1 |
| risperido odt | 10 | 1 |
| Ritalin PA ST | 6 | 3 |
| Ritalin la PA ST | 6 | 3 |
| Ritalin sr PA ST | 6 | 3 |
| rivastigm tartrate | 15 | 1 |
| Rocaltrol PA Bvs.D | 12 | 3 |

| Name | Page | Tier |
|-------------------|------|------|
| ropinirol er | 10 | 1 |
| ropinirol hcl | 10 | 1 |
| Rowasa ST | 13 | 3 |
| Roxicodone | 6 | 3 |
| Rozerem ST | 13 | 3 |
| Rythmol | 7 | 3 |
| Rythmol sr | 7 | 3 |

S

| | | |
|---------------------------------|----|---|
| Saizen | 12 | 4 |
| Saizen click.eas | 12 | 4 |
| Samsca | 12 | 4 |
| Sandimmune PA Bvs.D | 11 | 3 |
| Sandostatin | 12 | 3 |
| Santyl | 12 | 2 |
| Sectral cap | 11 | 3 |
| selenium sulfide | 12 | 1 |
| Selzentry | 10 | 2 |
| se-natal | 14 | 1 |
| Sensipar | 12 | 2 |
| Serevent diskus | 7 | 2 |
| Serostim | 12 | 4 |
| sertraline hcl | 8 | 1 |
| Sfrowasa ST | 13 | 2 |
| Silenor ST QL 30 | 13 | 3 |
| Silvadene | 12 | 3 |
| Simponi | 6 | 4 |
| simvastatin | 9 | 1 |
| Sinemet | 10 | 3 |
| Sinemet cr | 10 | 3 |
| Singulair | 7 | 3 |
| smz/tmp ds tab | 10 | 1 |
| smz-tmp ds | 10 | 1 |
| Sodium citrate | 13 | 3 |
| sodium sulfaceta wash | 12 | 1 |
| Soma PA | 14 | 3 |
| Somatulin depot PA Bvs.D | 12 | 4 |
| Somavert LD | 12 | 4 |
| Sonata ST | 13 | 3 |
| sotalol hcl | 11 | 1 |
| sotalol hcl | 11 | 1 |
| Spiriva handihale | 7 | 2 |
| spirono/h tab | 12 | 1 |
| spironola tab | 12 | 1 |
| Sporanox | 10 | 3 |
| Sprycel | 9 | 4 |
| Stalevo 100 | 10 | 2 |
| Stalevo 150 | 10 | 2 |
| Stalevo 200 | 10 | 2 |
| Stalevo 50 | 10 | 2 |
| Stalevo 75 | 10 | 2 |

| Name | Page | Tier |
|-------------------------------------|------|------|
| Starlix | 8 | 3 |
| stavudine | 10 | 1 |
| Stelara PA Bvs.D | 12 | 4 |
| Steril talc sus | 15 | 3 |
| Strattera ST | 6 | 3 |
| sucralfate | 15 | 1 |
| sulfasala tab | 13 | 1 |
| sulfazine | 13 | 1 |
| sulfazine ec | 13 | 1 |
| sulindac | 6 | 1 |
| sumatriptan QL 6 | 14 | 1 |
| sumatript succinate QL 8 | 14 | 1 |
| sumatript succinate ref QL 4 | 14 | 1 |
| Sumavel dosepro ST QL 8 | 14 | 3 |
| Sure-fine pen needles 31g | 14 | 2 |
| Sustiva | 10 | 2 |
| Sutent | 9 | 4 |
| Sylatron | 9 | 4 |
| Symbicort | 7 | 3 |
| Symlinpen 60 | 8 | 2 |
| SymInpen | 8 | 2 |
| Synthroid | 15 | 2 |

