

### 3 TIER RECOMMENDED DRUG LIST

**BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY**

The 3-Tier Recommended Drug List (RDL) has been designed to provide Health Net members with important information about covered medications, their copayment tier, and alternative medications within a therapeutic class. Medications on tier one or two are available at the lowest level copayments. Brand name medications are listed in CAPITAL LETTERS. If the medication name is **ITALICIZED** only the generic will be covered. The brand name is listed for reference only and ease of identification. Generic drugs are listed in lower case.

The first section of the Recommendation Drug List is an alphabetized list of brand and generic drugs, their copayment Tier and any limitations or restrictions. The second section is arranged by therapeutic class. The available medications are listed by copayment Tier. Selecting a generic medication within a therapeutic class or at a lower tier will save you money.

The (PA) indicator means prior authorization (pre-approval) is required before the medication is covered. A (QL) means that there are quantity or duration limits. Doses or duration beyond the standard will require prior authorization. An (EST) means that there is an Electronic Step Therapy or a pre-requisite drug required for coverage. If the pre-requisite drug has been used the claim will process automatically. The Recommended Drug List is subject to change at any time. Generic availability can change due to market and regulatory conditions. (LD) means the drug has limited availability and must be obtained through a participating Specialty Pharmacy. Health Net's prior authorization department will arrange for the specific Pharmacy to be used. (N) means the drug is not available through the mail order benefit or Maintenance Choice, as the drug is not carried by the mail order vendor.

The Specialty Drug List applies to Members that have a "Specialty Drug Tier" under their pharmacy benefit. Members need to check their Plan documents for their benefits. Drugs indicated with a (SP) are required to be obtained from a Health Net contracted Specialty Pharmacy and are not available through Mail Order. Specialty drugs are not available through mail order or for an extended days supply. Specialty drugs are not covered through out-of-network pharmacies.

Analgesics		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Acetaminophen / Codeine Tablets Acetaminophen 2.5 / Hydrocodone 1.67 Elixir Acetaminophen 325 / Hydrocodone 5 Tablets <i>ACTIQ LOZENGES (PA)(QL)</i> <i>AVINZA CAPSULES (QL)</i> Butalbital 50 / Acetaminophen 325 / Caffeine 40 Tablets Butalbital 50 / Aspirin 325 / Caffeine 40 Tablets / Capsules Butalbital 50 / Aspirin 650 Tablets Codeine / Aspirin Tablets <i>Codeine Tablets</i>  <i>DEMEROL TABLETS</i> <i>DILAUDID TABLETS</i> <i>DOLOPHINE TABLETS (QL)</i> <i>DURAGESIC PATCHES (QL)</i> <i>EMPIRIN TABLETS #2, #3, #4</i> <i>ESGIC TABLETS</i> <i>EXALGO TABLETS (QL)</i>	NUCYNТА ER TABLETS (QL) <i>NUCYNТА TABLETS (QL)</i> OPANA ER TABLETS (QL)	ABSTRAL SUBLINGUAL TABLETS (PA) Butorphanol Nasal Spray (QL) BUTRANS PATCH (QL) <i>COMBUNOX TABLETS (QL)</i> CONZIP CAPSULES FENTORA BUCCAL TABLETS (PA) Fioricet / Codeine Capsules <i>FIORINAL / CODEINE CAPSULES</i> GRALISE TABLETS (PA) Hydromorphone 24 HR Tablets (QL) KADIAN CR CAPSULES 40MG, 70MG, 130MG, 150MG, 200MG (QL) LAZANDA NASAL SPRAY (PA) ONSOLIS FILM (PA) OPANA TABLETS ORBIVAN CF TABLETS Oxycodone-Ibuprofen Tablets (QL) OXYCONTIN TABLETS (QL)

PA = Prior Authorization Required  
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#### Analgesics Continued

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p>Fentanyl Patches (QL)                      Fentanyl Lozenges (PA) (QL)  <i>FIORICET TABLETS</i>  <i>FIORINAL TABLETS / CAPSULES</i>  <i>FIORPAP TABLETS</i>                      Hydrocodone - Ibuprofen Tablets                      Hydromorphone Tablets  <i>KADIAN CR CAPSULES 10MG, 20MG, 30MG, 50MG, 80MG, 100MG</i>  <i>LORTAB ELIXIR 10/300/5ml</i>                      Meperidine Tablets                      Methadone Tablets (QL)                      Morphine Solution                      Morphine SR Tablets (QL)                      Morphine Sulfate Capsules SR 24HR                      Morphine Suppositories  <i>MS CONTIN TABLETS (QL)</i>  <i>MSIR TABLETS</i>  <i>NORCO TABLETS</i>  <i>ORAMORPH TABLETS</i>                      Oxycodone 4.5 / Aspirin 325 Tablets                      Oxycodone 5 / Acetaminophen 325 Tablets                      Oxycodone Capsules / Tablets (Immediate Release)  <i>PERCOCET 5 / 325 TABLETS</i>  <i>PERCODAN FULL STRENGTH TABLETS</i>  <i>REPREXAIN TABLETS</i>  <i>RMS SUPPOSITORIES</i>  <i>ROXICET 5 / 325 TABLETS</i>  <i>ROXICODONE</i>                      Tramadol Tablets (QL)  <i>TYLENOL CODEINE TABLETS #2, #3, #4</i>  <i>ULTRAM TABLETS</i>  <i>VICODIN TABLETS 5/300</i>  <i>VICOPROFEN TABLETS</i>  <i>XODOL TABLETS</i>  <i>XYLON TABLETS</i></p>		<p>Oxymorphone Tablets                      HYSINGLA ER TABLETS (PA)                      Pentazocine / Acetaminophen Tablets                      RYBIX ODT  <i>RYZOLT SR TABLETS</i>                      SPRIX NASAL SPRAY (QL) (LD)  <i>STADOL NASAL SPRAY (QL)</i>                      SUBSYS SPRAY (PA)  <i>TALWIN NX TABLETS</i>                      Tramadol / Acetaminophen Tablets                      Tramadol 24 HR SR Biphasic Tablets                      Tramadol Tablets SR 24 HR  <i>ULTRACET TABLETS</i>  <i>ULTRAM ER TABLETS</i>                      XARTEMIS XR TABLETS (N)                      ZOHYDRO ER CAPSULES (PA)</p>

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Antifungals		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Clotrimazole Troches <i>DIFLUCAN TABLETS</i> Fluconazole Tablets Griseofulvin Suspension Griseofulvin Ultramicrosize <i>GRIS-PEG TABLETS</i> Ketoconazole Tablets <i>LAMISIL TABLETS (QL)</i> <i>MYCELEX TROCHES</i> <i>MYCOSTATIN TABLETS</i> <i>NILSTAT TABLETS</i> <i>NIZORAL TABLETS</i> Nystatin Oral Suspension Nystatin Tablets <i>SPORANOX CAPSULES (PA)</i> Terbinafine Tablets <i>VFEND TABLETS (QL)</i> <i>Voriconazole Tablets (QL)</i>		CRESEMBA CAPSULES (PA) KERYDIN SOLUTION (PA) (QL) LAMISIL GRANULES, SPRAY (PA) NOXAFIL DELAYED RELEASE TABLETS NOXAFIL SUSPENSION ONMEL TABLETS (PA) ORAVIG BUCCAL TABLETS
Antihistamines		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>ASTELIN NASAL SPRAY (QL)</i> <i>ATARAX TABLETS</i> Azelastine Nasal Spray (QL) Carbinoxamine Liquid 4 mg / 5ml Clemastine 2.68 mg Tablets Clemastine Syrup 0.67 mg/ 5 ml Cyproheptadine 4 mg Tablets & Syrup Hydroxyzine Pamoate Capsules Hydroxyzine HCl Tablets <i>PALGIC SOLUTION</i> <i>PERIACTIN 2 mg / 5ml SYRUP</i> <i>PERIACTIN 4 mg TABLETS</i> <i>POLARAMINE TABLETS</i> Promethazine Syrup <i>TAVIST TABLETS</i> <i>VISTARIL CAPSULES</i>	ASTEPRO 0.15% NASAL SPRAY (QL)	<i>CLARINEX (PA) (QL)</i> <i>CLARINEX REDI-TABS (PA) (QL)</i> Desloratadine Oral Disintegrating Tablets (PA) (QL) Desloratadine Tablets (PA) (QL) <i>KARBINAL ER SUSPENSION</i> Levocetirizine Tablets (QL) <i>XYZAL TABLETS (PA) (QL)</i>

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#### Antihistamine / Decongestant Combinations

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Chlorpheniramine 2/ Phenylephrine 10/ Methscopolamine 1.25-Syrup Chlorpheniramine 8 / Phenylephrine 20 / Methscopolamine 2.5 Capsule <i>EXTENDRYL SR CAPSULES</i> <i>EXTENDRYL SYRUP</i> <i>Promethazine / Phenylephrine Syrup</i>		

#### ANTI-INFECTIVES

##### Amebicides

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>HUMATIN CAPSULES</i> Paromomycin Capusles	YODOXIN TABLETS	TINDAMAX TABLETS (PA) Tinidazole Tablets (PA)

##### Anthelmintics

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Mebendazole Tablets (QL) <i>VERMOX TABLETS (QL)</i>	BILTRICIDE TABLETS	ALBENZA TABLETS

##### Antimalarials

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>ARALEN TABLETS</i> <i>Chloroquine Tablets</i> Hydroxychloroquine 200 mg Tablets <i>LARIAM TABLETS (QL)</i> Mefloquine Tablets (QL) <i>PLAQUENIL TABLETS 200 MG</i>	COARTEM TABLETS (QL) FANSIDAR TABLETS PRIMAQUINE TABLETS	<i>MALARONE TABLETS</i> Atovaquone-Proguanil Tablets QUALAQUIN (PA) (QL)

##### Antituberculosis Medications

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Ethambutol Tablets Isoniazid Tablets <i>MYAMBUTOL TABLETS</i> <i>MYCOBUTIN CAPSULES</i> Pyrazinamide Tablets Rifabutin Capsules <i>RIFADIN CAPSULES</i> Rifampin Capsules	RIFAMATE CAPSULES TRECATOR TABLETS	Cycloserine Capsules DARAPRIM TABLETS (N) (LD) PRIFTIN CAPSULES <i>SEROMYCIN CAPSULES</i> SIRTURO TABLETS (LD)

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Antivirals & HIV		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Abacavir Tablets	APTIVUS CAPSULES	DAKLINZA TABLETS (PA) (LD) (N)
Abacavir Sulfate-Lamivudine-Zidovudine Tablets	ATRIPLA TABLETS	DENAVIR CREAM (QL)
Acyclovir Oral Tablets / Capsules	COMPLERA TABLETS	<i>EPIVIR HBV TABLETS</i>
<i>Adefovir Dipivoxil</i>	CRIXIVAN CAPSULES	<i>FLUMADINE TABLETS</i>
Amantadine Capsules	EDURANT TABLETS	HARVONI TABLETS (PA) (N)
<i>BARACLUDE TABLETS</i>	EMTRIVA CAPSULES 200 MG	Nevirapine XR Tablets
<i>COMBIVIR TABLETS</i>	EPZICOM TABLETS	OLYSIO CAPSULES ((PA) (N)
<i>COPEGUS TABLETS (PA)</i>	EVOTAZ TABLETS	RELENZA INHALER (QL)
<i>CYTOVENE CAPSULES</i>	INTELENCE TABLETS	Rimantadine Tablets
Didansoine Delayed Chewable Tablets	INVIRASE CAPSULES	SITAVIG BUCCAL TABLETS (PA)
Didansoine Delayed Release Capsules	ISENTRESS TABLETS	SOVALDI TABLETS (PA) (N)
Entecavir Tablets	KALETRA CAPSULES	TAMIFLU CAPSULES / SUSPENSION (QL) (N)
<i>EPIVIR TABLETS</i>	LEXIVA TABLETS	TECHNIVIE TABLETS (PA) (LD) (N)
Famciclovir Tablets	NEBUPENT SOLUTION	TIVICAY TABLETS
FAMVIR TABLETS	NORVIR CAPSULES	TYZEKA TABLETS (EST)
Ganciclovir Capsules	PREZCOBIX TABLETS	VICTRELIS CAPSULES (PA) (N)
<i>HEPSERA TABLETS</i>	PREZISTA TABLETS	VIEKIRA PAK (PA) (N)
Lamivudine - Zidovudine Tablets	RESCRIPTOR TABLETS	XERESE CREAM (QL)
Lamivudine Tablets	REYATAZ CAPSULES	
Nevirapin Tablets	SELZENTRY TABLETS	
Nevirapine Tab SR 24HR	STRIBILD TABLETS	
<i>REBETOL CAPSULES (PA)</i>	SUSTIVA CAPSULES / TABLETS	
<i>RETROVIR CAPSULES/ TABLETS</i>	TRIUMEQ TABLETS	
Ribavirin Tablets / Capsules (PA)	TRUVADA TABLETS	
Stavudine Capsules	TYBOST TABLETS	
<i>TRIZIVIR TABLETS</i>	VALCYTE TABLETS (QL) (N)	
Valacyclovir Tablets (QL)	VIDEX SOLUTION	
<i>VALTREX TABLETS (QL)</i>	VIRACEPT TABLETS	
<i>VIDEX EC CAPSULES</i>	VIREAD TABLETS	
<i>VIRAMUNE TABLETS</i>	VITEKTA TABLETS	
<i>VIRAMUNE XR TABLETS</i>		
<i>ZERIT CAPSULES</i>		
ZIAGEN TABLETS		
Zidovudine Capsules / Tablets		
<i>ZOVIRAX CAPSULES /TABLETS</i>		

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#### Cephalosporins

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*CECLOR CAPSULES / SUSPENSION*  
 Cefaclor Capsules / Suspension  
 Cefadroxil Capsules  
 Cefdinir Capsules / Suspension  
 Cefprozil Capsules / Suspension  
*CEFTIN CAPSULES/ SUSPENSION*  
 Cefuroxime Capsules  
*CEFZIL CAPSULES / SUSPENSION*  
 Cephalexin Capsules / Suspension  
*DURICEF*  
*KEFLEX CAPSULES 250 mg & 500 mg*  
*KEFLEX SUSPENSION*  
*OMNICEF CAPSULES / SUSPENSION*  
*VANTIN SUSPENSION / TABLETS*

*CEDAX CAPSULES / SUSPENSION*  
 Cefditoren Tablets  
 Cefibuten Capsules / Suspension  
 KEFLEX 750 MG CAPSULES  
*SPECTRACEF TABLETS*  
 SUPRAX 400 MG CAPSULES (PA)  
 SUPRAX SUSPENSION / CHEW TABLETS

#### Erythromycins / Macrolides

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Azithromycin Tablets (QL)  
*BIAXIN SUSPENSION*  
*BIAXIN TABLETS*  
*BIAXIN XL TABLETS (QL)*  
 Clarithromycin Suspension  
 Clarithromycin Tablets  
 Clarithromycin Extended Release Tablets  
*EES SUSPENSION*  
*E-MYCIN TABLETS*  
*ERYTHROCIN TABLETS*  
 Erythromycin / Sulfisoxazole Suspension  
 Erythromycin Base Tablets  
 Erythromycin Ethylsuccinate Suspension  
 Erythromycin Stearate TABLETS  
*PEDIAZOLE SUSPENSION*  
*ZITHROMAX TABLETS (QL)*

ERYPED TABLETS  
 ERY-TAB  
 ZMAX ORAL SUSPENSION (QL)

#### Fluoroquinolones

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*AVELOX TABLETS (QL)*  
*CIPRO TABLETS*  
*CIPRO XR TABLETS (QL)*  
 Ciprofloxacin Extended Release Tablets  
 Ciprofloxacin Tablets  
*LEVAQUIN TABLETS (QL)*  
 Levofloxacin Oral Solution

FACTIVE TABLETS (QL)  
 NOROXIN TABLETS  
 Ofloxacin Tablets

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#### Fluoroquinolones Continued

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*Levofloxacin Tablets (QL)*  
*Moxifloxacin Tablets (QL)*

#### Penicillins

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Amoxicillin 250 mg Chewable Tablets  
Amoxicillin Capsules, Suspension  
Amoxicillin Clavulanate Potassium SR Tablets 12 HR  
Amoxicillin Clavulanate Potassium Tablets / Suspension  
*AMOXIL CAPSULES / SUSPENSION*  
Ampicillin Capsules / Suspension  
*AUGMENTIN CAPSULES / SUSPENSION*  
*AUGMENTIN XR TABLETS*  
*BEEPEN-VK TABLETS / SUSPENSION*  
Dicloxacillin Capsules / Suspension  
Penicillin VK Tablets / Suspension  
*TOTACILLIN CAPSULES / SUSPENSION*  
*TRIMOX CAPSULES / SUSPENSION*  
*VEETIDS TABLETS / SUSPENSION*  
*WYMOX CAPSULES / SUSPENSION*

Amoxicillin 400 Chewable Tablets

MOXATAG TABLETS (PA) (QL)

#### Sulfonamides

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*BACTRIM TABLETS*  
*BACTRIM DS TABLETS*  
Erythromycin / Sulfisoxazole Suspension  
*PEDIAZOLE SUSPENSION*  
*SEPTRA TABLETS*  
*SEPTRA DS TABLETS*  
Sulfamethoxazole / Trimethoprim (SMZ / TMP) Tablets  
Sulfamethoxazole / Trimethoprim DS (SMZ / TMP DS) Tablets

#### Tetracyclines

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*ACHROMYCIN V CAPSULES*  
*DECLOMYCIN TABLETS*  
Demeclocycline Tablets  
Doxycycline Hyclate 50 mg, 100 mg Capsules / Tablets  
*MINOCIN CAPSULES 50 MG, 100 MG Immediate Release only*  
Minocycline 50 mg, 100 mg Immediate Release only  
Tetracycline Capsules  
*VIBRAMYCIN CAPSULES*  
*VIBRA-TABS*

ACTICLATE TABLETS (PA)  
*ADOXA TABLETS (EST)*  
*DORYX TABLETS (EST)*  
Doxycycline Hyclate 20 mg, 40 mg Capsules / Tablets  
Doxycycline Hyclate Delayed Release (EST)  
Doxycycline Monohydrate Capsules  
***DYNACIN (USE MINOCYCLINE CAPSULES)***  
Minocycline Capsules (PA)  
Minocycline SR Tablets (EST)

