

Health Net

3-Tier Drug List

The 3-Tier Drug List has been designed to provide Health Net members with coverage information about medications, including copayment tier, prior authorization requirements, and other coverage limitation as well as alternative medications within a therapeutic class. Medications on Tier 1 are available at the lowest copayment level

Although not all drugs are available as a generic product, both the brand and generic names have been listed for reference. Please refer to the "Generic Available" column for generic availability in the marketplace. Tier status, Prior Authorization and quantity limitations, as well as generic availability are all subject to change.

This drug list is meant to serve as a guide and may not represent your actual pharmacy benefits. For specific information about your pharmacy coverage, please review your plan documents, or log on to www.healthnet.com and click on My Pharmacy Benefits.

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
ANALGESICS							
Analgesics							
ACTIQ	fentanyl lozenge	Yes	1	3	✓	✓	Max 3 lozenges per day
DARVOCET-N	propoxyphene-n/apap	Yes	1	3			
DEMEROL	meperidine	Yes	1	3			
DILAUDID	hydromorphone	Yes	1	3			
DOLOPHINE	methadone	Yes	1	3			
DURAGESIC 100MCG	fentanyl patch 100mcg	Yes	1	3	✓	✓	Max 3 patches every 3 days
DURAGESIC 12.5MCG, 25MCG	fentanyl patch 12.5mcg, 25mcg	Yes	1	3	✓	✓	Max 1 patch every 3 days
DURAGESIC 50MCG, 75MCG	fentanyl patch 50mcg, 75mcg	Yes	1	3	✓	✓	Max 1 patch every 3 days
FIORICET W/CODEINE	butalbital/apap/caffeine/codeine	Yes	1	3			
FIORINAL W/CODEINE	butalbital/aspirin/caffeine/codeine	Yes	1	3			
LORTAB	hydrocodone/apap	Yes	1	3			
MS CONTIN	morphine sulfate sr	Yes	1	3			
MSIR	morphine sulfate	Yes	1	3			
PERCOCET	oxycodone w/apap	Yes	1	3			
ROXICODONE	oxycodone	Yes	1	3			
STADOL	butorphanol tartrate	Yes	1	3		✓	Max 1 bottle per month
TYLENOL W/CODEINE	acetaminophen w/codeine	Yes	1	3			
ULTRACET	tramadol/apap	Yes	1	3			
ULTRAM	tramadol	Yes	1	3			
ULTRAM ER 100MG	tramadol er 100mg	Yes	1	3		✓	Max 1 tablet per day
ULTRAM ER 200MG	tramadol er 200mg	Yes	1	3		✓	Max 2 tablets per day
VICODIN	hydrocodone/apap	Yes	1	3			
VICOPROFEN	hydrocodone/ibuprofen	Yes	1	3			
AVINZA	morphine sulfate beads sr			2		✓	Max 2 capsules per day
KADIAN	morphine sulfate cap sr			2		✓	Max 2 capsules per day
NUCYNTA	tapentadol			2		✓	Max 6 tablets per day
OPANA ER	oxymorphone er			2		✓	Max 2 tablets per day
FENTORA	fentanyl citrate buccal			3	✓	✓	Max 4 buccal tablets per day
ONSOLIS	fentanyl buccal film			3	✓	✓	Max 3 films per day
OPANA	oxymorphone			3			
OXYCONTIN 10MG, 20MG	oxycodone sr 10mg, 20mg			3	✓	✓	Max 3 tablets per day
OXYCONTIN 15MG, 30MG	oxycodone sr 15mg, 30mg			3	✓	✓	Max 2 tablets per day
OXYCONTIN 40MG, 80MG	oxycodone sr 40mg, 80mg			3	✓	✓	Max 3 tablets per day
OXYCONTIN 60MG	oxycodone sr 60mg			3	✓	✓	Max 2 tablets per day
RYZOLT	tramadol sr			3		✓	Max 1 tablet per day
ANTIHISTAMINES							
Antihistamine - Miscellaneous							
ATARAX	hydroxyzine	Yes	1	3			
PERIACTIN	cyproheptadine	Yes	1	3			
PHENERGAN	promethazine	Yes	1	3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
VISTARIL	hydroxyzine pamoate	Yes	1	3			
Low Sedating Antihistamines & Combinations							
ALLEGRA	fexofenadine	Yes	1	3	✓		Authorization not required for generic
ALLEGRA-D 12 HOUR	fexofenadine/pseudoephedrine	Yes	1	3	✓		
ALLEGRA SUSPENSION	fexofenadine suspension			3	✓		
ALLEGRA-D 24 HOUR	fexofenadine/pseudoephedrine			3	✓		
CLARINEX	desloratadine			3	✓		
CLARINEX-D	desloratadine/pseudoephedrine			3	✓		
XYZAL	levocetirizine			3	✓	✓	Max 1 tablet per day
ANTI-INFECTIVE AGENTS							
Antifungal Antibiotics (Oral)							
DIFLUCAN	fluconazole	Yes	1	3			
DIFLUCAN 150MG	fluconazole 150mg	Yes	1	3		✓	Max 2 tablets per Rx
LAMISIL	terbinafine	Yes	1	3	✓		
MYCELEX TROCHE	clotrimazole troche	Yes	1	3			
MYCOSTATIN ORAL	nystatin oral	Yes	1	3			
NIZORAL	ketoconazole	Yes	1	3			
SPORONOX	itraconazole	Yes	1	3	✓		
GRIS-PEG	griseofulvin ultramicrosize			2			
VFEND	voriconazole			3			
Antimalarial Agents							
ARALEN	chloroquine	Yes	1	3		✓	Max 8 tablets per month
INH	isoniazid	Yes	1	3			
LARIAM	mefloquine	Yes	1	3		✓	Max 6 tablets per month
PLAQUENIL	hydroxychloroquine	Yes	1	3			
RIFADAN	rifampin	Yes	1	3			
DAPSONE	dapsone			2			
MALARONE	atovaquone/proguanil			2			
YODOXIN	iodoquinol			2			
Antivirals							
COPEGUS	ribavirin	Yes	1	3	✓		
FAMVIR	famciclovir	Yes	1	3			
REBETOL	ribavirin	Yes	1	3	✓		
VALTREX	valacyclovir	Yes	1	3			
ZOVIRAX ORAL	acyclovir oral	Yes	1	3			
BARACLUDE	entecavir			2			
RELENZA	zanamivir			2		✓	Max 1 unit per Rx
VALCYTE	valganciclovir			2			
EPIVIR HBV	lamivudine			3			
HEPSERA	adefovir			3	✓		
TAMIFLU	oseltamivir			3		✓	Max 10 capsules per Rx
TAMIFLU SUSPENSION	oseltamivir suspension			3		✓	Max 3 bottles per Rx
TYZEKA	telbivudine			3	✓		
Cephalosporins							
CECLOR	cefaclor	Yes	1	3			
CECLOR CD	cefaclor cr	Yes	1	3			
CEFTIN	cefuroxime	Yes	1	3			
CEFZIL	cefprozil	Yes	1	3			
DURICEF	cefadroxil	Yes	1	3			
KEFLEX	cephalexin	Yes	1	3			
OMNICEF	cefdinir	Yes	1	3			
VANTIN	cefpodoxime	Yes	1	3			
CEDAX	ceftibuten			3			
SPECTRACEF	cefditoren pivoxil			3			
SUPRAX	cefixime			3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
Erythromycins / Macrolides							
BIAXIN	clarithromycin	Yes	1	3			
BIAXIN XL	clarithromycin xl	Yes	1	3			
ZITHROMAX 250MG	azithromycin 250mg	Yes	1	3		✓	Max 6 tablets per month
ZITHROMAX 500MG	azithromycin 500mg	Yes	1	3		✓	Max 3 tablets per month
ZITHROMAX 600MG	azithromycin 600mg	Yes	1	3		✓	Max 8 tablets per month
ZITHROMAX POWDER PAK 1G	azithromycin powder pak 1gm	Yes	1	3		✓	Max 2 packets per RX, Max 1 RX per month
ZMAX	azithromycin er suspension			2		✓	Max 1 dose (bottle) per month
DYNABAC	dirithromycin			3			
Fluoroquinolones							
CIPRO	ciprofloxacin	Yes	1	3			
CIPRO XR 1000MG	ciprofloxacin sr 1000mg	Yes	1	3		✓	Max 14 tablets per course of therapy
CIPRO XR 500MG	ciprofloxacin sr 500mg	Yes	1	3		✓	Max 3 tablets per course of therapy
AVELOX	moxifloxacin			2			
FACTIVE	gemifloxacin			3		✓	Max 7 tablets per Rx
LEVAQUIN	levofloxacin			3			
PROQUIN XR	ciprofloxacin xr			3		✓	Max 3 tablets per Rx
HIV Antivirals							
VIDEX	didanosine	Yes	1	3			
VIDEX EC	didanosine ec	Yes	1	3			
ZERIT	stavudine	Yes	1	3			
APTIVUS	tipranavir			2			
ATRIPLA	efavirenz/emtricitabine/tenofovir			2		✓	Max 1 tablet per day
COMBIVIR	lamivudine/zidovudine			2			
CRIVAN	indinavir			2			
EMTRIVA	emtricitabine			2			
EPIVIR	lamivudine			2			
EPIVIR 300MG	lamivudine 300mg			2		✓	Max 1 tablet per day
EPZICOM	abacavir/lamivudine			2			
FORTOVASE	saquinavir			2			
