EnvisionRxOptions
Preferred Drug List

INTRODUCTION

The Envision Preferred Drug List (PDL) is a list of commonly prescribed drugs eligible for coverage under your prescription drug benefit program. This list is reviewed from time to time as new drugs and new prescribing information becomes available.

The Envision Pharmacy and Therapeutics Committee is responsible for the development and maintenance of the Preferred Drug List. The Committee is comprised of independent, practicing physicians and pharmacists from a wide variety of medical specialties. The Preferred Drug List is reviewed and updated from time to time as new drugs or new prescribing information becomes available. Factors which affect decisions regarding the Preferred Drug List include safe use, clinical efficacy, and therapeutic need. Only after those factors are assessed is cost considered. Decisions are reached by a committee's simple majority vote. Committee members are required to remain free from conflict of interest in all committee votes. They attest to that fact at every committee meeting. Compliance with the Preferred Drug List is important for improving quality of care and restraining health care costs.

You may be able to obtain a drug not included on the Preferred Drug List for reasons of medical necessity or if formulary alternatives are inappropriate. Drugs used for cosmetic purposes may not be covered under your prescription drug plan.

STRUCTURE

Co-payment Tiers may vary with individual plans, but generally follow these guidelines:

- **Tier 1:** Most Generic Drugs
- **Tier 2:** Preferred Branded Drugs
- **Tier 3:** Non-Preferred Branded Drugs
- **Tier 4:** Preferred Specialty Drugs - not all plans cover specialty drugs (for 3 tier benefits, these would be considered preferred brand)
- **Tier 5:** Non-Preferred Specialty Drugs - not all plans cover specialty drugs (for 3 tier benefits, these would be considered non-preferred brand)

Prior Authorizations and Quantity Limits may be in place for certain medications and will vary by plan. Check with member services to see if your plan has these limitations in place.

IMPORTANT

The ability to obtain medications listed on this formulary may be limited by other state or regulatory limitations on prescriptions such as expiration dates or limitations on the number of refills. If you have any questions regarding the coverage of any particular drug under your benefit program, please call the member services number located on the back of your prescription drug identification card (800-361-4542), refer to your plan-specific documents or contact your plan administrator for further information.

SPECIALTY MEDICATIONS

Specialty medications are medications for chronic diseases such as rheumatoid arthritis, multiple sclerosis, or Hepatitis C. These diseases typically require special care and the medications may be given by injection or infusion. These medications are very expensive and may require special handling (i.e. must be kept refrigerated). Often additional education and support is required from a health care professional in order to access these medications. If your plan covers specialty medications, they may only be available through a preferred specialty pharmacy provider. In the case of an emergency or a first time fill, you may be able to fill these at your local retail pharmacy.

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Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	**Generics**	**Preferred Brand**	**Non Preferred Brand**	**Preferred Specialty**	**Non Preferred Specialty**	
A						
abacavir (ZIAGEN)	1					
ABILIFY (all forms)		2				
ACANYA		2				
acarbose (PRECOSE)	1					
ACCOLATE			3			
ACCU-CHEK			3			Freestyle/Precision/Contour/Breeze products preferred
ACCU-CHEK STRIPS			3			Freestyle/Precision/Contour/Breeze products preferred
acebutolol (SECTRAL)	1					
acetaminiphen/caffeine/bultalb (ESGIC/PLUS, FIORCET)	1					
acetaminophen/butalbital (PHRENLIN/FORTE)	1					
acetazolamide (DIAMOX/SEQUELS)	1					
acetic acid (VOSOL)	1					
acetic acid/aluminum acetate (DOMEBORO OTIC)	1					
acetic acid/hydrocortisone (VOSOL HC)	1					
acetylcysteine (MUCOMYST)	1					
ACIPHEX			3			Omeprazole, Pantoprazole
ACLOVATE			3			Multiple generic topical steroids
ACTONEL		2				
ACTONEL WITH CALCIUM		2				
ACTOPLUS MET			3			
ACTOPLUS MET XR			3			
ACTOS			3			
ACUVAIL		2				
acyclovir (ZOVIRAX)	1					
adapalene (DIFFERIN)	1					Age limit may apply
ADDERALL XR			3			
ADVAIR Disc/ADVAIR HFA		2				
ADVATE					5	
ADVICOR			3			
AFINITOR				4		
AGGRENOX		2				
AKINETON		2				
AKNE-MYCIN, STATICIN		2				
ALAMAST		2				
ALBENZA		2				
albuterol neb soln (ACCUNEB)	1					
alendronate (FOSAMAX)	1					
alfuzosin HCl ER	1					
ALINIA		2				
ALKERAN INJ					5	
ALKERAN TABS		2				
ALL ABBOTT PRODUCTS (includes FREESTYLE/PRECISION)		2				FREE Freestyle or Precision meter available. Call 1-866-224-8892 for more information.
ALL BAYER PRODUCTS (includes CONTOUR/BREEZE)		2				FREE Contour or Breeze meter available. Call 1-877-229-3777 for more information.
All Generic Prenatal Vitamins	1					
allopurinol	1					
ALOCRIL			3			Alamast preferred
ALOMIDE		2				
ALORA			3			CLIMARA, VIVELLE, MENOSTAR, ESTRADERM
ALPHAGAN P 0.1%		2				
ALPHAGAN P 0.15%		2				
ALPHANATE			3			
ALPHANINE S					5	
alprazolam/xr (XANAX/XR)	1					
ALREX			3			
aluminum chloride hexahydrate (DRYSOL)	1					
amantadine (SYMMETREL)	1					
amcinonide (CYCLOCORT)	1					
Amethia (SEASONIQUE)	1					
Amethia Lo (LOSEASONIQUE)	1					
amethyst (LYBREL)	1					
amiloride/hctz (MODURETIC)	1					
aminocaproic acid (AMICAR)	1					

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aminophylline	1					
amiodarone (CORDARONE)	1					
AMITIZA		2				
amitriptyline (ELAVIL)	1					
amitriptyline hcl/perphenazine (TRIAVIL)	1					
amitriptyline/chlordiazepixide (LIMBITROL)	1					
amlodipine/atorvastatin (CADUET)	1					
amlodipine besylate (NORVASC)	1					
amlodipine besylate-benazepril (LOTREL)	1					
amoxapine (ASENDIN)	1					
amoxicillin (AMOXIL)	1					
amoxicillin/clavulanate (AUGMENTIN)	1					
amoxicillin/clavulanate ex (AUGMENTIN ES)	1					
amoxicillin/clavulanate ex susp (AUGMENTIN ES SUSP)	1					
amoxicillin/clavulanic acid (AUGMENTIN XR)	1					
amphetamine/dextroamphetamine (ADDERALL)	1					
AMTURNIDE		2				
anagrelide (AGRYLIN)	1					
ANA-KITS		2				
ANALPRAM (all forms including kit)			3			
anastrozole (ARIMIDEX)	1					
ANDRODERM		2				
ANDROGEL		2				Preferred topical
ANDROID			3			
ANTABUSE			3			
ANTARA			3			
anthralin cream (DRITHOCREME HP)	1					
antipyrine/benzocaine (AURALGAN)	1					
ANZEMET				4		
apap/isometheptene/dichlphen (MIDRIN)	1					
APIDRA		2				
APIDRA SOLOSTAR		2				
apraclonidine ophth (IOPIDINE)	1					
apri (DESOGEN)	1					
APRISO		2				
ARANESP				4		PROCRIT preferred
ARICEPT/ARICEPT ODT (23MG)		2				
ARICEPT/ARICEPT ODT (5MG and 10MG)			3			
ARIXTRA			3			
ARMOUR THYROID			3			
AROMASIN			3			
ASACOL HD		2				
ASMANEX		2				
aspirin/caffeine/butalbital (FIORINAL)	1					
ASTEPRO		2				
ATELVIA		2				
atenolol (TENORMIN)	1					
atenolol/hctz (TENORETIC)	1					
atorvastatin (LIPITOR)	1					
ATRALIN		2				Age limit may apply
ATRIPLA		2				
atropine sulfate (ISOPTO ATROPINE)	1					
ATROVENT HFA INHALER			3			SPIRIVA preferred
AUGMENTIN XR			3			Amoxicillin & K Clavulanate Preferred
AVANDAMET		2				The US FDA has significantly restricted the use of Avandia to patients who cannot control their diabetes on other medications.
AVANDARYL		2				The US FDA has significantly restricted the use of Avandia to patients who cannot control their diabetes on other medications.
AVANDIA		2				The US FDA has significantly restricted the use of Avandia to patients who cannot control their diabetes on other medications.
AVC		2				
AVELOX		2				
AVINZA		2				