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Tetracyclines Continued		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
		MONODOX CAPSULES NUTRIDOX CAPSULES (PA) Doxycycline (Rosacea) Capsule Delayed Release 40 mg ORACEA CAPSULES (EST) SOLODYN SR TABS (EST)
Other Anti-infectives		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Atovaquone Suspension <i>CLEOCIN CAPSULES</i> Clindamycin Capsules <i>FLAGYL TABLETS 250 mg or 500 mg</i> Linezolid Tablets <i>MACRODANTIN CAPSULES</i> <i>MEPRON SUSPENSION</i> Methenamine Mandelate Tablets Metronidazole Capsules Metronidazole Tablets 250 mg and 500 mg Only Neomycin Tablets Nitrofurantoin Macrocrystals <i>TOBI NEBULIZER SOLUTION (N)</i> Tobramycin Nebulizer Solution (N) Trimethoprim Tablets <i>ZYVOX TABLETS</i>	DAPSONE TABLETS NEO-FRADIN ORAL SOLUTION SIVEXTRO TABLETS (QL)	ALINIA SUSPENSION /TABLETS BETHKIS NEBULIZER SOLUTION (N) CAYSTON INHALATION SOLUTION (QL) (LD) (N) DIFICID TABLETS <i>HIPREX TABLETS</i> KETEK CAPSULES Methenamine Hippurate Enteric Coated THALOMID CAPSULES (N) TOBI PODHALER CAPSULES <i>VANCOCIN CAPSULES (PA) (QL)</i> Vancomycin Capsules (PA) (QL) XIFAXAN 200 MGTABLETS (QL) XIFAXAN 550 MG TABLETS (QL) (PA)
Topical Antibacterials		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>AT/S SOLUTION (SWABS, PADS &amp; PLEDGETS EXCLUDED)</i> <i>CLEOCIN T SOLN (SWABS, PADS &amp; PLEDGETS EXCLUDED)</i> Clindamycin Solution 1% (Swabs, Pads & Pledgets Excluded) Erythromycin 2.0 % Soln (Swabs, Pads & Pledgets Excluded) <i>GARAMYCIN CREAM / OINTMENT</i> Gentamicin Sulfate Cream / Ointment <i>MYCOLOG II CREAM / OINTMENT</i> <i>MYCOTRIACET CREAM / OINTMENT</i> Triamcinolone / Nystatin Cream / Ointment		

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ANTINEOPLASTICS		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Anastrozole Tablets <i>ARIMIDEX TABLETS</i> <i>AROMASIN TABLETS</i> Bexarotene Capsules (N) Bicalutamide Tablets <i>Capecitabine Tablets (N)</i> <i>CASODEX TABLETS</i> <i>CEENU CAPSULES</i> Cyclophosphamide Tablets <i>CYTOXAN TABLETS</i> <i>EFUDEX CREAM</i> Etoposide Capsules <i>EULEXIN CAPSULES</i> Exemestane Tablets <i>FEMARA TABLETS</i> Fluoxymesterone Tablets Flurouracil Cream Flutamide Capsules <i>HYDREA TABLETS</i> Hydroxyurea Tablets Letrozole Tablets Lomustine Capsules Mercaptopurine Tablets Methotrexate Tablets <i>NOLVADEX TABLETS</i> <i>PURINETHOL TABLETS</i> <i>RHEUMATREX TABLETS</i> Tamoxifen Citrate Tablets <i>TARGRETIN CAPSULES (N)</i> <i>TEMODAR CAPSULES (QL) (N)</i> Temozolomide Capsules (QL) (N) Tretinoin Capsules <i>VEPESID CAPSULES</i> <i>VESANOID CAPSULES</i> <i>XELODA TABLETS (N)</i>	ALKERAN TABLETS ANDROXY TABLETS CAPRELSA TABLETS (N) (LD) EMCYT CAPSULES ERIVEDGE CAPSULES (N) FARESTON TABLETS GILOTRIF TABLETS (PA) (N) GLEEVEC TABLETS (N) HEXALEN CAPSULES HYCANTIN CAPSULES (N) IRESSA TABLETS (N) JAKAFI TABLETS (N) LEUKERAN TABLETS LYSODREN TABLETS MATULANE CAPSULES (LD) MEKINIST TABLETS (PA) (N) MYLERAN TABLETS NEXAVAR TABLETS (LD) (N) NILANDRON TABLETS OFORTA TABLETS (N) SPRYCEL TABLETS (N) SUTENT CAPSULES (N) TABLOID TABLETS TAFINLAR CAPSULES (N) (PA) TARCEVA TABLETS (PA) (N) TASIGNA CAPSULES (PA) (N) TYKERB TABLETS (N) VOTRIENT TABLETS (N) XALKORI CAPSULES (PA) (N) ZELBORAF TABLETS (PA) (N) ZOLINZA CAPSULES (PA) (N) ZYTIGA TABLETS (PA) (N)	AFINITOR DISPERZ (PA) (N) AFINITOR TABLETS (PA) (N) BOSULIF TABLETS (PA) (LD) (N) COMETRIQ CAPSULES (PA) (LD) (N) DROXIA CAPSULES IBRANCE CAPSULES (N) ICLUSIG TABLETS (PA) (N) (LD) IMBRUVICA CAPSULES (PA) (LD) (N) FARYDAK CAPSULES (PA) INLYTA TABLETS (PA) (N) JUXTAPID CAPSULES (PA) (LD) (N) LENVIMA CAPSULES (PA) (N) LYNPARZA CAPSULES (LD) POMALYST CAPSULES (N) PURIXAN SUSPENSION (LD) REVLIMID CAPSULES (PA) (LD) (N) SOLTAMOX SOLUTION (LD) STIVARGA TABLETS (PA) (N) VALCHLOR GEL (PA) (N) (LD) XTANDI CAPSULES (PA) (N) ZYDELIG TABLETS (LD) ZYKADIA CAPSULES (PA) (N)
Chemotherapy Rescue / Antidotes		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Leucovorin Tablets <i>WELLCOVORIN TABLETS</i>		MESNEX TABLETS (N)

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#### Antitussives - Narcotic

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

*CHERATUSSIN AC SYRUP*  
*CHERATUSSIN DAC*  
 Codeine 10/ Guaifenesin 100 Syrup  
*HYCODAN SYRUP*  
 Hydrocodone 5 / Homatropine 1.5 Syrup  
*NOVAHISTINE DH*  
*PHENERGAN / CODEINE*  
*PHENERGAN VC CODEINE*  
 Promethazine / Codeine Syrup  
 Promethazine/ Phenylephrine /Codeine Syrup  
*TUSSIONEX SUSPENSION*

*NOVAHISTINE DH LIQUID*  
*OBREDON SOLUTION*

#### Antitussives Non-Narcotic

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

Benzonatate Capsules  
*BROMFED DM SYRUP*  
 Chlorpheniramine 4 / Phenylephrine 12.5 / DM 15 Syrup  
 Iodinated Glycerol / Dextromethorphan Syrup  
*IOPHEN-DM SYRUP*  
*PHENERGAN / DM SYRUP*  
 Promethazine DM Syrup  
*RONDEC-DM SYRUP*  
*TESSALON PERLES*

#### Expectorants

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

*PIMA SOLUTION*  
 Potassium Iodide Solution  
 Pseudoephedrine 120 / Guaifenesin 400 Tablets  
*SSKI SOLUTION*

#### CARDIOVASCULAR MEDICATIONS

##### Alpha-Beta Adrenergics

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

Acebutolol Capsules  
 Carvedilol Tablets (QL)  
*COREG TABLETS (QL)*  
 Labetalol Tablets  
*NORMODYNE TABLETS*  
*SECTRAL CAPSULES*  
*TRANDATE TABLETS*

*BYSTOLIC TABLETS*  
*COREG CR CAPSULES*  
*ENTRESTO TABLETS (PA)*

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### 3 TIER RECOMMENDED DRUG LIST

*BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY*

Angiotensin Converting Enzyme Inhibitors		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>ACCUPRIL TABLETS</i>  <i>ACEON TABLETS</i>  <i>ALTACE CAPSULES</i>                      Benazepril Tablets  <i>CAPOTEN TABLETS</i>                      Captopril Capsules                      Enalapril Tablets                      Fosinopril Capsules                      Lisinopril Tablets  <i>LOTENSIN TABLETS</i>  <i>MAVIK TABLETS</i>  <i>MONOPRIL TABLETS</i>  <i>Perindopril Tablets</i>                      Quinapril Tablets  <i>Ramipril Capsules</i>                      Trandolapril Tablets  <i>UNIVASC TABLETS</i>  <i>VASOTEC TABLETS</i>  <i>ZESTRIL TABLETS</i></p>		<p>EPANED SOLUTION</p>
Angiotensin II Receptor Blockers		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>ATACAND HCT TABLETS</i>  <i>ATACAND TABLETS</i>  <i>AVALIDE TABLETS</i>  <i>AVAPRO TABLETS</i>                      Candesartan Tablets                      Candesartan HCT Tablets  <i>COZAAR TABLETS</i>  <i>DIOVAN HCT TABLETS</i>  <i>DIOVAN TABLETS</i>                      Eprosartan 600 mg Tablets  <i>HYZAAR TABLETS</i>                      Irbesartan Tablets                      Irbesartan-Hydrochlorothiazide Tablets                      Losartan Potassium / Hydrochlorothiazide Tablets                      Losartan Potassium Tablets  <i>MICARDIS HCT TABLETS</i>  <i>MICARDIS TABLETS</i>                      Telmisartan HCTZ Tablets                      Telmisartan Tablets  <i>TEVETEN 600 MG TABLETS</i>                      Valsartan HCT Tablets                      Valsartan Tablets</p>	<p>BENICAR HCT TABLETS                      BENICAR TABLETS                      TRIBENZOR TABLETS (EST)</p>	<p>EDARBI TABLETS                      EDARBYCHLOR TABLETS                      TEVETEN 400 MG TABLETS (EST)                      TEVETEN HCT CAPSULES (EST)</p>

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Antiarrhythmics		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Amiodarone Tablets <i>CORDARONE TABLETS</i> Disopyramide Capsules Flecainide Tablets Mexiletine Capsules <i>MEXITIL CAPSULES</i> <i>NORPACE CAPSULES</i> Propafenone Capsules SR 12hr Propafenone Tablets (QL) <i>QUINAGLUTE TABLETS</i> <i>QUINIDEX TABLETS</i> Quinidine Gluconate Tablets Quinidine Sulfate Sustained Release Tablets Quinidine Sulfate Tablets <i>QUINIDINE TABLETS</i> <i>RYTHMOL SR CAPSULES</i> <i>RYTHMOL TABLETS (QL)</i> <i>TAMBOCOR TABLETS</i>	MULTAQ TABLETS NORPACE CR CAPSULES TIKOSYN CAPSULES (N)	
Antihyperlipidemics		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>ANTARA CAPSULES 43 MG, 130 MG</i> Atorvastatin Tablets (QL) Cholestyramine - Bulk Powder Only Cholestyramine Lite- Bulk Powder Only Choline Fenofibrate Capsules <i>COLESTID GRANULES</i> <i>COLESTID TABLETS</i> Colestipol Granules Colestipol Tablets Fenofibrate Micronized 43 mg, 130 mg Fenofibrate Micronized Capsules 67 mg, 134 mg, 200 mg Fenofibrate Tablets 48 mg, 54 mg, 145 mg, 160 mg Gemfibrozil Tablets <i>LIPITOR TABLETS (QL)</i> <i>LOFIBRA CAPSULES 54mg, 67mg, 134mg, 160mg, 200mg</i> <i>LOPID TABLETS</i>	ADVICOR TABLETS (QL) LIPTRUZET TABLETS (QL) SIMCOR EXTENDED RELEASE TABLETS VYTORIN TABLETS 10-10 (QL) (EST) VYTORIN TABLETS 10-20, 10-40 mg (QL) VYTORIN TABLETS 10-80 mg (QL) (PA) ZETIA TABLETS	ALTOPREV TABLETS Amlodipine / Atorvastatin Tablets (PA) ANTARA CAPSULES 30 MG, 90 MG <i>CADUET TABLETS (PA)</i> CRESTOR 5 MG TABLETS (EST) (QL) CRESTOR TABLETS 10 MG, 20 MG, 40 MG (QL) Fenofibrate Tablets 150 mg FIBRICOR TABLETS Fluvastatin Capsules (PA) (QL) <i>LESCOL CAPSULES (QL)</i> LESCOLOL XL TABLETS (QL) (PA) LIVALO TABLETS (EST) (QL) NIACOR TABLETS TRIGLIDE TABLETS 50 MG VASCEPA CAPSULES WELCHOL TABLETS

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### 3 TIER RECOMMENDED DRUG LIST

BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY

#### Antihyperlipidemics Continued

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Lovastatin Tablets (QL) <i>LOVAZA CAPSULES</i> <i>MEVACOR TABLETS (QL)</i> Niacin CR Tablets (Antihyperlipidemic) <i>NIASPAN TABLETS</i> <i>Omega-3-Acid Ethyl Esters Capsules</i> <i>PRAVACHOL TABLETS (QL)</i> Pravastatin Tablets (QL) <i>QUESTRAN BULK - POWDER ONLY</i> <i>QUESTRAN LIGHT - POWDER ONLY</i> Simvastatin Tablets 10 mg, 20 mg, 40 mg, 80 mg (QL) <i>TRICOR TABLETS 48 mg, 145 mg</i> <i>TRILIPIX CAPSULES</i> <i>ZOCOR TABLETS 10 mg, 20 mg, 40 mg, 80 mg (QL)</i>		

#### Beta Adrenergic Antagonists

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Atenolol Tablets <i>BETAPACE AF TABLETS</i> <i>BETAPACE TABLETS</i> <i>Betaxolol Tablets</i> Bisoprolol Tablets <i>BLOCADREN TABLETS</i> <i>CORGARD TABLETS</i> <i>INDERAL LA CAPSULES</i> <i>INDERAL TABLETS</i> <i>KERLONE TABLETS</i> <i>LOPRESSOR HCT TABLETS</i> <i>LOPRESSOR TABLETS</i> <i>Metoprolol / HCTZ Tablets</i> Metoprolol SR Tablets Metoprolol Tablets Nadolol Tablets Pindolol Tablets Propranolol Tablets Sotalol Tablets <i>TENORMIN TABLETS</i> Timolol Tablets <i>TOPROL XL TABLETS</i> <i>ZEBETA TABLETS</i>		DUTOPROL SR TABLETS HEMANGEOL ORAL SOLUTION INNOPRAN XL CAPSULES

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### 3 TIER RECOMMENDED DRUG LIST

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#### Calcium Channel Blockers

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

ADALAT CC TABLETS  
 ADALAT TABLETS  
 Amlodipine Tablets (QL)  
 CALAN SR TABLETS  
 CALAN TABLETS  
 CARDIZEM CD CAPSULES (QL)  
 CARDIZEM LA TABLETS  
 CARDIZEM SR CAPSULES  
 CARDIZEM TABLETS  
 DILACOR XR CAPSULES  
 Diltiazem Coated Beads SR 24 HR Tablets  
 Diltiazem Extended Release Capsules 24 hr (QL)  
 Diltiazem Immediate Release Tablets  
 Diltiazem SR Capsules  
 ISOPTIN SR TABLETS  
 ISOPTIN TABLETS  
 Nifedipine Immediate Release Tablets  
 Nifedipine, Sustained Release Tablets  
 Nimodipine Capsules  
 NIMOTOP CAPSULES  
 Nisoldipine Tab SR 24HR  
 NORVASC TABLETS (QL)  
 NORVASC TABLETS (QL)  
 PROCARDIA TABLETS  
 PROCARDIA XL TABLETS  
 SULAR SR TABLETS  
 TIAZAC CAPSULES  
 Verapamil CR Tablets  
 Verapamil SA Tablets  
 Verapamil Tablets  
 VERELAN CAPSULES

CARDENE CAPSULES  
 CARDENE SR CAPSULES  
 COVERA -HS TABLETS  
 DYNACIRC CR TABLETS  
 Nicardipine Capsules  
 VERELAN PM CAPSULES

#### Cardiac Glycosides

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

Digoxin Tablets  
 LANOXIN TABLETS

### 3 TIER RECOMMENDED DRUG LIST

*BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY*

Combination Antihypertensives		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>ACCURETIC TABLETS</i>  <i>ALDORIL TABLETS</i>                      Amlodipine / Valsartan / HCTZ Tablets                      Amlodipine / Valsartan Tablets                      Atenolol / Chlorthalidone Tablets                      Benazepril / Amlodipine Capsules                      Benazepril / HCTZ Tablets                      Bisoprolol / Hydrochlorothiazide Tablets  <i>CAPOZIDE TABLETS</i>                      Captopril / HCTZ Tablets                      Enalapril / Hydrochlorothiazide Tablets  <i>EXFORGE HCT TABLETS</i>  <i>EXFORGE TABLETS</i>  <i>INDERIDE TABLETS</i>                      Lisinopril / HCTZ Tablets  <i>LOTENSIN HCT TABLETS</i>  <i>LOTREL CAPSULES</i>                      Methyldopa / Hydrochlorothiazide Tablets</p>	<p>AMTURNIDE TABLETS (EST)                      AZOR TABLETS (EST)                      TEKAMLO TABLETS (EST)</p>	<p>TARKA TABLETS                      TWYNSTA TABLETS (EST)</p>
Combination Antihypertensives Continued		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>MONOPRIL / HCT TABLETS</i>                      Propranolol / Hydrochlorothiazide Tablets  <i>TENORETIC TABLETS</i>  <i>UNIRETIC TABLETS</i>  <i>VASERETIC TABLETS</i>  <i>ZESTORETIC TABLETS</i>  <i>ZIAC TABLETS</i></p>		
Anti-Adrenergic Agents		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p>Clonidine (Tablets only)  <i>ALDOMET TABLETS</i>  <i>CATAPRES -TABLETS ONLY</i>                      Guanabenz Tablets                      Guanfacine Tablets                      Methyldopa Tablets                      Reserpine Tablets  <i>TENEX TABLETS</i>  <i>WYTENSIN TABLETS</i></p>		<p><i>CATAPRES-TTS PATCHES</i>                      Clonidine TD Patch Weekly</p>

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### 3 TIER RECOMMENDED DRUG LIST