FUZEON	enfuvirtide			2			
HIVID	zalcitabine			2			
INVIRASE	saquinavir			2			
KALETRA	lopinavir/ritonavir			2			
LEXIVA	fosamprenavir			2			
NORVIR	ritonavir			2			
PREZISTA 150MG	darunavir 150mg			2		✓	Max 8 tablets per day
PREZISTA 300MG	darunavir 300mg			2		✓	Max 4 tablets per day
PREZISTA 400MG, 600MG	darunavir 400mg, 600mg			2		✓	Max 2 tablets per day
PREZISTA 75MG	darunavir 75mg			2		✓	Max 16 tablets per day
RESCRIPTOR	delavirdine			2			
REYATAZ 100MG,150MG, 200M	atazanavir 100mg,150mg, 200mg			2		✓	Max 2 capsules per day
REYATAZ 300MG	atazanavir 300mg			2		✓	Max 1 capsule per day
SUSTIVA	efavirenz			2			
TRIZIVIR	abacavir/lamivudine/zidovudine			2			
TRUVADA	emtricitabine/tenofovir			2			
VIRACEPT	nelfinavir			2			
VIRAMUNE	nevirapine			2			
VIREAD	tenofovir			2			
ZIAGEN	abacavir			2			
INTELENCE	etravirine			3			
ISENTRESS	raltegravir			3			
SELZENTRY	maraviroc			3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
Miscellaneous Anti-infectives							
CLEOCIN ORAL	clindamycin oral	Yes	1	3			
FLAGYL	metronidazole	Yes	1	3			
MACROBID	nitrofurantoin macrocrystals	Yes	1	3			
MEPRON	atovaquone			2			
VANCOCIN	vancomycin			2			
FLAGYL ER	metronidazole sr			3			
KETEK	telithromycin			3		✓	Max 2 tablets per day, Max 20 tablets per Rx
XIFAXIN	rifaximin			3		✓	Max 9 tablets per year
Penicillins							
AMOXIL	amoxicillin	Yes	1	3			
AUGMENTIN	amoxicillin/clavulanate	Yes	1	3			
AUGMENTIN ES	amoxicillin/clavulanate suspension	Yes	1	3			
PEN VEE K	penicillin v potassium	Yes	1	3			
AUGMENTIN XR	amoxicillin/clavulanate xr			2			
MOXATAG	amoxicillin sr			3			
Sulfonamides							
AZULFIDINE	sulfasalazine	Yes	1	3			
AZULFIDINE-EN	sulfasalazine ec	Yes	1	3			
SEPTRA	sulfamethoxazole/trimethoprim	Yes	1	3			
Tetracyclines							
DYNACIN	minocycline	Yes	1	3			
MINOCIN	minocycline	Yes	1	3			
PERIOSTAT	doxycycline hyclate	Yes	1	3			
SOLODYN	minocycline sr	Yes	1	3	✓	✓	Max 1 tablet per day
SUMYCIN	tetracycline	Yes	1	3			
VIBRAMYCIN	doxycycline	Yes	1	3			
DORYX	doxycycline enteric coated			3	✓	✓	Max 2 tablets per day
ORACEA	doxycycline delayed release			3	✓	✓	Max 1 capsule per day
ANTINEOPLASTIC AGENTS							
Antineoplastics							
ARIMIDEX	anastrozole	Yes	1	3		✓	Age 21 or older
CASODEX	bicalutamide	Yes	1	3			
CYTOXAN	cyclophosphamide	Yes	1	3			
HYDREA	hydroxyurea	Yes	1	3			
MEGACE	megestrol	Yes	1	3			
NOLVADEX	tamoxifen	Yes	1	3			
PURINETHOL	mercaptopurine	Yes	1	3			
TREXALL	methotrexate	Yes	1	3			
AFINITOR	everolimus			2	✓		
AROMASIN	exemestane			2		✓	Age 21 or older
FEMARA	letrozole			2		✓	Age 21 or older
GLEEVEC	imatinib			2	✓		
IRESSA	gefitinib			2	✓		
NEXAVAR	sorafenib			2	✓		
SUTENT	sunitinib			2	✓		
TARCEVA	erlotinib			2	✓		
TEMODAR	temozolomide			2			
XELODA	capecitabine			2			
REVLIMID	lenalidomide			3	✓		
SPRYCEL	dasatinib			3	✓		
TASIGNA	nilotinib			3	✓		
TYKERB	lapatinib			3	✓		
ZOLINZA	vorinostat			3	✓		
CARDIOVASCULAR AGENTS							

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
Angiotensin Converting Enzyme Inhibitors (ACE) and Combinations							
ACCUPRIL	quinapril	Yes	1	3			
ACCURETIC	quinapril/hctz	Yes	1	3			
ACEON	perindopril	Yes	1	3			
ALTACE	ramipril	Yes	1	3			
CAPOTEN	captopril	Yes	1	3			
CAPOZIDE	captopril/hctz	Yes	1	3			
LOTENSIN	benazepril	Yes	1	3			
LOTENSIN HCT	benazapril/hctz	Yes	1	3			
MAVIK	trandolapril	Yes	1	3			
MONOPRIL	fosinopril	Yes	1	3			
MONOPRIL HCT	fosinopril/hctz	Yes	1	3			
PRINIVIL	lisinopril	Yes	1	3			
PRINZIDE	lisinopril/hctz	Yes	1	3			
UNIRETIC	moexipril/hctz	Yes	1	3			
UNIVASC	moexipril	Yes	1	3			
VASERETIC	enalapril/hctz	Yes	1	3			
VASOTEC	enalapril	Yes	1	3			
ZESTORETIC	lisinopril/hctz	Yes	1	3			
ZESTRIL	lisinopril	Yes	1	3			
Angiotensin II Receptor Blockers (ARB) and Combinations							
COZAAR	losartan	Yes	1	3	✓		
HYZAAR	losartan/hctz	Yes	1	3	✓		
BENICAR	olmesartan			2	✓		
BENICAR HCT	olmesartan/hctz			2	✓		
DIOVAN	valsartan			2	✓		
DIOVAN HCT	valsartan/hctz			2	✓		
ATACAND	candesartan			3	✓		
ATACAND HCT	candesartan/hctz			3	✓		
AVALIDE	irbesartan/hctz			3	✓		
AVAPRO	irbesartan			3	✓		
MICARDIS	telmisartan			3	✓		
MICARDIS HCT	telmisartan/hctz			3	✓		
TEVETEN	eprosartan			3	✓		
TEVETEN HCT	eprosartan/hctz			3	✓		
Antiadrenergic Agents							
ALDOMET	methyldopa	Yes	1	3			
CARDURA	doxazosin	Yes	1	3			
CATAPRES	clonidine	Yes	1	3			
HYTRIN CAPSULES	terazosin capsules	Yes	1	3			
MINIPRESS	prazosin	Yes	1	3			
TENEX	guanfacine	Yes	1	3			
CATAPRES-TTS	clonidine patch			2			
HYTRIN TABLETS	terazosin tablets			3			
Antidysrhythmic Agents							
BETAPACE	sotalol	Yes	1	3			
BETAPACE AF	sotalol af	Yes	1	3			
CORDARONE	amiodarone	Yes	1	3			
MEXITIL	mexiletine	Yes	1	3			
NORPACE	disopyamide	Yes	1	3			
RYTHMOL	propafene	Yes	1	3			
TAMBOCOR	flecainide	Yes	1	3			
TIKOSYN	dofetilide			2			
NORPACE CR	disopyamide cr			3			
RYTHMOL SR	propafenone sr			3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
Antilipidemic Agents							
COLESTID	colestipol	Yes	1	3			
LOFIBRA	fenofibrate	Yes	1	3			
LOPID	gemfibrozil	Yes	1	3			
MEVACOR	lovastatin	Yes	1	3		✓	Max 1 tablet per day
PRAVACHOL	pravastatin	Yes	1	3		✓	Max 1 tablet per day
QUESTRAN	cholestyramine	Yes	1	3			
ZOCOR	simvastatin	Yes	1	3		✓	Max 1 tablet per day
ADVICOR 1000-20MG	niacin/lovastatin 1000-20mg			2		✓	Max 2 tablets per day
ADVICOR 500-20MG, 750-20MG	niacin/lovastatin 500-20mg, 750-20mg			2		✓	Max 1 tablet per day
CRESTOR 10MG, 20MG, 40MG	rosuvastatin 10mg, 20mg, 40mg			2		✓	Max 1 tablet per day
CRESTOR 5MG	rosuvastatin 5mg			2	✓	✓	Max 1 tablet per day
NIASPAN	niacin cr			2			
SIMCOR	niacin/simvastatin			2			
TRICOR	fenofibrate			2		✓	Max 1 tablet per day
TRILIPIX	choline fenofibrate dr			2		✓	Max 1 tablet per day
VYTORIN 10/10	ezetimibe/simvastatin 10/10			2	✓	✓	Max 1 tablet per day
VYTORIN 10/20, 10/40, 10/80	ezetimibe/simvastatin 10/20, 10/40, 10/80			2		✓	Max 1 tablet per day
ALTOPREV	lovastatin sr			3		✓	Max 1 tablet per day
ANTARA	fenofibrate, micronized			3			
FIBRICOR	fenofibric acid			3		✓	Max 1 tablet per day
LIPITOR	atorvastatin			3	✓	✓	Max 1 tablet per day
LOVAZA	omega-3-acid ethyl esters			3			
WELCHOL	colesevelam			3			
ZETIA	ezetimibe			3		✓	Max 1 tablet per day
Beta-Adrenergic Antagonists							
CORGARD	nadolol	Yes	1	3			
CORZIDE	nadolol/bendroflumethiazide	Yes	1	3			
INDERAL	propranolol	Yes	1	3			
INDERAL LA	propranolol sr	Yes	1	3			
INDERIDE	propranolol/hctz	Yes	1	3			
LOPRESSOR	metoprolol	Yes	1	3			
SECTRAL	acebutolol	Yes	1	3			
TENORETIC	atenolol/chlorthalidone	Yes	1	3			
TENORMIN	atenolol	Yes	1	3			
TOPROL XL	metoprolol xl	Yes	1	3			
VISKEN	pindolol	Yes	1	3			
ZEBETA	bisoprolol	Yes	1	3			