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AVODART		2				
AVONEX					5	Requires prior failure of BETASERON or COPAXONE OR a statement of medical necessity from your doctor
AXERT			3			Sumatriptan, RELPAX, ZOMIG
azatadine (OPTIMINE)	1					
azathioprine (IMURAN)	1					
azelastine (ASTELIN)	1					
azelastine (OPTIVAR)	1					
AZELEX, FINACEA		2				
AZILECT		2				
azithromycin (ZITHROMAX)	1					
AZOPT		2				
AZOR		2				
B						
bacitracin	1					
bacitracin (AK-TRACIN)	1					
baclofen (LIORESAL)	1					
BACTROBAN CREAM		2				
balsalazide (COLAZAL)	1					
BANZEL			3			
BARACLUDE				4		
BEBULIN					5	
BECONASE/AQ			3			Fluticasone, NASONEX
belladonna alkaloids (DONNATAL)	1					
benazepril (LOTENSIN)	1					
benazepril/hctz (LOTENSIN HCT)	1					
BENEFIX					5	
BENICAR		2				
BENICAR HCT		2				
BENZACLIN (all forms)		2				
benzonatate (TESSALON PERLES)	1					
benzoyl peroxide - erythromycin gel (BENZAMYCIN)	1					
benzoyl peroxide (BENZAC AC, BENZAGEL, DESQUAM)	1					
benzoyl peroxide cloth (TRIAZ PADS)	1					Some strengths available as generic
benzoyl peroxide gel, lot (BREVOXYL)	1					
benztropine (COGENTIN)	1					
betameth/propylene glycol (DIPROLENE AF)	1					
betameth/propylene glycol (DIPROLENE)	1					
betamethasone dipropionate (DIPROSONE)	1					
betamethasone valerate (VALISONE)	1					
BETASERON				4		Preferred
betaxolol (KERLONE)	1					
bethanechol (URECHOLINE)	1					
BETIMOL		2				
BETOPTIC-S		2				
BEYAZ		2				
bicalutamide (CASODEX)	1					
BILTRICIDE		2				
bisoprolol (ZEBETA)	1					
bisoprolol/hctz (ZIAC)	1					
BRETHINE INHALER		2				
BRILINTA		2				
brimonidine tartrate (ALPHAGAN P 0.1%)	1					
bromocriptine mesylate (PARLODEL)	1					
BRONCOMAR		2				
budesonide (PULMICORT RESPULES)	1					
budesonide ec (ENTOCORT EC)	1					
bumetanide (BUMEX)	1					
bupropion (WELLBUTRIN)	1					
bupropion sr (WELLBUTRIN SR)	1					
bupropion sr 24hr (WELLBUTRIN XL)	1					
buspirone (BUSPAR)	1					
butorphanol (STADOL)	1					
BUTRANS		2				

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(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
BYDUREON			3			
BYETTA			3			
BYSTOLIC		2				
C						
CADUET			3			
calcipotriene (DOVONEX)	1					
calcitonin nasal soln (MIACALCIN)	1					
calcitriol (ROCALTROL)	1					
calcium acetate (PHOSLO)	1					
Camrese (SEASONIQUE)	1					
Camrese Lo (LOSEASONIQUE)	1					
CANTIL		2				
CAPEX		2				
CAPITROL SHAMPOO		2				
captopril (CAPOTEN)	1					
captopril/hctz (CAPOZIDE)	1					
CARAFATE SUSPENSION		2				
carbachol (ISOPTO CARBACHOL)	1					Some strengths available as generic
carbamazepine (TEGRETOL)	1					
carbamazepine er (CARBATROL)	1					
carbamazepine sr (TEGRETOL XR)	1					
CARBATROL			3			
carbidopa/levodopa (SINEMET/CR)	1					
carbidopa/levodopa/entacapone (STALEVO)	1					
CARDENE SR			3			Generic Diltiazem extended release, generic Verapamil extended release, Amlodipine
CARDIZEM LA			3			Generic Diltiazem extended release
carisoprodol & aspirin (SOMA CMPD)	1					
carisoprodol (SOMA)	1					
carteolol (OCUPRESS)	1					
carvedilol (COREG)	1					
CAVERJECT			3			
CEDAX			3			Generic Keflex
CEENU			3			
cefaclor (CECLOR)	1					
cefadroxil (DURICEF)	1					
cefdinir (OMNICEF)	1					
cefpodoxime proxetil tabs (VANTIN)	1					
cefprozil (CEFZIL)	1					
cefprozil susp (CEFZIL SUSP)	1					
cefuroxime axetil susp (CEFTIN susp)	1					
cefuroxime axetil tabs (CEFTIN)	1					
CELEBREX		2				
CELONTIN		2				
CENESTIN			3			PREMARIN/ESTRACE preferred
cephalexin (KEFLEX)	1					
CERUMENEX		2				
CHANTIX		2				
CHEMSTRIP			3			Freestyle/Precision/Contour/Breeze products preferred
CHEMSTRIP TEST STRIPS			3			Freestyle/Precision/Contour/Breeze products preferred
chloral hydrate (AQUACHLORAL)	1					
chloramphenicol (CHLOROMYCETIN)	1					
chlordiazepoxide hcl (LIBRIUM)	1					
chlorhexidine (PERIDEX, PERIOGARD)	1					
chloroquine phosphate (ARALEN)	1					
chlorothiazide (DIURIL)	1					
chlorpheniramine/methscopolamine (ALLERX DF)	1					
chlorpheniramine-hydrocodone (TUSSIONEX)	1					
chlorpromazine (THORAZINE)	1					
chlorthalidone (HYGROTON)	1					
chlorzoxazone (PARADON FORTE)	1					
cholestyramine (PREVALITE/QUESTRAN)	1					
choline/magnesium salicylate (TRILISATE)	1					
chorionic gonadotropin (PREGNYL)	1					

