CIGNA Medicare

Access® Plus Rx

A Medicare Advantage Private Fee-For-Service Medical Plan
with Part D Prescription Drug Benefits

State Health Benefit Plan
2009 Formulary

(List of Covered Drugs)

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

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

CIGNA®

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Comprehensive Formulary

What is the CIGNA Medicare Access Plus Rx Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2009. To get updated information about the drugs covered by CIGNA Medicare Access Plus Rx, please visit our website at www.cignamedicare.com or call Customer Service at 1-800-942-6724, 8:00 am – 8:00 pm, local time, 7 days a week. TTY/TDD users should call 1-800-576-1314. (Hours apply Monday – Friday from March 2 – November 14.)

How do I use the Formulary?

Drugs covered by the formulary are listed alphabetically starting on page 6. Both brand name drugs and generic drugs are listed.

What are generic drugs?

CIGNA Medicare Access Plus Rx covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** CIGNA Medicare Access Plus Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CIGNA Medicare Access Plus Rx before you fill your prescriptions. If you don't get approval, CIGNA Medicare Access Plus Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, CIGNA Medicare Access Plus Rx limits the amount of the drug that CIGNA Medicare Access Plus Rx will cover. For example, CIGNA Medicare Access Plus Rx provides coverage for up to 1 tablet per day for Lipitor 20mg tablets. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, CIGNA Medicare Access Plus Rx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CIGNA Medicare Access Plus Rx may not cover drug B unless you try Drug A first. If Drug A does not work for you, CIGNA Medicare Access Plus Rx will then cover Drug B. You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page **6**.

You can ask CIGNA Medicare Access Plus Rx to make an exception to these restrictions or limits. See the section, "How do I request an exception to the CIGNA Medicare Access Plus Rx formulary?" **below** for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is covered. If you learn that CIGNA Medicare Access Plus Rx does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by CIGNA Medicare Access Plus Rx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CIGNA Medicare Access Plus Rx.
- You can ask CIGNA Medicare Access Plus Rx to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the CIGNA Medicare Access Plus Rx Formulary?

You can ask CIGNA Medicare Access Plus Rx to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CIGNA Medicare Access Plus Rx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our tier 3, you can ask us to cover it at the cost-sharing amount that applies to drugs in tier 2, instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage

for the drug. Also you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier 4.

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

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

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

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

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

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

An extended transition process is provided to circumstances involving level of care changes in which a beneficiary is changing from one treatment setting to another. An override for refill too soon edit would be provided to allow appropriate coverage. Since there may exist some period of time in which beneficiaries with level of care changes have a temporary gap in coverage while going through a process, our transition policy would allow coverage for one fill with up to 31 day supply of medication.

For more information

For more detailed information about your CIGNA Medicare Access Plus Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CIGNA Medicare Access Plus Rx, please call Customer Service at 1-800-942-6724, 8:00 am – 8:00 pm, local time, 7 days a week. TTY/TDD users should call 1-800-576-1314. (Hours apply Monday – Friday from March 2 – November 14.) Or visit www.cignamedicare.com.

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

CIGNA Medicare Access Plus Rx Formulary

The formulary **that begins on page 5** provides coverage information about the drugs covered by CIGNA Medicare Access Plus Rx.

The first column of the chart lists the drug name. Brand name drugs are listed in bold text (e.g., **PREVACID**) and generic drugs are listed in italics (e.g., *OMEPRAZOLE*).

The information in the Notes column tells you if CIGNA Medicare Access Plus Rx has any special requirements for coverage of your drug

2009 Comprehensive Formulary

B vs. D: Coverage determination for Part B or Part D required. Note: Inhalant solutions used in a nebulizer are only covered under Part D when the member is located in a long term care (LTC) setting.

GC: Gap Coverage. We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

PA: Prior Authorization. Your doctor must obtain prior approval for this drug.

QL: Quantity Limit. You may only obtain coverage for a limited amount of this drug

RA: Restricted access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at <toll-free number>, <days and hours of operation>. TTY/TDD users should call <1-800-576-1314>.

ST: Step Therapy. You must first use another drug before these drugs can be approved for use.

Medication Name	Tier	Notes
8-MOP	2	
ABELCET	4	B vs. D
ABILIFY	3	QL
ABILIFY DISCMELT	3	QL
ABRAXANE	4	B vs. D
ACARBOSE	1	
ACCOLATE	3	
ACEBUTOLOL HCL	1	
ACEON	2	
ACETADOTE	2	PA
ACETAMINOPHEN CODEINE	1	
ACETAMINOPHEN/ CODEINE #2	1	
ACETAMINOPHEN/ CODEINE #3	1	
ACETAMINOPHEN/ CODEINE #4	1	
ACETAZOLAMIDE	1	
ACETAZOLAMIDE SODIUM	1	
ACETIC ACID	1	
ACETIC ACID/HYDROCORTISONE	1	
ACETYLCYSTEINE	1	
ACIPHEX	3	QL, ST
ACTHIB	2	
ACTICIN	1	

Medication Name	Tier	Notes
ACTIMMUNE	4	PA applies to NEW STARTS only.
ACTIVELLA	3	
ACTONEL	3	ST applies to NEW STARTS only.
ACTONEL WITH CALCIUM	3	ST applies to NEW STARTS only.
ACTOPLUS MET	2	QL
ACTOS	2	QL
ACULAR	2	
ACULAR LS	2	
ACULAR PF	2	
ACYCLOVIR	1	
ACYCLOVIR SODIUM	1	B vs. D
ADACEL	2	
ADAGEN	4	PA
ADDERALL XR	3	QL
ADRIAMYCIN	1	B vs. D
ADRIAMYCIN	3	B vs. D

Medication Name	Tier	Notes
ADVAIR DISKUS	2	
ADVAIR HFA	2	
ADVICOR	3	QL
AEROBID	3	ST applies to NEW STARTS only.
AEROBID-M	3	ST applies to NEW STARTS only.
AFEDITAB CR	1	
AGGRENOX	3	
A-HYDROCORT	1	B vs. D
AK-CON	1	
AKNE-MYCIN	2	
AK-POLY-BAC	1	
AK-TOB	1	
ALA-CORT	1	
ALAMAST	3	
ALA-SCALP	1	
ALBENZA	2	
ALBUTEROL SULFATE Nebulizer Solution	1	B vs. D
ALBUTEROL SULFATE Tabs, Syrup	1	
ALBUTEROL SULFATE ER	1	
ALCLOMETASONE DIPROPIONATE cream	1	
ALCLOMETASONE DIPROPIONATE ointment	1	
ALCOHOL 5%/DEXTROSE 5%	1	B vs. D
ALCOHOL PREPS	2	
ALDARA	2	
ALDURAZYME	4	PA
ALENDRONATE SODIUM	1	
ALFERON N	4	PA
ALIMTA	4	B vs. D
ALINIA	3	
ALKERAN	2	B vs. D

Medication Name	Tier	Notes
ALLEGRA-D 12 HOUR	2	QL
ALLEGRA-D 24 HOUR	2	QL
ALLOPURINOL	1	
ALLOPURINOL SODIUM	1	
ALOCRIL	3	
ALOMIDE	3	
ALOPRIM	2	PA
ALORA	2	
ALOXI	4	PA
ALPHAGAN P	2	
ALREX	3	
ALTABAX	3	
ALUPENT	3	
AMANTADINE HCL	1	
AMBIEN	3	QL, ST
AMBIEN CR	3	QL, ST
AMBISOME	4	B vs. D
AMCINONIDE	1	
AMERGE	3	QL, ST applies to NEW STARTS only
A-METHAPRED	1	B vs. D
AMEVIVE	4	PA
AMIFOSTINE	4	B vs. D
AMIKACIN SULFATE	1	
AMILORIDE /HYDROCHLOROTHIAZIDE	1	
AMILORIDE HCL	1	
AMINESS	1	B vs. D
AMINOPHYLLINE	1	
AMINOSYN	2	B vs. D
AMINOSYN 7%/ELECTROLYTES	2	B vs. D
AMINOSYN 8.5%/ELECTROLYTES	2	B vs. D
AMINOSYN II	2	B vs. D
AMINOSYN II 3.5%/DEXTROSE25%	2	B vs. D
AMINOSYN II	2	B vs. D

Medication Name	Tier	Notes
3.5%/DEXTROSE5%		
AMINOSYN II 3.5/DEXTROSE 25%	2	B vs. D
AMINOSYN II 4.25/DEXTROSE10%	2	B vs. D
AMINOSYN II 4.25/DEXTROSE20%	2	B vs. D
AMINOSYN II 4.25/DEXTROSE25%	2	B vs. D
AMINOSYN II 5/DEXTROSE 25	2	B vs. D
AMINOSYN II 8.5%/ELECTROLYTES	2	B vs. D
AMINOSYN II M 3.5%/DEXTROSE 5%	2	B vs. D
AMINOSYN II M 4.25/DEXTROSE 10%	2	B vs. D
AMINOSYN M	2	B vs. D
AMINOSYN-HBC	2	B vs. D
AMINOSYN-HF	2	B vs. D
AMINOSYN-PF	2	B vs. D
AMINOSYN-PF 7%	2	B vs. D
AMIODARONE HCL	1	
AMITIZA	3	
AMITRIPTYLINE HCL	1	
AMLODIPINE BESYLATE	1	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	1	
AMMONIUM CHLORIDE	1	PA
AMMONIUM LACTATE	1	
AMNESTEEM	1	
AMOCLAN	1	
AMOXAPINE	1	
AMOXICILLIN	1	
AMOXICILLIN/CLAVULANATE POTASSIUM	1	
AMOXICILLIN/POTASSIUM CLAVULANATE	1	
AMOXIL	1	
AMPHETAMINE SALT	1	

Medication Name	Tier	Notes
COMBO		
AMPHOTEC	4	B vs. D
AMPHOTERICIN B	4	B vs. D
AMPICILLIN	1	
AMPICILLIN SODIUM	1	
AMPICILLIN-SULBACTAM	1	
ANADROL-50	2	
ANAGRELIDE HYDROCHLORIDE	1	PA
ANCOBON	4	
ANDRODERM	2	
ANDROGEL	2	
ANDROGEL PUMP	2	
ANDROXY	1	
ANGELIQ	3	
ANTABUSE	2	
ANTARA	3	QL, ST
ANTIZOL	4	PA
ANZEMET tablets	3	B vs. D, QL
ANZEMET solution	3	PA
APHTHASOL	3	
APIDRA	3	ST applies to NEW STARTS only.
APOKYN	4	PA
APRI	1	
APTIVUS	4	
ARALAST	4	PA
ARANELLE	1	
ARANESP ALBUMIN FREE INJ 100MCG/ML, 150MCG/0.3ML,150MCG/0.75ML,200MCG/0.4ML, 200MCG/ML, 300MCG/ML,40MCG/0.4ML, 40MCG/ML, 500MCG/ML,60MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML,25MCG/ML	2	PA

Medication Name	Tier	Notes
ARANESP ALBUMIN FREE SURECLICK	4	PA
ARAVA	3	PA
ARCALYST	4	PA
ARICEPT	2	QL
ARICEPT ODT	2	QL
ARIMIDEX	2	
ARIXTRA	2	QL
AROMASIN	3	
ARRANON	4	B vs. D
ARTHROTEC 50	3	
ARTHROTEC 75	3	
ASACOL	3	ST applies to NEW STARTS only.
ASCOMP/CODEINE	1	
ASMANEX 120 METERED DOSES	2	
ASMANEX 14 METERED DOSES	2	
ASMANEX 30 METERED DOSES	2	
ASMANEX 60 METERED DOSES	2	
ASTELIN	2	
ASTRAMORPH	1	PA
ATACAND	3	QL
ATACAND HCT	3	QL
ATAMET	1	
ATENOLOL	1	
ATENOLOL/CHLORTHALIDONE	1	
ATGAM	4	PA
ATRIPLA	4	
ATROPINE SULFATE	1	
ATROVENT	2	
ATROVENT HFA	2	
ATTENUVAX	2	
AUGMENTED BETAMETHASONE DIPROPIONATE	1	
AUGMENTIN XR	3	