BYSTOLIC 10MG	nebivolol 10mg			3		✓	Max 3 tablets per day
BYSTOLIC 2.5MG, 5MG	nebivolol 2.5mg, 5mg			3		✓	Max 1 tablet per day
BYSTOLIC 20MG	nebivolol 20mg			3		✓	Max 2 tablets per day
INNOPRAN XL	propranolol sr beads			3			
Calcium Channel Blockers							
ADALT CC	nifedipine sr	Yes	1	3			
CALAN	verapamil	Yes	1	3			
CALAN SR	verapamil sr	Yes	1	3			
CARDIZEM	diltiazem	Yes	1	3			
CARDIZEM SR/CD	diltiazem sr	Yes	1	3			
NORVASC	amlodipine	Yes	1	3			
PLENDIL	felodipine	Yes	1	3			
PROCARDIA XL	nifedipine sr	Yes	1	3			
SULAR 20MG, 30MG, 40MG	nisoldipine 20mg, 30mg, 40mg	Yes	1	3			
TIAZAC	diltiazem er	Yes	1	3			
VERELAN	verapamil	Yes	1	3			
NIMOTOP	nimodipine			2			
CARDENE SR	nicardipine sr			3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
CARDIZEM LA	diltiazem beads sr			3			
COVERA HS	verapamil sr			3			
DYNACIRC CR	isradipine sr			3			
Cardiac Glycosides							
LANOXIN	digoxin	Yes	1	3			
Combination Alpha-Beta Antagonist							
COREG	carvedilol	Yes	1	3			
NORMODYNE	labetalol	Yes	1	3			
TRANDATE	labetalol	Yes	1	3			
COREG CR	carvedilol sr			3		✓	Max 1 capsule per day
Combination Antihypertensives							
ALDORIL	methyldopa/hctz	Yes	1	3			
APRESAZIDE	hydralazine/hctz	Yes	1	3			
COMBIPRES	clonidine/chlorthalidone	Yes	1	3			
LOTREL	amlodipine/benazepril	Yes	1	3			
ZIAC	bisoprolol/hctz	Yes	1	3			
AZOR	amlodipine/olmesartan			2	✓		
EXFORGE	amlodipine/valsartan			2	✓		
EXFORGE HCT	amlodipine/valsartan/hctz			2	✓		
VALTURNA	aliskiren-valsartan			2			
CADUET	amlodipine/atorvastatin			3		✓	Max 1 tablet per day
ENDURONYL	deserpidine/methyclothiazide			3			
LEXXEL	enalapril maleate/felodipine			3			
TARKA	trandolapril/verapamil			3			
Renin Inhibitors							
TEKTURNA	aliskiren			2	✓		
TEKTURNA HCT	aliskiren/hctz			2	✓		
Vasodilators							
APRESOLINE	hydralazine	Yes	1	3			
IMDUR	isosorbide mononitrate sr	Yes	1	3			
ISMO	isosorbide mononitrate	Yes	1	3			
ISORDIL	isosorbide dinitrate	Yes	1	3			
NITRO-BID OINTMENT	nitroglycerin ointment	Yes	1	3			
NITRO-BID ORAL	nitroglycerin oral sr	Yes	1	3			
NITRO-DUR	nitroglycerin patch	Yes	1	3			
NITROSTAT SL	nitroglycerin sl	Yes	1	3			
TRANSDERM NITRO	nitroglycerin patch	Yes	1	3			
LETAIRIS	ambrisentan			2		✓	Max 1 tablet per day
NITROLINGUAL SPRAY	nitroglycerin spray			2			
TRACLEER	bosentan			2			
BIDIL	isosorbide dinitrate/hydralazine			3			
RANEXA 1000MG	ranolazine sr 1000mg			3		✓	Max 2 tablets per day
RANEXA 500MG	ranolazine sr 500mg			3		✓	Max 4 tablets per day
REVATIO	sildenafil			3	✓		
VENTAVIS	iloprost inhalation solution			3	✓		
Vasodilators - Erectile Dysfunction							
CIALIS	tadalafil			2		✓	Age 40 or older. Max 4 tablets per month (cumulative total in this drug class)
VIAGRA	sildenafil			2		✓	Age 40 or older. Max 4 tablets per month (cumulative total in this drug class)
CAVERJECT	alprostadil			3		✓	Age 40 or older. Max 6 doses per month
EDEX	alprostadil			3		✓	Age 40 or older, Max 6 doses per month

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
LEVITRA	vardenafil			3		✓	Age 40 or older. Max 4 tablets per month (cumulative total in this drug class)
MUSE	alprostadil urethral pellet			3		✓	Max 6 suppositories per month, Age 40 or older
CENTRAL NERVOUS SYSTEM MEDICATIONS							
Antianxiety Medications							
ATIVAN	lorazepam	Yes	1	3			
BUSPAR	bupirone	Yes	1	3			
KLONOPIN WAFER	clonazepam odt	Yes	1	3			
LIBRIUM	chlordiazepoxide	Yes	1	3			
TRANXENE-T	clorazepate	Yes	1	3			
VALIUM	diazepam	Yes	1	3			
XANAX	alprazolam	Yes	1	3			
XANAX XR	alprazolam xr	Yes	1	3			
TRANXENE-SD	clorazepate sr			3			
Antidepressants							
ANAFRANIL	clomipramine	Yes	1	3			
CELEXA 10MG	citalopram 10mg	Yes	1	3		✓	Max 1 tablet per day
CELEXA 20MG	citalopram 20mg	Yes	1	3		✓	Max 1 and ½ tablets per day
CELEXA 40MG	citalopram 40mg	Yes	1	3		✓	Max 2 tablets per day
DESYREL	trazodone	Yes	1	3			
EFFEXOR	venlafaxine	Yes	1	3			
ELAVIL	amitriptyline	Yes	1	3			
LIBITROL	amitriptyline/chlordiazepoxide	Yes	1	3			
LUVOX	fluvoxamine	Yes	1	3			
NORPRAMIN	desipramine	Yes	1	3			
PAMELOR	nortriptyline	Yes	1	3			
PAXIL	paroxetine	Yes	1	3			
PAXIL CR	paroxetine cr	Yes	1	3			
PROZAC 10MG, 20MG	fluoxetine 10mg, 20mg	Yes	1	3			
REMERON	mirtazapine	Yes	1	3			
REMERON SOLTAB	mirtazapine odt	Yes	1	3			
SERZONE	nefazodone	Yes	1	3			
SINEQUAN	doxepin	Yes	1	3			
TOFRANIL	imipramine	Yes	1	3			
WELLBUTRIN	bupropion	Yes	1	3			
WELLBUTRIN SR	bupropion sr	Yes	1	3			
WELLBUTRIN XL 150MG	bupropion xl 150mg	Yes	1	3		✓	Max 3 tablets per day
WELLBUTRIN XL 300MG	bupropion xl 300mg	Yes	1	3		✓	Max 1 tablet per day
ZOLOFT	sertraline	Yes	1	3			
CYMBALTA	duloxetine			2	✓	✓	Max 2 capsules per day
EFFEXOR XR	venlafaxine sr			2	✓		
LEXAPRO 10MG	escitalopram 10mg			2	✓	✓	Max 1 and ½ tablets per day
LEXAPRO 5MG, 20MG	escitalopram 5mg, 20mg			2	✓	✓	Max 1 tablet per day
LEXAPRO ORAL SOLUTION	escitalopram solution			2	✓	✓	Max 600ml per month
PRISTIQ	desvenlafaxine			2	✓		
APLENZIN	bupropion sr			3		✓	Max 1 tablet per day
EMSAM	selegiline td patch			3		✓	Max 1 patch per day
LUVOX CR	fluvoxamine cr			3			
PROZAC WEEKLY	fluoxetine cr			3		✓	Max 8 capsules per month
SAVELLA	milnacipran			3		✓	Max 2 tablets per day
SAVELLA TITRATION PACK	milnacipran			3			
VENLAFAXINE SR	venlafaxine sr			3	✓		
Antimanic Agents							
LITHOBID	lithium carbonate er	Yes	1	3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
EQUETRO	carbamazepine sr			3			
Antipsychotic Agents							
CLOZARIL	clozapine	Yes	1	3			
HALDOL	haloperidol	Yes	1	3			
PROLIXIN	fluphenazine	Yes	1	3			
RISPERDAL	risperidone	Yes	1	3		✓	Max 2 tablets per day
RISPERDAL SOLUTION	risperidone solution	Yes	1	3		✓	Max 480ml per month
RISPERDAL-M	risperidone odt	Yes	1	3		✓	Max 2 tablets per day
THORAZINE	chlorpromazine	Yes	1	3			
TRILAFON	perphenazine	Yes	1	3			
ABILIFY	aripiprazole			2		✓	Max 1 tablet per day
ABILIFY SOLUTION	aripiprazole solution			2		✓	Max 900 ml per month
GEODON	ziprasidone			2		✓	Max 2 capsules per day
INVEGA 1.5MG, 3MG, 9MG	paliperidone sr 1.5mg, 3mg, 9mg			2		✓	Max 1 tablet per day
INVEGA 6MG	paliperidone sr 6mg			2		✓	Max 2 tablets per day
SEROQUEL 100MG, 200MG	quetiapine 100mg, 200mg			2		✓	Max 4 tablets per day
SEROQUEL 25MG, 50MG	quetiapine 25mg, 50mg			2		✓	Max 4 tablets per day
SEROQUEL XR 150MG, 200MG,	quetiapine xr 150mg, 200mg			2		✓	Max 1 tablet per day
SEROQUEL XR 50MG, 300MG, 4	quetiapine xr 50mg, 300mg, 400mg			2		✓	Max 2 tablets per day
ZYPREXA	olanzapine			2		✓	Max 1 tablet per day
ZYPREXA 15MG, 20MG	olanzapine 15mg, 20mg			2		✓	Max 2 tablets per day
ABILIFY DISCMELT	aripiprazole discmelt			3		✓	Max 2 tablets per day