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CIALIS (all forms)			3			Requires prior failure of a finasteride AND tamsulosin or alfuzosin for approval for BPH
ciclopirox cream and susp (LOPROX)	1					
ciclopirox soln (PENLAC)	1					
cilostazol (PLETAL)	1					
cimetidine (TAGAMET)	1					
CIMZIA					5	Requires prior failure of ENBREL and HUMIRA OR a statement of clinical necessity from your doctor
CIPRO HC		2				
CIPRODEX		2				
ciprofloxacin (CILOXAN)	1					
ciprofloxacin (CIPRO)	1					
ciprofloxacin sr 24hr (CIPRO XR)	1					
citalopram (CELEXA)	1					
citric acid/k-na citrates (CYTRA-3)	1					
citric acid/potassium citrate (POLYCITRA-K, CYTRA-K)	1					
CLARINEX			3			Generic loratadine, fexofenadine
clarithromycin (BIAXIN/BIAXIN XL)	1					
clidinium/chlordiazepoxide (LIBRAX)	1					
CLIMARA PRO		2				
clindamycin hcl (CLEOCIN)	1					
clindamycin palmitate (CLEOCIN PEDIATRIC)	1					
clindamycin phosphate (CLEOCIN T)	1					
clindamycin phosphate (CLEOCIN VAG)	1					
clindamycin phosphate-benzoyl peroxide gel (BENZACLIN)	1					
clobetasol propionate (CLOBEX, OLUX, TEMOVATE/E)	1					
CLODERM			3			Multiple generic topical steroids
clomipramine (ANAFRANIL)	1					
clonazepam (KLONOPIN)	1					
clonidine (CATAPRES)	1					
clonidine transdermal (CATAPRES TTS)	1					
clopidogrel (PLAVIX)	1					
clorazepate (TRANXENE)	1					
clotrimazole (MYCELEX)	1					
clotrimazole troche (MYCELEX)	1					
clotrimazole/betamethasone dipropionate (LOTRISONE)	1					
clozapine (CLOZARIL)	1					
cod/pro (PHENERGAN w/CODEINE)	1					
codeine phosphate/apap (TYLENOL W/CODEINE)	1					
codeine phosphate/aspirin	1					
codeine sulfate	1					
codeine/apap/caffeine/butalb (FIORICET w/CODEINE)	1					
codeine/asa/caffeine/butalb (FIORINAL w/CODEINE)	1					
colchicine	1					
colchicine & probenecid	1					
COLCRYS		2				
colestipol (COLESTID)	1					
COMBIGAN		2				
COMBIPATCH		2				
COMBIVENT RESPIMAT		2				
COMBIVIR			3			
COMTAN		2				
CONCERTA			3			
COPAXONE				4		Preferred
CORDRAN			3			Multiple generic topical steroids
COREG CR		2				
CORTIFOAM		2				Generic ANUSOL-HC
COSOPT			3			
COUMADIN			3			
CREON		2				
CRESTOR		2				
CRINONE				4		
CRIXIVAN		2				
cromolyn (CROLOM)	1					
cromolyn (INTAL neb)	1					

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
CUTIVATE			3			Multiple generic topical steroids
cyclobenzaprine (FLEXERIL)	1					
cyclopentolate soln (CYCLOGYL)	1					Some strengths available as generic
cyclophosphamide (CYTOXAN)	1					
cyclosporine (NEORAL, SANDIMMUNE)	1					
CYKLOKAPRON			3			
CYMBALTA			3			Requires prior failure of a SSRI OR SNRI for approval for depression
cyproheptadine	1					
CYSTADANE		2				
D						
DALIRESP		2				
DANAZOL			3			
dantrolene (DANTRIUM)	1					
DAPSONE		2				
DARAPRIM		2				
DENAVIR		2				
DEPEN TITRATABS		2				
DERMA-SMOOTHE/FS			3			
desipramine (NORPRAMIN)	1					
desmopressin acetate (DDAVP)	1					
desonide (DESOWEN, TRIDESILON)	1					
desoximetasone (TOPICORT/LP)	1					
DETROL			3			
DETROL LA		2				
dexamethasone (DECADRON)	1					
dexamethasone sod phosphate (DECADRON)	1					
dexchlorpheniramine maleate (POLARAMINE)	1					
DEXILANT		2				
dextroamphetamine (DEXEDRINE, DEXTROSTAT)	1					
DHT, HYTAKEROL		2				
DIASTAT		2				
diazepam (VALIUM)	1					
DIBENZYLINE		2				
diclofenac (VOLTAREN OPHTH DROPS)	1					
diclofenac ophth (VOLTAREN)	1					
diclofenac sodium (VOLTAREN/XR)	1					
dicloxacillin	1					
dicyclomine (BENTYL)	1					
didanosine delayed rel cap (VIDEX EC)	1					
diflorasone (PSORCON/E)	1					
diflorasone diacetate cr (FLORONE/E)	1					
digoxin (LANOXIN)	1					
diltiazem (CARDIZEM, DILACOR)	1					
diltiazem (TIAZAC)	1					
DIOVAN		2				
DIPENTUM			3			
dipyridamole (PERSANTINE)	1					
disopyramide cr (NORPACE/CR)	1					
disphenoxylate/atropine sulfate (LOMOTIL)	1					
disulfiram (ANTABUSE)	1					
divalproex (DEPAKOTE/ER)	1					
divalproex sr (DEPAKOTE ER)	1					
donepezil 5mg and 10mg (ARICEPT/ARICEPT ODT (5MG and 10MG))	1					
DORYX			3			
dorzolamide HCl/timolol m	1					
DOVONEX			3			
doxazosin (CARDURA)	1					
doxazosin mesylate (CARDURA)	1					
doxepin (SINEQUAN)	1					
doxycycline hyclate (PERIOSTAT)	1					
doxycycline hyclate (VIBRATABS)	1					
DRITHO-SCALP		2				
DUAC			3			

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DUETACT			3			
DULERA			3			
DYMISTA			3			
dyphylline (LUFYLLIN)	1					
E						
EASIVENT		2				
econazole nitrate (SPECTAZOLE)	1					
EDARBI			3			
EDARBYCLOR			3			
EDEX			3			
EFFIENT		2				
electrolyte sol'n/peg's (COLYTE, GOLYTELY)	1					
ELIDEL		2				
ELIXOPHYLLIN-GG		2				
ELMIRON		2				
EMADINE			3			
EMBEDA		2				
EMCYT				4		
EMEND			3			
ENABLEX		2				
enalapril (VASOTEC)	1					
enalapril/hctz (VASERETIC)	1					
ENBREL				4		preferred
enoxaparin (LOVENOX)	1					
ENTOCORT EC			3			
ENZYMAX		2				
ephedrine sulfate	1					
EPIFOAM		2				
EPIFRIN		2				
EPINAL		2				
EPIPEN/EPIPEN Jr.		2				
EPIVIR			3			
EPOGEN				4		PROCRIT preferred
ERCAF		2				
ergocalciferol (DRISDOL)	1					
ERGOMAR		2				
Ergotamine w/ Caffeine Suppos (CAFERGOT)	1					
erythromycin base - generic	1					
erythromycin base (A/T/S, EMGEL, ERYGEL, T-STAT)	1					
erythromycin base (E-MYCIN)	1					
erythromycin base/benzoyl peroxide (BENZAMYCIN)	1					
erythromycin ethylsuccinate (E.E.S.)	1					
erythromycin ethylsuccinate (ERYPED)	1					Some strengths available as generic
erythromycin stearate	1					
erythromycin/sulfisoxazole (PEDIAZOLE)	1					
escitalopram oxalate	1					
estazolam (PROSOM)	1					
ESTRACE VAGINAL CREAM			3			
ESTRADERM		2				
estradiol & norethindrone acetate (ACTIVELLA)	1					
estradiol (ESTRACE)	1					
estradiol transdermal (CLIMARA)	1					0.05MG and 0.1MG patches are available as a generic
ESTRING		2				
estropipate (OGEN, ORTHO-EST)	1					
ESTROSTEP/FE			3			
ethambutol (MYAMBUTOL)	1					
ethinyl estradiol-desogestrel (MIRCETTE)	1					
ethinyl estradiol-ethynodiol diacetate (DEMULEN)	1					
ethinyl estradiol-levonorgestrel (ALESSE)	1					
ethinyl estradiol-levonorgestrel (NORDETTE)	1					
ethinyl estradiol-levonorgestrel (TRIPHASIL)	1					
ethinyl estradiol-norgestrel (LO-OVRAL)	1					
ethinyl estradiol-norgestrel (OVRAL)	1					
ETHMOZINE		2				