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Direct Renin Inhibitors		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
	TEKTURNA HCT TABLETS (EST) TEKTURNA TABLETS (EST)	
Vasodilating Medications		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>APRESOLINE TABLETS</i> <i>CARDURA TABLETS</i> Doxazosin Mesylate Tablets Hydralazine Tablets <i>HYTRIN TABLETS / CAPSULES</i> <i>IMDUR TABLETS</i> <i>ISORDIL TABLETS</i> Isosorbide Dinitrate Tablets Isosorbide Mononitrate Tablets <i>LONITEN TABLETS</i> <i>MINIPRESS CAPSULES</i> Minoxidil Tablets <i>NITRO-BID CAPSULES</i> <i>NITRO-DUR PATCHES (QL)</i> Nitroglycerin Ointment Nitroglycerin Oral Capsules Nitroglycerin Patches (QL) Nitroglycerin Sublingual Tablets <i>NITROSTAT SL TABLETS</i> Prazosin Capsules Terazosin Tablets / Capsules	ADCIRCA TABLETS (PA) (N) LETAIRIS TABLETS (LD) (N) NITROLINGUAL SPRAY TRACLEER TABLETS (LD) (N)	ADEMPAS TABLETS (PA) (N) BIDIL TABLETS CIALIS TABLETS 2.5 MG, 5 MG (PA) <b>(FOR BPH ONLY)</b> NITROMIST SPRAY OPSUMIT TABLETS (PA) (N) ORENITRAM ER TABLETS (PA) (N) (LD) PROGLYCEM SUSPENSION RANEXA TABLETS (QL) <i>REVATIO TABLETS (PA) (N)</i> Sildenafil Tablets 20 mg (PA) (N)
Hematological Agents		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>AGRYLIN CAPSULES</i> <i>Anagrelide Capsules</i> Cilostazol tablets <i>Clopidogrel Tablets (QL)</i> <i>COUMADIN TABLETS</i> Dipyridamole Tablets <i>JANTOVEN TABLETS</i> Pentoxifylline Tablets <i>PERSANTINE TABLETS</i> <i>PLAVIX TABLETS (QL)</i> <i>PLETAL TABLETS (QL)</i> <i>TICLID TABLETS</i> Ticlopidine Tablets <i>TRENTAL TABLETS</i> Warfarin Sodium Tablets	BRILINTA TABLETS (QL) EFFIENT TABLETS EXJADE (N) KUVAN TABLETS / POWDER (LD) (N) MEPHYTON TABLETS / POWDER PRADAXA CAPSULES XARELTO TABLETS ZONTIVITY TABLETS	<i>AGGRENOX CAPSULES</i> Aspirin-dipyridamole SR Capsule 12hr ELIQUIS TABLETS <i>LYSTEDA TABLETS (QL)</i> PROMACTA TABLETS (PA) (QL) (N) Tranexamic Acid Tablets (QL)

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Pheochromocytoma Agents		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
	DIBENZYLIN	
Vasopressors		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Midodrine Tablets		NORTHERA CAPSULES (PA) (N)
CENTRAL NERVOUS SYSTEM MEDICATIONS		
Antidepressants		
Tier 1	Tier 2	Tier 3
Amitriptyline Tablets <i>ANAFRANIL CAPSULES</i> <i>AVENTYL CAPSULES</i> Bupropion Sustained Release Tablets Bupropion Tablets <i>CELEXA TABLETS (QL)</i> Citalopram Tablets (QL) Clomipramine Tablets <i>CYMBALTA CAPSULES (QL)</i> Desipramine Tablets <i>DESYREL TABLETS</i> Doxepin Capsules Duloxetine EC Capsules (QL) <i>EFFEXOR TABLETS</i> EFFEXOR XR CAPSULES (QL) <i>ELAVIL TABLETS</i> Escitalopram Oxalate Tablets Fluoxetine Capsules / Tablets Fluvoxamine SR Capsules Imipramine HCL Tablets <i>LEXAPRO TABLETS</i> <i>LUVOX CR CAPSULES</i> Maprotiline Tablets Mirtazapine Soluble Tablets Mirtazapine Tablets <i>NORPRAMIN TABLETS</i> Nortriptyline Capsules <i>PAMELOR CAPSULES</i> Paroxetine CR Tablets Paroxetine HCl Tablets <i>PAXIL CR TABLETS</i> <i>PAXIL TABLETS</i> <i>PROZAC CAPSULES ONLY - 10 MG &amp; 20 MG ONLY</i> <i>REMERON SOLTABS</i>	AMOXAPINE TABLETS	Amitriptyline / Perphenazine Tablets APLENZIN 24 HR TABLETS (QL) (EST) BRISDELLE TABLETS BRINTELLIX TABLETS (EST) CELEXA ORAL SOLUTION (QL) Desvenlafaxine Tab SR 24HR (EST) (QL) FETZIMA CAPSULES (EST) Fluoxetine 60 MG Tablets (EST) Fluoxetine Delayed Release 90mg Fluvoxamine Tablets FORFIVO XL TABLETS (EST) Imipramine Pamoate Capsules Nefazodone Tablets OLEPTRO TABLETS 24 HR PEKEVA TABLETS PRISTIQ TABLETS (EST) (QL) <i>PROZAC 60 MG TABLETS</i> <i>PROZAC WEEKLY CAPSULES</i> SILENOR TABLETS (EST) <i>SURMONTIL CAPSULES</i> <i>TOFRANIL PM TABLETS</i> Trimipramine Capsules VIIBRYD TABLETS (EST) VIVACTIL TABLETS

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### 3 TIER RECOMMENDED DRUG LIST

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#### Antidepressants Continued

Tier 1

Tier 2

Tier 3

*REMERON TABLETS*  
 Sertraline Tablets  
*SINEQUAN CAPSULES*  
*TOFRANIL TABLETS*  
 Trazodone Tablets  
*Venlafaxine SR Capsules (QL)*  
*Venlafaxine Tablets*  
*WELLBUTRIN SR TABLETS*  
*WELLBUTRIN TABLETS*  
*WELLBUTRIN XL TABLETS (QL)*  
*ZOLOFT TABLETS*

#### Antianxiety Medications

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

*ATIVAN TABLETS*  
 Alprazolam Tablets  
*BUSPAR TABLETS*  
 Buspirone Tablets  
 Chlordiazepoxide Capsules  
 Clorazepate Capsules  
 Diazepam Tablets  
*LIBRIUM CAPSULES*  
 Lorazepam Tablets  
 Oxazepam Capsules  
*SERAX CAPSULES*  
*TRANXENE CAPSULES*  
*VALIUM TABLETS*

Alprazolam SR 24 hr Tablets  
 Meprobamate Tablets  
*MILTOWN TABLETS*  
*XANAX XR TABLETS*

#### Anti-mania

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

*ESKALITH CAPSULES*  
 Lithium Carbonate CR Tablets  
 Lithium Carbonate Tablets / Capsules  
*LITHOBID CAPSULES*

### 3 TIER RECOMMENDED DRUG LIST

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#### Antipsychotic Medications

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>ABILIFY TABLETS</i> <i>Aripiprazole Tablets</i> <i>CHLORPROMAZINE TABLETS</i> Clozapine Tablets <i>CLOZARIL TABLETS</i> Fluphenazine Tablets <i>GEODON CAPSULES</i> Haloperidol Tablets Loxapine Capsules <i>LOXITANE CAPSULES</i> <i>NAVANE CAPSULES</i> Olanzapine Tablets Perphenazine Tablets <i>PROLIXIN TABLETS</i> Quetiapine fumarate Tablets <i>RISPERDAL TABLETS</i> Risperidone Tablets <i>SEROQUEL TABLETS</i> Thioridazine Tablets <i>THORAZINE TABLETS</i> Trifluoperazine Tablets Ziprasidone Capsules ZYPREXA TABLETS (ZYDIS TABS TIER 3)	ABILIFY SOLUTION SAPHRIS SL TABLETS	ABILIFY DISCMELT EMSAM PATCHES FANAPT TABLETS (PA) INVEGA TABLETS LATUDA TABLETS Olanzapine Orally Disintegrating Tablets Olanzapine-Fluoxetine Capsules ORAP TABLETS REXULTI TABLETS (PA) <i>RISPERDAL-M TABLETS</i> Risperidone Orally Disintegrating Tablets SEROQUEL XR TABLETS <i>SYMBYAX CAPSULES</i> <i>ZYPREXA ZYDIS</i>

#### Barbiturates

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Phenobarbital Tablets		

#### Sedative / Hypnotics

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>AMBIEN TABLETS (QL)</i> <i>ATARAX TABLETS</i> Chloral Hydrate Capsules <i>DALMANE CAPSULES</i> Estazolam Tablets Flurazepam Capsules <i>HALCION TABLETS</i> Hydroxyzine HCl Tablets <i>PROSOM TABLETS</i> <i>RESTORIL 7.5 MG 15 MG 30 MG CAPSULES (QL)</i> <i>SONATA CAPSULES (QL)</i> Temazepam 7.5 mg, 15 mg, 30 mg Capsules Triazolam Tablets Zaleplon Capsules (QL) Zolpidem Tablets (QL)		<i>AMBIEN CR TABLETS 6.25 mg, 12.5 mg (QL)</i> BALSOMRA TABLETS (PA) DORAL TABLETS EDLUAR SUBLINGUAL TABLETS (EST) (QL) Eszopiclone Capsules (QL) HETLIOZ CAPSULES (PA) INTERMEZZO SL TABLETS (PA) (QL) <i>LUNESTA TABLETS (QL)</i> <i>RESTORIL 22.5 MG</i> ROZEREM TABLETS (EST) (QL) Temazepam 22.5 mg (QL) Zolpidem CR Tablets (QL) ZOLPIMIST SPRAY (EST)

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Monoamine Oxidase Inhibitors		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>NARDIL TABLETS</i>  <i>PARNATE TABLETS</i>                      Phenelzine Tablets                      Tranylcypromine Tablets</p>		
CNS Stimulants		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>ADDERALL TABLETS</i>                      Amphetamine Dextroamphetamine Immediate Release Tablets  <i>CONCERTA SA TABLETS (QL)</i>  <i>DEXEDRINE SPANSULES</i>  <i>ADDERALL XR CAPSULES (QL)</i>  <i>Amphetamine-Dextroamphetamine SR 24 hr Caps (QL)</i>  <i>DEXEDRINE TABLETS</i>                      Dexamethylphenidate Tablets (QL)                      Dextroamphetamine Sustained Release Capsules                      Dextroamphetamine Tablets  <i>FOCALIN TABLETS (QL)</i>  <i>METADATE ER TABLETS (QL)</i>                      Methylphenidate hcl Tablet SA OSM                      Methylphenidate Oral Solution                      Methylphenidate SR TABLETS                      Methylphenidate Tablets  <i>RITALIN SR TABLETS</i></p>	<p>VYVANSE CAPSULES (QL)</p>	<p>APTENSIO XR CAPSULES (QL)                      DAYTRANA PATCH                      DESOXYN TABLETS (PA)                      Dexamethylphenidate SR 24 Hour Capsules  <i>FOCALIN XR CAPSULES</i>  <i>METADATE CD CAPSULES</i>                      Methylphenidate Long Acting Capsules                      Modafanil Tablets (QL) (PA)                      NUVIGIL TABLETS (PA)  <i>PROVIGIL TABLETS (QL) (PA)</i>                      QUILLIVANT XR SUSPENSION  <i>RITALIN LA CAPSULES</i>                      ZENZEDI TABLETS</p>
Miscellaneous CNS Agents		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>ANTABUSE TABLETS</i>  <i>Buprenorphine SL Tablets (PA)</i>  <i>Buprenorphine-Naloxone SL Tablets (PA)</i>                      Disulfiram Tablets                      Naltrexone Tablets    <i>REVIA TABLETS</i>    <i>SUBOXONE SL TABLETS (PA)</i>  <i>SUBUTEX (PA)</i></p>	<p>GUANIDINE TABLETS                        NUEDEXTA CAPSULES</p>	<p>Acamprosate Calcium Tablets Delayed Release 333 mg                      AUBAGIO TABLETS (PA) (FOR PLANS WITH SPECIALTY TIER SEE SPECIALTY LIST) (N) (LD)                      BUNAVAIL FILM (PA)  <b>CAMPRAL TABLETS</b>                      Clonidine SR Tablets                      GILENYA TABLETS (PA) (FOR PLANS WITH SPECIALTY TIER SEE SPECIALTY LIST) (N)                      Guanfacine hcl SR 24hr Tablet                      Guanfacine hcl tab sr 24hr  <i>INTUNIV TABLETS</i>  <i>KAPVAY SR TABLETS (QL)</i></p>

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Miscellaneous CNS Agents Continued		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
		OTEZLA CAPSULES (PA) (N) (FOR PLANS WITH SPECIALTY TIER SEE SPECIALTY LIST) <b>RILUTEK TABLETS</b> Riluzole Tablets SAVELLA TABLETS (PA) (QL) STRATTERA CAPSULES (QL) <b>SUBOXONE SL FILM (PA)</b> TECFIDERA CAPSULES (PA) (LD) (N) (FOR PLANS WITH SPECIALTY TIER SEE SPECIALTY LIST) XYREM SOLUTION (PA) (LD) (N) ZUBSOLV SL TABLETS (PA)
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
Alkalinizing Agents		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Citric Acid / Potassium Citrate / Sodium Citrate Syrup / Solution / Crystals <i>CYTRA K SYRUP</i> <i>CYTRA-2 SOLUTION</i> <i>CYTRA-3 SYRUP</i> <i>POLYCITRA CRYSTALS</i> <i>UROCIT-K 5, 10</i> Potassium Citrate Tablets	UROCIT-K 15 TABLETS	
Electrolyte Depleters		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Calcium Acetate Capsules <i>KAYEXALATE</i> <i>PHOSLO CAPSULES</i> Sodium Polystyrene Sulfonate Powder Sodium Polystyrene Sulfonate Suspension <i>SPS SUSPENSION</i>	K-PHOS TABLETS PHOSLYRA SOLUTION	FERRIC CITRATE TABLETS FOSRENOL TABLETS JADENU TABLETS (N) RENAGEL TABLETS RENVELA TABLETS VELPHORO CHEWABLE TABS
Ammonia Detoxicants		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>CEPHULAC SOLUTION</i> Lactulose Solution	CARBAGLU TABLETS (LD) (N)	KRISTALOSE CRYSTALS LITHOSTAT TABLETS

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### 3 TIER RECOMMENDED DRUG LIST

*BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY*

#### Potassium Medications

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*KAON-CL*  
*K-DUR TABLETS*  
*KLOR-CON TABLETS 10 mEq, 20 mEq*  
*KLOR-CON PACKETS.*  
*K-LYTE (DS) PACKETS*  
*K-TABS*  
*MICRO-K*  
 Potassium Chloride Tablets 8 mEq, 10 mEq, 20 mEq  
 Potassium Chloride Effervescent Tablets  
 Potassium Chloride Liquid  
 Potassium Chloride Packets.

*KLOR-CON 15 mEq TABLETS*

Potassium Chloride ER Capsules 20 mEq

#### Loop Diuretics

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Bumetanide Tablets  
*BUMEX TABLETS*  
*DEMADEX TABLETS*  
 Furosemide Tablets  
*LASIX TABLETS*  
 Torsemide Tablets

EDECIN TABLETS

#### Other Antihypertensives

#### Potassium Sparing Diuretics

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*ALDACTAZIDE TABLETS*  
*ALDACTONE TABLETS*  
 Amiloride / Hydrochlorothiazide Tablets  
 Amiloride Tablets  
*DYAZIDE CAPSULES*  
*MAXZIDE TABLETS*  
*MODURETIC TABLETS*  
 Spironolactone / HCTZ Tablets  
 Spironolactone Tablets  
 Triamterene / HCTZ Capsules / Tablets

*SAMSCA TABLETS (QL) (N)*

Eplerenone Tablets  
 DYRENNIUM CAPSULES  
*INSPRA TABLETS*

### 3 TIER RECOMMENDED DRUG LIST

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#### Thiazide and Related Diuretics

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Chlorthalidone Tablets Hydrochlorothiazide (HCTZ) 12.5 mg Capsules Hydrochlorothiazide (HCTZ) 25 mg, 50 mg Tablets Indapamide Tablets <i>LOZOL TABLETS</i> Metolazone Tablets <i>MICROZIDE CAPSULES</i> <i>ZAROXOLYN TABLETS</i>		Hydrochlorothiazide (HCTZ) 12.5 mg Tablets

#### Androgens

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>ANDROID CAPSULES</i> Danazol Capsules <i>DANOCRINE CAPSULES</i> Fluoxymesterone Tablets Methyltestosterone Capsules <i>OXANDRIN TABLETS</i> Oxandrolone Tablets <i>TESTRED CAPSULES</i>	ANDROGEL (QL) METHITEST TABLETS	ANDRODERM PATCHES AXIRON SOLUTION (QL) (EST) FORTESTA GEL (QL) (EST) NATESTO NASAL GEL (PA) (QL) STRIANT BUCCAL TABLETS <i>TESTIM GEL (EST) - Use Androgel</i> VOGELXO GEL (PA) - Use Androgel

#### Antidiabetic Agents

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Acarbose Tablets <i>ACTOPLUS MET TABLETS</i> <i>ACTOS TABLETS</i> <i>AMARYL TABLETS</i> <i>DIABETA TABLETS</i> <i>DUETACT TABLETS</i> <i>FORTAMET TABLETS</i> Glimepiride Tablets Glipizide Long Acting Glipizide Tablets <i>GLUCOPHAGE TABLETS</i> <i>GLUCOPHAGE XR TABLETS</i> <i>GLUCOTROL TABLETS</i> <i>GLUCOTROL XL TABLETS</i> <i>GLUCOVANCE TABLETS</i> Glyburide Micronized Tablets Glyburide Tablets <i>GLYNASE TABLETS</i> <i>METAGLIP TABLETS</i> <i>Metformin ER Osmotic Tablets</i> <i>Metformin ER Tablets</i>	AVANDAMET TABLETS (LD) AVANDARYL TABLETS (LD) AVANDIA TABLETS (LD) INVOKAMET TABLETS INVOKANA TABLETS JANUMET TABLETS JANUMET XR TABLETS JANUVIA TABLETS JARDIANCE TABLETS JENTADUETO TABLETS PRANDIN 0.5 MG TABLETS TRADJENTA TABLETS	ACTOPLUS MET XR TABLETS FARXIGA TABLETS GLYSET TABLETS GLYXAMBI TABLETS KAZANO TABLETS KOMBIGLYZE XR NESINA TABLETS ONGLYZA TABLETS OSENI TABLETS PRANDIMET TABLETS RIOMET SOLUTION XIGDUO XR TABLETS

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### 3 TIER RECOMMENDED DRUG LIST

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#### Antidiabetic Agents Continued

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Metformin / Glipizide Tablets Metformin / Glyburide Tablets Metformin Tablets Metformin XR Tablets <i>MICRONASE TABLETS</i> Nateglenide Tablets Pioglitazone / Glimpride Tablets Pioglitazone Tablets Pioglitazone-Metformin Tablets <i>PRANDIN Tablets</i> <i>PRECOSE TABLETS</i> Repaglinide Tablets <i>STARLIX TABLETS</i> Tolazamide Tablets Tolbutamide Tablets <i>TOLINASE 250 MG TABLETS</i>		