RISPERDAL CONSTA	risperidone injection			3		✓	Max 2 dose kits per month
SYMBYAX	olanzapine/fluoxetine			3		✓	Max 1 capsule per day
ZYPREXA ZYDIS	olanzapine zydis			3			
Barbiturates							
PHENOBARBITAL	phenobarbital	Yes	1	3			
Cerebral Stimulants							
ADDERALL	amphetamine/dextroamphetamine	Yes	1	3			
DEXEDRINE	dextroamphetamine	Yes	1	3			
DEXEDRINE SPANSULES	dextroamphetamine er	Yes	1	3			
FOCALIN	dexmethylphenidate	Yes	1	3			
RITALIN	methylphenidate	Yes	1	3			
RITALIN-SR	methylphenidate cr	Yes	1	3			
CONCERTA 18MG, 27MG, 54MG	methylphenidate sa 18mg, 27mg, 54mg			2		✓	Max 1 tablet per day
CONCERTA 36MG	methylphenidate sa 36mg			2		✓	Max 2 tablets per day
VYVANSE	lisdexamfetamine			2		✓	Max 1 capsule per day
ADDERALL XR	amphetamine/dextroamphetamine sr			3		✓	Max 2 capsules per day
DAYTRANA	methylphenidate patch			3		✓	Max 1 patch per day
FOCALIN XR	dexmethylphenidate sr			3		✓	Max 1 capsule per day
METADATE CD	methylphenidate cr			3		✓	Max 2 capsules per day
NUVIGIL	armodafinil			3	✓	✓	Max 1 tablet per day
PROVIGIL	modafinil			3	✓	✓	Max 1 tablet per day
RITALIN LA	methylphenidate la			3			
STRATTERA 40MG	atomoxetine 40mg			3		✓	Max 3 capsules per day
STRATTERA 60MG	atomoxetine 60mg			3		✓	Max 2 capsules per day
STRATTERA 80MG, 100MG	atomoxetine 80mg, 100mg			3		✓	Max 1 capsule per day
Miscellaneous Central Nervous System Agents							
EQUANIL	meprobamate	Yes	1	3			
RE VIA	naltrexone	Yes	1	3			
ANATABUSE	disulfiram			2			
RILUTEK	riluzole			2			
CAMPRAL	acamprosate			3	✓	✓	Max 6 tablets per day
MESTINON	pyridostigmine			3			
RELISTOR	methylnaltrexone			3	✓		
SUBUTEX	buprenorphine sl			3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
XYREM	sodium oxybate			3	✓		
Monoamine Oxidase Inhibitors							
PARNATE	tranylcypromine	Yes	1	3			
NARDIL	phenelzine			2			
Sedative / Hypnotics							
AMBIEN	zolpidem	Yes	1	3		✓	Max 1 tablet per day
DALMANE	flurazepam	Yes	1	3			
HALCION	triazolam	Yes	1	3			
PROSOM	estazolam	Yes	1	3			
RESTORIL	temazepam	Yes	1	3		✓	Max 1 capsule per day
SONATA 10MG	zaleplon 10mg	Yes	1	3		✓	Max 2 capsule per day
SONATA 5MG	zaleplon 5mg	Yes	1	3		✓	Max 1 capsule per day
AMBIEN CR	zolpidem cr			3	✓	✓	Max 1 tablet per day
LUNESTA	eszopiclone			3		✓	Max 1 tablet per day
ROZEREM	ramelteon			3		✓	Max 1 tablet per day
ELECTROLYTIC, CALORIC, AND WATER BALANCE							
Electrolyte Depleters							
KAYEXALATE	sodium polysterene sulfonate	Yes	1	3			
PHOS-LO	calcium acetate	Yes	1	3			
RENAGEL	sevelamer			3			
SENSIPAR 30MG, 60MG	cinacalcet 30mg, 60mg			3		✓	Max 2 tablets per day
SENSIPAR 90MG	cinacalcet 90mg			3		✓	Max 4 tablets per day
Loop Diuretics							
BUMEX	bumetadine	Yes	1	3			
DEMADEX	torsemide	Yes	1	3			
LASIX	furosemide	Yes	1	3			
Potassium Chloride Formulations							
K-DUR	potassium chloride	Yes	1	3			
Potassium Sparing Diuretics							
ALDACTAZIDE	spironolactone/hctz	Yes	1	3			
ALDACTONE	spironolactone	Yes	1	3			
DYAZIDE	triamterene/hctz	Yes	1	3			
MAXZIDE	triamterene/hctz	Yes	1	3			
MIDAMOR	amiloride	Yes	1	3			
MODURETIC	amiloride/hctz	Yes	1	3			
INSPIRA	eplerenone			3			
Thiazide and Related Diuretics							
HYDRODIURIL	hydrochlorothiazide tablets	Yes	1	3			
HYGROTON	chlorthalidone	Yes	1	3			
LOZOL	imdapamide	Yes	1	3			
MICROZIDE	hydrochlorothiazide	Yes	1	3			
ZAROXOLYN	metolazone	Yes	1	3			
ENDOCRINE AGENTS							
Androgens							
TESTRED	methyltestosterone	Yes	1	3			
ANDROGEL	testosterone gel			2		✓	Males only
ANDRODERM	testosterone patch			3		✓	Males only
STRIANT	testosterone buccal			3			
TESTIM	testosterone patch			3		✓	Males Only
Antidiabetic Agents							
STARLIX	nateglinide	Yes	1	2			
AMARYL	glimepiride	Yes	1	3			
DIABETA	glyburide	Yes	1	3			
GLUCOPHAGE	metformin	Yes	1	3			
GLUCOPHAGE ER	metformin er	Yes	1	3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
GLUCOTROL	glipizide	Yes	1	3			
GLUCOTROL XL	glipizide sr	Yes	1	3			
GLUCOVANCE	glyburide/metformin	Yes	1	3			
GLYNASE PRESTAB	glyburide, micronized	Yes	1	3			
METAGLIP	glipizide/metformin	Yes	1	3			
MICRONASE	glyburide	Yes	1	3			
ACTOPLUS MET	pioglitazone/metformin			2		✓	Max 3 tablets per day
ACTOS	pioglitazone			2		✓	Max 1 tablet per day
AVANDAMET	rosiglitazone/metformin			2			
AVANDARYL	rosiglitazone/glimepiride			2			
AVANDIA 2MG, 4MG	rosiglitazone 2mg, 4mg			2		✓	Max 2 tablets per day
AVANDIA 8MG	rosiglitazone 8mg			2		✓	Max 1 tablet per day
DUETACT	pioglitazone/glimepiride			2		✓	Max 1 tablet per day
JANUMET	sitagliptin/metformin			2		✓	Max 2 tablets per day
JANUVIA	sitagliptin			2		✓	Max 1 tablet per day
ONGLYZA	saxagliptin			2		✓	Max 1 tablet per day
PRANDIN	repaglinide			2			
BYETTA	exenatide			3	✓	✓	Max 1 pen device per month
FORTAMET	metformin sr			3			
GLUCAGON	glucagon			3		✓	Max 2 kits per month
GLUMETZA	metformin sr modified release			3			
GLYSET	miglitol			3			
PRANDIMET	repaglinide/metformin			3			
RIOMET	metformin solution			3			
SYMLIN	pramlintide			3	✓		
Estrogens							
ACTIVELLA	estradiol/norethindrone acetate	Yes	1	3			
CLIMARA	estradiol patch	Yes	1	3		✓	Max 4 patches per month
ESTRACE TABLET	estradiol tablet	Yes	1	3			
OGEN	estropipate	Yes	1	3			
VIVELLE	estradiol patch	Yes	1	3		✓	Max 8 patches per month
CLIMARA PRO	estradiol/levonorgestrel patch			2			
ESTRACE CREAM	estradiol cream			2			
PREMARIN	estrogens, conjugated			2			
PREMARIN VAGINAL CREAM	estrogens, conjugated vaginal cream			2			
PREMPHASE				2			
PREMPRO				2			
ALORA	estradiol patch			3		✓	Max 8 patches per month
CENESTIN	estrogens-conjugated synthetic			3			
ENJUVIA	estrogens-conjugated synthetic b			3			
ESCLIM	estradiol patch			3		✓	Max 8 patches per month
ESTRADERM	estradiol patch			3		✓	Max 8 patches per month
ESTRASORB	estradiol topical emulsion			3		✓	Max 1 carton (56 pouches) per month
ESTRATEST HS	esterified estrogens/methyltestosterone			3			
ESTROGEL	estradiol gel			3		✓	Max 1 pump every 2 months
FEMHRT				3			
MENEST	esterified estrogens			3			
PREFEST				3			
VIVELLE-DOT	estradiol patch			3		✓	Max 8 patches per month
Growth Hormones							
HUMATROPE	somatropin			2	✓		
NUTROPIN	somatropin			2	✓		
NUTROPIN AQ	somatropin			2	✓		
GENOTROPIN	somatropin			3	✓		
INCRELEX	mecasermin			3	✓		

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
NORDITROPIN	somatropin			3	✓		
OMNITROPE	somatropin			3	✓		
SEROSTIM	somatropin			3	✓		
TEV-TROPIN	somatropin			3	✓		
Insulin							
HUMALOG				2			
HUMULIN				2			
LANTUS	insulin glargine			2			
LEVEMIR	insulin detemir			2			
NOVOLIN				2			
APIDRA	insulin glulisine			3			
NOVOLOG				3			
Miscellaneous Endocrine Agents							
DDAVP	desmopressin	Yes	1	3			