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(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
ethosuximide (ZARONTIN)	1					
etidronate (DIDRONEL)	1					
etodolac (LODINE/XL)	1					
etoposide (VEPESID)	1					
EURAX		2				
EVISTA		2				
EVOXAC		2				
EXALGO		2				
EXELDERM			3			
EXELON patches		2				
exemestane (AROMASIN)	1					
EXFORGE		2				
EXFORGE HCT		2				
F						
famciclovir (FAMVIR)	1					
famotidine (PEPCID)	1					
FARESTON		2				
FAST TAKE			3			Freestyle/Precision/Contour/Breeze products preferred
FEIBA VH					5	
felbamate (FELBATOL)	1					
FELBATOL			3			
felodipine (PLENDIL)	1					Generic Diltiazem extended release, generic Verapamil extended release, Amlodipine
FEMARA			3			
FEMHRT			3			PREMPRO, PREMPHASE preferred
FEMRING			3			
fenofibrate	1					
FENOGLIDE			3			
fentanyl (ACTIQ)	1					
fentanyl (DURAGESIC)	1					
fexofenadine (ALLEGRA)	1					
fexofenadine/PSE (ALLEGRA-D)	1					
finasteride (PROSCAR)	1					
flavoxate (URISPAS)	1					
flecainide (TAMBOCOR)	1					
FLECTOR		2				
FLOVENT (including ROTADISK and HFA)		2				
fluconazole (DIFLUCAN)	1					
fluconazole susp (DIFLUCAN SUSP)	1					
fludrocortisone (FLORINEF)	1					
fluocinolone acetonide (DERMA-SMOOTHE/FS, SYNALAR)	1					
fluocinonide (LIDEX/E)	1					
fluorometholone (FML)	1					
FLUOROPLEX		2				
fluorouracil cr (EFUDEX)	1					
fluoxetine (PROZAC)	1					
fluoxetine (SARAFEM)	1					
fluoxetine/olanzapine (SYMBYAX)	1					
fluoxymesterone (HALOTESTIN)	1					
fluphenazine hcl (PROLIXIN)	1					
flurazepam (DALMANE)	1					
flurbiprofen (ANSAID)	1					
flutamide (EULEXIN)	1					
fluticasone propionate (FLONASE)	1					
fluvoxamine (LUVOX)	1					
FML FORTE, S.O.P.		2				
FML-S		2				
FOCALIN (all forms)			3			
folic acid	1					
FOLLISTIM/AQ				4		
fondaparinux (ARIXTRA)	1					
FORADIL		2				
FORTAMET			3			
FORTEO					5	

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
FORTOVASE		2				
fosinopril (MONOPRIL)	1					
fosinopril/hctz (MONOPRIL HCT)	1					
FOSRENOL		2				
FRAGMIN		2				
FROVA			3			Sumatriptan, RELPAX, ZOMIG
FURADANTIN			3			
furosemide (LASIX)	1					
G						
gabapentin solution (NEURONTIN)	1					
GABITRIL		2				
ganciclovir (CYTOVENE)	1					
GANIRELIX				4		
GELNIQUE			3			
gemfibrozil (LOPID)	1					
GENOTROPIN				4		
gentamicin (GARAMYCIN)	1					
gentamicin (GARAMYCIN, GENOPTIC)	1					
GEODON			3			
gianvi (YAZ)	1					
GLEEVEC					5	
glimepiride (AMARYL)	1					
glipizide & metformin (METAGLIP)	1					
glipizide (GLUCOTROL XL)	1					
glipizide (GLUCOTROL)	1					
GLUCAGEN		2				
GLUCAGON		2				
glyburide & metformin (GLUCOVANCE)	1					
glyburide (DIABETA, GLYNASE, MICRONASE)	1					
glycopyrrolate (ROBINUL/FORTE)	1					
GLYSET			3			
granisetron (KYTRIL)	1					
griseofulvin susp (GRIFULVIN V)	1					
griseofulvin ultramicrosize 125 mg	1					
GRIS-PEG 250 MG			3			
gua/hym (DILAUDID COUGH)	1					
gua/pse (DECONSAL II, ENTEX PSE)	1					
gua/pse (GUAIFED/PD)	1					
guanabenz (WYTENSIN)	1					
guanfacine (TENEX)	1					
H						
HALFAN		2				
HALFLYTELY		2				
halobetasol propionate (ULTRAVATE)	1					
HALOG			3			Multiple generic topical steroids
haloperidol (HALDOL)	1					
HBV		2				
hctz/triamterene (DYAZIDE, MAXZIDE)	1					
HECTOROL			3			Zemplar preferred
HELIDAC			3			Generic Bismuth, Metronidazole, Tetracycline
HELIXATE FS					5	
HEPSERA				4		
HEXALEN				4		
HMS LIQUIFILM		2				
homatropine hbr (ISOPTO HOMATROPINE)	1					
HUMALOG PRODUCTS			3			
HUMATE-P			3			
HUMATROPE					5	
HUMIRA				4		preferred
HUMULIN PRODUCTS			3			
hyd/ht (HYCODAN)	1					
hydralazine (APRESOLINE)	1					
hydrochlorothiazide (ESIDRIX, HYDRODIURIL)	1					

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
hydrocodone bitartrate/apap (LORTAB TAB)	1					
hydrocodone bitartrate/apap (VICODIN/VICODIN ES)	1					
hydrocodone bitartrate/ibuprofen (VICOPROFEN)	1					
hydrocortisone (CORTEF)	1					
hydrocortisone (HYTONE, NUTRACORT, PENECORT)	1					
hydrocortisone (PROCTOCORT HC, CORTENEMA)	1					
hydrocortisone / pramoxine rectal Cr (ANALPRAM HC)	1					
hydrocortisone acetate (ANUSOL-HC)	1					
hydrocortisone acetate/urea (CARMOL HC)	1					
hydrocortisone butyrate (LOCOID OINT/SOLN/CREAM)	1					
hydrocortisone valerate (WESTCORT)	1					
hydromorphone (DILAUDID)	1					
hydroxychloroquine (PLAQUENIL)	1					
hydroxyurea (HYDREA)	1					
hyoscyamine (ANASPAZ, LEVSIN/SL, LEVSINEX)	1					
hyoscyamine sulfate/phenobarb (LEVSIN/PB)	1					
I						
ibuprofen (MOTRIN)	1					
imipramine hcl (TOFRANIL)	1					
imipramine pamoate (TOFRANIL PM)	1					
imiquimod (ALDARA)	1					
IMITREX			3			
INCIVEK				4		
indapamide (LOZOL)	1					
INDERAL LA			3			
indomethacin (INDOCIN/SR)	1					
INFERGEN					5	Requires prior failure of PEGASYS or PEG-INTRON OR a statement of clinical necessity from your doctor
INNOHEP		2				
INNOPRAN XL			3			
INTRON A					5	Requires prior failure of PEGASYS or PEG-INTRON OR a statement of clinical necessity from your doctor
INTUNIV		2				
INVIRASE		2				
INVOKANA		2				
IODINE STRONG		2				
iodoquinol/hydrocortisone (VYTONE)	1					
ipratropium (ATROVENT NASAL SPRAY)	1					
Ipratropium/Albuterol Nebu Soln (DUONEB)	1					
IQUIX		2				
isoniazid & rifampin (RIFAMATE)	1					
isoniazid (ISONIAZID)	1					
isosorbide dinitrate (ISORDIL, SORBITRATE)	1					
isosorbide mononitrate (IMDUR)	1					
isotretinoin (ACCUTANE)	1					
itraconazole (SPORANOX)			3			
J						
JALYN		2				
JANUMET		2				
JANUMET XR		2				
JANUVIA		2				
JUVISYNC		2				
K						
KADIAN 10MG, 40MG, 70MG, 130MG, 150MG, 200MG		2				
KALETRA		2				
KAZANO			3			
KEMADRIN		2				
KETEK			3			
ketoconazole	1					
ketoconazole (NIZORAL)	1					
ketoprofen (ORUDIS)	1					
ketorolac (TORADOL)	1					
ketorolac tromethamine (ACULAR LS)	1					
ketotifen fumarate opth sol (ZADITOR)	1					