#### Insulin

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
	HUMALOG INSULIN (QL) HUMALOG INSULIN KWIKPENS (QL) HUMALOG INSULIN PENS (QL) HUMALOG MIX 50/50 INSULIN (QL) HUMALOG MIX 50/50 INSULIN KWIKPENS (QL) HUMALOG MIX 50/50 INSULIN PENS (QL) HUMALOG MIX 75/25 INSULIN (QL) HUMALOG MIX 75/25 INSULIN KWIKPENS (QL) HUMALOG MIX 75/25 INSULIN PENS (QL) HUMULIN INSULIN 50/50 INSULIN (QL) HUMULIN INSULIN 70/30 INSULIN (QL) HUMULIN N INSULIN (QL) HUMULIN R INSULIN (QL) LANTUS VIALS (QL) LANTUS SOLOSTAR (QL) LEVEMIR INSULIN VIALS or PEN (QL) TOUJEO SOLOSTAR (QL)	AFREZZA INHALATION POWDER (QL) APIDRA INSULIN (QL) APIDRA SOLOSTAR INSULIN (QL) NOVOLIN (QL) (VIALS OR CARTRIDGES ONLY) NOVOLOG (QL) (VIALS OR CARTRIDGES ONLY) NOVOLOG MIX (QL) (VIALS OR CARTS. ONLY)

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### 3 TIER RECOMMENDED DRUG LIST

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#### Blood Glucose Test Strips

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

FREESTYLE INSULINX TEST STRIPS (QL)  
 FREESTYLE LITE TEST STRIPS (QL)  
 FREESTYLE TEST STRIPS (QL)  
 KETOSTIX STRIPS (QL)  
 ONETOUCH ULTRA TEST STRIPS (QL)  
 ONETOUCH VERIO TEST STRIPS (QL)  
 PRECISION XTRA TEST STRIPS (QL)

ACCU-CHEK ACTIVE TEST STRIPS (PA) (QL)  
 ACCU-CHEK ADVANTAGE TEST STRIPS (PA) (QL)  
 ACCU-CHEK AVIVA PLUS TEST STRIPS (PA) (QL)  
 ACCU-CHEK AVIVA TEST STRIPS (PA) (QL)  
 ACCU-CHEK COMFORT CURVE TEST STRIPS (PA) (QL)  
 ACCU-CHEK COMPACT PLUS TEST STRIPS / DRUM (PA) (QL)  
 ACCU-CHEK SMARTVIEW TEST STRIPS (PA) (QL)  
 ASCENSIA TEST STRIPS (PA) (QL)  
 FASTTAKE TEST STRIPS (PA) (QL)  
 ONE TOUCH TEST STRIPS (PA) (QL)  
 PRESTIGE TEST STRIPS (PA) (QL)  
 SURESTEP TEST STRIPS (PA) (QL)  
 TRUETRAK TEST STRIPS (PA) (QL)

#### Insulin Needles & Syringes

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

DISPOSABLE ULTRAFINE III PEN NEEDLES  
 DISPOSABLE ULTRAFINE III PEN NEEDLES MINI  
 DISPOSABLE INSULIN NEEDLES &N SYRINGES  
 DISPOSABLE MICROFINE SYRINGES  
 DISPOSABLE ULTRAFINE II SYRINGES  
 DISPOSABLE ULTRAFINE PEN NEEDLES ORIGINAL  
 DISPOSABLE ULTRAFINE SYRINGES

#### Estrogens

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*CLIMARA PATCHES (QL)*  
*ESTRACE TABLETS*  
 Estradiol Patches -BI-WEEKLY  
 Estradiol Patches -WEEKLY  
 Estradiol Tablets  
 Estropipate Tablets  
*OGEN TABLETS*  
*ORTHO-EST TABLETS*  
*VIVELLE-DOT PATCHES*

ESTRACE VAGINAL CREAM  
 ESTRADERM PATCHES (QL)  
 MENEST TABLETS  
 PREMARIN TABLETS  
 PREMARIN VAGINAL CREAM

ALORA PATCHES  
 CENESTIN TABLETS  
 ELESTRIN VAGINAL CREAM  
 ENJUVIA TABLETS  
 ESTRASORB TOPICAL EMULSION  
 ESTRING ( 3 Month's Supply)  
 ESTROGEL (QL)  
 EVAMIST SPRAY  
 FEMRING (3 months Supply)  
 MENOSTAR PATCH (QL)  
 MINIVELLE PATCHES (QL)  
 VAGIFEM VAGINAL TABLETS

### 3 TIER RECOMMENDED DRUG LIST

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#### Estrogen Progestin Combinations

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>ACTIVEVELLA TABLETS</i> Estradiol & Norethindrone Acetate Tablets <i>ESTRATEST HS TABLETS</i> <i>ESTRATEST TABLETS</i> <i>FEMHRT TABLETS</i> <i>JINTELI TABLETS</i>	CLIMARA PRO PATCH PREMPHASE TABLETS PREMPRO TABLETS	ANGELIQ TABLETS COMBIPATCH PATCHES DUAVEE TABLETS PREFEST TABLETS

#### Osteoporosis Agents

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Alendronate Tablets (QL) Calcitonin (Salmon) Nasal Soln <i>FORTICAL NASAL SPRAY</i> <i>FOSAMAX TABLETS (QL)</i> <i>MIACALCIN NASAL SPRAY</i>		<i>ACTONEL TABLETS 150 MG (PA) (QL)</i> <i>ACTONEL TABLETS 5 MG, 35 MG (PA) (QL)</i> <i>ATELVIA TABLETS (EST) (QL)</i> BINOSTO EFFERVESCENT TABLETS (PA) <i>BONIVA TABLETS (QL)</i> <i>DIDRONEL TABLETS</i> Etidronate Tablets <i>FOSAMAX-D TABLETS (PA) (QL)</i> <i>Ibandronate Tablets (QL)</i> Risedronate Tablets 150 mg (PA) (QL)

#### Thyroid Hormones

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>CYTOMEL TABLETS</i> <i>LEVOTHROID TABLETS</i> Levothyroxine Tablets Levoxyl Tablets Liothyronine Tablets <i>SYNTHROID TABLETS</i> Thyroid, Dessicated Tablets	ARMOUR THYROID TABLETS	THYROLAR TABLETS TIROSINT CAPSULES

#### Anti-thyroid Medications

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Propylthiouracil (PTU) Tablets Methimazole Tablets <i>TAPAZOLE TABLETS</i>		

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### 3 TIER RECOMMENDED DRUG LIST

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#### Miscellaneous Endocrine Agents

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

DDAVP TABLETS/ SPRAY  
Desmopressin Tablets / Spray  
*EVISTA TABLETS (QL)*  
*MEGACE TABLETS*  
Megestrol Tablets  
Raloxifene Tablets (QL)

SYNAREL NASAL SOLUTION

Cabergoline Tablets (QL)  
CERDELGA CAPSULES (PA) (N) (LD)  
*DOSTINEX TABLETS (QL)*  
MEGACE ES SUSPENSION  
Megestrol Suspension  
OSPHENA TABLETS  
PROCYSBI CAPSULES (PA) (N)  
*SARAFEM CAPSULES*  
SENSIPAR TABLETS (N)  
ZAVESCA CAPSULES (PA)

#### EYE, EAR, NOSE & THROAT

#### Anti-Glaucoma Medications

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Acetazolamide SR Capsules  
Acetazolamide Tabs  
*ALPHAGAN OPHTHALMIC SOLUTION*  
*ALPHAGAN P 0.15% OPHTHALMIC SOLUTION*  
*BETAGAN OPHTHALMIC SOLUTION*  
Betaxolol Ophthalmic Solution  
Bimatoprost 0.3% Ophthalmic Solution (QL)  
Brimonidine Ophthalmic Solution  
*COSOPT OPHTHALMIC SOLUTION*  
*DIAMOX SEQUELS*  
*DIAMOX TABLETS*  
Dipivefrin Ophthalmic Solution  
Dorzolamide - Timolol Ophthalmic Solution  
Dorzolamide Ophthalmic Solution  
Epinephrine HCl Ophthalmic Solution  
*ISOPTO CARPINE OPHTHALMIC SOLN.*  
Levobunolol Ophthalmic Solution  
Methazolamide Tablets  
*NEPTAZANE TABLETS*  
*PILOCAR OPHTHALMIC SOLUTION*  
Pilocarpine HCL Ophthalmic Solution  
*PROPINE OPHTHALMIC SOLN.*  
Timolol Maleate Ophthalmic Gel  
Timolol Maleate Ophthalmic Solution  
*TIMOPTIC OPHTHALMIC SOLUTION*  
*TIMOPTIC XE OPHTHALMIC SOLUTION*  
*TRUSOPT OPHTHALMIC SOLUTION*  
*XALATAN OPHTHALMIC SOLUTION (QL)*

ALPHAGAN P 0.1% OPHTHALMIC SOLUTION  
AZOPT OPHTHALMIC SOLUTION  
BETIMOL OPHTHALMIC SOLUTION  
BETOPTIC-S OPHTHALMIC SOLUTION  
LUMIGAN 0.1% OPHTHALMIC SOLUTION (QL)  
LUMIGAN 0.3% OPHTHALMIC SOLUTION (QL)  
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION  
PILOPINE HS GEL  
TIMOPTIC XE GEL  
TRAVATAN Z OPHTHALMIC SOLUTION (QL)

COMBIGAN OPHTHALMIC SOLUTION  
COSOPT PF OPHTHALMIC SOLUTION  
IOPIDINE OPHTHALMIC SOLUTION  
ISTALOL OPHTHALMIC SOLUTION  
MetiPranolol Ophth. Solution  
RESCULA OPHTHALMIC SOLUTION (QL)  
TIMOPTIC OCUDOSE PRESERVATIVE FREE  
ZIOPTAN OPHTHALMIC SOLUTION (QL)

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### 3 TIER RECOMMENDED DRUG LIST

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#### Ophthalmic Antibiotics

##### Tier 1

##### Tier 2

##### Tier 3 (Drugs Not on The Drug List)

*AK-TOB OPHTHALMIC SOLUTION*  
*BLEPH 10 OPHTHALMIC OINT./ SOLUTION*  
*CILOXAN OPHTHALMIC SOLUTION*  
 Ciprofloxacin Ophthalmic Solution  
 Erythromycin Ophthalmic Ointment  
*GARAMYCIN OPHTHALMIC OINT./ SOLUTION*  
*GENOPTIC OPHTHALMIC OINT./ SOLUTION*  
 Gentamicin Ophthalmic Solution & Ointment  
 Neomycin / Bacitracin / Polymyxin Ophthalmic Solution & Oint.  
*NEOSPORIN OPHTHALMIC OINTMENT*  
*NEOSPORIN OPHTHALMIC SOLUTION*  
*OCUFLOX OPHTHALMIC SOLUTION*  
 Ofloxacin Ophthalmic Solution  
 Polymixin B Sulfate / Trimethoprim Ophthalmic Solution  
*POLYTRIM OPHTHALMIC SOLUTION*  
 Sulfacetamide Ophthalmic Solution  
 Tobramycin Ophthalmic Solution & Ointment  
*TOBEX OPHTHALMIC OINT./ SOLUTION*

*MOXEZA OPHTHALMIC SOLUTION*  
*NATACYN OPHTHALMIC SUSPENSION*  
*VIGAMOX OPHTHALMIC SOLUTION (QL)*

*AZASITE OPHTHALMIC SOLUTION (QL)*  
*BESIVANCE OPHTHALMIC SOLUTION*  
 Gatifloxacin Ophthalmic Solution  
 Levofloxacin Ophthalmic Solution  
*QUIXIN OPHTHALMIC SOLUTION*  
*ZYMAR OPHTHALMIC SOLUTION*  
*ZYMAXID OPHTHALMIC SOLUTION*

#### Ophthalmic Anti-Inflammatory Medications

##### Tier 1

##### Tier 2

##### Tier 3 (Drugs Not on The Drug List)

*ACULAR LS OPHTHALMIC SOLUTION*  
*ACULAR OPHTHALMIC SOLUTION*  
 Bromfenac Sodium Ophthalmic Solution  
*DECADRON OPHTHALMIC SOLUTION & OINTMENT*  
 Dexamethasone Ophthalmic Solution & Ointment  
 Diclofenac Ophthalmic Solution  
 Fluorometholone Ophthalmic Ointment  
 Fluorometholone Ophthalmic Suspension  
*FLUOR-OP OPHTHALMIC SOLUTION*  
 Flurbiprofen Ophthalmic Solution  
*FML OPHTHALMIC SOLUTION & OINTMENT*  
*INFLAMASE FORTE OPHTHALMIC SOLUTION & OINTMENT*  
 Ketorolac Ophthalmic Solution  
*MAXIDEX OPHTHALMIC SUSPENSION*  
*OCUFEN OPHTHALMIC SOLUTION*  
*PRED FORTE OPHTHALMIC SUSPENSION*  
 Prednisolone Acetate Ophthalmic Solution  
 Prednisolone Phosphate Ophthalmic Solution  
*VOLTAREN OPHTHALMIC SOLUTION*

*FLAREX OPHTHALMIC SOLUTION*  
*FML FORTE OPHTHALMIC SOLUTION*

*ACUVAIL OPHTHALMIC SOLUTION*  
*ALREX OPHTHALMIC SUSPENSION*  
 Bromfenac Sodium Ophthalmic Solution  
*DUREZOL OPHTHALMIC EMULSION*  
*LOTEMAX OPHTHALMIC GEL*  
*LOTEMAX OPHTHALMIC SUSPENSION (QL)*  
*NEVANAC OPHTHALMIC SUSPENSION*  
*PROLENSA OPHTHALMIC SOLUTION*  
*VEXOL OPHTHALMIC SUSPENSION*  
*XIBROM OPHTHALMIC SUSPENSION*

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Ophthalmic Anti-Inflammatory / Anti-Infective Combinations		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>CORTISPORIN OPHTHALMIC SOLUTION &amp; OINTMENT</i>                      Dexamethasone / Neomycin / Polymyxin Ophth. Soln &amp; Oint                      Hydrocortisone / Neomycin / Polymyxin Ophth. Susp &amp; Oint  <i>MAXITROL OPHTHALMIC SOLUTION &amp; OINTMENT</i>                      Neomycin / Polymyxin / Prednisone Ophth. Soln.                      Sulfacetamide / Prednisolone Acetate Susp. &amp; Oint.                      Sulfacetamide / Prednisolone Ophthalmic Ointment  <i>TOBRADEX OPHTHALMIC SUSPENSION (QL)</i>                      Tobramycin / Dexamethasone Ophthalmic Suspension (QL)</p>	<p>BLEPHAMIDE OPHTHALMIC OINTMENT                      ISOPTO CETAPRED OPHTHALMIC SOLUTION                      ZYLET OPHTHALMIC SUSPENSION (QL)</p>	<p>TOBRADEX OPHTHALMIC OINTMENT                      TOBRADEX OPHTHALMIC ST SUSPENSION</p>
Ophthalmic Antivirals		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p>Trifluridine Ophthalmic Solution  <i>VIROPTIC OPHTHALMIC SOLUTION</i></p>		<p>ZIRGAN OPHTHALMIC GEL</p>
Other Ophthalmics		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p>Atropine Sulfate Ophthalmic Solution &amp; Ointment                      Azelastine Ophthalmic Solution (QL)  <i>CROLOM OPHTHALMIC SOLUTION</i>                      Cromolyn Sodium Ophthalmic Solution  <i>CYCLOGYL OPHTHALMIC SOLUTION</i>                      Cyclopentolate Ophthalmic Solution  <i>ELESTAT OPHTHALMIC SOLUTION</i>                      Epinastine Ophthalmic Solution                      Homatropine Ophthalmic Solution  <i>ISOPTO ATROPINE OPHTHALMIC SOLUTION</i>  <i>ISOPTO-HOMATROPINE OPHTHALMIC SOLUTION</i>  <i>MYDFRIN OPHTHALMIC SOLUTION</i>  <i>OPTIVAR OPHTHALMIC SOLUTION</i>                      Phenylephrine 2.5% Ophthalmic Solution                      Scopolamine HBr Ophthalmic Solution</p>	<p>ALOMIDE OPHTHALMIC SOLUTION                      LASTACFT OPHTHALMIC SOLUTION (QL)                      PATADAY OPHTHALMIC SOLUTION (QL)</p>	<p>ALAMAST OPHTHALMIC SOLUTION                      ALOCRIL OPHTHALMIC SOLUTION                      BEPREVE OPHTHALMIC SOLUTION (QL)                      CYSTARAN OPHTHALMIC SOLUTION (QL) (LD)                      Epinastine Ophthalmic Solution                      LACRISERT INSERTS                      PATANOL OPHTHALMIC SOLUTION                      RESTASIS OPHTHALMIC EMULSION (QL)</p>

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#### OTIC Preparations

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Acetic Acid 2% Otic Solution  
 Acetic Acid Otic Aluminum Acetate Solution  
*AUROTO OTIC SOLUTION*  
 Benzocaine 1.4% / Antipyrine 5.4% Otic Solution  
*CETRAXAL OTIC SOLUTION*  
 Ciprofloxacin Otic Solution 0.2%  
*CORTISPORIN OTIC SOLUTION / SUSPENSION*  
*DOMEBORO OTIC SOLUTION*  
*FLOXIN OTIC SOLUTION*  
 Hydrocortisone / Chloroxylonol / Pramoxine hydrochloride Otic Sol.  
 Hydrocortisone / Neomycin / Polymyxin Otic Solution / Suspension  
 Ofloxacin Otic Solution  
*OTICIN HC OTIC SOLUTION*

CIPRODEX OTIC SOLUTION

ACETASOL HC OTIC SOLUTION (QL)  
 Acetic Acid 2% / Hydrocortisone 1% Otic Solution  
 AURALGAN OTIC SOLUTION  
 CIPRO HC OTIC SOLUTION  
*VOSOL HC OTIC SOLUTION*

#### Nasal Preparations

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*ASTELIN NASAL SPRAY (QL)*  
*ASTEPRO NASAL SPRAY (QL)*  
*ATROVENT NASAL SPRAY*  
 Azelastine Nasal Spray (QL)  
*FLONASE (QL)*  
 Flunisolide Nasal Solution  
 Fluticasone Nasal Spray (QL)  
 Ipratropium bromide nasal soln  
*NASALIDE NASAL SOLUTION*

NASONEX NASAL SPRAY (QL)