Medication Name	Tier	Notes
AVALIDE	3	QL
AVANDAMET	2	QL
AVANDARYL	2	QL
AVANDIA	2	QL
AVAPRO	3	QL
AVASTIN	4	PA applies to NEW STARTS only.
AVELOX	3	
AVELOX ABC PACK	3	
AVIANE	1	
AVINZA	3	QL, ST applies to NEW STARTS only
AVITA	3	PA
AVODART	2	QL
AVONEX	4	PA
AXERT	3	QL, ST applies to NEW STARTS only
AZACTAM	4	
AZACTAM IN DEXTROSE	4	
AZASAN	2	B vs. D
AZASITE	2	
AZATHIOPRINE	1	B vs. D
AZATHIOPRINE SODIUM	1	B vs. D
AZELEX	2	
AZILECT	2	
AZILECT	2	
AZITHROMYCIN	1	QL
AZMACORT	2	
AZOPT	2	
BAC /POLY /NEOMY /HC	1	
BACIIM	1	
BACITRACIN	1	
BACITRACIN /NEOMYCIN /POLYMYXIN	1	

Medication Name	Tier	Notes
BACITRACIN/POLYMYXIN B	1	
BACLOFEN	1	
BACTOCILL IN DEXTROSE	1	
BALSALAZIDE DISODIUM	1	
BALZIVA	1	
BARACLUDE	4	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	2	
BENAZEPRIL HCL	1	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	1	
BENICAR	3	QL
BENICAR HCT	3	QL
BENOQUIN	3	
BENZACLIN	2	
BENZTROPINE MESYLATE	1	
BETAMETHASONE DIPROPIONATE	1	
BETAMETHASONE VALERATE	1	
BETASERON	4	PA
BETA-VAL	1	
BETAXOLOL HCL	1	
BETHANECHOL CHLORIDE	1	
BETIMOL	2	
BETOPTIC-S	2	
BICILLIN C-R	2	
BICILLIN L-A	3	
BICNU	2	B vs. D
BIDIL	3	
BILTRICIDE	2	

Medication Name	Tier	Notes
BISOPROLOL FUMARATE	1	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	1	
BLENOXANE	4	B vs. D
BLEOMYCIN SULFATE	4	B vs. D
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
BONIVA TABS	2	
BONIVA KIT	2	PA
BOOSTRIX	2	
BOROFAIR	1	
BOTOX	3	PA
BREVICON-28	3	
BRIMONIDINE TARTRATE	1	
BROMOCRIPTINE MESYLATE	1	
BROVANA	3	B vs. D
BUDEPRION SR	1	QL
BUDEPRION XL	1	QL, ST applies to NEW STARTS only
BUMETANIDE	1	
BUPHENYL	2	
BUPRENEX	3	
BUPRENORPHINE HCL	1	
BUPROBAN	1	QL
BUPROPION HCL	1	
BUPROPION HCL SR	1	QL
BUSPIRONE HCL	1	
BUSULFEX	2	B vs. D
BUTAL/ASA/CAFF/COD	1	
BUTALBITAL /APAP /CAFFEINE /CODEINE	1	
BUTORPHANOL TARTRATE	1	QL
BYETTA	3	PA, QL
CABERGOLINE	1	QL
CAFERGOT	3	
CALCIJEX	2	PA
CALCIPOTRIENE	1	
CALCITRIOL	1	

Medication Name	Tier	Notes
CAMILA	1	
CAMPATH	4	B vs. D
CAMPRAL	3	
CAMPTOSAR	4	B vs. D
CANASA	2	
CANCIDAS	4	PA
CANTIL	2	
CAPASTAT SULFATE	2	
CAPEX	2	
CAPITAL/CODEINE	2	
CAPTOPRIL	1	
CAPTOPRIL /HYDROCHLOROTHIAZIDE	1	
CARAC	2	
CARAFATE	3	
CARBAMAZEPINE	1	
CARBATROL	3	
CARBIDOPA/LEVODOPA	1	
CARBIDOPA/LEVODOPA CR	1	
CARBIDOPA/LEVODOPA ER	1	
CARBIDOPA/LEVODOPA SR	1	
CARBOPLATIN	1	B vs. D
CARDIZEM LA	3	QL
CARIMUNE NANOFILTERED	4	PA
CARISOPRODOL	1	
CARISOPRODOL /ASPIRIN /CODEINE	1	
CARISOPRODOL/ASPIRIN	1	
CARTEOLOL HCL	1	
CARTIA XT	1	
CARTROL	3	
CARVEDILOL	1	
CASODEX	2	
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
CEDAX	3	
CEENU	2	
CEFACLOR	1	
CEFACLOR ER	1	
CEFADROXIL	1	
CEFAZOLIN SODIUM	1	

Medication Name	Tier	Notes
CEFDINIR	1	
CEFEPIME	1	
CEFIZOX IN DEXTROSE 1GM/50ML; 5%	3	
CEFIZOX IN DEXTROSE 2GM/50ML; 5%	4	
CEFOTAXIME SODIUM	1	
CEFOTETAN	1	
CEFOXITIN SODIUM	1	
CEFPODOXIME PROXETIL	1	
CEFPROZIL	1	
CEFTIN	3	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	1	
CEFTRIAXONE SODIUM	1	
CEFTRIAXONE/DEXTROSE	1	
CEFUROXIME AXETIL	1	
CEFUROXIME SODIUM	1	
CEFUROXIME/DEXTROSE	1	
CELEBREX	2	QL
CELESTONE	2	
CELLCEPT SUSR 200MG/ML	4	B vs. D
CELLCEPT CAPS 250MG	3	B vs. D, QL
CELLCEPT TABS 500MG	4	B vs. D
CELLCEPT INTRAVENOUS	4	B vs. D
CELONTIN	2	
CENESTIN	3	
CEPHALEXIN	1	
CEREBYX	2	
CEREDASE	4	PA
CEREZYME	4	PA
CERUBIDINE	3	B vs. D
CESAMET	3	B vs. D
CESIA	1	
CHANTIX	3	ST applies to NEW STARTS only.
CHEMET	3	

Medication Name	Tier	Notes
CHLORAMPHENICOL SODIUM SUCCINATE	1	
CHLORDIAZEPOXIDE /AMITRIPTYLINE	1	
CHLORHEXADINE GLUCONATE ORAL RINSE	1	
CHLORHEXIDINE GLUCONATE	1	
CHLOROQUINE PHOSPHATE	1	
CHLOROTHIAZIDE	1	
CHLORPROMAZINE HCL TABS 100MG	1	
CHLORPROMAZINE HCL TABS 10MG	1	B vs. D
CHLORPROMAZINE HCL TABS 200MG	1	
CHLORPROMAZINE HCL TABS 25MG	1	B vs. D
CHLORPROMAZINE HCL SOLUTION 25MG/ML	1	
CHLORPROMAZINE HCL TABS 50MG	1	
CHLORPROPAMIDE	1	
CHLORTHALIDONE	1	
CHLORZOXAZONE	1	
CHOLESTYRAMINE	1	
CHOLESTYRAMINE LIGHT	1	
CICLOPIROX	1	
CICLOPIROX NAIL LACQUER	1	PA
CICLOPIROX OLAMINE	1	
CILOSTAZOL	1	
CILOXAN	2	
CIMETIDINE	1	
CIMETIDINE HCL	1	
CIMZIA	4	PA
CIPRO HC	2	
CIPRO I.V.	3	
CIPRO I.V.-IN D5W	3	
CIPRODEX	2	
CIPROFLOXACIN	1	
CIPROFLOXACIN ER	1	
CIPROFLOXACIN EXTENDED-RELEASE	1	

Medication Name	Tier	Notes
CIPROFLOXACIN HCL	1	
CIPROFLOXACIN I.V.-IN D5W	1	
CISPLATIN	1	B vs. D
CITALOPRAM HYDROBROMIDE	1	QL
CLADRIBINE	4	B vs. D
CLAFORAN	2	
CLAFORAN/D5W	2	
CLARAVIS	1	
CLARINEX	3	QL, ST
CLARINEX REDITABS	3	QL, ST
CLARINEX-D 12 HOUR	3	QL, ST
CLARINEX-D 24 HOUR	3	QL, ST
CLARITHROMYCIN	1	
CLARITHROMYCIN ER	1	
CLEMASTINE FUMARATE	1	
CLEOCIN	3	
CLEOCIN GALAXY	3	
CLEOCIN PEDIATRIC GRANULES	3	
CLEOCIN PHOSPHATE	3	
CLIMARA PRO	3	
CLINDAGEL	3	
CLINDAMYCIN HCL	1	
CLINDAMYCIN PHOSPHATE	1	
CLINDAMYCIN PHOSPHATE ADD-VANTAGE	1	
CLINDESSE	3	
CLINIMIX 2.75%/DEXTROSE 5%	2	B vs. D
CLINIMIX 4.25%/DEXTROSE 10%	2	B vs. D
CLINIMIX 4.25%/DEXTROSE 20%	2	B vs. D
CLINIMIX 4.25%/DEXTROSE 25%	2	B vs. D
CLINIMIX 4.25%/DEXTROSE 5%	2	B vs. D
CLINIMIX 5%/DEXTROSE 15%	2	B vs. D
CLINIMIX 5%/DEXTROSE 20%	2	B vs. D

Medication Name	Tier	Notes
CLINIMIX 5%/DEXTROSE 25%	2	B vs. D
CLINIMIX E 2.75%/DEXTROSE 10%	2	B vs. D
CLINIMIX E 2.75%/DEXTROSE 5%	2	B vs. D
CLINIMIX E 4.25%/DEXTROSE 25%	2	B vs. D
CLINIMIX E 4.25%/DEXTROSE 5%	2	B vs. D
CLINIMIX E 5%/DEXTROSE 15%	2	B vs. D
CLINIMIX E 5%/DEXTROSE 20%	2	B vs. D
CLINIMIX E 5%/DEXTROSE 25%	2	B vs. D
CLINIMIX E 5%/DEXTROSE 35%	2	B vs. D
CLINISOL SF 15%	2	B vs. D
CLOBETASOL PROPIONATE	1	
CLOBETASOL PROPIONATE E	1	
CLOBETASOL PROPIONATE EMOLLIENT	1	
CLOBEX	3	
CLODERM	2	
CLOLAR	4	B vs. D
CLOMIPRAMINE HCL	1	
CLONIDINE HCL	1	
CLORPRES	1	
CLOTRIMAZOLE	1	
CLOTRIMAZOLE/BETAMET HASONE DIPROPIONATE	1	
CLOZAPINE	1	
COGENTIN	3	
CO-GESIC	1	
COGNEX	3	QL
COLAZAL	2	
COLCHICINE	1	
COLESTIPOL HCL	1	
COLISTIMETHATE SODIUM	4	
COLOCORT	1	
COLY-MYCIN-M	4	