DOSTINEX	cabergoline			3		✓	Max 16 tablets per month
FORTEO	teriparatide			3	✓	✓	Max 1 pen per month
HECTOROL	doxercaliferol			3			
ZEMPLAR	paricalcitol			3			
Osteoporosis Agents							
DIDRONEL	etidronate	Yes	1	3			
FOSAMAX 35MG, 70MG	alendronate 35mg, 70mg	Yes	1	3		✓	Max 1 tablet per week
FOSAMAX 5MG, 10MG 40MG	alendronate 5mg, 10mg, 40mg	Yes	1	3		✓	Max 1 tablet per day
MIACALCIN	fortical	Yes	1	3		✓	Max 1 bottle per month
EVISTA	raloxifene			2		✓	Max 1 tablet per day
ACTONEL 150MG	risedronate 150mg			3	✓	✓	Max 1 tablet per month
ACTONEL 35MG	risedronate 35mg			3	✓	✓	Max 1 tablet per week
ACTONEL 75MG	risedronate 75mg			3	✓	✓	Max 2 tablets per month
ACTONEL W/CALCIUM	risedronate with calcium			3	✓		
BONIVA	ibandronate			3	✓	✓	Max 1 tablet per month
FOSAMAX PLUS D	alendronate/cholecalciferol			3	✓	✓	Max 1 tablet per week
FOSAMAX SOLUTION	alendronate solution			3		✓	Max 4 bottles (300ml) per month
MENOSTAR	estradiol patch			3		✓	Max 4 patches per month
SKELID	tiludronate			3			
Somatostatin Analogs							
SANDOSTATIN	octreotide	Yes	1	3	✓		
SOMAVERT	pegvisomant			3	✓		
Thyroid Agents							
CYTOMEL	liothyronine	Yes	1	3			
SYNTHROID	levothyroxine or levoxyl or levothroid	Yes	1	3			
ARMOUR THYROID	thyroid			2			
Thyroid Antagonist Agents							
PTU	propylthiouracil	Yes	1	3			
TAPAZOLE	methimazole	Yes	1	3			
EYE, EAR, NOSE & THROAT AGENTS							
NASAL - Corticosteroids							
FLONASE	fluticasone nasal spray	Yes	1	3		✓	Max 2 inhalers per month
NASAREL	flunisolide nasal	Yes	1	3			
NASONEX	mometasone nasal			2		✓	Max 2 spray pump units per month
VERAMYST	fluticasone furoate			2		✓	Max 2 inhalers per month
NASACORT AQ	triamcinolone nasal			3		✓	Max 2 inhalers per month
RHINOCORT AQ	budesonide nasal			3		✓	Max 2 spray bottles per month
NASAL - Miscellaneous							
ATROVENT NASAL	ipratropium nasal	Yes	1	3			
ASTELIN	azelastine			2		✓	Max 2 spray bottles per month
ASTEPRO	azelastine			2		✓	Max 2 spray bottles per month

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
NASCOBAL	cyanocobalamin nasal			3			
OPHTHALMIC - Antibiotic / Anti-Inflammatory Combinations							
MAXITROL	dexamethasone/neomycin/poly-b	Yes	1	3			
NEOSPORIN OPHTH OINT	neomycin/poly-b/bacitracin	Yes	1	3			
NEOSPORIN OPHTH SOLUTION	neomycin/poly-b/gramicidin	Yes	1	3			
TOBRADEX	tobramycin/dexamethasone	Yes	1	3			
VASOCIDIN	sulfacetamide/prednisolone	Yes	1	3			
BLEPHAMIDE	sulfacetamide sodium/prednisolone			2			
CORTISPORIN OPHTH SUSP	neomycin/polymyxin/hydrocortisone			2			
FML-S	sulfacetamide/fluorometholone			2			
LOTEMAX	loteprednol			2			
POLY-PRED	neomycin/polymyxin/prednisolone			2			
PRED-G	gentamicin/prednisolone			2			
ZYLET	loteprednol/tobramycin			2			
OPHTHALMIC - Anti-Glaucoma Agents							
ALPHAGAN	brimonidine tartrate	Yes	1	3			
ALPHAGAN-P	brimonidine tartrate pres. free	Yes	1	3			
BETAGAN	levobunolol	Yes	1	3			
COSOPT	dorzolamide/timolol	Yes	1	3			
DIAMOX	acetazolamide	Yes	1	3			
DIAMOX SEQUELS	acetazolamide sr	Yes	1	3			
ISOPTO CARPINE	pilocarpine	Yes	1	3			
TIMOPTIC	timolol maleate	Yes	1	3			
TIMOPTIC-XE	timolol maleate gel	Yes	1	3			
TRUSOPT	dorzolamide	Yes	1	3			
AZOPT	brinzolamide			2			
BETIMOL	timolol			2			
BETOPTIC-S	betaxolol			2			
LUMIGAN	bimatoprost			2		✓	Max 5ml per month
TRAVATAN	travoprost			2			
TRAVATAN Z	travoprost			2			
XALATAN	latanoprost			3		✓	Max 2 bottles per month
OPHTHALMIC - Anti-Inflammatory							
ACULAR LS	ketorolac ophthalmic ls	Yes	1	3			
ACULAR PF	ketorolac ophthalmic pf	Yes	1	3			
FLAREX	fluorometholone	Yes	1	3			
FML	fluorometholone	Yes	1	3			
OCUFEN	flurbiprofen ophthalmic	Yes	1	3			
PRED FORTE	prednisolone ophth	Yes	1	3			
PRED MILD	prednisolone ophth	Yes	1	3			
VOLTAREN OPHTH	diclofenac ophthalmic	Yes	1	3			
ACULAR	ketorolac ophthalmic			2			
NEVANAC	nepafenac			3			
OPHTHALMIC - Anti-Allergy Agents							
CROLOM	cromolyn	Yes	1	3			
PATADAY	olopatadine 0.2%			2			
PATANOL	olopatadine 0.1%			2			
ALOCRIIL	nedocromil			3			
ELESTAT	epinastine			3			
OPHTHALMIC - Antibiotics							
BACITRACIN OPHTH	bacitracin ophthalmic	Yes	1	3			
CILOXAN	ciprofloxacin ophthalmic	Yes	1	3			
ILOTYCIN	erythromycin ophthalmic	Yes	1	3			
OCUFLOX	ofloxacin ophthalmic	Yes	1	3			
POLYSPORIN OPHTH	bacitracin/polymyxin b	Yes	1	3			
POLYTRIM	polymyxin-b/trimethoprim	Yes	1	3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
SODIUM SULAMYD	sulfacetamide sodium	Yes	1	3			
TOBREX	tobramycin	Yes	1	3			
VIGAMOX	moxifloxacin			2			
AZASITE	azithromycin ophthalmic			3			
IQUIX	levofloxacin ophthalmic			3			
QUIXIN	levofloxacin ophthalmic			3			
ZYMAR	gatifloxacin			3			
OPHTHALMICS - Antivirals							
VIROPTIC	trifluridine	Yes	1	3			
HERPLEX	idoxuridine			2			
OPHTHALMICS - Miscellaneous							
RESTASIS	cyclosporine ophthalmic			3			
OTIC Agents							
AURALGAN	benzocaine/antipyrine	Yes	1	3			
FLOXIN	ofloxacin otic	Yes	1	3			
OTEGESIC	tympaniesc	Yes	1	3			
VOLSOL 2%	acetic acid 2%	Yes	1	3			
VOLSOL-HC	acetic acid 2%/hydrocortisone 1%	Yes	1	3			
CIPRO HC	ciprofloxacin/hydrocortisone			2			
CIPRODEX	ciprofloxacin/dexamethasone			2			
THROAT AND MOUTH Preparations							
PERIDEX	perigard	Yes	1	3			
GASTROINTESTINAL DRUGS							
Anti-diarrheal Medications							
LOMOTIL	diphenoxylate/atropine	Yes	1	3			
Anti-Emetics							
ANTIVERT	meclizine	Yes	1	3			
COMPAZINE	prochlorperazine	Yes	1	3			
KYTRIL	granisetron	Yes	1	3		✓	Max 8 tablets per month
MARINOL	dronabinol	Yes	1	3			
REGLAN	metoclopramide	Yes	1	3			
TIGAN	trimethobenzamide	Yes	1	3			
ZOFRAN	ondansetron	Yes	1	3		✓	Max 12 tablets per month
ZOFRAN ODT	ondansetron odt	Yes	1	3		✓	Max 12 tablets per month
ZOFRAN ORAL SOLUTION	ondansetron oral solution	Yes	1	3		✓	Max 100ml per month
ANZEMET	dolasetron			3		✓	Max 4 tablets per month
EMEND 40MG	aprepitant 40mg			3		✓	Max 1 capsule per Rx
EMEND TRI-FOLD	aprepitant tri-fold			3		✓	Max 4 combination packs per month
SANCUSO	granisetron td patch			3		✓	Max 4 patches per month
TRANSDERM-SCOP	scopolamine patch			3			
Antispasmodics and GI Motility							
BENTYL	dicyclomine	Yes	1	3			
DONNATAL	belladonna/phenobarbital	Yes	1	3			
LEVBIID	l-hyoscyamine	Yes	1	3			
LEVSIN	hyoscyamine	Yes	1	3			
LOTRONEX	alosetron			3		✓	Females Only
Anti-Ulcer Agents - PPI							
PREVACID	lansoprazole	Yes	1	3		✓	Max 1 capsule per day
PRILOSEC	omeprazole	Yes	1	3			
PROTONIX	pantoprazole	Yes	1	3	✓	✓	Max 1 tablet per day
ACIPHEX	rabeprazole			2		✓	Max 1 tablet per day
KAPIDEX	dexlansoprazole			2		✓	Max 1 capsule per day
NEXIUM	esomeprazole			3	✓	✓	Max 1 capsule per day
PREVACID NAPRAPAC	lansoprazole/naproxen			3		✓	Max 1 pack per month