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
KINERET					5	Requires prior failure of ENBREL and HUMIRA OR a statement of clinical necessity from your doctor
K-LYTE DS		2				
KOATE DVI					5	
KOGENATE-FS					5	
KOMBIGLYZE		2				
K-PHOS			3			
K-PHOS NEUTRAL			3			
KRISTALOSE		2				
KRONOFED-A		2				
KRONOFED-A JR		2				
L						
labetalol (NORMODYNE, TRANDATE)	1					
lactulose (CHRONULAC, ENULOSE, DUPHALAC)	1					
LAMICTAL (ODT)		2				
LAMICTAL (XR)		2				
lamivudine (EPIVIR)	1					
lamivudine/zidovudine (COMBIVIR)	1					
lamotrigine (LAMICTAL)	1					
lansoprazole (PREVACID)	1					
LANTUS		2				
LANTUS SOLOSTAR		2				
LARODOPA		2				
latanoprost (XALATAN)	1					
leflunomide (ARAVA)	1					
LESCOL/XL			3			
LETAIRIS				4		
letrozole (FEMARA)	1					
LEUCOVORIN				4		
LEUKERAN		2				
LEUKINE					5	
levalbuterol neb soln (XOPENEX SOL)	1					
LEVAQUIN			3			
LEVEMIR		2				
LEVEMIR FLEXPEN		2				
levetiracetam (KEPPRA)	1					
LEVITRA		2				
levobunolol (BETAGAN)	1					
levofloxacin (LEVAQUIN)	1					
levofloxacin (QUIXIN)	1					
Levonorgestrel & Ethinyl Estradiol (SEASONALE)	1					
levonorgestrel & ethinyl estradiol tab (LEVLEN)	1					
levonorgestrel & ethinyl estradiol tab (LEVLITE)	1					
levonorgestrel (PLAN B)	1					
levonorgestrel-ethin estradiol (TRI-LEVLEN)	1					
levorphanol	1					
levothyroxine (ARMOUR THYROID)	1					
levothyroxine (LEVOTHROID)	1					
levothyroxine (SYNTHROID)	1					
levothyroxine (UNITHROID)	1					
LEVOXYL		2				
LEXAPRO			3			
lidocaine (XYLOCAINE)	1					
lidocaine cream (LMX)	1					
LIDODERM		2				
LIFESCAN			3			Freestyle/Precision/Contour/Breeze products preferred
LINDANE		2				
LINZESS		2				
liothyronine	1					
LIPITOR			3			
LIPOFEN		2				
lisinopril (PRINIVIL)	1					
lisinopril (ZESTRIL)	1					
lisinopril/hctz (PRINZIDE)	1					

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
lisinopril/hctz (ZESTORETIC)	1					
lithium carbonate (LITHOBID, ESKALITH/CR)	1					
lithium citrate	1					
LIVALO		2				
LMX			3			
LOCOID LIPOCREAM		2				Multiple generic topical steroids
LOCOID OINT/SOLN			3			Multiple generic topical steroids
LODOSYN		2				
LOFIBRA			3			
loperamide	1					
LOPROX Shampoo and Gel			3			
LORATADINE OTC	1					
lorazepam (ATIVAN)	1					
LORTAB			3			
losartan (COZAAR)	1					
losartan/hctz (HYZAAR)	1					
LOSEASONIQUE			3			
LOTEMAX			3			
LOTRONEX		2				
lovastatin (MEVACOR)	1					
LOVAZA		2				
LOVENOX			3			
loxapine succinate (LOXITANE)	1					
LUMIGAN		2				
LUNESTA		2				
LUPRON-DEPOT/PED				4		
LYBREL			3			
LYRICA		2				
LYSODREN		2				
LYSTEDA		2				
M						
malathion (OVIDE)	1					
maprotilie (LUDIOMIL)	1					
MATULANE				4		
MAXAIR			3			PROAIR HFA or VENTOLIN HFA preferred
MAXALT			3			Sumatriptan, RELPAX, ZOMIG
MAXIDEX		2				
mebendazole (VERMOX)	1					
meclizine hcl (ANTIVERT)	1					
meclofenamate	1					
medroxyprogesterone (PROVERA)	1					
medroxyprogesterone inj (DEPO-PROVERA)	1					
mefloquine (LARIAM)	1					
MEGACE ES SUSP		2				
megestrol (MEGACE)	1					
meloxicam	1					
melphalan inj (ALKERAN INJ)				4		
MENEST		2				
MENOSTAR		2				
MENTAX		2				
meperidine (DEMEROL)	1					
MEPHYTON		2				
MEPRON		2				
mercaptopurine (PURINETHOL)	1					
mesna inj (MESNEX)	1					
METADATE CD			3			
metaproterenol (ALUPENT)	1					
metaxolone (SKELAXIN)	1					
metformin (GLUCOPHAGE)	1					
metformin (GLUCOPHAGE/XR	1					
metformin ER 24hr (FORTAMET)	1					
meth/me blue/ba/salol/atp/hyos (URISED)	1					
methadone (DOLOPHINE)	1					