Medication Name	Tier	Notes
COLY-MYCIN-S	2	
COMBIGAN	2	
COMBIPATCH	3	
COMBIVENT	2	
COMBIVIR	4	
COMPRO	1	
COMTAN	3	
COMVAX	2	
CONCERTA	3	QL
CONDYLOX	3	
CONDYLOX W/APPLICATORS	3	
CONSTULOSE	1	
COPAXONE	4	PA
COPEGUS	4	
CORDRAN	2	
CORDRAN SP	2	
CORDRAN TAPE	2	
CORMAX	1	
CORTEF TABS 10MG	2	
CORTEF TABS 20MG	2	B vs. D
CORTEF TABS 5MG	2	B vs. D
CORTIFOAM	3	
CORTISONE ACETATE	1	
CORTISPORIN	2	
CORTISPORIN-TC	2	
CORTOMYCIN	1	
CORZIDE	3	
COSMEGEN	4	B vs. D
COSOPT	3	
COUMADIN	3	
COZAAR	2	QL
CREON 5	2	
CREON 10	2	
CREON 20	2	
CRESTOR	3	QL, ST
CRIXIVAN	2	
CROLOM	1	
CROMOLYN SODIUM	1	
CRYSELLE-28	1	
CUBICIN	4	
CUPRIMINE	2	
CURITY GAUZE PADS	2	

Medication Name	Tier	Notes
2"X2"		
CUTIVATE	3	
CYCLESSA	3	
CYCLOBENZAPRINE HCL	1	
CYCLOPHOSPHAMIDE	1	B vs. D
CYCLOSPORINE	1	B vs. D
CYCLOSPORINE MODIFIED	1	B vs. D
CYKLOKAPRON	2	PA
CYMBALTA	3	QL, ST applies to NEW STARTS only
CYPROHEPTADINE HCL	1	
CYSTADANE	2	
CYSTAGON	2	
CYTARABINE	1	B vs. D
CYTARABINE AQUEOUS	1	B vs. D
CYTOMEL	3	
CYTOVENE	4	B vs. D
CYTOXAN	3	B vs. D
D.H.E. 45	3	QL
DACARBAZINE	1	B vs. D
DACOGEN	4	B vs. D
DANAZOL	1	
DANTROLENE SODIUM	1	
DAPSONE	1	
DAPTACEL	2	
DARAPRIM	2	
DAUNORUBICIN HCL SOLR 20MG	4	B vs. D
DAUNORUBICIN HCL INJ 5MG/ML	1	B vs. D
DAUNOXOME	4	B vs. D
DAYTRANA	3	
DECLOMYCIN	4	
DEL-BETA	1	
DEMADEX	2	
DEMECLOCYCLINE HCL	4	

Medication Name	Tier	Notes
DEMEROL TABS	3	
DEMEROL SOLN	3	PA
DEMSER	2	
DENAVIR	2	
DEPACON	2	
DEPADE	1	
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
DEPEN TITRATABS	2	
DEPO-ESTRADIOL	2	
DEPO-MEDROL	3	B vs. D
DEPO-PROVERA	2	
DEPO-SUBQ PROVERA 104	2	
DERMA-SMOOTHE/FS BODY OIL	2	
DERMA-SMOOTHE/FS SCALP OIL	2	
DERMOTIC	2	
DESIPRAMINE HCL	1	
DESMOPRESSIN ACETATE SOLN 0.01%	1	
DESMOPRESSIN ACETATE TABS	1	
DESMOPRESSIN ACETATE SOLN 4MCG/ML	1	PA
DESOGEN	3	
DESONATE	3	
DESONIDE	1	
DESOXIMETASONE	1	
DESOXYN	3	PA
DETROL	2	QL
DETROL LA	2	QL
DEXAMETHASONE	1	
DEXAMETHASONE INTENSOL	1	
DEXAMETHASONE SODIUM PHOSPHATE	1	
DEXAMETHASONE SODIUM PHOSPHATE	1	B vs. D
DEXASPORIN	1	
DEXCHLORPHENIRAMINE MALEATE	1	

Medication Name	Tier	Notes
DEXMETHYLPHENIDATE HCL	1	
DEXPAK 13 DAY	1	
DEXRAZOXANE	4	PA
DEXTROAMPHETAMINE SULFATE	1	
DEXTROAMPHETAMINE SULFATECR	1	
DEXTROSE 10%/NACL 0.45%	1	B vs. D
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	1	B vs. D
DEXTROSE 5% /ELECTROLYTE #75 VIAFLEX	1	B vs. D
DEXTROSE 10% FLEX CONTAINER	1	B vs. D
DEXTROSE 10%/NACL 0.2%	1	B vs. D
DEXTROSE 2.5%/NACL 0.45%	1	B vs. D
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	1	B vs. D
DEXTROSE 5%	1	B vs. D
DEXTROSE 5%/LACTATED RINGER'S	1	B vs. D
DEXTROSE 5%/NACL 0.2%	1	B vs. D
DEXTROSE 5%/NACL 0.225%	1	B vs. D
DEXTROSE 5%/NACL 0.33%	1	B vs. D
DEXTROSE 5%/NACL 0.45%	1	B vs. D
DEXTROSE 5%/NACL 0.9%	1	B vs. D
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	1	B vs. D
DEXTROSE 5%/POTASSIUM CHLORIDE 0.15%	1	B vs. D
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	1	B vs. D
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	1	B vs. D
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	1	B vs. D

Medication Name	Tier	Notes
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	1	B vs. D
DEXTROSTAT	1	
DIAMOX	2	
DIBENZYLINE	2	
DICLOFENAC POTASSIUM	1	
DICLOFENAC SODIUM	1	
DICLOFENAC SODIUM DR	1	
DICLOFENAC SODIUM EC	1	
DICLOFENAC SODIUM ER	1	
DICLOFENAC SODIUM XR	1	
DICLOXACILLIN SODIUM	1	
DICYCLOMINE HCL CAPS 10MG	1	
DICYCLOMINE HCL SOLN 10MG/5ML	1	
DICYCLOMINE HCL SOLN 10MG/ML	1	PA
DICYCLOMINE HCL TABS 20MG	1	
DIDANOSINE	1	
DIFFERIN	2	
DIFLORASONE DIACETATE	1	
DIFLUCAN IN ISO-OSMOTIC DEXTROSE	4	
DIFLUNISAL	1	
DIGITEK	1	
DIGOXIN	1	
DIHYDROERGOTAMINE MESYLATE	1	QL
DILANTIN	2	
DILANTIN INFATABS	2	
DILATRATE SR	2	
DILAUDID	3	
DILAUDID-5	3	
DILT-CD	1	
DILTIAZEM CD	1	
DILTIAZEM HCL	1	
DILTIAZEM HCL ER	1	
DILT-XR	1	
DILT-XR	1	
DILT-XR	1	
DIOVAN	2	QL
DIOVAN HCT	2	QL
DIPENTUM	2	

Medication Name	Tier	Notes
DIPHENHYDRAMINE HCL ELIXR 12.5MG/5ML	1	
DIPHENHYDRAMINE HCL CAPS 25MG	1	
DIPHENHYDRAMINE HCL CAPS 50MG	1	B vs. D
DIPHENHYDRAMINE HCL SOLN 50MG/ML	1	
DIPHENOXYLATE/ATROPIN E	1	
DIPIVEFRIN HCL	1	
DIPTHERIA/TETANUS TOXOID PEDIATRIC	1	
DIPYRIDAMOLE	1	
DISOPYRAMIDE PHOSPHATE	1	
DISOPYRAMIDE PHOSPHATE ER	1	
DIURIL	2	
DIURIL IV	3	PA
DIVIGEL	3	
DOLOREX FORTE	1	
DORIBAX	4	
DORYX	3	
DOVONEX	2	
DOXAZOSIN MESYLATE	1	
DOXEPIN HCL	1	
DOXIL	4	B vs. D
DOXORUBICIN HCL	1	B vs. D
DOXY-CAPS	1	
DOXYCYCLINE HYCLATE	1	
DOXYCYCLINE MONOHYDRATE	1	
DRONABINOL CAPS 10MG	4	B vs. D
DRONABINOL CAPS 2.5MG	1	B vs. D
DRONABINOL CAPS 5MG	4	B vs. D
DROXIA	2	
DTIC-DOME	1	B vs. D
DUETACT	2	QL
DURAMORPH	1	PA
DYGASE	1	

Medication Name	Tier	Notes
DYNACIRC CR	3	
DYRENIUM	2	
E.E.S. 200	1	
E.E.S. 400	1	
E.E.S. GRANULES	1	
ECONAZOLE NITRATE	1	
ED K+10	1	
EDECRIN	2	
EFFEXOR XR	2	QL
EFUDEX	2	
EFUDEX OCCLUSION PACK	2	
ELAPRASE	4	PA
ELDEPRYL	2	
ELESTAT	3	
ELIDEL	3	
ELIGARD	3	PA
ELIMITE	3	
ELITEK	4	PA applies to NEW STARTS only.
ELLENCE	4	B vs. D
ELMIRON	2	
ELOXATIN	2	B vs. D
ELSPAR	2	B vs. D
EMADINE	3	
EMCYT	2	
EMEND	2	B vs. D, QL
EMLA /TEGADERM	2	
EMSAM	3	
EMTRIVA	2	
ENABLEX	3	QL, ST
ENALAPRIL MALEATE	1	
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	1	
ENBREL	4	PA
ENBREL SURECLICK	4	PA
ENDOCET	1	

Medication Name	Tier	Notes
ENGERIX-B	2	B vs. D
ENJUVIA	2	
ENPRESSE-28	1	
ENTOCORT EC	3	
ENULOSE	1	
ENZYMAX	2	
EPINEPHRINE HCL	1	
EPIPEN 2-PAK	2	QL
EPIPEN-JR 2-PAK	2	QL
EPIRUBICIN HCL	4	B vs. D
EPITOL	1	
EPIVIR	2	
EPIVIR HBV	2	
EPOGEN INJ 2000UNIT/ML, 3000UNIT/ML,4000UNIT/ML	2	PA, QL
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML,40000UNIT/ML	4	PA
EPZICOM	4	
EQUAGESIC	2	
EQUETRO	3	
ERAXIS	2	PA
ERBITUX	4	B vs. D
ERGOLOID MESYLATES	1	
ERGOMAR	2	
ERGOTAMINE TARTRATE/CAFFEINE	1	
ERRIN	1	
ERTACZO	3	
ERY	1	
ERYDERM	1	
ERYPED	2	
ERYPED 200	2	
ERYPED 400	2	
ERY-TAB	1	
ERYTHROCIN LACTOBIONATE	2	
ERYTHROCIN LACTOBIONATE	1	
ERYTHROCIN STEARATE	1	

Medication Name	Tier	Notes
ERYTHROMYCIN	1	
ERYTHROMYCIN /SULFISOXAZOLE	1	
ERYTHROMYCIN BASE	1	
ERYTHROMYCIN ETHYLSUCCINATE	1	
ERYTHROMYCIN/BENZOYL PEROXIDE	1	
ESTRACE	2	
ESTRADIOL	1	
ESTRADIOL VALERATE	1	
ESTRADIOL/NORETHINDRONE ACETATE	1	
ESTRASORB	3	
ESTRING	2	
ESTROGEL	3	
ESTROPIPATE	1	
ESTROSTEP FE	3	
ETHAMBUTOL HCL	1	
ETHOSUXIMIDE	1	
ETHYOL	4	B vs. D
ETIDRONATE DISODIUM	1	
ETODOLAC	1	
ETODOLAC ER	1	
ETOPOPHOS	4	B vs. D
ETOPOSIDE	1	B vs. D
EURAX	3	
EVISTA	2	
EVOCLIN	3	
EVOXAC	3	
EXELDERM	2	
EXELON	3	QL, ST applies to NEW STARTS only
EXFORGE	2	QL, ST
EXJADE	4	PA
FABRAZYME	4	PA
FACTIVE	3	
FAMCICLOVIR	1	
FAMOTIDINE	1	
FAMOTIDINE PREMIXED	1	