PREVACID SOLUTAB	lansoprazole solutab			3		✓	Max 1 solutab per day

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
PREVPAC	amoxicillin/clarithromycin/lansopraz			3		✓	Max 14 packs per RX
ZEGERID	omeprazole/sodium bicarbonate			3	✓	✓	Max 1 capsule or packet per day
Anti-Ulcer Agents Miscellaneous							
AXID	nizatadine	Yes	1	3			
CARAFATE	sucralfate	Yes	1	3			
PEPCID	famotidine	Yes	1	3			
TAGAMET	cimetidine	Yes	1	3			
ZANTAC	ranitidine	Yes	1	3			
HELIDAC				2			
AXID SOLUTION	nizatidine solution			3			
Cathartics and Laxatives							
GOLYTELY	peg 3350	Yes	1	3			
NULYTELY	trilyte	Yes	1	3			
MOVIPREP	peg 3350			3			
Miscellaneous Gastrointestinal							
ACTIGALL	ursodiol	Yes	1	3			
ANALPRAM HC	pramoxine/hydrocortisone	Yes	1	3			
ANUSOL-HC CREAM	hydrocortisone rectal cream 2.5%	Yes	1	3			
ANUSOL-HC SUPPOSITORY	hydrocortisone suppository	Yes	1	3			
COLAZOL	balsalazide	Yes	1	3			
CORTENEMA	hydrocortisone enema	Yes	1	3			
CYTOTEC	misoprostol	Yes	1	3			
ASACOL	mesalamine			2		✓	Max 12 tablets per day
ASACOL HD	mesalamine hd			2		✓	Max 6 tablets per day
CANASA	mesalamine suppository			2			
CREON	pancrelipase			2			
LIALDA	mesalamine sr			2			
PROCTOFOAM-HC	hydrocortisone/pramoxine			2			
AMITIZA	lubiprostone			3			
ANAMANTLE-HC	lidocaine/hydrocortisone			3			
ENTOCORT EC	budesonide ec			3			
PENTASA	mesalamine cr			3			
GENTOURINARY AGENTS							
Benign Prostatic Hyperplasia Agents (BPH)							
FLOMAX	tamsulosin	Yes	1	3			
PROSCAR	finasteride	Yes	1	3		✓	Males Only, Age 50 or older
AVODART	dutasteride			3		✓	Males Only
CARDURA XL	doxazosin xl			3			
RAPAFLO	silodosin			3			
UROXATRAL	alfuzosin			3			
Miscellaneous Genitourinary							
PYRIDIUM	phenazopyridine	Yes	1	3			
ELMIRON	pentosan			2			
Overactive Bladder Agents (OAB)							
DITROPAN	oxybutynin	Yes	1	3			
DITROPAN XL	oxybutynin er	Yes	1	3			
DETROL	tolterodine			2			
DETROL LA	tolterodine la			2			
TOVIAZ	fesoterodine			2			
ENABLEX	darifenacin			3		✓	Max 1 tablet per day
SANCTURA	tropium			3			
SANCTURA XR	tropium xr			3		✓	Max 1 capsule per day
VESICARE	solifenacin			3		✓	Max 1 tablet per day
GLUCOMETERS AND TEST STRIPS							

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
Glucometers and Test Strips							
ACCU-CHEK ACTIVE				2			
ACCU-CHEK ADVANTAGE				2			
ACCU-CHEK AVIVA				2			
ACCU-CHEK COMFORT				2			
ACCU-CHEK COMPACT				2			
FREESTYLE FLASH				2			
FREESTYLE FREEDOM				2			
FREESTYLE LITE				2			
PRECISION XTRA				2			
ASCENCIA				3	✓		
ASSURE II				3	✓		
B-D				3	✓		
EASY GLUCO				3	✓		
GLUCOFILM				3	✓		
ONE TOUCH				3	✓		
ONE TOUCH ULTRA				3	✓		
PRESTIQUE				3	✓		
RELION				3	✓		
SURESTEP				3	✓		
HEMATOPOIETIC AGENTS							
Hematopoietic Agents							
AGRYLIN	anagrelide	Yes	1	3			
COUMADIN	warfarin	Yes	1	3			
PLETAL	cilostazol	Yes	1	3			
TICLID	ticlopidine	Yes	1	3			
AMICAR	aminocaproic acid			2			
EFFIENT	prasugrel			2		✓	Max 1 tablet per day
PLAVIX	clopidogrel			2		✓	Max 1 tablet per day
AGGRENOX	aspirin/dipyridamole			3			
LOVENOX	enoxaparin sodium			3		✓	Max 2 syringes per day
PROMACTA	eltrombopag			3	✓		
TRENTAL	pentoxifylline			3			
IMMUNOLOGIC AGENTS							
Immunomodulators							
ACTIMMUNE	interferon gamma-1b			3	✓		
ARCALYST	rilonacept			3	✓		
AVONEX	interferon beta-1a			3	✓		
BETASERON	interferon beta-1b			3	✓		
CIMZIA	certolizumab			3	✓		
ENBREL	etanercept			3	✓		
HUMIRA	adalimumab			3	✓		
INFERGEN	interferon alfacon-1			3	✓		
INTRON-A	interferon alfa-2b			3	✓		
KINERET	anakinra			3	✓		
PEGASYS	peginterferon alfa-2a			3	✓		
PEG-INTRON	peginterferon alfa-2b			3	✓		
REBIF	interferon beta-1a			3	✓	✓	Max 12 syringes per month
ROFERON-A	interferon alfa-2a			3	✓		
SIMPONI	golimumab			3	✓		
STELARA	ustekinumab			3	✓		
THALOMID	thalidomide			3	✓		
Immunosuppressive							
CELLCEPT	mycophenolate	Yes	1	3			
IMURAN	azathioprine	Yes	1	3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
NEORAL	cyclosporine microemulsion	Yes	1	3			
PROGRAF	tacrolimus	Yes	1	3			
SANDIMMUNE	cyclosporine	Yes	1	3			
RAPAMUNE	sirolimus			2			
AZASAN	azathioprine			3			
COPAXONE	glatiramer			3	✓		
RAPTIVA	efalizumab			3	✓		
JOINT / CONNECTIVE TISSUE / MUSCULOSKELETAL AGENTS							
Adrenal Corticosteroids							
CORTEF	hydrocortisone	Yes	1	3			
DECADRON	dexamethasone	Yes	1	3			
DELTASONE	prednisone	Yes	1	3			
MEDROL	methylprednisolone	Yes	1	3			
ORAPRED	prednisolone sodium phosphate solution	Yes	1	3			
PEDIAPRED	prednisolone sodium phosphate	Yes	1	3			
PRELONE SYRUP	prednisolone syrup	Yes	1	3			
ORAPRED ODT	prednisolone sodium phosphate odt			3			
Antirheumatics							
ARAVA	leflunomide	Yes	1	3		✓	Max 1 tablet per day
RHEUMATREX	methotrexate	Yes	1	3			
Gout Agents							
BENEMID	probenecid	Yes	1	3			
COLCHICINE	colchicine	Yes	1	3			
ZYLOPRIM	allopurinol	Yes	1	3			
Non-Steroidal Anti-Inflammatory Agents							
CATAFLAM	diclofenac potassium	Yes	1	3			
CLINORIL	sulindac	Yes	1	3			
DAYPRO	oxaprozin	Yes	1	3			
EC-NAPROSYN	naproxen sodium ec	Yes	1	3			
FELDENE	piroxicam	Yes	1	3			
INDOCIN	indomethacin	Yes	1	3			
INDOCIN SR	indomethacin sr	Yes	1	3			
LODINE	etodolac	Yes	1	3			
LODINE XL	etodolac er	Yes	1	3	✓		
MOBIC	meloxicam	Yes	1	3		✓	Max 1 tablet per day
MOTRIN	ibuprofen	Yes	1	3			
NAPROSYN	naproxen	Yes	1	3			
RELAFEN	nabumetone	Yes	1	3			
TORADOL	ketorolac	Yes	1	3		✓	Max 20 tablets per 6 months
VOLTAREN	diclofenac	Yes	1	3			
VOLTAREN XR	diclofenac sr	Yes	1	3			
ARTHROTEC	diclofenac/misoprostol			3			
CELEBREX	celecoxib			3	✓	✓	Max 2 capsules per day
PONSTEL	mefenamic			3			
ZIPSOR	diclofenac potassium			3		✓	Max 4 tabs per day for 7 days
Skeletal Muscle Relaxants							
FLEXERIL	cyclobenzaprine	Yes	1	3			
LIORESAL	baclofen	Yes	1	3			
ROBAXIN	methocarbamol	Yes	1	3			
SOMA	carisoprodol	Yes	1	3			
SOMA COMPOUND	carisoprodol/aspirin	Yes	1	3			
ZANAFLEX TABS	tizanidine tablets	Yes	1	3			
AMRIX	cyclobenzaprine sr			3	✓		
SKELAXIN	metaxalone			3			
SOMA 250MG	carisoprodol 250mg			3			
ZANAFLEX CAPS	tizanidine capsules			3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
NEUROLOGICAL AGENTS							
Alzheimers Agents							
RAZADYNE	galantamine	Yes	1	3			
RAZADYNE ER	galantamine er	Yes	1	3			
ARICEPT 5MG, 10MG	donepezil			2			
ARICEPT ODT	donepezil odt			2			
EXELON	rivastigmine			2			
EXELON PATCH	rivastigmine patch			2			
ARICEPT 23MG	donepezil			3		✓	Max 1 tablet per day
COGNEX	tacrine			3			
NAMENDA	memantine			3			
Anticonvulsants							
DEPAKOTE	divalproex	Yes	1	3			
DEPAKOTE ER	divalproex er	Yes	1	3			
DILANTIN	phenytoin	Yes	1	3			
KEPPRA	levetiracetam	Yes	1	3			
KLONOPIN	clonazepam	Yes	1	3			
LAMICTAL	lamotrigine	Yes	1	3			
NEURONTIN	gabapentin	Yes	1	3			