T

| | | |
|---|----|---|
| tacrolimus PA Bvs.D | 11 | 1 |
| Tambocor | 7 | 3 |
| tamoxifen citrate | 9 | 1 |
| tamsulosi hcl | 13 | 1 |
| Tapazole | 15 | 3 |
| Tarceva | 9 | 4 |
| Targretin | 12 | 3 |
| Tasigna | 9 | 2 |
| Taxotere inj | 9 | 3 |
| Tazorac | 12 | 3 |
| Tegretol | 7 | 3 |
| Tegretol xr tab | 7 | 3 |
| Tekamlo | 9 | 2 |
| Tekturna | 9 | 2 |
| Tekturna hct | 9 | 2 |
| temazepam PA | 13 | 1 |
| Temovate | 12 | 3 |
| Temovate e | 12 | 3 |
| Tenex | 9 | 3 |
| Tenormin | 11 | 3 |
| terazosin hcl | 9 | 1 |
| terbinafi hcl | 10 | 1 |
| testost cyp inj PA Bvs.D | 7 | 1 |
| Testred PA | 7 | 3 |
| Tet/dip tox inj | 15 | 3 |
| Tetanus toxoid adsorbed PA Bvs.D | 15 | 3 |
| tetracain hcl | 14 | 1 |

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| <i>Name</i> | <i>Page</i> | <i>Tier</i> | <i>Name</i> | <i>Page</i> | <i>Tier</i> | <i>Name</i> | <i>Page</i> | <i>Tier</i> |
|--------------------------------------|-------------|-------------|-----------------------------|-------------|-------------|--|-------------|-------------|
| tetracycl hcl | 15 | 1 | Trusopt | 14 | 3 | Vivotif berna | 16 | 2 |
| Teveten ST | 9 | 3 | Truvada | 10 | 2 | Voltaren | 14 | 3 |
| Teveten hct ST | 9 | 3 | Twinrix | 16 | 2 | Voltaren-xr | 6 | 3 |
| Texacort sol | 12 | 3 | Twynsta ST | 9 | 3 | Vospire er tab | 7 | 3 |
| Thalomid | 11 | 4 | Tylenol/c tab QL 360 | 6 | 3 | Vp-ch-pnv cap | 14 | 3 |
| theophyll anhydrous cr | 7 | 1 | Typhim vi | 16 | 2 | Vsl#3 ds pak | 8 | 3 |
| theophyll cr | 7 | 1 | Tyvaso | 11 | 4 | Vytorin | 9 | 3 |
| theophyll er | 7 | 1 | Tyvaso sol | 11 | 4 | Vyvanse ST | 6 | 3 |
| theophyll sr | 7 | 1 | Tyvaso starter | 11 | 4 | | | |
| thioridaz hcl PA | 10 | 1 | | | | | | |
| Tigan PA Bvs.D | 8 | 3 | U | | | W | | |
| Tikosyn | 7 | 2 | Uloric | 13 | 3 | warfarin sodium | 7 | 1 |
| timolol maleate | 14 | 1 | Ultracet | 6 | 3 | Welchol | 9 | 2 |
| timolol maleate ophthalmi | 14 | 1 | Ultram QL 30 | 6 | 3 | Wellbutrin ST | 8 | 3 |
| Timoptic | 14 | 3 | Ultram er QL 30 | 6 | 3 | Wellbutri sr ST | 8 | 3 |
| Timoptic ocudose | 14 | 3 | Uniretic tab | 9 | 3 | Wellbutri xl ST | 8 | 3 |
| Timoptic-xe | 14 | 3 | Uramaxin | 12 | 3 | | | |
| tizanidin hcl | 14 | 1 | Urex | 15 | 3 | X | | |
| Tobi PA Bvs.D | 10 | 3 | ursodiol | 13 | 1 | Xanax PA | 7 | 3 |
| Tobradex | 14 | 3 | | | | Xanax xr PA | 7 | 3 |
| Tobrex | 14 | 3 | V | | | Xarelto | 7 | 2 |
| tolmetin sodium | 6 | 1 | valacyclo hcl | 10 | 1 | Xgeva inj PA Bvs.D | 12 | 3 |
| Tolterodi tartrate QL 60 | 16 | 3 | Valium PA | 7 | 3 | Xifaxan tab | 10 | 3 |
| Topamax | 7 | 3 | Valtrex | 10 | 3 | Xopenex PA Bvs.D | 7 | 3 |