Medication Name	Tier	Notes
FAMVIR	3	
FANSIDAR	2	
FARESTON	3	
FASLODEX	4	B vs. D
FAZACLO	3	
FELBATOL	3	
FELODIPINE ER	1	
FEMARA	3	
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
FEMRING	3	
FEMTRACE	3	
FENOFIBRATE	1	QL
FENOPROFEN CALCIUM	1	
FENTANYL	1	QL
FENTANYL CITRATE	1	PA
FENTANYL CITRATE ORAL TRANSMUCOSAL	4	PA, QL
FEXOFENADINE HCL	1	QL
FINACEA	2	
FINASTERIDE	1	QL
FLAGYL ER	3	
FLAREX	2	
FLAVOXATE HCL	1	
FLEBOGAMMA	4	PA
FLECAINIDE ACETATE	1	
FLOMAX	2	QL, ST
FLONASE	3	ST
FLOVENT HFA	2	
FLOXIN OTIC SINGLES	2	
FLUCONAZOLE	1	
FLUCONAZOLE IN DEXTROSE	4	
FLUCONAZOLE IN NACL	1	
FLUCONAZOLE IN NACL	4	
FLUDARA	4	B vs. D
FLUDARABINE PHOSPHATE	4	B vs. D
FLUDROCORTISONE ACETATE	1	
FLUMADINE	3	
FLUNISOLIDE	1	
FLUOCINOLONE ACETONIDE	1	

Medication Name	Tier	Notes
FLUOCINONIDE	1	
FLUOCINONIDE EMOLLIENT BASE	1	
FLUOCINONIDE-E	1	
FLUOROMETHOLONE	1	
FLUOR-OP	1	
FLUOROPLEX	2	
FLUOROURACIL SOLN 2%	1	
FLUOROURACIL SOLN 5%	1	
FLUOROURACIL CREAM 5%	1	
FLUOROURACIL SOLN 50MG/ML	1	B vs. D
FLUOXETINE HCL	1	
FLUPHENAZINE DECANOATE	1	
FLUPHENAZINE HCL	1	
FLURBIPROFEN	1	
FLURBIPROFEN SODIUM	1	
FLUTAMIDE	1	
FLUTICASONE PROPIONATE	1	
FLUVOXAMINE MALEATE	1	
FML FORTE	2	
FML S.O.P.	2	
FOMEPIZOLE	4	PA
FORADIL AEROLIZER	2	
FORTAMET	3	
FORTAZ	2	
FORTEO	4	PA
FORTICAL	1	
FOSAMAX	3	
FOSAMAX PLUS D	3	ST applies to NEW STARTS only.
FOSCARNET SODIUM	4	B vs. D
FOSCAVIR	4	B vs. D
FOSINOPRIL SODIUM	1	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	1	
FOSPHENYTOIN SODIUM	1	

Medication Name	Tier	Notes
FOSRENOL	2	
FRAGMIN INJ 2500UNIT/0.2ML,5000UNIT /0.2ML	3	QL
FRAGMIN INJ 10000UNIT/ML, 25000UNIT/ML, 7500UNIT/0.3ML	4	QL
FREAMINE HBC 6.9%	2	B vs. D
FREAMINE III	2	B vs. D
FREAMINE III 3%	2	B vs. D
FROVA	3	QL, ST applies to NEW STARTS only
FURADANTIN	2	
FUROSEMIDE	1	
FUZEON	4	
GABAPENTIN	1	
GABITRIL	3	
GAMASTAN S/D	4	PA
GAMMAGARD LIQUID	4	PA
GAMUNEX	4	PA
GANCICLOVIR	4	
GANTRISIN PEDIATRIC	2	
GARDASIL	2	
GASTROCROM	2	
GEMFIBROZIL	1	
GEMZAR	4	B vs. D
GENGRAF	1	B vs. D
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK	4	PA
GENTAK	1	
GENTAMICIN SULFATE	1	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	1	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	1	

Medication Name	Tier	Notes
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	1	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	1	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	2	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	3	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	5	
GENTAMICIN SULFATE/SODIUM CHLORIDE	1	
GENTAMICIN SULFATE/SODIUM CHLORIDE	1	
GENTAMICIN SULFATE/SODIUM CHLORIDE	1	
GENTASOL	1	
GEODON	3	
GLEEVEC	4	PA applies to NEW STARTS only.
GLIMEPIRIDE	1	
GLIPIZIDE	1	
GLIPIZIDE ER	1	
GLIPIZIDE XL	1	
GLIPIZIDE/METFORMIN HCL	1	
GLUCAGEN HYPOKIT	2	QL
GLUCAGON EMERGENCY KIT	2	QL
GLYBURIDE	1	

Medication Name	Tier	Notes
GLYBURIDE MICRONIZED	1	
GLYBURIDE/METFORMIN HCL	1	
GLYCOPYRROLATE	1	
GLYSET	3	
GOLYTELY	2	
GRANISETRON HCL	1	PA
GRANISOL	1	B vs. D. QL
GRIFULVIN V	2	
GRISEOFULVIN MICROSIZE	1	
GRIS-PEG	2	
GUANABENZ ACETATE	1	
GUANFACINE HCL	1	
GUANIDINE HCL	1	
GYNAZOLE-1	3	
GYNODIOL TABS 0.5MG	1	
GYNODIOL TABS 1.5MG	3	
GYNODIOL TABS 1MG	1	
GYNODIOL TAB 2MG	1	
HALOBETASOL PROPIONATE	1	
HALOG	2	
HALOPERIDOL	1	
HALOPERIDOL DECANOATE	1	
HALOPERIDOL LACTATE	1	
HAVRIX	2	
HECTOROL CAPS	2	
HECTOROL SOLN	2	PA
HELIDAC	3	
HEPARIN SODIUM	1	
HEPARIN SODIUM DCU	1	
HEPARIN SODIUM/D5W	1	
HEPARIN SODIUM/NACL 0.45%	1	
HEPARIN SODIUM/NACL 0.9%	1	
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX	1	
HEPATAMINE	2	B vs. D
HEPATASOL	2	B vs. D
HEPSERA	4	

Medication Name	Tier	Notes
HERCEPTIN	4	PA applies to NEW STARTS only.
HEXALEN	4	
HIBTITER	2	
HUMALOG	3	ST applies to NEW STARTS only.
HUMALOG MIX 50/50	3	ST applies to NEW STARTS only.
HUMALOG MIX 50/50 PEN	3	ST applies to NEW STARTS only.
HUMALOG MIX 75/25	3	ST applies to NEW STARTS only.
HUMALOG MIX 75/25 PEN	3	ST applies to NEW STARTS only.
HUMALOG PEN	3	ST applies to NEW STARTS only.
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
HUMIRA	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN-CROHNS DISEASESTARTER	4	PA

Medication Name	Tier	Notes
HUMULIN 50/50	3	ST applies to NEW STARTS only.
HUMULIN 70/30	3	ST applies to NEW STARTS only.
HUMULIN 70/30 PEN	3	ST applies to NEW STARTS only.
HUMULIN N	3	ST applies to NEW STARTS only.
HUMULIN N U-100 PEN	3	ST applies to NEW STARTS only.
HUMULIN R	3	ST applies to NEW STARTS only.
HYCAMTIN	4	B vs. D
HYCET	3	
HYDRALAZINE HCL	1	
HYDREA	3	
HYDROCHLOROTHIAZIDE	1	
HYDROCODONE /ACETAMINOPHEN	1	
HYDROCODONE /ACETAMINOPHEN-HS	1	
HYDROCODONE /IBUPROFEN	1	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	1	
HYDROCODONE	1	

Medication Name	Tier	Notes
BITARTRATE/APAP		
HYDROCODONE/APAP	1	
HYDROCORTISONE CREAM, OINT, LOTN, ENEM	1	
HYDROCORTISONE TABS	1	B vs. D
HYDROCORTISONE BUTYRATE	1	
HYDROCORTISONE IN ABSORBASE	1	
HYDROCORTISONE VALERATE	1	
HYDROMORPHONE HCL	1	
HYDROXYCHLOROQUINE SULFATE	1	
HYDROXYUREA	1	
HYDROXYZINE HCL	1	
HYDROXYZINE PAMOATE	1	B vs. D
HYZAAR	2	QL
IBUPROFEN	1	
IDAMYCIN PFS	4	B vs. D
IDARUBICIN HCL	4	B vs. D
IFEX	4	B vs. D
IFEX/MESNEX COMBO PACK	4	B vs. D
IFOSFAMIDE	1	B vs. D
IFOSFAMIDE/MESNA	1	B vs. D
IMIPRAMINE HCL	1	
IMIPRAMINE PAMOATE	1	
IMITREX	2	QL
IMITREX STATDOSE REFILL	2	QL
IMOVAX RABIES (H.D.C.V.)	2	
IMURAN	3	B vs. D
INCRELEX	4	PA
INDAPAMIDE	1	
INDOMETHACIN	1	
INDOMETHACIN ER	1	
INFANRIX	2	
INFERGEN	4	PA

Medication Name	Tier	Notes
INFUMORPH 200	3	PA
INFUMORPH 500	3	PA
INNOHEP	3	QL
INSPRA	3	
INTAL INHALER	2	
INTELENCE	4	
INTRALIPID	2	B vs. D
INTRALIPID 20%	1	B vs. D
INTRON-A INJ 10MU/0.2ML, 10MU/ML, 5MU/0.2ML, 6000000UNIT/ML	4	PA applies to NEW STARTS only.
INTRON-A INJ 3MU/0.2ML	2	PA applies to NEW STARTS only.
INTRON-A W/DILUENT	4	PA applies to NEW STARTS only.
INVANZ	4	
INVEGA	3	QL
INVERSINE	3	
INVIRASE	4	
IONOSOL-B/DEXTROSE 5%	2	B vs. D
IONOSOL-MB/DEXTROSE 5%	2	B vs. D
IONOSOL-T/DEXTROSE 5%	2	B vs. D
IOPIDINE	2	
IPLEX	4	PA
IPOL INACTIVATED IPV	2	
IPRATROPIUM BROMIDE	1	
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	1	B vs. D
IQUIX	2	

Medication Name	Tier	Notes
IRESSA	4	PA applies to NEW STARTS only.
IRINOTECAN	4	B vs. D
ISENTRESS	4	
ISOLYTE-H/DEXTROSE 5%	2	B vs. D
ISOLYTE-M/DEXTROSE 5%	2	B vs. D
ISOLYTE-P/DEXTROSE 5%	2	B vs. D
ISOLYTE-S	2	B vs. D
ISOLYTE-S PH 7.4	2	B vs. D
ISOLYTE-S/DEXTROSE 5%	2	B vs. D
ISONARIF	1	
ISONIAZID	1	
ISORDIL TITRADOSE	3	
ISOSORBIDE DINITRATE	1	
ISOSORBIDE DINITRATE ER	1	
ISOSORBIDE MONONITRATE	1	
ISOSORBIDE MONONITRATE ER	1	
ISOTONIC GENTAMICIN	1	
ISRADIPINE	1	
ISTALOL	3	
ITRACONAZOLE	1	PA
IVEEGAM EN	4	PA
IXEMPRA KIT	4	B vs. D
JANTOVEN	1	
JANUMET	3	QL, ST applies