TEGRETOL	carbamazepine	Yes	1	3			
TOPAMAX	topiramate	Yes	1	3			
TRILEPTAL	oxcarbazepine	Yes	1	3			
ZONEGRAN	zonidamide	Yes	1	3			
LAMICTAL CHEWABLE 2MG	lamotrigine chewable 2mg			2			
LAMICTAL STARTER KIT	lamotrigine			2		✓	Max 1 kit per year
TEGRETOL XR	carbamazepine xr			2			
DILANTIN CHEWABLE	phenytoin chew			3			
KEPPRA XR	levetiracetam xr			3			
LAMICTAL XR	lamotrigine xr			3			
LAMICTAL XR STARTER KIT	lamotrigine xr starter kit			3			
LYRICA 150MG, 200MG	pregabalin 150mg, 200mg			3	✓	✓	Max 3 capsules per day
LYRICA 225MG, 300MG	pregabalin 225mg, 300mg			3	✓	✓	Max 2 capsules per day
LYRICA 25MG, 50MG	pregabalin 25mg, 50mg			3	✓	✓	Max 3 capsules per day
LYRICA 75MG, 100MG	pregabalin 75mg, 100mg			3	✓	✓	Max 3 capsules per day
SABRIL	vigabatrin			3			
Anti-Parkinson Agents							
ARTANE	trihexyphenidyl	Yes	1	3			
COGENTIN	benztropine	Yes	1	3			
ELDEPRYL	selegiline	Yes	1	3			
MIRAPEX	pramipexole	Yes	1	3			
PARCOPA	carbidopa/levodopa odt	Yes	1	3			
PARLODEL	bromocriptine	Yes	1	3			
REQUIP	ropinirole	Yes	1	3			
SINEMET	carbidopa/levodopa	Yes	1	3			
SINEMET CR	carbidopa/levodopa cr	Yes	1	3			
SINEMET CR 50/200	carbidopa/levodopa cr 50/200	Yes	1	3		✓	Max 8 tablets per day
SYMMETREL	amantadine	Yes	1	3			
AZILECT	rasagiline			2			
COMTAN	entacapone			2			
STALEVO	carbidopa/levodopa/entacapone			2			
APOKYN	apomorphine			3	✓		
TASMAR	tolcapone			3			
Migraine Medications							
CAFERGOT	ergotamine/caffeine	Yes	1	3			
FIORICET	butalbital/apap/caffeine	Yes	1	3			
FIORINAL	butalbital/aspirin/caffeine	Yes	1	3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
IMITREX INJ STATDOSE	sumatriptan inj statdose	Yes	1	3		✓	Max 4 kits per month
IMITREX INJ VIALS	sumatriptan inj vials	Yes	1	3		✓	Max 10 vials per month
IMITREX SPRAY	sumatriptan spray	Yes	1	3		✓	Max 6 nasal spray units per month
IMITREX TABLETS	sumatriptan tablets	Yes	1	3		✓	Max 9 tablets per month
AMERGE	naratriptan			2		✓	Max 9 tablets per month
MAXALT	rizatriptan			2		✓	Max 9 tablets per month
MAXALT MLT	rizatriptan mlt			2		✓	Max 9 tablets per month
AXERT	almotriptan			3		✓	Max 6 tablets per month
FROVA	frovatriptan			3		✓	Max 9 tablets per month
RELPAX	eletriptan			3		✓	Max 6 tablets per month
TREXIMET	sumatriptan/naproxen			3	✓	✓	Max 9 tablets per month
ZOMIG	zolmitriptan			3		✓	Max 6 tablets per month
ZOMIG NASAL SPRAY	zolmitriptan nasal spray			3		✓	Max 6 single use nasal spray units per month
ZOMIG ZMT	zolmitriptan zmt			3		✓	Max 6 tablets per month
OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS							
Contraceptives							
ALESSE	aviane or lessina or sronyx	Yes	1	3			
CYCLESSA	velivet or cesia or caziant	Yes	1	3			
DEMULEN	zovia 1/35 or kelnor	Yes	1	3			
DEPO PROVERA 150MG/ML	medroxyprogesterone acetate 150mg/ml	Yes	1	3			
ESTROSTEP FE	tri-legest or tilia-fe	Yes	1	3			
LEVLEN	levora	Yes	1	3			
LEVLITE	lessina	Yes	1	3			
LO/OVRAL	low-ogestrel	Yes	1	3			
LOESTRIN FE	microgestin fe	Yes	1	3			
MICRONOR	nora-be	Yes	1	3			
MIRCETTE	kariva	Yes	1	3			
MODICON	necon 0.5/35	Yes	1	3			
ORTHO CEPT	apri	Yes	1	3			
ORTHO CYCLEN	sprintec	Yes	1	3			
ORTHO NOVUM	necon 1/35	Yes	1	3			
ORTHO NOVUM 1/50	necon 1/50	Yes	1	3			
ORTHO NOVUM 10/11	necon 10/11	Yes	1	3			
ORTHO NOVUM 7/7/7	necon 7/7/7	Yes	1	3			
ORTHO TRI-CYCLEN	trinessa	Yes	1	3			
OVCN-35	balziva	Yes	1	3			
OVRAL	ogestrel	Yes	1	3			
SEASONALE	quasense	Yes	1	3			
TRI-LEVLN	trivora	Yes	1	3			
YASMIN				1			
BEYAZ				2			
LOSEASONIQUE				2			
NATAZIA				2			
NUVARING	etonogestrel-ethinyl estradiol va ring			2		✓	Max 1 ring per month
ORTHO EVRA				2		✓	Max 3 patches per month
ORTHO TRI-CYCLEN LO				2			
SEASONIQUE				2			
YAZ				2			
ANGELIQ	drospirenone/estradiol			3			
FEMCON FE				3			
LOESTRIN 24 FE				3			
LYBREL				3			
OVCN-50				3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
Infertility Agents							
BRAVELLE	urofollitropin purified			2	✓		
GONAL-F	follitropin alfa			2	✓		
MENOPUR	menotropin			2	✓		
FOLLISTIM AQ	follitropin beta			3	✓		
Miscellaneous OB/GYN							
CLOMID	clomiphene citrate	Yes	1	3			
PLAN-B	levonorgestrel	Yes	1	3		✓	Max 2 tabs (1 box) per Rx
METHERGINE	methylergonovine			2			
ESTRING	estradiol vaginal ring			3			
OB/GYN Anti-Infectives							
CLEOCIN VAGINAL	clindamycin vaginal	Yes	1	3			
METROGEL VAGINAL	metronidazole vaginal	Yes	1	3			
MYCOSTATIN VAGINAL	nystatin vaginal	Yes	1	3			
TERAZOL 7 CREAM	terconazole cream	Yes	1	3			
TERAZOL-3	terconazole suppository	Yes	1	3			
VANAZOLE	metronidazole vaginal gel	Yes	1	3			
Progestin Agents							
AYGESTIN	norethindrone acetate	Yes	1	3			
PROVERA	medroxyprogesterone	Yes	1	3			
CRINONE	progesterone vaginal gel			2			
PROMETRIUM	progesterone micronized			2			
RESPIRATORY AGENTS							
Cough/Cold and Combinations							
DIMETANE-DX SYRUP	bromfed-dm syrup	Yes	1	3			
DURATAN SYRUP	bromatan syrup	Yes	1	3			
HYCODAN SYRUP	hydrocodone/homatropine syrup	Yes	1	3			
PHENABID DM	zotex-12d	Yes	1	3			
PHENERGAN DM SYRUP	promethazine/dm syrup	Yes	1	3			
PHENERGAN VC SYRUP	promethazine/phenylephrine syrup	Yes	1	3			
PHENERGAN VC/CODEINE SY	phenylephrine/prometh/codeine	Yes	1	3			
PHENERGAN W/CODEINE SYR	promethazine/codeine syrup	Yes	1	3			
RONDEC-DM SYRUP	pseudoephed/bromphen/dm syrup	Yes	1	3			
RYNATAN	r-tanna	Yes	1	3			
RYNATAN SUSPENSION	chlorpheniramine/phenylephrine suspensio	Yes	1	3			
TESSALON PERLES	benzonatate	Yes	1	3			
TUSSI-12 SUSPENSION	tannate 12 suspension	Yes	1	3			
TUSSI-ORGANIDIN-S SYRUP	guaifenesin/codeine syrup	Yes	1	3			
TUSSO-DMR	giltuss tr	Yes	1	3			
TUSSIONEX	chlorpheniramine/hydrocodone			2			
Emergency Respiratory Agents							
EPIPEN	epinephrine inj.			2		✓	Max 2 injectors per RX
EPIPEN JR	epinephrine			2		✓	Max 2 injectors per RX
TWINJECT	epinephrine			2		✓	Max 1 package per Rx
ADRENACLICK	epinephrine inj.			3		✓	Max 2 injectors per RX
Inhaled Bronchial Steroids							
ASMANEX	mometasone furoate			2		✓	Max 1 inhaler per month
AZMACORT	triamcinolone inhalation			2		✓	Max 2 inhalers per month
FLOVENT HFA	fluticasone propionate hfa			2		✓	Max 2 inhalers per month
PULMICORT FLEXHALER	budesonide inhal powder			2		✓	Max 2 inhalers per month
QVAR	beclomethasone dipropionate inhaler			2		✓	Max 2 inhalers per month
AEROBID	flunisolide			3			
AEROBID-M	flunisolide			3			
Inhaled Respiratory Medications							
ACCUNEB	albuterol inhalation solution	Yes	1	3			
ATROVENT	ipratropium inhalation solution	Yes	1	3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
DUONEB	ipratropium/albuterol inhalation solution	Yes	1	3			
INTAL	cromolyn inhalation solution	Yes	1	3			
MUCOMYST	acetylcysteine	Yes	1	3			