BECONASE AQ (QL)  
 Budesonide Nasal Inhaler (QL)  
 Budesonide Nasal Suspension (QL)  
 DYMISTA NASAL SPRAY (QL)  
*NASACORT AQ AEROSOL (QL)*  
 NASAREL NASAL SOLUTION  
 Olopatadine hcl nasal soln 0.6%  
 OMNARIS NASAL SUSPENSION (QL)  
*PATANASE NASAL SOLUTION*  
 QNASL AEROSOL (QL)  
 QNASL CHILDRENS AEROSOL (QL)  
*RHINOCORT AQUA (QL)*  
 Triamcinolone Acetonide Nasal Inhaler (QL)  
 VERAMYST NASAL SUSPENSION (QL)  
 ZETONNA NASAL AEROSOL (QL)

#### Throat and Mouth Preparations

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Chlorhexidine Gluconate (Covered Only If Dental Rider)  
*KENALOG IN ORABASE*  
 Lidocaine, Viscous  
*PERIDEX (Covered Only With Dental Rider)*  
 Pilocarpine Tablets  
*SALAGEN TABLETS*  
 Triamcinolone 0.1% in Orabase  
*VISCOUS XYLOCAINE*

Cevimeline Capsules  
*EVOXAC CAPSULES*

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### 3 TIER RECOMMENDED DRUG LIST

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#### GASTROINTESTINAL DRUGS

##### Anti-diarrheal Medications

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Diphenoxylate / Atropine Tablets  
*LOMOTIL TABLETS*

FULYZAQ DELAYED RELEASE TABLETS (PA) (QL)

##### Anti-emetics / Anti-vertigo

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*COMPAZINE TABLETS / SUPPOSITORIES*  
Ondansetron Orally Disintegrating Tablets (QL)  
Ondansetron Tablets (QL)  
*PHENERGAN TABLETS*  
Prochlorperazine Tablets / Suppositories  
Promethazine Tablets  
*TIGAN CAPSULES*  
  
Trimethobenzamide Capsules  
*ZOFRAN ODT (QL)*  
*ZOFRAN TABLETS (QL)*

*AKYNZEO CAPSULE (QL) (N)*  
ANZEMET (PA) (QL)  
CESAMET CAPSULES (PA) (QL)  
DICLEGIS TABLETS (QL)  
Dronabinol Capsules (PA)  
EMEND CAPSULES (QL)  
Granisetron tablets (PA) (QL)  
*KYTRIL TABLETS (QL)*  
*MARINOL CAPSULES (PA)*  
SANCUSO PATCHES (QL) (PA)  
ZUPLENZ ORAL FILM (QL)

##### Antispasmodics and GI Motility

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Belladonna / Phenobarbital Tablets/ Elixir  
*ANASPAZ TABLETS*  
*BENTYL CAPSULES*  
Clidinium / Chlordiazepoxide Capsules  
Dicyclomine Capsules  
*DONNATAL ELIXIR*  
Ergotamine/ Belladonna/ Phenobarbital  
Glycopyrrolate Tablets  
Hyoscyamine Sulfate CR Tablets  
Hyoscyamine Sulfate Tablets  
*LEVSIN TABLETS*  
*LEVSINEX TABLETS*  
*LIBRAX CAPSULES*  
Methscopolamine Tablets  
Metoclopramide Tablets  
*PAMINE FORTE TABLETS*  
*PAMINE TABLETS*  
*REGLAN TABLETS*  
*ROBINUL FORTE TABLETS*  
*ROBINUL TABLETS*

CUVPOSA SOLUTION  
DONNATAL EXTENTABS  
DONNATAL TABLETS  
LINZESS CAPSULES

GLYCATE TABLETS  
LOTRONEX TABLETS  
MOVANTIK TABLETS

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### 3 TIER RECOMMENDED DRUG LIST

**BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY**

Anti-ulcer / Anti-peptic Medications		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>AXID CAPSULES</i>  <i>AXID SOLUTION</i>  <i>CARAFATE TABLETS</i>                      Cimetidine 300 MG, 400 MG, 800 MG Tablets  <i>CYTOTEC TABLETS</i>                      Famotidine Tablets                      Lansoprazole Delayed Release Capsules                      Misoprostol Tablets                      Nizatadine Capsules                      Nizatadine Solution                      Omeprazole Capsules                      Pantoprazole Tablets  <i>PEPCID TABLETS</i>                      PREVACID CAPSULES (QL)  <i>PRONTIX TABLETS</i>                      Ranitidine 300 mg Tablets Only                      Ranitidine 75 mg / 5ml Syrup                      Sucralfate Tablets  <i>TAGAMET 300 MG , 400 MG, 800 MG TABLETS</i>  <i>ZANTAC 300 MG TABLETS ONLY</i></p>	<p>PREVPAC (PA) (QL)</p>	<p>ACIPHEX SPRINKLE (PA)  <i>ACIPHEX TABLETS (PA) (QL)</i>                      DEXILANT CAPSULES (EST) (QL)                      Esomeprazole magnesium Capsule delayed release (PA) (QL)  <i>NEXIUM CAPSULES (PA) (QL)</i>                      NEXIUM PACKETS (PA)                      PREVACID NAPRAPAC (PA) (QL)                      PREVACID SOLUTABS (PA) (QL)                      PRILOSEC SUSPENSION (PA)                      Rabeprazole Tablets (PA) (QL)</p>
Other GI Medications		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>ACTIGALL CAPSULES</i>  <i>ANALPRAM CREAM 1%-1%</i>  <i>ANALPRAM CREAM 2.5%-1%</i>  <i>ANUSOL-HC SUPPOSITORIES</i>  <i>AZULFIDINE EN TABLETS</i>  <i>AZULFIDINE TABLETS</i>  <i>Balsalazide Capsules (QL)</i>  <i>Bethanechol Tablets</i>                      Budesonide EC SR Capsules  <i>COLAZAL TABLETS (QL)</i>  <i>COLYTE SOLUTION</i>  <i>CORTENEMA</i>                      Cromolyn Sodium Concentrate  <i>ENTOCORT EC CAPSULES</i>  <i>GASTROCHROM CONCENTRATE</i>  <i>GAVILYTE-C SOLUTION</i>  <i>GOLYTELY SOLUTION</i>                      Hydrocortisone Retention Enema                      Hydrocortisone Suppositories</p>	<p>AMITIZA CAPSULES                      ASACOL HD TABLETS                      ASACOL TABLETS (QL)                      CANASA SUPPOSITORIES                      CORTIFOAM                      DELZICOL CAPSULES                      LIALDA TABLETS                      PROCTOFOAM HC</p>	<p>APRISO SR CAPSULES                      Budesonide SR Capsule 24 Hr 3mg                      CHENODAL TABLETS (LD)                      DIPENTUM CAPSULES                      GIAZO TABLETS (EST)                      PENTASA TABLETS                      UCERIS 24 Hr TABLETS (PA)                      VISICOL TABLETS                      THIOLA TABLETS (LD)</p>

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### 3 TIER RECOMMENDED DRUG LIST

BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY

#### Other GI Medications Continued

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Hydrocortisone-Pramoxine Cream 2.5%-1%  
 Hydrocortison-Pramoxine Cream 1%-1%  
 Mesalamine Enema  
*MIRALAX POWDER (QL)*  
*NULYTELY SOLUTION*  
 Oral Colon Lavage Solution  
 Polyethylene Glycol 3350 /Sodium Carb / Potassium Solution 240 gm  
 Polyethylene Glycol 3350/ Sodium Carb / Potassium Solution 420 gm  
*PRAMOSONE CREAM*  
*PROCTOCORT SUPPOSITORIES*  
*ROWASA ENEMA*  
 Sulfasalazine EN Tablets  
 Sulfasalazine Tablets (Enteric Coated Tablets Not Covered)  
*TRILYTE SOLUTION*  
*URECHOLINE TABLETS*  
*URSO FORTE TABLETS*  
*URSO TABLETS 250 MG*  
 Ursodiol Tablets / Capsules

#### Digestive Enzymes / Enzymes

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

COTAZYM (S)  
 CREON CAPSULES  
 PANCRELIPASE CAPSULES  
 ULTRASE (MT) CAPSULES  
 VIOKASE POWDER  
 ZENPEP CAPSULES

PANCREAZE CAPSULES  
 PERTZYE CAPSULES  
 SUCRAID SOLUTION (PA) (N)  
 ULTRESA CASULES

#### GENITOURINARY AGENTS

##### Benign Prostatic Hyperplasia Agents

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*CARDURA TABLETS*  
 Doxazosin Mesylate Tablets  
 Finasteride (Age Limit)  
*FLOMAX CAPSULES (QL)*  
*HYTRIN CAPSULES / TABLETS*  
*PROSCAR TABLETS (Age Limit)*  
 Tamsulosin Capsules (QL)  
 Terazosin Capsules / Tablets

Alfuzosin SR 24 Hr. Tablets (QL)  
 AVODART CAPSULES (EST)  
 JALYN CAPSULES (EST)  
 RAPAFLO CAPSULES  
*UROXATRAL TABLETS (QL)*

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### 3 TIER RECOMMENDED DRUG LIST

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Overactive Bladder		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>DETROL TABLETS (QL)</i> <i>DETROL LA CAPSULES (QL)</i> <i>DITROPAN TABLETS</i> <i>DITROPAN XL TABLETS</i> Oxybutynin Immediate Release Tablets Oxybutynin SR 24 Hr. Tablets <i>SANCTURA TAB 20 MG</i> <i>SANCTURA XR CAPSULES</i> Tolterodine LA Capsules (QL) Tolterodine Tablets (QL) Trospium SR Capsules Trospium Tablets 20 mg	TOVIAZ 24HR TABLET (QL)	<i>ENABLEX TABLETS</i> GELNIQUE GEL (QL) MYRBETRIQ TABLET SR 24 HR (QL) OXYTROL PATCHES VESICARE TABLETS
Miscellaneous Drugs To Treat Impotence (NOT COVERED BY ALL PLANS - CHECK BENEFITS AND SPECIFIC COPAY)		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
		CIALIS (PA) (QL) LEVITRA TABLETS (PA) (QL) MUSE INSERTS (PA) (QL) STAXYN TABLETS (PA) (QL) STENDRA TABLETS (PA) (QL) VIAGRA (PA) (QL)
Miscellaneous Genitourinary Drugs		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>Bethanecol Tablets</i> Flavoxate Tablets <i>FURADANTIN SUSPENSION</i> <i>MACROBID CAPSULES</i> <i>MACRODANTIN CAPSULES</i> Nitrofurantoin Macrocrystals Nitrofurantoin Suspension Phenazopyridine Tablets <i>PYRIDIUM TABLETS</i> Trimethoprim Tablets <i>TRIMPEX TABLETS</i> <i>URECHOLINE TABLETS</i> <i>URISPAS TABLETS</i>		ELMIRON CAPSULES

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#### IMMUNOSUPPRESSANTS (Drugs for Transplants)

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Azathioprine Tablets <i>CELLCEPT TABLETS / CAPSULES</i> Cyclosporine Capsules Cyclosporine Modified Capsules <i>DELTASONE TABLETS</i> <i>GENGRAF CAPSULES / SOLUTION</i> <i>HECORIA CAPSULES</i> <i>IMURAN TABLETS</i> Mycophenolate Mofetil Tablets / Capsules <i>NEORAL CAPSULES</i> Prednisone Tablets <i>PROGRAF CAPSULES</i> <i>SANDIMMUNE CAPSULES</i> <i>Tacrolimus Capsules</i>	ZORTRESS TABLETS	ASTAGRAF XL SR CAPSULES (EST) Mycophenolate Sodium Tablets <i>MYFORTIC TABLETS</i> <i>RAPAMUNE TABLETS</i> Sirolimus Tablets

#### JOINT / CONNECTIVE TISSUE / MUSCULOSKELETAL AGENTS

##### Adrenal Corticosteroids (Steroids)

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>CORTEF TABLETS</i> Cortisone Tablets <i>CORTONE TABLETS</i> <i>DECADRON TABLETS</i> <i>DELTA CORTEF TABLETS</i> <i>DELTASONE TABLETS</i> Dexamethasone Tablets <i>DEXONE TABLETS</i> <i>FLORINEF TABLETS</i> Fludrocortisone Tablets Hydrocortisone Tablets <i>HYDROCORTONE TABLETS</i> <i>LIQUID PRED SOLUTION</i> <i>MEDROL TABLETS</i> Methylprednisolone Tablets <i>ORAPRED ODT</i> <i>ORASONE TABLETS</i> Prednisolone Orally Disintegrating Tablets Prednisolone Tablets Prednisone Tablets <i>PRELONE SYRUP</i>		RAYOS TABLETS (N)

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### 3 TIER RECOMMENDED DRUG LIST

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Antirheumatics		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>ARAVA TABLETS</i> Hydroxychloroquine 200 MG Tablets <i>Leflunomide Tablets</i> Methotrexate Tablets <i>PLAQUENIL 200 MG TABLETS</i> <i>RHEUMATREX TABLETS</i></p>	<p>RIDAURA CAPSULES</p>	<p>XELJANZ TABLETS (PA) (QL) (N)</p>
Chelating Agents		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
	<p>CUPRIMINE CAPSULES DEPEN TABLETS</p>	<p>SYPRINE CAPSULES</p>
Gout Medications		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p>Allopurinol Tablets <i>BENEMID TABLETS</i> <i>COL-BENEMID TABLETS</i> Colchicine Capsules Colchicine Tablets <i>COLCRYS TABLETS</i> <i>MITIGARE CAPSULES</i> Probenecid / Colchicine Tablets Probenecid Tablets <i>ZYLOPRIM TABLETS</i></p>	<p>ULORIC TABLETS</p>	
Non-Steroidal Anti-Inflammatory Medications		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>ANAPROX DS TABLETS</i> <i>ANAPROX TABLETS</i> CELEBREX CAPSULES (AL) (QL) Celexicob Capsules (AL) (QL) <i>CLINORIL TABLETS</i> <i>DAYPRO TABLETS</i> Diclofenac Sodium Tablets (Immediate Release only) Etodolac ER Tablets Etodolac Tablets / Capsules <i>FELDENE CAPSULES</i> Fenoprofen Capsules Flurbiprofen 50 mg Tablets Ibuprofen Tablets <i>INDOCIN CAPSULES</i> <i>INDOCIN SR CAPSULES</i></p>		<p><i>ARTHROTEC TABLETS</i> CAMBIA PACKETS (QL) <i>CATAFLAM TABLETS</i> Diclofenac Extended Release Tablets Diclofenac Potassium Tablets Diclofenac with Misoprostil Tablet DUEXIS TABLETS (PA) Mefenamic Acid Capsules <i>NAPRALEAN SR TABLETS</i> <i>Naproxen sodium Tab SR 24hr</i> <i>PONSTEL CAPSULES</i> TREZIX CAPSULES VIMOVO TABLETS (PA) <i>VOLTAREN XR TABLETS</i> ZIPSOR CAPSULES (EST) (QL)</p>

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### 3 TIER RECOMMENDED DRUG LIST

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#### Non-Steroidal Anti-Inflammatory Medications Continued

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Indomethacin Capsules Indomethacin, Sustained Release Capsules Ketoprofen Capsules Ketorolac Oral Tablets (QL) <i>LODINE TABLETS / CAPSULES</i> <i>LODINE XL TABLETS</i> <i>Meclofenamate Capsules</i> Meloxicam Tablets (QL) <i>MOBIC TABLETS (QL)</i> <i>MOTRIN TABLETS</i> Nabumetone Tablets (QL) <i>NAPROSYN TABLETS</i> Naproxen Sodium Tablets Naproxen Sodium, DS Tablets Naproxen Tablets (Enteric Coated Not Covered) <i>ORUDIS CAPSULES</i> Oxaprozin Tablets Piroxicam Capsules <i>RELAFEN TABLETS (QL)</i> Sulindac Tablets <i>TOLECTIN DS CAPSULES</i> <i>TOLECTIN TABLETS</i> Tolmetin Capsules Tolmetin DS Capsules <i>TORADOL TABLETS (QL)</i> <i>VOLTAREN IMMEDIATE RELEASE TABLETS</i>		

#### Salicylates

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Aspirin, Sustained Release Tablets Choline & Magnesium Salicylates Tablets / Liquid Salsalate Tablets <i>TRILISATE TABLETS &amp; LIQUID</i>		Diflunisal Tablets <i>DOLOBID TABLETS</i>

#### OTC Salicylates TO PREVENT CVD COVERED FOR MEN AGES 45 TO 79 AND WOMEN AGES 55 TO 79

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<b><i>For Non-Grandfathered generic OTC Salicylates are covered as preventive drugs under the ACA-Not covered for Grandfathered Plans</i></b>		
ASPIRIN TAB 81 MG ASPIRIN TAB 325 MG ASPIRIN CHEW TAB 81 MG	ASPIRIN TAB DELAYED RELEASE 81 MG ASPIRIN TAB DELAYED RELEASE 325 MG	ASPIRIN-AL HYDRO-MG HYDRO-CA CARB TAB 325 MG ASPIRIN BUFFERED TAB 325 MG

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### 3 TIER RECOMMENDED DRUG LIST

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#### Skeletal Muscle Relaxants

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Baclofen Tablets Carisoprodol / Aspirin 250/325 mg Tablets Carisoprodol 350 mg Tablets Cyclobenzaprine Tablets <i>DANTRIUM CAPSULES</i> Diazepam Tablets <i>FLEXERIL TABLETS</i> <i>LIORESAL TABLETS</i> Methocarbamol Tablets <i>NORFLEX TABLETS</i> <i>NORGESIC FORTE TABLETS</i> <i>NORGESIC TABLETS</i> Orphenadrine / Aspirin / Caffeine Tablets Orphenadrine Citrate Tablets <i>ROBAXIN TABLETS</i> <i>SOMA 350 MG TABLETS</i> <i>SOMA COMPOUND 250/325 MG TABLETS</i> <i>VALIUM TABLETS</i>		<i>AMRIX CAPSULES (EST) (QL)</i> Chlorzaxozone Tablets Cyclobenzaprine hcl Capsule SR 24hr (EST) (QL) LORZONE TABLETS Metaxolone Tablets PARAFON FORTE TABLETS <i>SKELAXIN TABLETS</i> <i>SOMA 250 MG TABLETS</i> Tizanidine Tablets <i>ZANAFLEX TABLETS</i>

#### Miscellaneous Muscle Relaxants

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>MESTINON TABLETS</i> <i>PROSTIGMIN CR TABLETS</i> Pyridostigmine CR Tablets Pyridostigmine Tablets	MESTINON TIMESPAN TABLETS / SYRUP	