Medication Name	Tier	Notes
		to NEW STARTS only
JANUVIA	3	QL, ST applies to NEW STARTS only
JE-VAX	2	
JOLIVETTE	1	
JUNEL 1.5/30	1	
JUNEL 1/20	1	
JUNEL FE 1.5/30	1	
JUNEL FE 1/20	1	
KADIAN	2	QL
KALETRA	4	
KANAMYCIN SULFATE	1	
KAON-CL-10	1	
KARIVA	1	
KAYEXALATE	2	
KCL 0.075%/D5W/NACL 0.2%	1	B vs. D
KCL 0.075%/D5W/NACL 0.45%	1	B vs. D
KCL 0.15%/D10W/NACL 0.2%	1	B vs. D
KCL 0.15%/D5W/ NACL 0.3%	1	B vs. D
KCL 0.15%/D5W/LR	1	B vs. D
KCL 0.15%/D5W/NACL 0.2%	1	B vs. D
KCL 0.15%/D5W/NACL 0.225%	1	B vs. D
KCL 0.15%/D5W/NACL 0.45%	1	B vs. D
KCL 0.15%/D5W/NACL 0.9%	1	B vs. D
KCL 0.224%/D5W/NACL	1	B vs. D

Medication Name	Tier	Notes
0.2%		
KCL 0.3%/D5W/LR	1	B vs. D
KCL 0.3%/D5W/LR IV LAC RING	1	B vs. D
KCL 0.3%/D5W/NACL 0.2%	1	B vs. D
KCL 0.3%/D5W/NACL 0.45%	1	B vs. D
KCL 0.3%/D5W/NACL 0.9%	1	B vs. D
KELNOR 1/35	1	
KEMADRIN	2	
KENALOG	3	
KEPIVANCE	4	PA
KEPPRA	2	
KETEK	3	
KETOCONAZOLE	1	
KETOPROFEN	1	
KETOPROFEN ER	1	
KETOROLAC TROMETHAMINE TABS	1	QL
KETOROLAC TROMETHAMINE SOLN	1	PA
KETOTIFEN FUMARATE	1	
KINERET	4	PA
KIONEX	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
KLOTRIX	1	
KRISTALOSE	3	

Medication Name	Tier	Notes
K-TABS	2	
KURIC	1	
KUTRASE	2	
KUVAN	4	
KU-ZYME	2	
KU-ZYME HP	1	
LABETALOL HCL	1	
LACLOTION	1	
LACRISERT	2	
LACTATED RINGER'S DEXTROSE 5% VIAFLEX	1	
LACTATED RINGER'S IRRIGATION	1	
LACTATED RINGER'S VIAFLEX	1	
LACTULOSE	1	
LAMICTAL	2	
LAMICTAL CHEWABLE DISPERSIBLE	2	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	2	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	2	
LAMICTAL STARTER/TAKING VALPROATE	2	
LAMOTRIGINE	1	
LAMOTRIGINE CHEWABLE DISPERSIBLE	1	
LANOXIN	2	
LANTUS	2	
LANTUS SOLOSTAR	2	

Medication Name	Tier	Notes
LAPASE	1	
LEENA	1	
LEFLUNOMIDE	1	PA
LESCOL	2	
LESCOL XL	2	
LESSINA-28	1	
LETAIRIS	4	
LEUCOVORIN CALCIUM INJ	1	B vs. D
LEUCOVORIN CALCIUM TABS	1	
LEUKERAN	2	
LEUKINE	4	PA
LEUPROLIDE ACETATE	1	PA
LEUSTATIN	2	B vs. D
LEVAQUIN	2	
LEVAQUIN LEVA-PAK	2	
LEVAQUIN PREMIX	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
LEVLITE-28	1	
LEVO DROMORAN	2	PA
LEVOBUNOLOL HCL	1	
LEVOCARNITINE 1GM/10ML	1	
LEVOCARNITINE 200MG/ML	1	PA
LEVOCARNITINE TABS	1	
LEVORA 0.15/30-28	1	
LEVORPHANOL TARTRATE	1	
LEVOTHROID	1	

Medication Name	Tier	Notes
LEVOTHYROXINE SODIUM	1	
LEVOXYL	1	
LEXAPRO	2	QL
LEXIVA	4	
LIALDA	2	
LIDOCAINE	1	
LIDOCAINE HCL	1	
LIDOCAINE HCL JELLY	1	
LIDOCAINE/PRILOCAINE	1	
LIDODERM	2	QL
LIDOMAR VISCOUS	1	
LIMBITROL	3	
LIMBITROL DS	3	
LINCOCIN	2	
LINDANE	1	
LIOTHYRONINE SODIUM	1	
LIPITOR	2	QL
LIPOFEN	3	QL, ST
LIPRAM 4500	1	
LIPRAM-PN10	1	
LIPRAM-PN16	1	
LIPRAM-PN20	1	
LIPRAM-UL12	1	
LIPRAM-UL18	1	
LIPRAM-UL20	1	
LISINOPRIL	1	
LISINOPRIL /HYDROCHLOROTHIAZIDE	1	

Medication Name	Tier	Notes
LITHIUM CARBONATE	1	
LITHIUM CARBONATE ER	1	
LITHIUM CITRATE	1	
LITHOBID	3	
LITHOSTAT	2	
LO/OVRAL-28	3	
LOCOID LIPOCREAM	3	
LODOSYN	3	
LOESTRIN 1.5/30-21	3	
LOESTRIN 1/20-21	3	
LOESTRIN 24 FE	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
LOFENE	1	
LOFIBRA	3	QL, ST
LOKARA	1	
LONOX	1	
LOPERAMIDE HCL	1	
LOPROX SHAMPOO	2	
LOTEMAX	3	
LOTREL	2	
LOTRONEX	2	PA
LOVASTATIN	1	QL
LOVASTATIN	1	QL
LOVASTATIN	1	QL
LOVAZA	3	
LOVENOX INJ 40MG/0.4ML	3	QL

Medication Name	Tier	Notes
LOVENOX INJ 100MG/ML, 120MG/0.8ML,150MG/ML,300MG/3ML, 30MG/0.3ML,60MG/0.6ML, 80MG/0.8ML	4	QL
LOW-OGESTREL	1	
LOXAPINE SUCCINATE	1	
LUFYLLIN	3	
LUMIGAN	3	ST
LUNESTA	2	QL, ST
LUPRON DEPOT INJ 11.25MG, 3.75MG	3	PA
LUPRON DEPOT INJ 22.5MG, 30MG, 7.5MG	4	PA
LUPRON DEPOT-PED	4	PA
LUTERA	1	
LUXIQ	3	
LYBREL	3	
LYRICA	2	
LYSODREN	4	
MACRODANTIN	3	
MAGNESIUM SULFATE	1	B vs. D
MAGNESIUM SULFATE IN D5W	1	B vs. D
MALARONE	3	
MAPROTILINE HCL	1	
MARGESIC-H	1	
MARINOL CAPS 10MG, 5MG	4	B vs. D
MARINOL CAPS 2.5MG	3	B vs. D, QL
MARPLAN	3	
MATULANE	4	

Medication Name	Tier	Notes
MAXAIR AUTOHALER	2	
MAXALT	2	QL
MAXALT-MLT	2	QL
MAXIDEX	2	
MAXIDONE	1	
MAXIPIME	3	
MEBENDAZOLE	1	
MECLIZINE HCL	1	
MECLOFENAMATE SODIUM	1	
MEDROL	2	B vs. D
MEDROXYPROGESTERONE ACETATE	1	
MEFLOQUINE HCL	1	QL
MEFOXIN INJ 10GM, 2GM	4	
MEFOXIN INJ 1GM	3	
MEFOXIN ADD-VANTAGE INJ 1GM	3	
MEFOXIN ADD-VANTAGE INJ 2GM	4	
MEFOXIN IN DEXTROSE 2.2%	4	
MEFOXIN IN DEXTROSE 3.9%	3	
MEGACE ES	2	
MEGACE ORAL	3	
MEGESTROL ACETATE	1	
MELOXICAM	1	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENOSTAR	3	
meperidine hcl oral soln, tabs	1	

Medication Name	Tier	Notes
meperidine hcl inj	1	PA
MEPERITAB	1	
MEPROBAMATE	1	
MEPRON	4	
MERCAPTOPURINE	1	
MERREM	4	
MERUVAX II W/DILUENT 10 DOSE	2	
MESALAMINE	1	
MESNA	1	B vs. D
MESNEX INJ	4	B vs. D
MESNEX TABS	4	
MESTINON	2	
MESTINON TIMESPAN	2	
METADATE ER	2	
METADATE ER	1	
metaproterenol sulfate nebu	1	B vs. D
metaproterenol sulfate syrp, tabs	1	
METFORMIN HCL	1	
METFORMIN HCL ER	1	
METHADONE HCL	1	
METHADOSE	1	
METHAZOLAMIDE	1	
METHENAMINE HIPPURATE	1	
METHERGINE	3	
METHIMAZOLE	1	
METHITEST	1	
METHOCARBAMOL	1	

Medication Name	Tier	Notes
METHOTREXATE	1	B vs. D
METHOTREXATE SODIUM	1	B vs. D
METHSCOPOLAMINE BROMIDE	1	
METHYCLOTHIAZIDE	1	
METHYLDOPA	1	
METHYLDOPA /HYDROCHLOROTHIAZIDE	1	
METHYLDOPATE HCL	1	
METHYLIN TABS	1	
METHYLIN CHEW, SOLN	2	
METHYLIN ER	1	
METHYLPHENIDATE HCL	1	
METHYLPHENIDATE HCL ER	1	
METHYLPREDNISOLONE	1	B vs. D
METHYLPREDNISOLONE ACETATE	1	B vs. D
METHYLPREDNISOLONE SODIUMSUCCINATE	1	B vs. D
METIPRANOLOL	1	
METOCLOPRAMIDE HCL	1	
METOLAZONE	1	
METOPROLOL /HYDROCHLOROTHIAZIDE	1	
METOPROLOL SUCCINATE ER	1	
METOPROLOL TARTRATE	1	
METRO IV	2	
METROGEL	2	
METRONIDAZOLE	1	
METRONIDAZOLE IN NACL 0.79%	1	
METRONIDAZOLE VAGINAL	1	

Medication Name	Tier	Notes
MEXILETINE HCL	1	
MIACALCIN	3	ST
MICARDIS	2	QL
MICARDIS HCT	2	QL
MICONAZOLE 3	1	
MICROGESTIN 1.5/30	1	
MICROGESTIN 1/20	1	
MICROGESTIN FE	1	
MICROGESTIN FE 1.5/30	1	
MICRO-K	2	
MIDODRINE HCL	1	
MIGERGOT	1	
MIGRANAL	3	QL
MINIRIN	1	
MINITRAN	1	
MINOCIN	3	
MINOCIN PAC	3	
MINOCYCLINE HCL	1	
MINOXIDIL	1	
MINTEZOL	2	
MIRAPEX	2	
MIRTAZAPINE	1	QL
MIRTAZAPINE ODT	1	QL
MISOPROSTOL	1	
MITOMYCIN	1	B vs. D
MITOXANTRONE HCL	4	B vs. D
M-M-R II W/DILUENT 10 DOSE	2	