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
methamphetamine (DESOXYN)	1					
methazolamide (NEPTAZANE)	1					
METHERGINE			3			
methimazole (TAPAZOLE)	1					
methocarbamol (ROBAXIN)	1					
methotrexate (RHEUMATREX)	1					
methscopolamine (PAMINE/FORTE)	1					
methyclothiazide (AQUATENSEN, ENDURON)	1					
methyldopa (ALDOMET)	1					
methyldopa/hctz (ALDORIL)	1					Some strengths available as generic
methylergonovine (METHERGINE)	1					
methylphenidate er (ADDERALL XR, CONCERTA, METADATE ER)	1					
methylphenidate/er (RITALIN LA/SR)	1					
methylprednisolone (MEDROL)	1					Some strengths available as generic
metipranolol (OPTIPRANOLOL)	1					
metoclopramide (REGLAN)	1					
metolazone (ZAROXYLN)	1					
metoprolol succinate er (TOPROL XL)	1					
metoprolol tartrate (LOPRESSOR)	1					
metronidazole (FLAGYL ER)	1					
metronidazole (FLAGYL)	1					
metronidazole (METROCREAM, METROGEL, METROLOTION)	1					
metronidazole (METROGEL VAG)	1					
mexiletine (MEXITIL)	1					
MICARDIS		2				
MICARDIS HCT		2				
miconazole nitrate (MONISTAT-DERM)	1					
MIGRANAL		2				
minocycline (DYNACIN, MINOCIN)	1					
minoxidil (LONITEN)	1					
MINTEZOL		2				
mirtazapine (REMERON SOLTAB)	1					
mirtazapine (REMERON/ODT)	1					
misoprostol (CYTOTEC)	1					
MOBAN		2				
moexipril (UNIVASC)	1					
moexipril-hctz (UNIRETIC)	1					
mometasone furoate (ELOCON)	1					Some strengths available as generic
MONOCLATE-P					5	
MONONINE					5	
montelukast (SINGULAIR)	1					
morphine (KADIAN, MS CONTIN, MS IR, ROXANOL)	1					
MULTAQ		2				
multivitamins w/flouride	1					
multivitamins w/fluor & iron	1					
mupirocin oint (BACTROBAN OINTMENT)	1					
MUSE			3			
MYCOBUTIN		2				
mycophenolate mofetil (CELLCEPT)				4		
MYLERAN		2				
MYRBETRIQ		2				
N						
nabumetone (RELAFEN)	1					
nadolol (CORGARD)	1					
NAMENDA/XR		2				
NAPRELAN			3			Generic NSAIDs
naproxen (NAPROSYN, EC-NAPROSYN)	1					
naproxen sodium (ANAPROX/DS)	1					
naratriptan (AMERGE)	1					
NARDIL			3			
NASACORT AQ			3			
NASCOBAL		2				
NASONEX		2				

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
NATAZIA		2				
nateglinide (STARLIX)	1					
NEBUPENT		2				
nefazodone (SERZONE)	1					
neloxicam (MOBIC)	1					
neomycin suf/polymy/buffers/hc (PEDIOTIC)	1					
neomycin sulfate/hc	1					
neomycin sulfate/polymyxin/hc (CORTISPORIN)	1					
neomycin/bacitracin/poly/hc (CORTISPORIN)	1					
neomycin/bacitracin/polymyxin (NEOSPORIN)	1					
neomycin/polymyxin/dexameth (DEXACIDIN, MAXITROL)	1					
neostigmine bromide (PROSTIGMIN)	1					
NESINA			3			
NEULASTA				4		
NEUMEGA					5	
NEUPOGEN				4		
NEURONTIN SOLUTION			3			
NEVANAC		2				
nevirapine (VIRAMUNE)	1					
NEXAVAR					5	
NEXIUM		2				
NIASPAN		2				
NIAZID-B6		2				
nicardipine (CARDENE)	1					
nifedipine (PROCARDIA)	1					
nifedipine extended-release (ADALAT CC)	1					
nifedipine extended-release (PROCARDIA XL)	1					
NILANDRON				4		
nimodipine (NIMOTOP)	1					
nisoldipine (SULAR)	1					
nitrofurantoin macrocrystal (MACRODANTIN)	1					Not recommended for use in patients with a creatinine clearance of <60mg/dL
nitrofurantoin/nitrofuran mac (MACROBID)	1					Not recommended for use in patients with a creatinine clearance of <60mg/dL
nitroglycerin (NITROSTAT, NITRO-BID, NITRO-DUR)	1					
NITROLINGUAL SPRAY		2				
nizatidine (AXID)	1					
NORDITROPIN				4		
noreth a-et estra/fe fumarate (LOESTRIN FE)	1					
norethindrone (NOR QD)	1					
norethindrone (ORTHO MICRONOR)	1					
norethindrone acetate (AYGESTIN)	1					
norethindrone-ethin estradiol (MODICON)	1					
norethindrone-mestranol (ORTHO NOVUM)	1					
norgestimate-ethinyl estradiol (ORTHO CYCLEN)	1					
norgestimate-ethinyl estradiol (ORTHO TRI-CYCLEN)	1					
norgestimate-ethinyl estradiol-fe (ESTROSTEP FE)	1					
NOROXIN			3			Ciprofloxacin
nortriptyline (PAMELOR)	1					
NORVIR		2				
NOVOFINE		2				
NOVOLIN		2				
NOVOLIN MIX		2				
NOVOLIN N		2				
NOVOLIN R		2				
NOVOLOG		2				
NOVOLOG FLEXPEN		2				
NOVOLOG MIX		2				
NOVOLOG MIX FLEXPEN		2				
NOVOSEVEN			3			
NOVOTWIST		2				
NUCYNTA		2				
NUCYNTA ER		2				
NUTROPIN AQ					5	

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
NUTROPIN					5	
NUVARING		2				
nystatin (MYCOSTATIN)	1					
nystatin (MYCOSTATIN)	1					
nystatin/triamcinolone (MYCOLOG)	1					
O						
Ocella, Zarah, Syeda (YASMIN)	1					
ofloxacin (FLOXIN)	1					
ofloxacin (OCUFLOX)	1					
ofloxacin otic soln (FLOXIN OTIC)	1					
olanzapine (ZYPREXA ZYDIS)	1					
olanzapine (ZYPREXA)	1					
OLUX		2				
omeprazole (PRILOSEC)	1					
ondansetron ODT (ZOFRAN)	1					
ondansetron soln (ZOFRAN soln)	1					
ONE TOUCH			3			Freestyle/Precision/Contour/Breeze products preferred
ONE TOUCH TEST STRIPS			3			Freestyle/Precision/Contour/Breeze products preferred
ONGLYZA		2				
OPANA			3			
OPANA ER		2				
opium/belladonna alkaloids (B&O)	1					
ORAP		2				
ORENCIA					5	Requires prior failure of ENBREL and HUMIRA OR a statement of clinical necessity from your doctor
orphenadrine (NORFLEX)	1					
orphenadrine/aspirin/caffeine (NORGESIC)	1					
ORTHO-EVRA		2				
OSENI			3			
OVCON			3			
OVIDE			3			
OXANDRIN, ANADROL			3			
oxaprozin (DAYPRO)	1					
oxazepam (SERAX)	1					
oxcarbazepine (TRILEPTAL)	1					
OXISTAT			3			
OXSORALEN-ULTRA, 8-MOP		2				
oxybutynin (DITROPAN)	1					
oxybutynin sr (DITROPAN XL)	1					
oxycodone ir (OXY IR)	1					
oxycodone/acetaminophen	1					
oxycodone/aspirin	1					
OXYCONTIN		2				
oxymorphone (OPANA)	1					
P						
PANDEL			3			Multiple generic topical steroids
pantoprazole (PROTONIX)	1					
paromomycin (HUMATIN)	1					
paroxetine (PAXIL)	1					
paroxetine cr (PAXIL CR)	1					
paroxetine susp (PAXIL SUSP)	1					
PASER		2				
PATADAY		2				
PATANOL			3			Pataday Preferred
PBZ-SR		2				
PCE			3			
pe/cod/pro (PHENERGAN VC/CODEINE)	1					
pe/cpm/scop (EXTENDRYL/SR/JR/CHEW)	1					
peg 3350-kcl-sod bicarb-nacl (NULYTELY)	1					Generic COLYTE, generic GOLYTELY
PEG INTRON				4		preferred
PEGANONE		2				
PEGASYS				4		preferred
pemoline (CYLERT)	1					
penicillin	1					