#### NEUROLOGICAL AGENTS

##### Alzheimers Agents

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>ARICEPT ODT 5 mg, 10mg</i> <i>ARICEPT TABLETS 5 mg, 10mg</i> Donepezil Orally Disintegrating Tablets Donepezil Tablets <i>EXELON CAPSULES</i> Memantine Tablets <i>NAMENDA TABLETS</i> Rivastigmine Capsules	ARICEPT 23 MG TABLETS (QL) EXELON PATCHES NAMENDA SOLUTION	Galantamine ER Capsules (PA) (QL) Galantamine Tablets (PA) (QL) Memantine Tablets <i>NAMZARIC SR CAPSULES (PA)</i> <i>RAZADYNE ER CAPSULES (QL)</i> <i>RAZADYNE TABLETS</i>

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Anticonvulsants		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Carbamazepine SR Capsules / Tablets 12 Hr	BANZEL TABLETS / SUSPENSION	APTIOM TABLETS (QL)
Carbamazepine Tablets	CELONTIN CAPSULES	FYCOMPA TABLETS (N)
<i>CARBATROL CAPSULES</i>	POTIGA TABLETS	<i>GABITRIL TABLETS</i>
Clonazepam Orally Disintegrating Tablets	SABRIL PACKETS (LD) (N)	GRALISE TABLETS (PA)
Clonazepam Tablets	SABRIL TABLETS (LD) (N)	<i>KEPPRA XR TABLETS</i>
<i>DEPAKENE CAPSULES</i>	VIMPAT TABLETS	<i>LAMICTAL ODT (PA)</i>
<b>DEPAKOTE ER TABLETS</b>		LAMICTAL XR KIT (PA)
<i>DEPAKOTE TABLETS</i>		<i>LAMICTAL XR TABLET (QL) (PA)</i>
<i>DILANTIN CAPSULES</i>		Lamotrigine Orally Disintegrating Tablets (PA)
<i>DILANTIN CHEWABLE TABLETS</i>		Lamotrigine XR Tablets (PA)
Divalproex Delayed Release Tablets		Levetiracetam XR Tablets
Divalproex Sodium Tab SR 24 hr		LYRICA TABLETS / SOLUTION (PA) (QL)
Ethosuximide Capsules		ONFI TABLETS
Felbamate Tablets		OXTELLAR XR SR 24 Hr. TABLETS (PA)
<i>FELBATOL TABLETS</i>		QUDEXY XR CAPSULES (PA)
Gabapentin Capsules / Tablets / Solution		STAVZOR CAPSULES
<i>GABARONE TABLETS</i>		Tiagabine Tablets
<i>KEPPRA TABLETS</i>		TROKENDI XR CAPSULES (PA)
<i>KLONOPIN TABLETS</i>		
<i>KLONOPIN WAFERS</i>		
<i>LAMICTAL TABLETS</i>		
<i>Lamotrigine Tablets</i>		
Levetiracetam Tablets		
<i>MYSOLINE TABLETS</i>		
<i>NEURONTIN CAPSULES / TABLETS / SOLUTION</i>		
<i>Oxcarbazepine Tablets / Suspension</i>		
<i>PHENYTEK CAPSULES</i>		
Phenytoin Capsules		
Phenytoin Chewable Tablets		
Primidone Tablets		
<i>TEGRETOL TABLETS</i>		
<i>TEGRETOL XR TABLETS</i>		
<i>TOPAMAX TABLETS</i>		
Topiramate Tablets		
<i>TRILEPTAL TABLETS / SUSPENSION</i>		
Valproic Acid Capsules		
<i>ZARONTIN CAPSULES</i>		
<i>ZONEGRAN CAPSULES</i>		
Zonisamide Capsules		

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### 3 TIER RECOMMENDED DRUG LIST

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#### Migraine Medications

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
APAP / Dichloralphenazine / Isometheptene Capsules <i>AMERGE TABLETS (QL)</i> <i>CAFERGOT TABLETS / SUPPOSITORIES</i> <i>DURADRIN CAPSULES</i> Ergotamine / Caffeine Tablets / Suppositories Ergotamine Tartrate Tablets <i>IMITREX NASAL SPRAY (QL)</i> <i>IMITREX TABLETS (QL)</i> <i>MAXALT TABLETS (QL)</i> <i>MAXALT-MLT TABLETS (QL)</i> <i>MIDRIN CAPSULES</i> <i>Naratriptan Tablets (QL)</i> <i>PRODRIN TABLETS</i> Rizatriptan Orally Disintegrating Tablets (QL) Rizatriptan Tablets (QL) <i>Sumatriptan Nasal Spray (QL)</i> <i>Sumatriptan Tablets (QL)</i>	ERGOMAR TABLETS	Almotriptan Malate Tablets (QL) <i>AXERT TABLETS (QL)</i> FROVA TABLETS (QL) MIGRANAL NASAL SPRAY (QL) RELPAX TABLETS (QL) TREXIMET TABLETS (QL) (PA) Zolmitriptan Orally Disintegrating Tablets (QL) Zolmitriptan Tablets (QL) ZOMIG NASAL SPRAY (QL) ZOMIG TABLETS (QL) ZOMIG ZMT TABLETS (QL)

#### Anti-parkinson Medications

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Amantadine Capsules <i>ARTANE TABLETS</i> Benztropine Mesylate Tablets Bromocriptine Capsules/ Tablets Carbidopa / Levodopa CR Tablets Carbidopa / Levodopa Tablets Carbidopa-levodopa-entacapone Tablets <i>COGENTIN TABLETS</i> <i>ELDEPRYL CAPSULES</i> <i>LARODOPA TABLETS</i> Levodopa Capsules / Tablets <i>MIRAPEX TABLETS</i> <i>PARLODEL CAPSULES / TABLETS</i> Pramipexole Tablets <i>REQUIP TABLETS</i> <i>REQUIP XL TABLETS</i> Ropinirole Tablets	AZILECT TABLETS	Carbidopa Tablets Carbidopa-Levodopa Orally Disintegrating Tablets <i>COMTAN TABLETS</i> Entacapone Tablets <i>LODOSYN TABLETS</i> <i>MIRAPEX ER TABLETS</i> NEUPRO PATCHES (QL) <i>PARCOPA ORALLY DISINTEGRATING TABLETS</i> Pramipexole ER Tablets Ropinirole Extended Release Tablets RYTARY CR CAPSULE (PA) <i>TASMAR TABLETS</i> Tolcapone Tablets ZELAPAR DISINTEGRATING TABLETS

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### 3 TIER RECOMMENDED DRUG LIST

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Anti-parkinson Medications Continued		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Ropinirole XL Tablets Selegiline Tablets <i>SINEMET CR TABLETS</i> <i>SINEMET TABLETS</i> STALEVO TABLETS <i>SYMMETREL CAPSULES</i> Trihexyphenidyl Tablets		
Miscellaneous Neurological Medications		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
	AMPYRA TABLETS (QL) (PA) (LD) (N)	HORIZANT TABLETS (QL)
OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS		
Contraceptives		
Monophasic (Brand Equivalent In Parens)		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>For Non-Grandfathered Plans generic contraceptives and brands with no generic available are covered as preventive drugs under the Affordable Care Act</i>		
Altavera ( <b>NORDETTE</b> ) Alyacen 1-35 ( <b>ORTHO NOVUM 1/35</b> ) Apri ( <b>ORTHO-CEPT</b> ) Aubra (ALESSE) Aviane ( <b>ALESSE</b> ) Balzia ( <b>OVCON-35</b> ) <b>BREVICON</b> Briellyn ( <b>OVCON-35</b> ) Chateal ( <b>NORDETTE</b> ) Cryselle ( <b>LO/OVRAL</b> ) Cyclofem 1/35 ( <b>ORTHO NOVUM 1/35</b> ) Dasetta 1-35 ( <b>ORTHO NOVUM 1/35</b> ) <b>DEMULEN</b> <b>DESOGEN</b> Elinest-28 ( <b>LO/OVRAL</b> ) Emoquette ( <b>ORTHO-CEPT</b> ) Enskyce ( <b>ORTHO-CEPT</b> ) Estarylla ( <b>ORTHO-CYCLEN</b> ) Falmina ( <b>ALESSE</b> ) Gianvi ( <b>YAZ</b> ) Gildagia ( <b>OVCON</b> ) Gildess ( <b>LOESTRIN 21</b> ) Gildess FE ( <b>LOESTRIN FE</b> ) Junel ( <b>LOESTRIN 21</b> ) Junel Fe ( <b>LOESTRIN FE</b> ) Kelnor ( <b>DEMULEN</b> )	LO MINASTRIN FE	Femcon Fe ( <b>OVCON Fe</b> ) Introvale ( <b>SEASONALE</b> ) 3 month supply Jolessa ( <b>SEASONALE</b> ) 3 month supply LO LOESTRIN LOESTRIN 24 FE MINASTRIN 24 CHEWABLE FE TABLETS OVCON 50 OVCON Fe Quasense ( <b>SEASONALE</b> ) 3 month supply <b>SEASONALE</b> (3 MONTH SUPPLY) Wymzya Fe ( <b>OVCON Fe</b> ) Zenchent ( <b>OVCON-35</b> ) Zenchent Fe ( <b>OVCON Fe</b> ) Zeosa Chew Tabs ( <b>OVCON Fe</b> )

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### 3 TIER RECOMMENDED DRUG LIST

*BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY*

#### Monophasic (Brand Equivalent In Paren) Continued

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

*For Non-Grandfathered Plans generic contraceptives and brands with no generic available are covered as preventive drugs under the Affordable Care Act*

Kurvelo (**NORDETTE**)  
 Larin (**LOESTRIN**)  
 Larin Fe (**LOESTRIN Fe**)  
 Larin 24 Fe (**LOESTRIN 24 Fe**)  
 Lessina (**ALESSE**)  
 Levlite (**ALESSE**)  
 Levora (**NORDETTE**)  
**LO/OVRAL**  
**LOESTRIN 21**  
**LOESTRIN FE**  
 Lomedia 24 FE (**LOESTRIN 24 FE**)  
 Loryna (**YAZ**)  
 Low-Ogestrel (**LO/OVRAL**)  
 Lutera (**ALESSE**)  
 Marlissa (**NORDETTE**)  
 Microgestin (**LOESTRIN 21**)  
 Microgestin Fe (**LOESTRIN FE**)  
**MODICON**  
 Mono-linyah (**ORTHO-CYCLEN**)  
 Mononessa (**ORTHO-CYCLEN**)  
 Necon 0.5mg (**MODICON**)  
 Necon 1/35 (**ORTHO NOVUM 1/35**)  
 Necon 1/50 (**ORTHO NOVUM 1/50**)  
 Nikki (**YAZ**)  
**NORDETTE**  
**NORINYL 1+35, NORINYL 1+50**  
 Nortrel 0.5 mg (**MODICON**)  
 Nortrel 1/35 (**ORTHO NOVUM 1/35**)  
 Ocella (**YASMIN**)  
 Ogestrel Tablets  
 Orsythia (**ALESSE**)  
**ORTHO NOVUM 1/35**  
**ORTHO NOVUM 1/50**  
**ORTHO-CEPT**  
**ORTHO-CYCLEN**  
**OVRAL**  
 Philith (**OVCON-35**)  
 Pirmella (**ORTHO NOVUM 1/35**)  
 Portia (**NORDETTE**)  
 Previfem (**ORTHO-CYCLEN**)  
 Reclipsen (**ORTHO-CEPT**)  
 Solia (**ORTHO-CEPT**)  
 Sprintec (**ORTHO-CYCLEN**)

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### 3 TIER RECOMMENDED DRUG LIST

*BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY*



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### 3 TIER RECOMMENDED DRUG LIST

*BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY*

#### Monophasic (Brand Equivalent In Parens) Continued

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

*For Non-Grandfathered Plans generic contraceptives and brands with no generic available are covered as preventive drugs under the Affordable Care Act*

Sronyx (*ALESSE*)  
 Syeda (*YASMIN*)  
 Tarina FE (*LOESTRIN 24 FE*)  
 Vestura (*YAZ*)  
 Vyfemla (*OVCON-35*)  
 Wera (*MODICON*)  
**YASMIN**  
**YAZ**  
 Zarah (*YASMIN*)  
 Zenchent (*OVCON-35*)  
 Zovia (*DEMULEN*)

#### Biphasic (Brand Equivalent In Parens)

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

Amethia (*SEAONIQUE*) (3 MONTH SUPPLY)  
 Ashlyna (*SEAONIQUE*) (3 MONTH SUPPLY)  
 Azurette (*MIRCETTE*)  
 Camrese (*SEAONIQUE*) (3 MONTH SUPPLY)  
 Daysee (*SEAONIQUE*) (3 MONTH SUPPLY)  
 Kariva (*MIRCETTE*)  
**MIRCETTE**  
**ORTHO-NOVUM 10/11**  
**NECON 10/11 (ORTHO-NOVUM 10/11)**  
 Pimtree (*MIRCETTE*)  
**SEASONIQUE** (3 MONTH SUPPLY)  
 VIORELE 28 (*MIRCETTE*)

### 3 TIER RECOMMENDED DRUG LIST

*BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY*

Triphasic (Brand Equivalent In Parens)		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<i>For Non-Grandfathered Plans generic contraceptives and brands with no generic available are covered as preventive drugs under the Affordable Care Act</i>		
<p>Alyacen 7/7/7 (<i>ORTHO-NOVUM 7/7/7</i>)                      Aranelle (<i>TRI-NORINYL</i>)                      Caziant (<i>CYCLESSA</i>)                      Cesia (<i>CYCLESSA</i>)  <b>CYCLESSA</b>                      Dasetta 7/7/7 (<i>ORTHO-NOVUM 7/7/7</i>)                      Enpresse (<i>TRI-LEVLEN</i>)                      Leena (<i>TRI-NORINYL</i>)                      Levonest (<i>TRI-LEVLEN</i>)                      Myzilra (<i>TRI-LEVLEN</i>)                      Necon 7/7/7 (<i>ORTHO-NOVUM 7/7/7</i>)                      Nortrel 7/7/7 (<i>ORTHO-NOVUM 7/7/7</i>)  <b>ORTHO TRI-CYCLEN</b>  <b>ORTHO-NOVUM 7/7/7</b>                      Pirmella 7/7/7 Tablets (<i>ORTHO-NOVUM 7/7/7</i>)                      Tri-Estarylla (<i>ORTHO TRI-CYCLEN</i>)                      Tri-linyah (<i>ORTHO TRI-CYCLEN</i>)                      Trinessa (<i>ORTHO TRI-CYCLEN</i>)  <b>TRI-NORINYL</b>                      Tri-previfem (<i>ORTHO TRI-CYCLEN</i>)                      Tri-sprintec (<i>ORTHO TRI-CYCLEN</i>)                      Trivora (<i>TRI-LEVLEN</i>)                      Velivet (<i>CYCLESSA</i>)</p>	<p>ORTHO TRI-CYCLEN LO</p>	<p><b>ESTROSTEP Fe</b>                      Tilia Fe (<b>ESTROSTEP Fe</b>)                      Tri-Legest Fe (<b>ESTROSTEP Fe</b>)</p>
Non-Cyclic Contraceptives (Brand Equivalent In Parens)		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
		<p>Amethyst (<b>LYBREL</b>)  <b>LYBREL TABLETS</b></p>

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### 3 TIER RECOMMENDED DRUG LIST

**BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY**

#### Other Contraceptives (Brand Equivalent In Pareds)

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

***For Non-Grandfathered Plans generic contraceptives and brands with no generic available are covered as preventive drugs under the Affordable Care Act***

<p>Amethia Lo (<i>LOSEASONIQUE</i>)</p> <p>Camila (<i>ORTHO-MICRONOR</i>)</p> <p>Camrese Lo (<i>LOSEASONIQUE</i>)</p> <p>Deblitane (<i>ORTHO-MICRONOR</i>)</p> <p>Errin (<i>ORTHO-MICRONOR</i>)</p> <p>Heather (<i>ORTHO-MICRONOR</i>)</p> <p>Jencycla (<i>ORTHO-MICRONOR</i>)</p> <p>Jolivette (<i>ORTHO-MICRONOR</i>)</p> <p><b>LOSEASONIQUE TABLETS</b> (QL) (3 MONTH SUPPLY)</p> <p>Lyza (<i>ORTHO-MICRONOR</i>)</p> <p>Nora-BE (<i>ORTHO-MICRONOR</i>)</p> <p>Norelgestromin-Ethinyl Estradiol Patch</p> <p>Norlyroc (<i>ORTHO-MICRONOR</i>)</p> <p><b>NOR-QD</b></p> <p><i>ORTHO EVRA PATCH</i></p> <p><b>ORTHO MICRONOR</b></p> <p>Sharobel (<i>ORTHO-MICRONOR</i>)</p> <p>Xulane Patch (<i>ORTHO EVRA PATCH</i>)</p>	<p>BEYAZ TABLETS</p> <p>NATAZIA TABLETS</p> <p>NUVARING</p> <p>ORTHO DIAPHRAGM</p> <p>PRENTIF CAVITY-RIM CERVICAL CAP</p> <p>SAFYRAL TABLETS</p>	<p><i>GENERESS FE CHEWABLE TABLET</i></p> <p>Layolis Fe (<b>GENERESS Fe</b>)</p> <p>QUARTETTE TABLETS (3 Month Supply)</p>
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#### OTC Contraceptives

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

***For Non-Grandfathered Plans OTC generic contraceptives and brands with no generic available are covered as preventive drugs under the ACA-not covered under Grandfather plans***

<p>CONCEPTROL GEL</p> <p>CONCEPTROL VAGINAL INSERTS</p> <p>ENCARE GEL/VAGINAL SUPPOSITORIES</p> <p>GYNOL II EXTRA STRENGTH</p>	<p>GYNOL II GEL</p> <p>ORTHO-GYNOL GEL</p> <p>SHUR-SEAL GEL</p>	<p>TODAY SPONGE</p> <p>VCF VAGINAL AEROSOL FOAM</p> <p>VCF VAGINAL CONTRACEPTIVE FILM</p>
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#### Barrier Contraceptives

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

***For Non-Grandfathered Plans barrier generic contraceptives and brands with no generic available are covered as preventive drugs under the ACA-Not covered for Grandfathered Plans***

<p>FC FEMALE CONDOM</p> <p>FC2 FEMALE CONDOM</p>	<p>FEMCAP CERVICAL CAP</p>	<p>PRENTIF CAVITY-RIM CERVICAL CAP</p>
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### 3 TIER RECOMMENDED DRUG LIST

**BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY**

#### Emergency Contraceptives

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

***For Non-Grandfathered Plans Emergency generic contraceptives and brands with no generic available are covered as preventive drugs under the ACA-Not covered under Grandfathered Plans***