Medication Name	Tier	Notes
MOBAN	3	
MODICON-28	3	
MOEXIPRIL /HYDROCHLOROTHIAZIDE	1	
MOEXIPRIL HCL	1	
MOMETASONE FUROATE	1	
MONONESSA	1	
MONUROL	3	
MORPHINE SULFATE inj 1mg/ml	1	PA
MORPHINE SULFATE TABS	1	
MORPHINE SULFATE INJ 0.5mg/ml, 1mg/ml, 5mg/ml	1	PA
MORPHINE SULFATE ER	1	QL
MOTOFEN	2	
MOVIPREP	3	
MUPIROCIN	1	
MUSTARGEN	2	B vs. D
MYCAMINE	4	PA
MYCOBUTIN	2	
MYDRAL	1	
MYFORTIC	2	B vs. D
MYLOTARG	4	B vs. D
MYOBLOC	3	PA
MYOZYME	4	PA
MYRAC	1	
MYSOLINE	2	
MYTELASE	2	
NABUMETONE	1	
NADOLOL	1	

Medication Name	Tier	Notes
NADOLOL /BENDROFLUMETHIAZIDE	1	
NAFCILLIN SODIUM	1	
NAFTIN	2	
NAFTIN-MP	2	
NAGLAZYME	4	PA
NALBUPHINE HCL	1	PA
NALLPEN ISO-OSMOTIC IN DEXTROSE	1	
NALLPEN/DEXTROSE	1	
NALLPEN/DEXTROSE	2	
NALOXONE HCL	1	
NALTREXONE HCL	1	
NAMENDA	2	QL
NAMENDA TITRATION PAK	2	QL
NAPHAZOLINE HCL	1	
NAPROXEN	1	
NAPROXEN DR	1	
NAPROXEN SODIUM	1	
NARDIL	2	
NARVOX	1	
NASACORT AQ	2	
NASAREL	3	ST
NASONEX	3	ST
NATACYN	2	
NAVANE	3	
NAVELBINE	4	B vs. D
NECON 0.5/35-28	1	
NECON 1/35-28	1	

Medication Name	Tier	Notes
NECON 1/50-28	1	
NECON 10/11-28	1	
NECON 7/7/7	1	
NEFAZODONE HCL	1	
NEO /POLY /BAC /HC	1	
NEO-FRADIN	1	
NEOMYCIN /BACITRACIN /POLYMYXIN	1	
NEOMYCIN /POLYMYXIN /DEXAMETHASONE	1	
NEOMYCIN /POLYMYXIN /GRAMICIDIN	1	
NEOMYCIN /POLYMYXIN /HC	1	
NEOMYCIN /POLYMYXIN /HYDROCORTISONE	1	
NEOMYCIN SULFATE	1	
NEOMYCIN/BACITRACIN ZN/POLYMYX	1	
NEOMYCIN/POLYMYXIN B SULFATES	1	
NEORAL	3	B vs. D
NEPHRAMINE	2	B vs. D
NEULASTA	4	PA
NEUMEGA	4	PA
NEUPOGEN	4	PA
NEURONTIN	3	
NEUTREXIN	2	PA
NEVANAC	2	
NEXAVAR	4	PA applies to NEW STARTS only.
NEXIUM	2	QL

Medication Name	Tier	Notes
NEXIUM I.V.	2	PA
NIASPAN	2	QL
NICARDIPINE HCL	1	
NICOTINE	1	
NICOTROL INHALER	2	
NICOTROL NS	2	
NIFEDIAC CC	1	
NIFEDICAL XL	1	
NIFEDIPINE	1	
NIFEDIPINE ER	1	
NILANDRON	2	
NIMODIPINE	4	
NIMOTOP	4	
NIPENT	4	B vs. D
NITRO-DUR	3	
NITROFURANTOIN MACROCRYSTALLINE	1	
NITROFURANTOIN MONOHYDRATE	1	
NITROGLYCERIN	1	
NITROGLYCERIN TRANSDERMAL	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	
NIZATIDINE	1	
NORA-BE	1	
NORDETTE-28	3	
NORDITROPIN CARTRIDGE	4	PA
NORDITROPIN NORDIFLEX PEN	4	PA

Medication Name	Tier	Notes
NORETHINDRONE ACETATE	1	
NORINYL 1+35	3	
NORITATE	2	
NORMOSOL -R	2	B vs. D
NORMOSOL-M IN D5W	2	B vs. D
NORMOSOL-R	2	B vs. D
NORMOSOL-R IN D5W	2	B vs. D
NOROXIN	3	
NORPACE CR	3	
NOR-QD	1	
NORTREL 0.5/35 (28)	1	
NORTREL 1/35 (21)	1	
NORTREL 1/35 (28)	1	
NORTREL 7/7/7	1	
NORTRIPTYLINE HCL	1	
NORVIR	4	
NOVAMINE	2	B vs. D
NOVANTRONE	4	B vs. D
NOVOLIN 70/30	2	
NOVOLIN 70/30 INNOLET	2	
NOVOLIN 70/30 PENFILL	2	
NOVOLIN N	2	
NOVOLIN N INNOLET	2	
NOVOLIN N U-100 PENFILL	2	
NOVOLIN R	2	
NOVOLIN R INNOLET	2	
NOVOLIN R U-100 PENFILL	2	

Medication Name	Tier	Notes
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PENFILL	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG PENFILL	2	
NOXAFIL	4	
NULYTELY	2	
NUTROPIN	4	PA
NUTROPIN AQ	4	PA
NUTROPIN AQ PEN	4	PA
NUVARING	3	
NYAMYC	1	
NYDRAZID	4	
NYSTATIN	1	
NYSTATIN/TRIAMCINOLONE	1	
NYSTOP	1	
OCELLA	1	
OCTAGAM	4	PA
OCTREOTIDE ACETATE	4	PA
OCUFEN	3	
OCUSULF-10	1	
OFLOXACIN	1	
OGESTREL	1	
OLUX	3	
OLUX-E	3	
OMEPRAZOLE	1	QL

Medication Name	Tier	Notes
OMNITROPE	4	PA
ONCASPAR	4	B vs. D
ONDANSETRON HCL	1	B vs. D, QL
ONDANSETRON ODT	1	B vs. D, QL
ONTAK	4	B vs. D
ONXOL	4	B vs. D
OPANA	3	
OPANA ER	3	ST applies to NEW STARTS only.
OPTIPRANOLOL	2	
OPTIVAR	3	
ORACEA	3	
ORAP	3	
ORAPRED ODT	3	
ORENCIA	4	PA
ORFADIN	4	
ORPHENADRINE CITRATE	1	PA
ORPHENADRINE CITRATE ER	1	
ORPHENADRINE COMPOUND	1	
ORPHENADRINE COMPOUND DS	1	
ORPHENADRINE/ASA/CAFF	1	
ORTHO EVRA	3	
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN LO	3	
ORTHO-CEPT-28	3	

Medication Name	Tier	Notes
ORTHOCLONE OKT3	4	B vs. D
ORTHO-CYCLEN-28	3	
ORTHO-EST	1	
ORTHO-NOVUM 1/50-28	3	
ORTHO-NOVUM 7/7/7-28	3	
OSMOPREP	3	
OTICIN HC	1	
OVCON-35	3	
OVCON-50 28	3	
OVIDE	3	
OXACILLIN SODIUM	1	
OXANDRIN	4	
OXANDROLONE	4	
OXANDROLONE	1	
OXAPROZIN	1	
OXCARBAZEPINE	1	
OXISTAT	2	
OXSORALEN	3	
OXSORALEN ULTRA	2	
OXYBUTYNIN CHLORIDE	1	
OXYBUTYNIN CHLORIDE ER	1	QL
OXYCODONE /IBUPROFEN	1	
OXYCODONE HCL	1	
OXYCODONE/ACETAMINOPHEN	1	
OXYCODONE/APAP	1	
OXYCODONE/ASPIRIN	1	
OXYCODONE-APAP	1	

Medication Name	Tier	Notes
OXYCONTIN	2	QL
OXYTROL	2	
PACERONE	2	
PACERONE	1	
PACLITAXEL	1	B vs. D
PALCAPS 10	1	
PALCAPS 20	1	
PALGIC	1	
PAMIDRONATE DISODIUM	1	PA
PANCREASE MT 10	2	
PANCREASE MT 16	2	
PANCREASE MT 20	2	
PANCREASE MT 4	2	
PANCRECARB MS-16	2	
PANCRECARB MS-4	2	
PANCRECARB MS-8	2	
PANCRELIPASE	1	
PANCRELIPASE MST-16	1	
PANCRON 10	1	
PANCRON 20	1	
PANDEL	2	
PANGESTYME CN 10	1	
PANGESTYME CN 20	1	
PANGESTYME EC	1	
PANGESTYME MT 16	1	
PANGESTYME UL 12	1	
PANGESTYME UL 18	1	
PANGESTYME UL 20	1	

Medication Name	Tier	Notes
PANGLOBULIN	4	PA
PANGLOBULIN NF	4	PA
PANOCAPS	1	
PANOCAPS MT 16	1	
PANOCAPS MT 20	1	
PANOKASE	1	
PANOKASE-16	1	
PANRETIN	4	PA applies to NEW STARTS only.
PANTOPRAZOLE SODIUM	1	QL
PARCAINE	1	
PARCOPA	3	
PARNATE	3	
PAROMOMYCIN SULFATE	1	
PAROXETINE HCL	1	QL
PASER	3	
PATADAY	2	
PATANOL	2	
PCE	2	
PCE	2	
PEDIARIX	2	
PEDI-DRI	1	
PEDIOTIC	2	
PEDVAX HIB	2	
PEG 3350/ELECTROLYTES	1	
PEGANONE	2	
PEGASYS	4	PA

Medication Name	Tier	Notes
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEG-INTRON REDIPEN PAK 4	4	PA
PENICILLIN G POTASSIUM	1	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	1	
PENICILLIN G PROCAINE	1	
PENICILLIN G SODIUM	1	
PENICILLIN V POTASSIUM	1	
PENLAC NAIL LACQUER	3	PA
PENTAM 300	4	PA
PENTASA	2	
PENTAZOCINE /ACETAMINOPHEN	1	
PENTAZOCINE/NALOXONE HCL	1	
PENTOPAK	1	
PENTOSTATIN	4	B vs. D
PENTOXIFYLLINE ER	1	
PENTOXIL	1	
PERIDEX ORAL RINSE	2	
PERIOGARD	1	
PERLOXX	1	
PERMETHRIN	1	
PERPHENAZINE	1	
PERPHENAZINE	1	B vs. D
PERPHENAZINE /AMITRIPTYLINE	1	
PFIZERPEN-G	1	
PHENADOZ	1	

Medication Name	Tier	Notes
PHENYTEK	2	
PHENYTOIN	1	
PHENYTOIN SODIUM	1	
PHENYTOIN SODIUM EXTENDED	1	
PHISOHEX	3	
PHOSLO	2	
PHOSPHOLINE IODIDE	2	
PHOTOFRIN	4	B vs. D
PHRENILIN W/CAFFEINE/CODEINE	1	
PHYSIOLYTE	2	B vs. D
PHYSIOSOL IRRIGATION	2	B vs. D
PHYSIOSOL IRRIGATION PH 7.4	2	B vs. D
PILOCARPINE HCL	1	
PILOCARPINE HYDROCHLORIDE	1	
PILOPINE HS	2	
PINDOLOL	1	
PIPERACILLIN SODIUM	1	
PIROXICAM	1	
PLAN B	2	
PLARETASE 8000	1	
PLASMA-LYTE 56	2	B vs. D
PLASMA-LYTE A	2	B vs. D
PLASMA-LYTE-148	2	B vs. D
PLASMA-LYTE-148/D5W	2	B vs. D
PLASMA-LYTE-56/D5W	2	B vs. D
PLASMA-LYTE-R	2	B vs. D
PLATINOL AQ	2	B vs. D