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
PENNSAID		2				
pentazocine/naloxone (TALWIN NX)	1					
pentoxifylline (TRENTAL)	1					
perindopril (ACEON)	1					
permethrin (ELIMITE)	1					
perphenazine (TRILAFON)	1					
phenazopyridine (PYRIDIUM)	1					
phenelzine (NARDIL)	1					
phenobarbital	1					
PHENURONE		2				
phenylephrine hcl (NEO-SYNEPHRINE)	1					
phenytoin (DILANTIN)	1					
phenytoin extended (PHENYTEK)	1					
PHOSLO			3			
PHOSPHOLINE IODIDE		2				
phosphorus (K-PHOS NEUTRAL)	1					
PICATO			3			
pilocarpine (SALAGEN)	1					
pilocarpine hcl (PILOCAR)	1					
pilocarpine hcl/epinephrine (E-PILO)	1					
PILOPINE H.S.		2				
pindolol (VISKEN)	1					
pioglitazone (ACTOS)	1					
pioglitazone/metformin (ACTOPLUS MET)	1					
piroxicam (FELDENE)	1					
PLAN B			3			
PLAVIX			3			
Podofilox Soln (CONDYLOX)	1					
polymyxin b sulfate/tmp (POLYTRIM)	1					
POLY-PRED		2				
PONSTEL			3			Generic NSAIDs
pot bicarb/pot chloride/ca (K-LYTE)	1					
potassium bicarb/ca (KLOR-CON)	1					
potassium chloride (K-DUR, K-TAB, MICRO K)	1					
potassium citrate er (UROCIT-K)	1					
potassium gluconate	1					
PRADAXA		2				
pramipexole (MIRAPEX)	1					
PRAMOSONE CREAM			3			
PRAMOSONE LOTION/OINT		2				
pramoxine (PROCTOFOAM AER NS)	1					
pramoxine rectal foam (PROCTOCREAM-HC)	1					
pramoxine/hydrocortisone (PRAMOSONE CREAM)	1					
pramoxine-hc-chloroxylenol (CORTANE B)	1					
pramoxine-hc-chloroxylenol aq (CORTANE B AQ)	1					
pramoxine-hc-chloroxylenol lot (CORTANE B)	1					
PRANDIMET		2				
PRANDIN		2				
pravastatin (PRAVACHOL)	1					
prazosin (MINIPRESS)	1					
PRED-G		2				
prednicarbate cr (DERMATOP)	1					
prednisolone (ECONOPRED, PRED MILD)	1					
prednisolone (PRELONE)	1					
prednisolone acetate (ECONOPRED PLUS, PRED FORTE)	1					
prednisolone sod phosphate (INFLAMASE/FORTE)	1					
prednisolone sod phosphate (ORAPRED)	1					
prednisolone sod phosphate (PEDIAPRED)	1					
prednisone (DELTASONE)	1					
PREGNYL			3			
PREMARIN		2				
PREMARIN LOW DOSE		2				
PREMARIN VAGINAL CREAM		2				
PREMPHASE		2				

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
PREMPRO		2				
PREMPRO LOW DOSE		2				
PRENATE DHA		2				
PRENATE ELITE		2				
PRENATE ESSENTIAL		2				
PREVACID (all forms)			3			
PREVPAC		2				
PRIFTIN		2				
primaquine	1					
primidone (MYSOLINE)	1					
PRISTIQ		2				
PROAIR HFA		2				
PRO-BANTHINE		2				
probenecid	1					
prochlorperazine edisylate (COMPAZINE)	1					
PROCRIT				4		
PROCTOFOAM AER HC		2				
PROCTOFOAM AER NS			3			
PROFILNINE					5	
progesterone (PROMETRIUM)	1					
promethazine	1					
PROMETRIUM			3			
propafenone (RYTHMOL)	1					
propranolol (INDERAL)	1					
propranolol/hctz (INDERIDE)	1					
propylthiouracil	1					
PROTOPIC		2				
protriptyline hcl (VIVACTIL)	1					
PROVENTIL HFA			3			PROAIR HFA or VENTOLIN HFA preferred
PROVIGIL			3			
PROZAC ONCE WEEKLY			3			Generic Fluoxetine, generic Paroxetine
pse/bpm (BROMFED/PD)	1					
pse/dbm	1					
pse/tri	1					
PULMICORT FLEXHALER		2				
PULMICORT RESPULES			3			
PULMOZYME					5	
pyrazinamide	1					
pyridostigmine (MESTINON)	1					Some strengths available as generic
Q						
QNASL		2				
QUARZAN		2				
quetiapine (SEROQUEL)	1					
quinapril (ACCUPRIL)	1					
quinapril/hctz (ACCURETIC)	1					
quinine sulfate (QUALAQUIN)	1					
QUIXIN			3			
QVAR		2				
R						
ramipril (ALTACE)	1					
RANEXA		2				
ranitidine (ZANTAC)	1					
RAPAFLO		2				
RAPAMUNE		2				
RAZADYNE			3			
REBIF					5	Requires prior failure of BETASERON or COPAXONE OR a statement of medical necessity from your doctor
RECOMBINATE					5	
REGRANEX		2				
RELENZA			3			
RELPAX		2				
REMICADE					5	Requires prior failure of ENBREL and HUMIRA OR a statement of clinical necessity from your doctor
RENACIDIN		2				

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
RENAGEL		2				
RENVELA		2				
REQUIP/XL			3			
RESCRIPTOR		2				
RESCULA			3			
RESTASIS		2				
RETIN-A MICRO (Age Limit May Apply)		2				Age limit may apply
REVATIO				4		
REVLIMID					5	
REYATAZ		2				
RHINOCORT AQUA			3			Fluticasone, NASONEX
ribavirin (COPEGUS, REBETOL, REBETRON)				4		
RIDAURA		2				
rifampin (RIFADIN)	1					
RIFATER		2				
RILUTEK		2				
rimantadine (FLUMADINE)	1					
RISPERDAL M-TAB			3			
risperidone (RISPERDAL)	1					
RITALIN LA/SR			3			
rivastigmine (EXELON)	1					
ROBINUL FORTE			3			
ROBINUL TABLET			3			
ropinirole/er (REQUIP/XL)	1					
ROWASA			3			APRISO preferred
S						
SAFYRAL		2				
SAIZEN					5	
salsalate (DISALCID)	1					
SAPHRIS		2				
SAVELLA		2				
SEASONIQUE			3			
selegiline (ELDERPRYL)	1					
selenium sulfide (EXSEL, SELSUN)	1					
SENSIPAR				4		
SEREVENT DISKUS		2				
SEROMYCIN		2				
SEROQUEL			3			
SEROQUEL XR		2				
sertraline (ZOLOFT)	1					
silver sulfadiazine (SILVADENE)	1					
SIMCOR			3			
SIMPONI					5	Requires prior failure of ENBREL and HUMIRA OR a statement of clinical necessity from your doctor
simvastatin (ZOCOR)	1					
SINGULAIR			3			
SKELID			3			ACTONEL preferred
sodium citrate & citric acid solution (BICITRA)	1					
sodium citrate/citric acid (BICITRA)	1					
sodium fluoride (LURIDE)	1					
sodium polystyrene sulfonate (KAYEXELATE)	1					
SOLODYN			3			
SORIATANE		2				
sotalol (BETAPACE/AF)	1					
SPIRIVA		2				
spironolactone (ALDACTONE)	1					
spironolactone/hctz (ALDACTAZIDE)	1					
SPRYCEL					5	
STALEVO			3			
stavudine (ZERIT)	1					
STIMATE			3			
STRATTERA			3			
STROMECTOL		2				
SUBOXONE		2				