Levonorgestrel 0.75mg (AGE RESTRICTION-OTC FOR 18 AND OLDER)  
*MY WAY TABLETS (AGE RESTRICTION-OTC FOR 18 AND OLDER)*  
*NEXT CHOICE ONE-STEP 1.5 MG (AGE RESTRICTION-OTC FOR 18 AND OLDER)*  
*NEXT CHOICE TABLETS (AGE RESTRICTION-OTC FOR 18 AND OLDER)*  
*PLAN B ONE STEP TABLETS (AGE RESTRICTION-OTC FOR 18 AND OLDER)*  
*PLAN B TABLETS (AGE RESTRICTION-OTC FOR 18 AND OLDER)*

AFTERA TABLETS

ELLA TABLETS (QL)

#### Progestins

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*AYGESTIN TABLETS*  
 Medroxyprogesterone Tablets  
 Norethindrone Tablets  
*PROVERA TABLETS*

ENDOMETRIN SUPPOSITORIES (PA)  
 Progesterone Micronized Capsules  
*PROMETRIUM CAPSULES*

#### Vaginal Anti-Infectives

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*CLEOCIN VAGINAL CREAM*  
 Clindamycin Vaginal Cream  
*DIFLUCAN ORAL 150 MG TAB ONLY*  
 Fluconazole ORAL Tablets  
*METROGEL VAGINAL GEL*  
 Metronidazole Vaginal Gel 0.75%  
 TERAZOL 7 VAGINAL CREAM  
 Terconazole 7 Vaginal Cream  
*VANDAZOLE VAGINAL GEL*

NUVESSA VAGINAL GEL  
*TERAZOL VAGINAL CREAM / TABLETS*

#### Other Obstetrical and Gynecologicals

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*CLOMID TABLETS (QL)*  
 Clomiphene Tablets (QL)  
 Ergonovine Maleate Tablets  
*SEROPHENE TABLETS (QL)*

ERGOTRATE TABLETS  
 METHERGINE TABLETS (QL)

CRINONE 8% VAGINAL CREAM (PA)

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### 3 TIER RECOMMENDED DRUG LIST

**BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY**

#### RESPIRATORY AGENTS

##### Inhaled Steroids

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Budesonide Inhalation Suspension 0.25mg / 2ml, 0.5 mg / 2 ml  
*PULMICORT INHALATION SUSPENSION 0.25MG /2ML,  
0.5MG / 2 ML, 1 MG / 2 ML (QL)*

ARNUITY ELLIPTA AEROSOL (QL)  
  
ASMANEX AEROSOL (QL)  
BREQ ELLIPTA INHALER (QL)  
FLOVENT DISKUS (QL)  
FLOVENT HFA (QL)  
PULMICORT FLEXHALER (QL)  
QVAR (QL)

ALVESCO AEROSOL

##### Devices For The Treatment of Asthma

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

AEROCHAMBER  
INSPIREASE  
PEAK FLOW METER

##### Inhaled Respiratory Medications

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Acetylcysteine  
Albuterol Nebulized Solution  
Cromolyn Sodium Inhaler  
Ipratropium Inhaler  
Ipratropium Nebulizer Solution  
*MUCOMYST  
PROVENTIL NEBULIZED SOLUTION*

ADVAIR DISKUS (QL)  
ADVAIR HFA (QL)  
AEROSPAN AEROSOL (QL)  
ANORO ELLIPTA INHALER (QL)  
ATROVENT HFA INHALER (QL)  
DULERA AEROSOL (QL)  
XOPENEX HFA AEROSOL (QL)  
MAXAIR AUTOHALER (QL)  
PROVENTIL HFA INHALER (QL)  
PULMOZYME (QL) (N)  
SEREVENT DISKUS (QL)  
SPIRIVA HANDIHALER (QL)  
SYMBICORT INHALER  
TUDORZA PRESSAIR INHALATION (QL)

ARCAPTA NEOHALER  
BROVANA SOLUTION FOR INHALATION  
COMBIVENT INHALER  
COMBIVENT RESPIMAT (QL)  
*DUONEB INAHALTION SOLUTION*  
FORADIL AEROLIZER (QL)  
INCRUSE ELLIPTA  
Ipratropium-Albuterol Nebulizer Solution  
Levalbuterol Nebulizer Solution  
PERFORMIST NEBULIZER SOLUTION 20MCG (QL)  
PROAIR HFA (QL)  
PROAIR RESPICLICK (QL)  
STRIVERDI RESPIMAT (QL)  
VENTOLIN HFA (QL)  
*XOPENEX NEBULIZER SOLUTION*

### 3 TIER RECOMMENDED DRUG LIST

**BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY**

#### Oral Medication For Asthma or Lung Problems

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>ACCOLATE TABLETS</i>                      Albuterol ER Tablets                      Albuterol Tablets                      Aminophylline Tablets  <i>BRETHINE Tablets</i>  <i>CAFCIT ORAL SOLUTION</i>  <i>Caffeine Oral Solution</i>                      Montelukast Tablets  <i>PROVENTIL TABLETS</i>  <i>SINGULAIR TABLETS</i>                      Terbutaline Sulfate Tablets  <i>THEODUR TABLETS</i>                      Theophylline Liquid                      Theophylline, Immediate Release Tablets                      Theophylline, Sustained Release Capsules  <i>UNIPHYL TABLETS</i>  <i>VOSPIRE ER TABLETS (QL)</i>                      Zafirlukast Tablets</p>	<p>KALYDECO TABLETS (PA) (N)                      THEO-24 CAPSULES</p>	<p>DALIRESP TABLETS (QL)                      ESBRIET CAPSULES (PA) (N)                      OFEV CAPSULES (PA) (N) (LD)                      ORKAMBI TABLETS (PA) (N)                      Theophylline Elixir 80 mg/ 15cc (Alcohol Free)                      ZYFLO CR TABLETS                      ZYFLO TABLETS</p>

#### SKIN AND MUCOUS MEMBRANE AGENTS

##### Acne Medications

Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>A/T/S SOLUTION (SWABS, PADS &amp; PLEDGETS EXCLUDED)</i>  <i>ACUTANE CAPSULES (QL)</i>  <i>Adapalene 0.1% Cream or Gel (QL)</i>  <i>AMNESTEEM CAPSULES (QL)</i>  <i>BENZAMYCIN GEL</i>  <i>CLARIFOAM EF</i>  <i>CLEOCIN T SOLN (SWABS, PADS &amp; PLEDGETS EXCLUDED)</i>                      Clindamycin 1% / Benzoyl Peroxide 5% Gel (QL)                      Clindamycin Solution 1% (Swabs, Pads &amp; Pledgets Excluded)  <i>DIFFERIN CREAM OR GEL(QL)</i>  <i>DUAC GEL (QL)</i>  <i>ERYCETTE SOLN (SWABS, PADS &amp; PLEDGETS EXCLUDED)</i>  <i>ERYDERM SOLN (SWABS, PADS &amp; PLEDGETS EXCLUDED)</i>                      Erythromycin / Benzoyl Peroxide Cream                      Erythromycin 1.5 % Soln (Swabs, Pads &amp; Pledgets Excluded)                      Erythromycin 2 % Gel                      Erythromycin 2.0 % Soln (Swabs, Pads &amp; Pledgets Excluded)                      Isotretinoin Capsules (QL)  <i>METROCREAM TOPICAL CREAM</i>  <i>METROGEL TOPICAL GEL 1%</i></p>	<p>DIFFERIN 0.3% GEL(QL)                      DRITHO-CRÈME                      FINACEA GEL                      TAZORAC CREAM / GEL (QL)</p>	<p>ABSORICA CAPSULES (PA)                      ACZONE GEL                      ATRALIN GEL (QL)                      AZELEX CREAM  <i>BENZACLIN GEL</i>  <i>CLENIA CREAM</i>                      Clindamycin / Benzoyl Peroxide 1% / 5% Gel                      Clindamycin / Benzoyl Peroxide Gel (QL)                      Clindamycin Phosphate 1% Foam                      DIFFERIN LOTION (QL)                      EPIDUO FORTE GEL (QL)                      EPIDUO GEL (QL)  <i>EVOCLIN AEROSOL</i>                      FABIOR FOAM (QL)  <i>KLARON LOTION</i>                      MIRVASO GEL (PA)                      ONEXTON GEL (PA)                      ORAFATE PASTE                      OVACE PLUS LOTION                      PLEXION CLEANSER                      PLEXION CREAM                      RETIN-A MICRO 0.08% GEL (PA)</p>

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### 3 TIER RECOMMENDED DRUG LIST

BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY

Acne Medications Continued		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p><i>METROLOTION 0.75%</i>                      Metronidazole Lotion 0.75%                      Metronidazole Topical Cream                      Metronidazole Topical Gel 1%  <i>OVACE WASH</i>  <i>PRASCION EMULSION</i>  <i>RETIN-A CREAM / GEL</i>  <i>RETIN-A MICRO 0.04% GEL (QL)</i>  <i>ROSULA CLARIFYING WASH</i>  <i>SALEX CREAM</i>                      Salicylic Acid Cream  <i>SOTRET CAPSULES (QL)</i>                      Sulfacetamide sodium liquid 10%                      Sulfacetamide Sodium w/ Sulfur Cream 10-5%                      Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%                      Sulfacetamide Sodium w/ Sulfur Suspension 8%-4%                      Tretinoin microsphere gel 0.04%                      Sulfacetamide Sodium w/ Sulfur Suspension 9%-4%                      Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-4%  <i>SULFACET-R LOTION (QL)</i>  <i>SUMAXIN TS SUSPENSION</i>  <i>SUMAXIN WASH</i>                      Tretinoin Cream / Gel  <i>ZENATANE CAPSULES (QL)</i></p>		<p><i>RIAX FOAM</i>  <i>ROSAC CREAM</i>  <i>ROSULA GEL</i>                      TRETIN-X CREAM                      ULESFIA LOTION 5%                      ZIANA GEL (QL)                      ZONALON CREAM</p>
Topical Antifungals		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
<p>Ciclopirox Cream                      Clotrimazole / Betamethasone Cream / Lotion (QL)                      Econazole Cream                      Ketoconazole Cream (QL)  <i>LOPROX CREAM</i>  <i>LOTRISONE CREAM / LOTION (QL)</i>  <i>MYCOSTATIN CREAM / OINTMENT</i>  <i>NIZORAL CREAM (QL)</i>  <i>NYAMYC POWDER</i>                      Nystatin Cream / Ointment  <i>NYSTOP POWDER</i>  <i>SPECTAZOLE CREAM</i></p>		<p>Ciclopirox Gel / Suspension  <i>ECOZA FOAM</i>                      ERTACZO CREAM                      EXELDERM CREAM / SOLUTION                      JUBLIA SOLUTION (PA)                      Ketoconazole 2% Shampoo  <i>LOPROX GEL / SHAMPOO</i>                      LUZU CREAM                      NAFTIN CREAM / Gel                      OXISTAT CREAM  <i>PENLAC NAIL LACQUER</i></p>

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### 3 TIER RECOMMENDED DRUG LIST

BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY

#### Topical Anti-Infectives

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Acyclovir Ointment 5%  
*BACTROBAN CREAM / OINTMENT*  
 Mupirocin Cream / Ointment  
*SILVADENE CREAM*  
 Silver Sulfadiazine cream  
*SSD CREAM*  
*ZOVIRAX OINTMENT (QL)*

ALTABAX OINTMENT  
 PANRETIN GEL (PA)  
 SULFAMYLON CREAM  
 ZOVIRAX CREAM

#### Topical Anti-inflammatory / Steroids

##### LOW POTENCY

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Acclometasone Dipropionate Cream / Ointment  
*ACLOVATE CREAM / OINTMENT*  
 Desonide Cream / Ointment / Lotion  
*DESOWEN CREAM / OINTMENT / LOTION*  
 Fluocinolone Acetonide 0.01% Cream / Ointment / Solution  
 Hydrocortisone 2.5% Cream / Ointment / Lotion  
*HYTONE CREAM / OINTMENT*  
*SYNALAR 0.01% CREAM / OINTMENT / SOLUTION*

##### MEDIUM POTENCY

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

*ARISTOCORT CREAM / OINTMENT*  
*CUTIVATE CREAM / OINTMENT*  
*DERMATOP CREAM*  
*ELOCON CREAM / OINTMENT*  
 Fluocinolone Acetonide 0.025% Cream / Ointment  
 Fluticasone Cream / Ointment  
 Hydrocortisone Butyrate Cream  
*KENALOG CREAM / OINTMENT*  
*LOCOID CREAM*  
 Mometasone Furoate Cream / Ointment / Lotion  
 Prednicarbate Cream  
*SYNALAR 0.025% CREAM / OINTMENT*  
 Triamcinolone Acetonide Cream / Ointment / Lotion

CORDRAN CREAM / OINTMENT / TAPE  
 Hydrocortisone Butyrate Ointment  
 Hydrocortisone Valerate Cream / Ointment  
*LOCOID OINTMENT*  
*WESTCORT CREAM / OINTMENT*

### 3 TIER RECOMMENDED DRUG LIST

**BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY**

#### HIGH POTENCY

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Amcinonide Cream  
 Betamethasone Dipropionate Cream / Ointment  
*CYCLORT CREAM*  
 Desoximetasone 0.05% CREAM  
 Diflorasone Diacetate, Emollient Cream  
*DIPROSONE CREAM / OINTMENT*  
 Fluocinolone Acetonide 0.2% HP Cream  
 Fluocinonide Cream/ Ointment  
*LIDEX CREAM / OINTMENT*  
*LIDEX E CREAM*  
*MAXIVATE CREAM / OINTMENT*  
*SYNALAR HP CREAM*  
*TOPICORT LP CREAM*

HALOG CREAM / OINTMENT  
 TOPICORT SPRAY (EST)

#### VERY HIGH POTENCY

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Augmented Betamethasone Dipropionate Cream  
 Clobetasol Propionate Cream / Ointment/ Gel / Solution/ Emollient  
 Diflorasone Diacetate Cream / Ointment  
*DIPROLENE AF CREAM*  
*FLORONE CREAM*  
*MAXIFLOR CREAM / OINTMENT*  
*PSORCON (E) CREAM / OINTMENT/ EMOLLIENT*  
*TEMOVATE CREAM / OINTMENT/ GEL/ SOLUTION/ EMOLLIENT*  
*ULTRAVATE CREAM / OINTMENT*

Clobetasol Propionate Lotion, Shampoo  
*CLOBEX LOTION*  
*CLOBEX SHAMPOO*

#### Antipsoriasis

**Tier 1**

**Tier 2**

**Tier 3 (Drugs Not on The Drug List)**

Calcipotriene Cream / Solution  
 Calcitriol Ointment (QL)  
*DOVONEX CREAM / SOLUTION*  
 Selenium Sulfide 2.5% Lotion  
*Selenium sulfide-pyrithione zinc in Urea Shampoo*  
*SELSEB SHAMPOO*  
*SELSUN LOTION*  
*VECTICAL OINTMENT (QL)*

TAZORAC CREAM / GEL (QL)

Acitretin Capsules  
 SELRX SHAMPOO  
 SORIATANE CAPSULES  
 SORILUX AEROSOL (QL)  
*TACLONEX OINTMENT (EST) (QL)*  
*TACLONEX SUSPENSION (EST) (QL)*

### 3 TIER RECOMMENDED DRUG LIST

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#### Scabicides

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

*ACTICIN CREAM (QL)*  
*ELIMITE CREAM (QL)*  
Permethrin Cream (QL)

EURAX CREAM / LOTION

Malathion Lotion  
*OVIDE LOTION*  
Permethrin Lotion  
SKLICE LOTION

#### Miscellaneous Skin and Mucous Membrane

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

Aluminum Chloride Hexahydrate  
*ALDARA CREAM*  
*CARAC CREAM*  
*DRYSOL*  
*EFUDEX CREAM / SOLUTION*  
Fluorouracil Cream / Solution  
*HYPERCARE SOLUTION*  
Imiquimod Cream  
Lidocaine Patches (QL)  
*LIDODERM PATCHES (QL)*  
*PROTOPIC OINTMENT (QL)*  
Tacrolimus Ointment (QL)

CONDYLOX – GEL  
FLUOROPLEX CREAM / SOLUTION  
OXSORALEN ULTRA CAPSULES ONLY

ADAZIN CREAM  
Diclofenac Sodium (Actinic Keratoses) Gel  
Diclofenac Sodium Solution  
Doxepin Cream  
ELIDEL CREAM  
*EMLA CREAM*  
FLECTOR PADS (QL)  
KERALAC CREAM / LOTION 50%  
*PENNSAID SOLUTION (QL)*  
PICATO GEL  
PLIAGLIS CREAM  
REGRANEX GEL (PA) (QL)  
REXAPHENAC CREAM (QL)  
SOLAICE PADS  
*SOLARAZE GEL*  
SYNERA PATCHES  
ULESFIA LOTION 5%  
VEREGEN OINT (QL)  
VOLTAREN GEL  
*ZONALON CREAM*  
*ZORVOLEX CAPSULES (PA)*  
*ZYCLARA CREAM (QL)*

#### Anorectal Medications

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

Hydrocortisone (Rectal Cream)  
PROCTO-CREAM

CORTIFOAM

### 3 TIER RECOMMENDED DRUG LIST

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#### VITAMINS

##### Prenatal Vitamins

Tier 1

Tier 2

Tier 3 (Drugs Not on The Drug List)

CITRANATAL 90 DHA COMBO PACK  
 CITRANATAL 90 DHA PACK  
 CITRANATAL ASSURE COMBO PACK  
 CITRANATAL DHA PACK  
 CITRANATAL RX TABLET  
 COMPLETENATE TABLET CHEW  
 CONCEPT DHA CAPSULE  
 HEMENATAL OB + DHA COMBO PACK  
 NATALVIRT 90 DHA COMBO PACK  
 NATALVIRT CA COMBO PACK  
 NESTABS DHA COMBO PACK  
 PNV OB+DHA COMBO PACK  
 PNV PRENATAL PLUS MULTIVIT TAB  
 PREFERA-OB PLUS DHA COMBO PACK  
 PRENAISSANCE 90 DHA COMBO PACK  
 PRENAISSANCE DHA COMBO PACK  
 PRENAISSANCE PROMISE COMBO PCK  
 PRENAPLUS TABLET  
 PRENATABS FA TABLET  
 PRENATABS RX TABLET  
 PRENATAL 19 CHEWABLE TABLET  
 PRENATAL 19 TABLET  
 PRENATAL LOW IRON TABLET  
 PRENATAL PLUS IRON TABLET  
 PRENATAL PLUS MULTIVITAMIN TAB  
 PRENATAL PLUS TABLET  
 PRENATAL VITAMIN WITH LOW IRON  
 PRENATE DHA SOFTGEL  
 PREPLUS CA-FE 27 MG-FA 1 MG TB