Medication Name	Tier	Notes
PLAVIX	2	
PLENDIL	3	
PODOFILOX	1	
POLYCIN B	1	
POLY-DEX	1	
POLYETHYLENE GLYCOL 3350	1	
POLYGAM S/D INJ 0.5GM	3	PA
POLYGAM S/D INJ 10GM, 2.5GM, 5GM	4	PA
POLYMYXIN B SULFATE	1	
POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	1	
POLY-PRED	2	
POLYTRIM	3	
PORTIA-28	1	
POTASSIUM CHLORIDE	1	B vs. D
POTASSIUM CHLORIDE 0.075%/D5W/NACL 0.225%	1	B vs. D
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	1	B vs. D
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.33%	1	B vs. D
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.45% VIAFLEX	1	B vs. D
POTASSIUM CHLORIDE 0.15% NACL 0.9%	1	B vs. D
POTASSIUM CHLORIDE 0.15%/D5W	1	B vs. D
POTASSIUM CHLORIDE 0.15%/NACL 0.9%	1	B vs. D
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	1	B vs. D
POTASSIUM CHLORIDE 0.224%/D5W	1	B vs. D

Medication Name	Tier	Notes
POTASSIUM CHLORIDE 0.224%/D5W/NACL 0.45%	1	B vs. D
POTASSIUM CHLORIDE 0.224%D5W/NACL 0.33%	1	B vs. D
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	1	B vs. D
POTASSIUM CHLORIDE 0.3%/D5W	1	B vs. D
POTASSIUM CHLORIDE 0.3%/NACL 0.9%/VIAFLEX	1	B vs. D
POTASSIUM CHLORIDE CR	1	
POTASSIUM CHLORIDE ER	1	
POTASSIUM CHLORIDE SR	1	
POTASSIUM CITRATE EXTENDED-RELEASE	1	
PRANDIN	2	
PRAVASTATIN SODIUM	1	QL
PRAZOSIN HCL	1	
PRECOSE	2	
PRED MILD	2	
PRED-G	1	
PRED-G S.O.P.	1	
PREDNICARBATE	1	
PREDNISOLONE syrp	1	
PREDNISOLONE tabs	1	B vs. D
PREDNISOLONE ACETATE	1	
PREDNISOLONE SODIUM PHOSPHATE	1	
PREDNISONE	1	B vs. D
PREDNISONE INTENSOL	1	B vs. D
PREFEST	3	
PREMARIN	3	
PREMARIN W/APPLICATOR	3	

Medication Name	Tier	Notes
PREMASOL	1	B vs. D
PREMPHASE	3	
PREMPRO	3	
PRENATAL RX 1	1	
PREVACID	2	QL
PREVACID SOLUTAB	2	QL
PREVALITE	1	
PREVIFEM	1	
PREVPAC	3	QL
PREZISTA	4	
PRIFTIN	3	
PRILOSEC	3	QL, ST
PRIMAQUINE PHOSPHATE	1	
PRIMAXIN I.M.	4	
PRIMAXIN IV	4	
PRIMAXIN IV ADD-VANTAGE	4	
PRIMIDONE	1	
PRIMSOL	3	
PRISTIQ	3	PA applies to NEW STARTS only, QL
PROAIR HFA	2	
PROBENECID	1	
PROBENECID/COLCHICINE	1	
PROCAINAMIDE HCL	1	
PROCALAMINE	2	B vs. D
PROCANBID	3	

Medication Name	Tier	Notes
PROCHLORPERAZINE	1	
PROCHLORPERAZINE EDISYLATE	1	
PROCHLORPERAZINE MALEATE	1	B vs. D
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML,4000UNIT/ML	2	PA, QL
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML,40000UNIT/ML	4	PA
PROCTOCORT	1	
PROCTOCREAM-HC	1	
PROCTO-PAK	1	
PROCTOSOL HC	1	
PROCTOZONE-HC	1	
PROGLYCEM	2	
PROGRAF	4	B vs. D
PROLASTIN	4	PA
PROLEUKIN	4	PA
promethazine hcl tabs 12.5mg, 25mg	1	B vs. D
promethazine hcl inj	1	PA
promethazine hcl supp, syrp	1	
promethazine hcl tabs 50mg	1	
PROMETHAZINE HCL PLAIN	1	
PROMETHAZINE VC	1	
PROMETHEGAN	1	
PROMETRIUM	2	
PRONESTYL	3	

Medication Name	Tier	Notes
PRONESTYL SR	3	
PROPAFENONE HCL	1	
PROPANTHELINE BROMIDE	1	
PROPARACAINE HCL	1	
PROPOXYPHENE /ACETAMINOPHEN	1	
PROPOXYPHENE HCL	1	
PROPOXYPHENE-N /ACETAMINOPHEN	1	
PROPRANOLOL /HYDROCHLOROTHIAZIDE	1	
PROPRANOLOL HCL	1	
PROPRANOLOL HCL ER	1	
PROPYLTHIOURACIL	1	
PROQUAD	2	
PROSOL	2	B vs. D
PROTONIX PACK, TBEC	3	QL, ST
PROTONIX INJ	3	PA
PROTOPIC	3	
PROVENTIL HFA	2	
PROVIGIL	3	PA, QL
PULMICORT	3	B vs. D
PULMICORT FLEXHALER	3	ST applies to NEW STARTS only.
PULMOZYME	4	B vs. D
PURINETHOL	3	
PYRAZINAMIDE	1	
PYRIDOSTIGMINE BROMIDE	1	
QUALAQUIN	2	

Medication Name	Tier	Notes
QUASENSE	1	
QUINAPRIL /HYDROCHLOROTHIAZIDE	1	
QUINAPRIL HCL	1	
QUINARETIC	1	
QUINIDINE GLUCONATE	1	
QUINIDINE GLUCONATE CR	1	
QUINIDINE GLUCONATE ER	1	
QUINIDINE GLUCONATE SA	1	
QUINIDINE SULFATE	1	
QUINIDINE SULFATE ER	1	
QUIXIN	3	ST
QVAR	2	
RABAVERT	2	
RAMIPRIL	1	
RANEXA	3	PA
RANICLOR	1	
RANITIDINE HCL	1	
RAPAMUNE	3	B vs. D
RAPIFLUX	1	
RAPTIVA	4	PA
RAZADYNE	3	QL, ST applies to NEW STARTS only
RAZADYNE ER	3	QL, ST applies to NEW STARTS only
REBETOL	4	

Medication Name	Tier	Notes
REBIF	4	PA
REBIF TITRATION PACK	4	PA
RECLIPSEN	1	
RECOMBIVAX HB	2	B vs. D
REGONOL	1	
REGRANEX	4	PA
RELENZA DISKHALER	3	QL
RELPAX	3	QL, ST applies to NEW STARTS only
REMICADE	4	PA
REMODULIN	4	PA
RENAGEL	2	
RENAMIN	2	B vs. D
RENVELA	2	
REQUIP	2	
RESCRIPTOR	2	
RESERPINE	1	
RESTASIS	3	
RETIN-A MICRO	2	PA
RETROVIR	2	
RETROVIR IV INFUSION	2	
REVATIO	4	PA
REVIA	1	
REVLIMID	4	PA applies to NEW STARTS only.
REYATAZ	4	

Medication Name	Tier	Notes
RHEUMATREX	2	
RHINOCORT AQUA	3	
RIBAPAK	4	
RIBASPHERE	4	
RIBATAB	4	
RIBAVIRIN	1	
RIDAURA	2	
RIFADIN	2	
RIFAMATE	2	
RIFAMPIN	1	
RIFATER	3	
RILUTEK	2	
RIMANTADINE HCL	1	
RINGER'S INJECTION	1	
RINGER'S IRRIGATION	1	
RIOMET	3	
RISPERDAL	3	QL
RISPERDAL CONSTA	4	QL
RISPERDAL M-TAB	3	QL
RISPERIDONE	1	QL
RITUXAN	4	PA
ROBAXIN	3	PA
ROBINUL	2	
ROCEPHIN	2	
ROCEPHIN IN ISO-OSMOTIC DEXTROSE	2	
ROMYCIN	1	
ROPINIROLE HCL	1	

Medication Name	Tier	Notes
ROTATEQ	2	
ROXICET	1	
ROXICODONE	3	
ROZEREM	3	QL, ST
RYTHMOL SR	2	
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
SANCTURA	3	QL, ST
SANCTURA XR	3	QL, ST
SANDIMMUNE	2	B vs. D
SANDOSTATIN	4	PA
SANDOSTATIN LAR DEPOT	4	PA
SANTYL	2	
SEASONALE	3	
SEASONIQUE	3	
SELEGILINE HCL	1	
SELENIUM SULFIDE	1	
SELSUN SHAMPOO	1	
SELZENTRY	4	
SEMPREX-D	3	QL, ST
SENSIPAR	4	
SEREVENT DISKUS	2	
SEROMYCIN	2	
SEROQUEL	2	QL
SEROQUEL XR	2	QL
SEROSTIM	4	PA
SERTRALINE HCL	1	QL

Medication Name	Tier	Notes
SERTRALINE HYDROCHLORIDE	1	QL
SILVADENE	3	
SILVER SULFADIAZINE	1	
SIMCOR	2	QL
SIMULECT	4	B vs. D
SIMVASTATIN	1	QL
SINGULAIR	2	
SKELAXIN	3	ST
SKELID	3	
SODIUM BICARBONATE	1	B vs. D
SODIUM CHLORIDE	1	B vs. D
SODIUM CHLORIDE 0.9%	1	B vs. D
SODIUM CHLORIDE 0.45% VIAFLEX	1	B vs. D
SODIUM CHLORIDE 0.9%	1	B vs. D
SODIUM EDECRIN	2	
SODIUM FLUORIDE	1	
SODIUM LACTATE	1	B vs. D
SODIUM POLYSTYRENE SULFONATE	1	
SODIUM SULFACETAMIDE	1	
SOLARAZE	2	
SOLIA	1	
SOLTAMOX	3	
SOLU-CORTEF	2	B vs. D
SOLU-MEDROL	2	B vs. D
SOLU-MEDROL ACT-O-VIAL	2	B vs. D
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA

Medication Name	Tier	Notes
SONATA	3	QL, ST
SORIATANE CK	4	
SORINE	1	
SOTALOL HCL	1	
SOTALOL HCL (AF)	1	
SOTRET	1	
SPECTRACEF	3	
SPIRIVA HANDIHALER	2	
SPIRONOLACTONE	1	
SPIRONOLACTONE /HYDROCHLOROTHIAZIDE	1	
SPORANOX	3	PA
SPRINTEC 28	1	
SPRYCEL	4	PA applies to NEW STARTS only.
SRONYX	1	
SSD	1	
SSD AF	1	
STADOL	1	PA
STAGESIC	1	
STALEVO 100	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STARLIX	3	
STERILE WATER IRRIGATION	1	
STIMATE	2	