| Topamax sprinkle | 7 | 3 | Valturna ST | 9 | 3 | Xopenex concentra PA Bvs.D | 7 | 3 |
| topiramate | 7 | 1 | Vancocin hcl | 10 | 2 | Xopenex hfa | 7 | 3 |
| Toprol xl | 11 | 3 | vancomyci hcl | 10 | 1 | Xyzal sol ST | 8 | 3 |
| Toviaz QL 30 | 16 | 3 | Vandetanib | 9 | 4 | | | |
| Tracleer LD | 11 | 4 | Vasotec | 9 | 3 | Z | | |
| Tradjenta QL 30 | 8 | 3 | venlafaxi hcl | 8 | 1 | zafirlukast | 7 | 1 |
| tramadol/a tab | 6 | 1 | venlafaxi hcl er | 8 | 1 | zaleplon | 13 | 1 |
| tramadol hcl QL 30 | 6 | 1 | Ventavis LD | 11 | 4 | Zanaflex | 14 | 3 |
| tramadol hcl er QL 30 | 6 | 1 | Ventolin hfa | 7 | 2 | Zantac | 15 | 3 |
| trandolapril | 9 | 1 | Veramyst ST | 14 | 3 | Zarontin | 7 | 3 |
| Transderm dis PA | 8 | 3 | verapamil hcl | 11 | 1 | Zemaira inj LD | 15 | 3 |
| Travatan z | 14 | 3 | verapamil hcl cr | 11 | 1 | Zemplar PA Bvs.D | 12 | 3 |
| trazodone hcl | 8 | 1 | verapamil hcl er | 11 | 1 | Zerit | 10 | 3 |
| Trexall | 9 | 3 | verapamil hcl sa | 11 | 1 | Zestoretic | 9 | 3 |
| Treximet ST QL 10 | 14 | 3 | verapamil hcl sr | 11 | 1 | Zetia | 9 | 2 |
| triamcino spr | 14 | 1 | Vesicare QL 30 | 16 | 3 | Zevalin kit in | 9 | 3 |
| triamt/hc cap | 12 | 1 | Vibramycin | 15 | 3 | Ziagen | 10 | 2 |
| triazolam PA | 13 | 1 | Vicodin | 6 | 3 | zidovudine | 10 | 1 |
| Tribenzor ST | 9 | 3 | Vicodin es | 6 | 3 | ziprasido hcl | 10 | 1 |
| Tricor | 9 | 3 | vicodin hp | 6 | 1 | Zirgan | 15 | 3 |
| Triglide | 9 | 2 | Videx ec | 10 | 3 | Zithromax | 13 | 3 |
| trihexyph elx | 10 | 1 | Videx sol | 10 | 3 | Zithromax tri-pak | 13 | 3 |
| Trileptal | 7 | 3 | Viibryd ST | 8 | 3 | Zithromax z-pak | 13 | 3 |
| Trilipix | 9 | 3 | Viracept | 10 | 2 | Zofran PA Bvs.D | 8 | 3 |
| trimethob cap PA | 8 | 1 | Viramune | 10 | 3 | Zofran odt PA Bvs.D | 8 | 3 |
| Trizivir | 10 | 2 | Viramune xr | 10 | 3 | Zoladex imp | 9 | 2 |
| Trophamin inj PA Bvs.D | 14 | 3 | Viread | 10 | 2 | Zoloft con ST | 8 | 3 |
| | | | | | | zolidem tartrate QL 30 | 13 | 1 |

Tier 1 = Generic Drug
 Tier 2 = Preferred brand drug

Tier 3 = Non-preferred brand drug
 Tier 4 = Specialty drug

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| Zolpimist ST QL 30..... | 13 | 3 |
| Zometa PABvs.D | 12 | 4 |
| Zomig ST QL 6 | 14 | 3 |
| Zomig zmt ST QL 6 | 14 | 3 |
| Zonegran | 7 | 3 |
| zonisamide | 7 | 1 |
| Zortress tab PABvs.D | 11 | 3 |
| Zostavax | 16 | 2 |
| Zovirax | 10 | 3 |
| Zuplenz PABvs.D | 8 | 3 |
| Zyflo | 7 | 2 |
| Zyloprim | 13 | 3 |
| Zymaxid | 15 | 3 |
| Zyprexa | 10 | 3 |
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| Zyvox | 10 | 2 |
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