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
SUBOXONE FILM		2				
SUCRAID		2				
sucralfate tabs (CARAFATE)	1					
SULAR			3			
sulfacetamide lot (KLARON, SEBIZON)	1					
sulfacetamide sodium (BLEPH-10)	1					
sulfacetamide/prednis sp (VASOCIDIN)	1					
sulfacetamide/prednisolone ac (BLEPHAMIDE)	1					
sulfacetamide/sulfur, sublimed (NOVACET, PLEXION, SULFACET-R, VANOCIN)	1					
sulfamethoxazole/trimethoprim (SEPTRA DS/BACTRIM DS)	1					
SULFAMYLON		2				
sulfasalazine (AZULFIDINE)	1					
SULFOXYL/STRONG		2				
sulindac (CLINORIL)	1					
sumatriptan (IMITREX)	1					
SUPRAX			3			Generic Keflex
SURE STEP			3			Freestyle/Precision/Contour/Breeze products preferred
SUSTIVA		2				
SUTENT					5	
SYMBICORT		2				
SYMBYAX			3			
SYMLIN			3			
SYNALGOS DC		2				
SYNAREL		2				
SYNTHROID			3			
T						
tacrolimus (PROGRAF)	1					
TAMIFLU		2				
tamoxifen (NOLVADEX)	1					
tamsulosin (FLOMAX)	1					
TARCEVA					5	
TARGRETIN					5	
TARKA		2				
TASMAR		2				
TAZORAC		2				PA
TEKAMLO		2				
TEKTURNA		2				
TEKTURNA HCT		2				
temazepam (RESTORIL)	1					
TEMODAR					5	
terazosin (HYTRIN)	1					
terbinafine (LAMISIL)	1					
terbutaline sulfate (BRETHINE)	1					
TESTRED			3			
tetracycline (ACHROMYCIN)	1					
TEV-TROPIN					5	
THALOMID					5	
THEO-24		2				
theophylline (SLO-BID, THEO-DUR, UNI-DUR, QUIBRON T/SR)	1					
theophylline sr (UNIPHYL)	1					
thioguanine	1					
thioridazine (MELLARIL, MELLARIL S)	1					
thiothixene (NAVANE)	1					
ticlopidine (TICLID)	1					
TIKOSYN		2				
TILADE		2				
timolol (BLOCADREN)	1					
timolol (TIMPOTIC/XE)	1					
tizanidine (ZANAFLEX)	1					
TOBI					5	
tobramycin (TOBREX)	1					
tobramycin-dexamethasone ophth (TOBRADEX)	1					
tolmetin (TOLECTIN/DS)	1					
tolterodine (DETROL)	1					

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
TONOCARD		2				
topiramate (TOPAMAX)	1					
topiramate sprinkle (TOPAMAX SPRINKLE)	1					
TORECAN		2				
torsemide (DEMADEX)	1					
TRACER			3			Freestyle/Precision/Contour/Breeze products preferred
TRACER TEST STRIPS			3			Freestyle/Precision/Contour/Breeze products preferred
TRACLEER				4		
tramadol (ULTRAM)	1					
tramadol/acetaminophen (ULTRACET)	1					
trandolapril (MAVIK)	1					
tranexamic acid inj (CYKLOKAPRON)	1					
TRANXENE SD		2				
tranylcypromine sulfate (PARNATE)	1					
TRAVATAN		2				Travatan Z preferred
TRAVATAN Z		2				
travoprost	1					
trazodone (DESYREL)	1					
TRECATOR-SC		2				
tretinoin (AVITA)	1					Age limit may apply
tretinoin (RETIN A)	1					Age limit may apply
tretinoin (VESANOID)	1					
TREXALL		2				
TREXIMET		2				
triacinolone acetonide (KENALOG, ARISTOCORT)	1					
triamcinolone acetonide (KENALOG IN ORABASE)	1					
triamcinolone nasal (NASACORT AQ)	1					
triazolam (HALCION)	1					
TRIBENZOR		2				
TRICOR		2				
trifluoperazine (STELAZINE)	1					
trifluridine (VIROPTIC)	1					
TRIGLIDE			3			
trihexyphenidyl (ARTANE)	1					
TRI-K		2				
TRILIPIX		2				
trimethobenzamide (TIGAN)	1					
trimethoprim (TRIMPEX)	1					
trimipramine maleate (SURMONTIL)	1					
TRI-NORINYL			3			
TRINSICON		2				
TRIPLE SULFA CREAM		2				
triple vitamins w/fluoride	1					
triple vits w/fluor & iron	1					
TRIZIVIR		2				
tropicamide (MYDRIACYL)	1					
TRUETEST			3			Freestyle/Precision/Contour/Breeze products preferred
TRUETEST TEST STRIPS			3			Freestyle/Precision/Contour/Breeze products preferred
TRUSOPT			3			
TUSSIONEX			3			
TWINJECT		2				
U						
ULESFIA		2				
ULORIC		2				
ULTICARE LANCETS		2				
ULTICARE PEN NEEDLES		2				
ULTICARE SYRINGES		2				
URO-KP-NEUTRAL		2				
UROXATRAL			3			
ursodiol (ACTIGALL)	1					
ursodiol (URSO/FORTE)	1					
V						
VAGIFEM		2				

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
valacyclovir (VALTREX)	1					
valproic acid (DEPAKENE)	1					
valsartan hctz	1					
VALTURNA		2				
VANCOCIN			3			
VASCEPA		2				
velivet (CYCLESSA)	1					
venlafaxine (EFFEXOR)	1					
venlafaxine ER (EFFEXOR XR)	1					
VENTOLIN HFA		2				
VERAMYST		2				
verapamil (CALAN SR)	1					
VERELAN-PM			3			
VESICARE		2				
VEXOL		2				
VFEND			3			
VIAGRA		2				
VICON FORTE		2				
VICTOZA		2				
VICTRELIS				4		
VIDEX		2				
VIGAMOX		2				
VIIBRYD		2				
VIRACEPT		2				
VIRAMUNE			3			
VIRAMUNE XR		2				
VIREAD		2				
VISICOL		2				
VIVELLE DOT		2				
VOLTAREN GEL			3			
voriconazole (VFEND)	1					
VYTORIN			3			
VYVANSE		2				
W						
warfarin sodium (COUMADIN)	1					
WELCHOL		2				
X						
XALATAN			3			generic now available
XARELTO		2				
XELODA				4		
XOLAIR					5	
XYLOCAINE			3			
XYREM				4		
XYZAL			3			
Y						
YASMIN			3			
YAZ		2				
YODOXIN		2				
Z						
zafirlukast (ACCOLATE)	1					
zaleplon (SONATA)	1					
ZEGERID			3			Omeprazole, Pantoprazole
ZEMPLAR		2				
ZENPEP		2				
ZETIA			3			
ZIAGEN			3			
zidovudine (RETROVIR)	1					
ziprasidone (GEODON)	1					
ZMAX SUS 2GM		2				
zolpidem (AMBIEN)	1					
zolpidem CR (AMBIEN CR)	1					

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Preferred Specialty	Non Preferred Specialty	
ZOMIG/ZOMIG ZMT		2				
zonisamide (ZONEGRAN)	1					
ZOVIRAX (TOPICAL)		2				
ZYCLARA			3			
ZYFLO			3			
ZYLET			3			
ZYMAR			3			CILOXAN, VIGAMOX
ZYMAXID		2				
ZYPREXA			3			
ZYPREXA ZYDIS			3			
ZYVOX			3			