CITRANATAL HARMONY CAPSULE  
 INFANATE PLUS SOFTGEL  
 NEEVODHA CAPSULE  
 NESTABS ABC PRENATAL COMBO PK  
 NEXA PLUS SOFTGEL  
 OB COMPLETE ONE SOFTGEL  
 OB COMPLETE PETITE SOFTGEL  
 PNV-DHA SOFTGEL  
 PNV-OMEGA SOFTGEL  
 PRENA1 CHEW TABLET  
 PRENA1 PEARL SOFTGEL  
 PRENA1 PLUS COMBO PACK  
 PRENATE DHA SOFTGEL  
 PRENATE ENHANCE SOFTGEL  
 PRENATE ESSENTIAL SOFTGEL  
 PRENATE MINI SOFTGEL  
 SELECT-OB + DHA PACK  
 TARON-PREX PRENATAL DHA CAP  
 ULTIMATECARE ONE CAPSULE  
 VIRT-PN DHA SOFTGEL  
 VIRT-PN PLUS SOFTGEL  
 VITAFOL ULTRA SOFTGEL  
 VITAFOL-ONE CAPSULE  
 VITAMEDMD ONE RX SOFTGEL  
 VITAMEDMD PLUS RX COMBO PACK  
 VITAMEDMD REDICHEW RX TAB CHEW  
 VITAPEARL SOFTGEL  
 ZATEAN-PN DHA CAPSULE  
 ZATEAN-PN PLUS SOFTGEL

### 3 TIER RECOMMENDED DRUG LIST

*BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY*

Prenatal Vitamins Continued		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
	SE-NATAL 19 CHEWABLE TABLET SE-NATAL 19 TABLET TARON-C DHA CAPSULE TRICARE PRENATAL TABLET VOL-PLUS TABLET VOL-TAB RX TABLET	
Vitamin and Fluoride Medications / Miscellaneous Supplements		
Tier 1	Tier 2	Tier 3 (Drugs Not on The Drug List)
Calcitriol Capsules <i>DRISDOL CAPSULES</i> Ergocalciferol Capsules Fluoride / Polyvitamins (Without Iron; Drops & Tabs) (age limit 6 years and younger) Fluoride / Vitamins A,D,C (Without Iron; Drops & Tabs) (age limit 6 years and younger) Folic Acid 1 mg Tablets <i>LURIDE TABLETS (age limit 6 years and younger)</i> Paricalcitol Capsules <i>POLY-VI-FLOR TABLETS / DROPS (age limit 6 years and younger)</i> <i>ROCALTROL CAPSULES</i> Sodium Fluoride Tablets and Drops (age limit 6 years and younger) <i>TRI-VI-FLOR TABLETS / DROPS (age limit 6 years and younger)</i> <i>VI-DAYLIN /F TABLETS / DROPS (age limit 6 years and younger)</i> <i>ZEMPLAR CAPSULES</i>		Doxercalciferol Capsules FERRIPROX TABLETS (LD)  POLY-VI-FLOR SOLUTION BIPHASIC (age limit 6 years and younger) POLY-VI-FLOR TABLETS BIPHASIC (age limit 6 years and younger)

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### 3 TIER RECOMMENDED DRUG LIST

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#### Vitamin and Fluoride Medications / Miscellaneous Supplements

#### ORAL FLUORIDE SUPPLEMENTS FOR CHILDREN 6 MONTHS THROUGH 5 YEARS OF AGE COVERED ONLY FOR NON-GRANDFATHERED PLANS

SODIUM FLUORIDE CHEW TAB 0.25 MG SODIUM FLUORIDE CHEW TAB 0.5 MG SODIUM FLUORIDE CHEW TAB 1 MG	SODIUM FLUORIDE SOLN 0.5 MG/ML SODIUM FLUORIDE SOLN 0.125 MG/DROP SODIUM FLUORIDE SOLN 0.25 MG/DROP	SODIUM FLUORIDE SOLN 0.25 MG/0.6ML SODIUM FLUORIDE SOLN 0.5 MG/ML
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#### IRON SUPPLEMENTATION FOR CHILDREN 6 MONTHS TO 12 MONTHS OF AGE COVERED ONLY FOR NON-GRANDFATHERED PLANS UNDER ACA

FERROUS SULFATE SOLN 75 MG/ML	FERROUS SULFATE SOLN 75 MG/0.6 ML	
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#### FOLIC ACID SUPPLEMENTATION FOR WOMEN OF CHILD BEARING AGE ONLY FOR NON-GRANDFATHERED PLANS UNDER ACA

FOLIC ACID TAB 400 MCG	FOLIC ACID TAB 800 MCG	
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#### VITAMIN D SUPPLEMENTATION FOR AGES 65 AND OLDER ONLY FOR NON-GRANDFATHERED PLANS UNDER ACA

CHOLECALCIFEROL CAP 400 UNIT CHOLECALCIFEROL TAB 400 UNIT CHOLECALCIFEROL CHEW TAB 400 UNIT	CHOLECALCIFEROL ORAL LIQUID 1200 UNIT/15ML CHOLECALCIFEROL ORAL LIQUID 1000 UNIT/10ML	CHOLECALCIFEROL ORAL LIQUID 400 UNIT/ML CHOLECALCIFEROL DROPS 400 UNIT/0.03ML (PER DROP)
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#### DRUGS FOR THE TREATMENT OF OBESITY-BENEFIT EXCLUSION\* *\*Some Plans may cover these drugs for Morbid Obesity - refer to Plan documents*

		BELVIQ TABLETS (PA)- BENEFIT EXCLUSION* Phentermine Capsules (PA) - BENEFIT EXCLUSION* Phentermine Tablets (PA) - BENEFIT EXCLUSION* QSYMIA CAPSULES (PA)- BENEFIT EXCLUSION* REGIMEX TABLETS (PA) - BENEFIT EXCLUSION* XENICAL CAPSULES (PA) - BENEFIT EXCLUSION*
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#### DRUGS FOR THE TREATMENT OF SMOKING CESSATION - REFER TO PREVENTIVE DRUG LIST (OTCs not covered under Grandfathered Plans)

#### NO PRIOR AUTHORIZATION REQUIRED FOR NON-GRANDFATHERED PLANS UNDER ACA

Bupropion SR Tablets 150mg ZYBAN TABLETS	CHANTIX TABLETS	Nicotine Gum Nicotine Lozenges Nicotine Patch NICOTROL NASAL INHALER NICOTROL NASAL SPRAY
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### 3 TIER RECOMMENDED DRUG LIST

**BRAND NAME DRUGS WITH GENERICS AVAILABLE ARE ITALICIZED AND LISTED FOR REFERENCE ONLY**

**SPECIALTY DRUGS - NOT COVERED BY ALL PLANS UNDER PHARMACY - *Check Plan Documents for Coverage***

#### Arthritis / Psoriasis

Brand	Generic Name	Comments
ACTEMRA 162MG SYRINGE (N)	TOCILIZUMAB SUB Q	PRIOR AUTHORIZATION REQUIRED
<b>ENBREL (N)</b>	ETANERCEPT	PRIOR AUTHORIZATION REQUIRED
<b>HUMIRA (N)</b>	ADALIMUMAB	PRIOR AUTHORIZATION REQUIRED
<b>CIMZIA (EST) (N)</b>	CERTOLIZUMAB PEGOL	PRIOR AUTHORIZATION REQUIRED
KINERET (EST) (N)	ANAKINRA	PRIOR AUTHORIZATION REQUIRED
METHOTREXATE (N)	METHOTREXATE	PRIOR AUTHORIZATION REQUIRED
<b>ORENCIA SUB Q 125MG/ML (N)</b>	ABATACEPT	PRIOR AUTHORIZATION REQUIRED
<b>OTEZLA TABLETS (N)</b>	APREMILAST	PRIOR AUTHORIZATION REQUIRED
<b>SIMPONI (N)</b>	GOLIMUMAB	PRIOR AUTHORIZATION REQUIRED
<b>XELJANZ TABLETS (PA) (QL) (N)</b>	TOFACITINIB	PRIOR AUTHORIZATION REQUIRED

#### Blood Modifiers

Brand	Generic Name	Comments
ARANESP (EST) (N)	DARBEPOETIN ALFA-ALBUMIN	PRIOR AUTHORIZATION REQUIRED
EPOGEN (EST) (N)	EPOETIN ALFA	PRIOR AUTHORIZATION REQUIRED
GRANIX (EST) (N)	TBO-FILGRASTIM	PRIOR AUTHORIZATION REQUIRED
MIRCERA (N) (LD)	Methoxy Polyethylene Glycol-Epoetin Beta Injection	PRIOR AUTHORIZATION REQUIRED
NEULASTA (EST) (N)	PEGFILGRASTIM	PRIOR AUTHORIZATION REQUIRED
NEUMEGA (N)	OPRELVEKIN	PRIOR AUTHORIZATION REQUIRED
NEUPOGEN (N)	FILGRASTIM	PRIOR AUTHORIZATION REQUIRED
<b>PROCRIT (N)</b>	EPOETIN ALFA	PRIOR AUTHORIZATION REQUIRED

#### Blood Thinners

Brand	Generic Name	Comments
ARIXTRA (N)	FONDAPARINUX SODIUM	PRIOR AUTHORIZATION REQUIRED-QUANTITY LIMITATIONS
FRAGMIN (N)	DALTEPARIN SODIUM	PRIOR AUTHORIZATION REQUIRED-QUANTITY LIMITATIONS
LOVENOX (N)	ENOXAPARIN SODIUM	PRIOR AUTHORIZATION REQUIRED-QUANTITY LIMITATIONS

#### MULTIPLE SCLEROSIS DRUGS

Brand	Generic Name	Comments
<b>AVONEX (N)</b>	INTERFERON BETA-1A	PRIOR AUTHORIZATION REQUIRED
<b>AUBAGIO TABLETS (N)</b>	TERIFLUNOMIDE	PRIOR AUTHORIZATION REQUIRED
<b>BETASERON (N)</b>	INTERFERON BETA-1B	PRIOR AUTHORIZATION REQUIRED
<b>COPAXONE (N)</b>	GLATIRAMER ACETATE	PRIOR AUTHORIZATION REQUIRED
<b>GILENYA CAPSULES (N)</b>	FINGOLIMOD	PRIOR AUTHORIZATION REQUIRED
<b>PLEGRIDY (N)</b>	PEG-INTERFERON BETA-1A	PRIOR AUTHORIZATION REQUIRED
<b>REBIF (N)</b>	INTERFERON BETA-1A	PRIOR AUTHORIZATION REQUIRED
<b>TECFIDERA CAPSULES (N)</b>	DIMETHYL FUMARATE DELAYED RELEASE	PRIOR AUTHORIZATION REQUIRED

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Growth Hormones		
Brand	Generic Name	Comments
<b>HUMATROPE (N)</b>	SOMATROPIN	PRIOR AUTHORIZATION REQUIRED
<i>INCRELEX (N)</i>	MECASERMIN	PRIOR AUTHORIZATION REQUIRED
<b>NORDITROPIN (N)</b>	SOMATROPIN	PRIOR AUTHORIZATION REQUIRED
<i>SEROSTIM (N)</i>	SOMATROPIN	PRIOR AUTHORIZATION REQUIRED
<i>SOMAVERT (N)</i>	PEGVISOMANT	PRIOR AUTHORIZATION REQUIRED
<i>ZORBTIVE (N)</i>	SOMATROPIN	PRIOR AUTHORIZATION REQUIRED
Migraine Medications		
Brand	Generic Name	Comments
SUMITRIPTAN INJ / SYRINGE (N)	SUMITRIPTAN	PRIOR AUTHORIZATION REQUIRED-QUANTITY LIMITATIONS
<i>IMITREX INJ / SYRINGE (N)</i>	SUMITRIPTAN	PRIOR AUTHORIZATION REQUIRED-QUANTITY LIMITATIONS
<i>D.H.E. 45 (N)</i>	DIHYDROERGOTAMINE	PRIOR AUTHORIZATION REQUIRED-QUANTITY LIMITATIONS
DIHYDROERGOTAMINE (N)	DIHYDROERGOTAMINE	PRIOR AUTHORIZATION REQUIRED-QUANTITY LIMITATIONS
Osteoporosis Treatment		
Brand	Generic Name	Comments
<b>FORTEO (N)</b>	TERIPARATIDE (RECOMBINANT)	PRIOR AUTHORIZATION REQUIRED
<i>MIACALCIN (N)</i>	CALCITONIN (SALMON)	PRIOR AUTHORIZATION REQUIRED
Antivirals / Immune System Enhancers		
Brand	Generic Name	Comments
ACTIMMUNE (N)	INTERFERON GAMMA-1B	PRIOR AUTHORIZATION REQUIRED
FUZEON (N)	ENFUVIRTIDE	PRIOR AUTHORIZATION REQUIRED
HARVONI TABLETS (N)	TELAPREVIR	PRIOR AUTHORIZATION REQUIRED
INFERGEN (N)	INTERFERON ALFACON-1	PRIOR AUTHORIZATION REQUIRED
INTRON-A (N)	INTERFERON ALFA-2B	PRIOR AUTHORIZATION REQUIRED
<b>OLYSIO CAPSULES (N)</b>	SIMEPREVIR	PRIOR AUTHORIZATION REQUIRED
<b>PEGASYS (N)</b>	PEGINTERFERON ALFA-2A	PRIOR AUTHORIZATION REQUIRED
<b>PEG-INTRON (N)</b>	PEGINTERFERON ALFA-2B	PRIOR AUTHORIZATION REQUIRED
<b>SOVALDI TABLETS (N)</b>	SOFOSBUVIR	PRIOR AUTHORIZATION REQUIRED
<b>VIEKIRA PAK (N)</b>	OMBITASVIR-PARITAPREVIR-RITONAVIR-DASABUVIR	PRIOR AUTHORIZATION REQUIRED
<b>VICTRELIS CAPSULES (N)</b>	BOCEPREVIR	PRIOR AUTHORIZATION REQUIRED

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Miscellaneous		
Brand	Generic Name	Comments
ALFERON N (N)	INTERFERON ALFA-N3	PRIOR AUTHORIZATION REQUIRED
APOKYN (N)	APOMORPHINE	PRIOR AUTHORIZATION REQUIRED
ARCALYST (N)	RILONACEPT	PRIOR AUTHORIZATION REQUIRED
CERDELGA (PA) (N) (LD)	ELIGLUSTAT TARTRATE	PRIOR AUTHORIZATION REQUIRED
ESBRIET CAPSULES (N)	PIRFENIDONE	PRIOR AUTHORIZATION REQUIRED
LUPRON (N) - Not the Depot form	LEUPROLIDE ACETATE	PRIOR AUTHORIZATION REQUIRED
Octreotide (N) - Not the Depot form	OCTREOTIDE ACETATE	PRIOR AUTHORIZATION REQUIRED
OFEV CAPSULES (N)	NINTEDANIB ESYLATE	PRIOR AUTHORIZATION REQUIRED
RELISTOR (N)	METHYLNALTREXONE BROMIDE	PRIOR AUTHORIZATION REQUIRED
SANDOSTATIN (N) - Not the Depot / LAR form	OCTREOTIDE ACETATE	PRIOR AUTHORIZATION REQUIRED
Drugs to treat Impotence (Not covered by all plans - check plan documents for coverage)		
Brand	Generic Name	Comments
CAVERJECT INJECTION (QL) (N)	ALPROSTADIL	PRIOR AUTHORIZATION REQUIRED-CHECK PLAN FOR COVERAGE
EDEX INJECTION (QL) (N)	ALPROSTADIL	PRIOR AUTHORIZATION REQUIRED-CHECK PLAN FOR COVERAGE
Other Self-Injectables (Check plan documents for coverage)		
	<b>AUVI-Q (QL) (PA)</b> <b>EPIPEN (QL) (PA)</b> <b>EPIPEN, JR. (QL) (PA)</b> GLUCAGEN (QL) (PA) GLUCAGON (QL) (PA)	BYDUREON (PA) BYETTA (PA) SYMLIN (PA) TANZEUM (PA) TRULICITY (PA) VICTOZA (PA)

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**3 TIER RECOMMENDED DRUG LIST**  
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Antihemophilic Drugs (Check benefits for coverage)		
Brand	Generic Name	Comments
ADVATE (N)	Factor VIII (antihemophilic factor [recombinant]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
ALPHANATE (N)	Factor VIII (antihemophilic factor [human]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
ALPHANATE VWF (N)	Von Willebrand factor complex, human, ristocetin cofactor , per I.U.	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
ALPHANINE SD (N)	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
ALPROLIX (N)	COAGULATION FACTOR IX (RECOMB) (RFIXFC)	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
BEBULIN VH (N)	Factor IX, complex, per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
BENEFIX (N)	Factor IX (antihemophilic factor, recombinant) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
CEPROTIN (N)	Injection, protein C concentrate, intravenous, human, 10 IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
ELOCTATE (N)	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIII FC	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
FEIBA VH IMMUNO (ANTI-INHIBITOR COAGULANT COMPLEX) (N)	Anti-inhibitor, per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
HELIXATE FS (N)	Factor VIII (antihemophilic factor [recombinant]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
HEMOFIL M (N)	Factor VIII (antihemophilic factor [human]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
HUMATE-P (N)	Von Willebrand factor complex, human, ristocetin cofactor, per IU, VWF:RCO	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
KOATE-DVI (N)	Factor VIII (antihemophilic factor [human]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
KOGENATE FS (N)	Factor VIII (antihemophilic factor, recombinant) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
MONOCLATE-P (N)	Factor VIII (antihemophilic factor [human]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
MONONINE (N)	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
NOVOSEVEN (N)	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
NOVOEIGHT N)	Antihemophilic Factor (Recomb)	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
OBIZUR (N)	Antihemophilic Factor (Recomb Porc) rpFVIII	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE

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### 3 TIER RECOMMENDED DRUG LIST

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#### Antihemophilic Drugs (Check benefits for coverage)

Brand	Generic Name	Comments
PROFILNINE SD (N)	Factor IX, complex, per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
RECOMBINATE (N)	Factor VIII (antihemophilic factor [recombinant]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
REFACTO (N)	Factor VIII (antihemophilic factor [recombinant]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
THROMBATE III (N)	Antithrombin III (human), per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
TRETTEN (N)	COAGULATION FACTOR XIII A-SUBUNIT	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
XYNTHA KIT (N)	Injection, factor VIII (antihemophilic factor, recombinant), per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE

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