ADVAIR DISKUS	fluticasone/salmeterol			2		✓	Max 1 inhaler per month
ADVAIR HFA	fluticasone/salmeterol hfa			2		✓	Max 1 inhaler per month
ATROVENT HFA	ipratropium inhalation hfa			2			
COMBIVENT	ipratropium/albuterol			2		✓	Max 2 inhalers per month
FORADIL	formoterol			2			
INTAL INHALER	cromolyn inhaler			2		✓	Max 2 inhalers per month
MAXAIR AUTOHALER	pirbuterol			2		✓	Max 2 inhalers per month
PROVENTIL HFA	albuterol hfa			2		✓	Max 2 inhalers per month
PULMOZYME	dornase alfa			2			
SEREVENT HFA	salmeterol xinafoate			2			
SPIRIVA	tiotropium			2		✓	Max 1 capsule per day
TOBI	tobramycin nebulizer solution			2			
XOPENEX HFA	levalbuterol hfa			2		✓	Max 2 inhalers per month
BROVANA	arformoterol			3		✓	Max 60 vials per month
PROAIR HFA	albuterol hfa			3		✓	Max 2 inhalers per month
SYMBICORT	budesonide/formoterol			3		✓	Max 1 inhaler per month
VENTOLIN HFA	albuterol hfa			3		✓	Max 2 inhalers per month
XOPENEX NEBULIZER SOLUTI	levalbuterol			3			
Oral Medication For Asthma or Lung Problems							
BRETHINE	terbutaline	Yes	1	3			
UNIPHYL	theophylline er	Yes	1	3			
VOSPIRE ER	albuterol sulfate sr	Yes	1	3			
SINGULAIR	montelukast			2		✓	Max 1 tablet per day
ACCOLATE	zafirlukast			3			
ZYFLO	zileuton			3			
ZYFLOR CR	zileuton cr			3			
ZYVOX	linezolid			3			
SKIN AND MUCOUS MEMBRANE AGENTS							
Anti-Acne Agents							
ACCUTANE	isotretinoin	Yes	1	3			
BENZACLIN	clindamycin/benzoyl peroxide	Yes	1	3			
BREVOXYL GEL	benzoyl peroxide gel	Yes	1	3			
BREVOXYL WASH	benzoyl peroxide creamy wash	Yes	1	3			
CLEOCIN T SOLUTION	clindamycin topical solution	Yes	1	3			
METROCREAM	metronidazole cream	Yes	1	3			
PLEXION T/S	sulfacetamide sodium w/ sulfur	Yes	1	3			
RETIN-A	tretinoin	Yes	1	3		✓	Age 35 or younger
ROSULA	sulfacetamide sodium/urea	Yes	1	3			
SULFACET-R	sulfacetamide/sulfur	Yes	1	3			
TRIAZ	benzoyl peroxide pads	Yes	1	3			
ZODERM	benzoyl peroxide/urea	Yes	1	3			
BENZAMYCIN	benzoyl peroxide/erythromycin			2			
DIFFERIN CREAM, GEL	adapalene			2		✓	Max one 45gm tube per month, Age 35 or younger
DIFFERIN PADS	adapalene			2		✓	Max 60 pads per month, Age 35 or younger
DIFFERIN SOLUTION	adapalene			2		✓	Max one 30ml bottle per month, Age 35 or younger
DUAC CS	clindamycin/benzoyl peroxide			2		✓	Max one 45gm tube per month
FINACEA	azelaic acid			2			
RETIN-A MICRO GEL	tretinoin microsphere gel			2		✓	Age 35 or younger
RETIN-A MICRO PUMP	tretinoin microsphere gel			2		✓	Age 35 or younger
TAZORAC	tazarotene			2		✓	Max one 30gm tube per month. Age 35 or younger

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
ATRALIN	tretinoin			3		✓	Max one 45gm tube per month, Age 35 or younger
AVITA	tretinoin			3		✓	Max 1 tube per month, Age 35 or younger
AZELEX	azelaic acid			3			
CLINDAREACH KIT	clindamycin phosphate swab kit			3		✓	Max 1 unit per month
EPIDUO	adapalen/benzoyl peroxide			3		✓	Age 35 or younger
FINACEA PLUS	azelaic acid gel w/cleanser			3			
METROGEL	metronidazole gel			3			
METROGEL KIT	metronidazole gel w/ cleanser			3			
Antifungals							
LOPROX	ciclopirox	Yes	1	3			
LOTRISONE	clotrimazole/betamethasone	Yes	1	3			
MYCOLOG	nystatin/triamcinolone	Yes	1	3			
MYCOSTATIN TOPICAL	nystatin topical	Yes	1	3			
NIZORAL SHAMPOO	ketoconazole shampoo	Yes	1	3			
PENLAC	ciclopirox solution	Yes	1	3	✓		
SPECTAZOLE	econazole	Yes	1	3			
VYTONE 1%	iodoquinol/hydrocortisone	Yes	1	3			
NAFTIN	naftifine			2			
EXELDERM	sulconazole nitrate			3			
NORITATE	metronidazole cream			3			
OXISTAT	oxiconazole			3			
VUSION	miconazole/zinc oxide/white petrolatum			3			
Anti-Infectives							
BACTROBAN OINTMENT	mupirocin ointment	Yes	1	3			
CLEOCIN LOTION	clindamycin lotion	Yes	1	3			
GARAMYCIN	gentamicin	Yes	1	3			
SILVADENE	silver sulfadiazine	Yes	1	3			
BACTROBAN CREAM	mupirocin cream			2			
ALDARA	imiquimod			3		✓	Max 24 packets per month
ALTABAX	retapamulin			3			
EVOCLIN	clindamycin phosphate foam			3			
Anti-Inflammatory Agents							
ACLOVATE	alclometasone	Yes	1	3			
CUTIVATE	fluticasone propionate	Yes	1	3			
DERMATOP OINTMENT	prednicarbate	Yes	1	3			
DESOWEN	desonide	Yes	1	3			
DIPROLENE	augmented betamethasone	Yes	1	3			
DIPROLENE AF	augmented betamethasone cream	Yes	1	3			
DIPROSONE	betamethasone dipropionate	Yes	1	3			
ELOCON	mometasone	Yes	1	3			
HYTONE 2.5%	hydrocortisone 2.5%	Yes	1	3			
KENALOG	triamcinolone	Yes	1	3			
LIDEX	fluocinonide	Yes	1	3			
LOCOID	hydrocortisone butyrate	Yes	1	3			
OLUX	clobetasol foam	Yes	1	3			
SYNALAR	fluocinolone	Yes	1	3			
TEMOVATE	clobetasol	Yes	1	3			
TOPICORT	desoximetasone	Yes	1	3			
ULTRAVATE	halobetasol	Yes	1	3			
VALISONE	betamethasone valerate	Yes	1	3			
VANOS	fluocinonide	Yes	1	3			
WESTCORT	hydrocortisone valerate	Yes	1	3			
FS SHAMPOO	fluocinolone acetonide shampoo			2			
CLODERM	clocortolone			3			

Brand Name	Generic Name	Generic Available	Tier		Prior Auth	Quantity Limit	Comments
			Generic	Brand			
CORDRAN	flurandrenolide			3			
DERMATOP CREAM	prednicarbate			3			
ELIDEL	pimecrolimus			3			
LUXIQ	betamethasone valerate foam			3			
PROTOPIC	tacrolimus cream			3			
Antipruritics and Local Anesthetics							
EMLA	lidocaine/prilocaine	Yes	1	3			
XYLOCAINE	lidocaine viscous	Yes	1	3			
XYLOCAINE TOPICAL	lidocaine topical	Yes	1	3			
LIDODERM	lidocaine patch			3		✓	Max 3 patches per day
Antipsoriatic							
CARMOL	urea	Yes	1	3			
KLARON	sulfacetamide lotion	Yes	1	3			
SELSUN SUSPENSION 2.5%	selenium sulfide 2.5%	Yes	1	3			
DOVONEX	calcipotriene			2			
CARMOL SCALP/SHAMPOO	urea shampoo			3			
SORIATANE CK	acitretin			3			
TACLONEX	calcipotriene/betamethasone			3			
XOLEGEL	ketoconazole gel			3			
Miscellaneous Skin & Mucous Membrane							
CONDYLOX SOLUTION	podofilox solution	Yes	1	3			
DRYSOL	aluminum chloride	Yes	1	3			
EFUDEX	fluorouracil	Yes	1	3			
CONDYLOX GEL	podofilox gel			2			
REGRANEX	becaplermin			2		✓	Max 1 tube (15gm) per Rx
DENAVIR	penciclovir			3			
PANRETIN GEL	alitretinoin			3		✓	Max 1 tube (60gm) per month
ZOVIRAX TOPICAL	acyclovir topical			3			
Scabicides							
ELIMITE	permethrin	Yes	1	3			
KWELL	lindane	Yes	1	3			
EURAX	crotamiton			2			
CLOBEX LOTION	clobetasol lotion			3			
VITAMINS							
Miscellaneous Vitamins							
FOLIC ACID	folic acid	Yes	1	1			
Prenatal Vitamins							
CITRANATAL	cal-nate	Yes	1	2			
DUET	vinate iii	Yes	1	2			
DUET DHA	cavan-ec	Yes	1	2			
NATACHEW	nutrinate	Yes	1	2			
PRECARE	vinate	Yes	1	2			
PRENATE ELITE	pnv	Yes	1	2			
PRIMACARE ONE	ob-natal one	Yes	1	2			
STUARTNATAL	prenatal plus	Yes	1	2			
CITRANATAL DHA				2			
NATELLE EZ				2			
PRENATE DHA				2			
PRIMACARE ADVANTAGE				2			
PRIMACARE COMBO				2			
VITAFOL-OB				2			
VITAFOL-OB + DHA				2			