Medication Name	Tier	Notes
STRATTERA	2	QL
STREPTOMYCIN SULFATE	1	
STRIANT	3	
STROMECTOL	2	
SUBOXONE	3	
SUBUTEX	3	
SUCRAID	3	
SUCRALFATE	1	
SULAR	2	
SULF-10	1	
SULFACETAMIDE SODIUM	1	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	1	
SULFADIAZINE	1	
SULFAMETHOXAZOLE /TRIMETHOPRIM	1	
SULFAMETHOXAZOLE/TRI METHOPRIM DS	1	
SULFAMYLON	2	
SULFASALAZINE	1	
SULFATRIM	1	
SULFAZINE	1	
SULFAZINE EC	1	
SULINDAC	1	
SUPRAX	3	
SURMONTIL	2	
SUSTIVA	2	
SUTENT	4	PA applies to NEW STARTS only.
SYMBICORT	2	
SYMBYAX	3	QL
SYMLIN	3	QL
SYMLINPEN 120	3	PA, QL
SYMLINPEN 60	3	PA, QL
SYNAGIS	4	PA
SYNALGOS-DC	2	
SYNAREL	4	PA
SYNERA	3	
SYNERCID	4	
SYNTHROID	3	
SYPRINE	2	
TABLOID	1	
TACLONEX	3	
TALWIN	3	PA
TAMIFLU SUSR	2	
TAMIFLU CAPS	2	QL
TAMOXIFEN CITRATE	1	
TARCEVA	4	PA applies to NEW STARTS only.
TARGRETIN	4	PA applies to NEW STARTS only.
TARKA	2	
TASIGNA	4	
TASMAR	2	

Medication Name	Tier	Notes
TAXOL	4	B vs. D
TAXOTERE	4	B vs. D
TAZICEF	2	
TAZORAC	3	
TAZTIA XT	1	
TEGRETOL-XR	2	
TEKTURNA	3	QL, ST
TEKTURNA HCT	3	QL, ST
TERAZOSIN HCL	1	
TERBINAFINE HCL	1	PA, QL
TERBUTALINE SULFATE	1	
TERCONAZOLE	1	
TESTIM	2	
TESTOSTERONE CYPIONATE	1	PA
TESTOSTERONE ENANTHATE	1	PA
TETANUS TOXOID ADSORBED	1	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	1	
TETRACYCLINE HCL	1	
TEVETEN	3	QL
TEVETEN HCT	3	QL
TEV-TROPIN	4	PA
TEXACORT	2	
THALITONE	2	
THALOMID	4	
THEO-24	2	
THEOCHRON	1	

Medication Name	Tier	Notes
THEOPHYLLINE CR	1	
THEOPHYLLINE ER	1	
THEOPHYLLINE TD	1	
THERMAZENE	1	
THIOLA	3	
THIORIDAZINE HCL	1	
THIOTEPA	1	B vs. D
THIOTHIXENE	1	
THYMOGLOBULIN	4	PA
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
TICLOPIDINE HCL	1	
TIGAN	2	PA
TIKOSYN	2	
TIMENTIN	4	
TIMOLIDE 10/25	2	
TIMOLOL MALEATE	1	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	1	
TINDAMAX	3	
TIS-U-SOL	2	B vs. D
TIS-U-SOL VIAFLEX	2	B vs. D
TIZANIDINE HCL	1	
TOBI	4	B vs. D
TOBRADEX	2	

Medication Name	Tier	Notes
TOBRAMYCIN SULFATE	1	
TOBRAMYCIN SULFATE ADD-VANTAGE	1	
TOBRAMYCIN SULFATE FLIPTOP	1	
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	1	
TOBRASOL	1	
TOBREX	2	
TOFRANIL-PM	3	
TOLAZAMIDE	1	
TOLBUTAMIDE	1	
TOLMETIN SODIUM	1	
TOPAMAX	3	PA applies to NEW STARTS only, QL
TOPAMAX SPRINKLE	3	PA applies to NEW STARTS only, QL
TOPOSAR	1	B vs. D
TOPROL XL	2	
TORISEL	4	PA applies to NEW STARTS only.
TORSEMIDE	1	
TPN ELECTROLYTES FTV	2	B vs. D
TRACLEER	4	
TRAMADOL HCL	1	
TRAMADOL HYDROCHLORIDE/ACETAM	1	

Medication Name	Tier	Notes
INOPHEN		
TRANDOLAPRIL	1	
TRANSDERM-SCOP	2	
TRAVASOL	2	B vs. D
TRAVASOL 2.75%/DEXTROSE 10%	2	B vs. D
TRAVASOL 2.75%/DEXTROSE 5%	2	B vs. D
TRAVASOL 3.5%/ELECTROLYTES	2	B vs. D
TRAVASOL 4.25%/DEXTROSE 10%	1	B vs. D
TRAVASOL 4.25%/DEXTROSE 25%	2	B vs. D
TRAVASOL 5.5%/DEXTROSE 10%	2	B vs. D
TRAVASOL 5.5%/DEXTROSE 20%	2	B vs. D
TRAVASOL 5.5%/ELECTROLYTES	2	B vs. D
TRAVASOL 8.5%/DEXTROSE 10%	2	B vs. D
TRAVASOL 8.5%/DEXTROSE 20%	2	B vs. D
TRAVASOL 8.5%/DEXTROSE 50%	2	B vs. D
TRAVASOL 8.5%/ELECTROLYTES	2	B vs. D
TRAVATAN	2	
TRAVATAN Z	2	
TRAZODONE HCL	1	
TREANDA	4	B vs. D
TRECATOR	2	
TRELSTAR DEPOT	3	PA
TRELSTAR LA	3	PA
TRETINOIN GEL,CREAM	1	PA
TRETINOIN CAPS	4	PA applies

Medication Name	Tier	Notes
		to NEW STARTS only.
TREXALL	3	B vs. D
TRIAMCINOLONE ACETONIDE	1	
TRIAMCINOLONE ACETONIDE IN ABSORBASE	1	
TRIAMCINOLONE IN ORABASE	1	
TRIAMTERENE /HYDROCHLOROTHIAZIDE	1	
TRICOR	2	QL
TRIDERM	1	
TRIFLUOPERAZINE HCL	1	
TRIGLIDE	3	QL, ST
TRIHEXYPHENIDYL HCL	1	
TRIHIBIT	2	
TRI-LEGEST FE	1	
TRILEPTAL	3	
TRILYTE	3	
TRIMETHOBENZAMIDE HCL	1	PA
TRIMETHOPRIM	1	
TRIMETHOPRIM SULFATE/POLYMYXIN B SULFATE	1	
TRIMIPRAMINE MALEATE	1	
TRIMOX	1	
TRINESSA	1	
TRI-NORINYL 28	3	
TRIPEDIA	2	
TRI-PREVIFEM	1	
TRISENOX	4	B vs. D

Medication Name	Tier	Notes
TRI-SPRINTEC	1	
TRIVORA-28	1	
TRIZIVIR	4	
TROPHAMINE	2	B vs. D
TROPICACYL	1	
TROPICAMIDE	1	
TRUSOPT	2	
TRUVADA	4	
TWINJECT	2	QL
TWINRIX	2	
TYGACIL	4	
TYKERB	4	PA applies to NEW STARTS only.
TYPHIM VI	3	
TYSABRI	4	PA
TYZEKA	3	
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
U-CORT	1	
ULTRACAPS MT 20	1	
ULTRASE	2	
ULTRASE MT 12	2	
ULTRASE MT 18	2	
ULTRASE MT 20	2	
UNASYN BULK PACK	2	
UNASYN PIGGYBACK UNIT	2	

Medication Name	Tier	Notes
UNITHROID 25MCG,50MCG	2	
UNITHROID 100MCG, 112MCG, 125MCG, 150MCG, 175MCG, 200MCG, 300MCG, 75MCG, 88MCG	1	
UREX	1	
URISPAS	3	
UROCIT-K 10	3	
UROCIT-K 5	3	
UROXATRAL	3	QL, ST
URSO 250	2	
URSO FORTE	2	
URSODIOL	1	
UVADEX	2	B vs. D
VAGIFEM	3	
VALCYTE	4	
VALPROATE SODIUM	1	
VALPROIC ACID	1	
VALTREX	2	
VANACET	1	
VANCOCIN HCL	4	
VANCOMYCIN HCL	1	
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	4	
VANDAZOLE	3	
VANOS	3	
VANTAS	3	PA
VANTIN	3	
VAQTA	2	
VARIVAX	2	

Medication Name	Tier	Notes
VECTIBIX	4	B vs. D
VEETIDS	1	
VELCADE	4	PA applies to NEW STARTS only.
VELIVET	1	
VENLAFAXINE HCL	1	
VENTAVIS	4	PA
VENTOLIN HFA	2	
VERAMYST	3	ST
VERAPAMIL HCL	1	
VERAPAMIL HCL ER	1	
VERDESO	3	
VESANOID	4	PA applies to NEW STARTS only.
VESICARE	3	QL, ST
VEXOL	2	
VFEND	4	PA
VFEND IV	4	PA
VIDAZA	2	PA applies to NEW STARTS only.
VIDEX EC	2	
VIDEX PEDIATRIC	2	
VIGAMOX	2	
VINBLASTINE SULFATE	1	B vs. D
VINCASAR PFS	1	B vs. D

Medication Name	Tier	Notes
VINCRISTINE SULFATE	1	B vs. D
VINORELBINE TARTRATE	4	B vs. D
VIOKASE	2	
VIOKASE 16	2	
VIOKASE 8	2	
VIRACEPT	4	
VIRAMUNE	2	
VIRAZOLE	2	
VIREAD	3	
VISICOL	3	
VISTIDE	4	PA
VIVACTIL	3	
VIVAGLOBIN	4	PA
VIVELLE-DOT	2	
VIVITROL	4	PA
VIVOTIF BERNA	2	
VOLTAREN	3	
VOSPIRE ER	2	
VOSPIRE ER	2	
VYTORIN	3	
WARFARIN SODIUM	1	
WELCHOL	3	
WELLBUTRIN XL	3	QL, ST applies to NEW STARTS only
XALATAN	2	
XIBROM	3	

Medication Name	Tier	Notes
XIFAXAN	3	
XODOL	3	
XOLAIR	4	PA
XOLEGEL	3	
XOPENEX	3	B vs. D
XOPENEX CONCENTRATE	3	B vs. D
XOPENEX HFA	2	
XYREM	4	
YASMIN 28	3	
YAZ	3	
YF-VAX	2	
ZALEPLON	1	QL
ZANAFLEX	3	
ZANOSAR	4	B vs. D
ZAVESCA	2	
ZAZOLE	1	
ZEGERID	3	QL, ST
ZELAPAR	3	
ZEMAIRA	4	PA
ZEMPLAR CAPS	2	
ZEMPLAR INJ	2	PA
ZENAPAX	4	B vs. D
ZERIT	2	
ZERLOR	1	
ZETIA	2	
ZIAGEN	2	
ZIANA	3	

Medication Name	Tier	Notes
ZIDOVUDINE	1	
ZINACEF	2	
ZINACEF IN ISO-OSMOTIC DEXTROSE	2	
ZINACEF IN ISO-OSMOTIC DILUENT	2	
ZINECARD	4	PA
ZMAX	3	QL
ZOLINZA	4	PA applies to NEW STARTS only.
ZOLPIDEM TARTRATE	1	QL
ZOMETA	4	PA
ZOMIG	3	QL
ZOMIG ZMT	3	QL
ZONALON	2	
ZONISAMIDE	1	
ZORBTIVE	4	PA
ZOSTAVAX	2	
ZOSYN	2	
ZOVIA 1/35E	1	
ZOVIA 1/50E	1	
ZOVIRAX	3	
ZYFLO CR	3	
ZYLET	3	
ZYMAR	3	ST
ZYPREXA	2	QL
ZYPREXA ZYDIS	2	QL
ZYVOX	4	PA

Medication Name	Tier	Notes
Barbiturates & Benzodiazepines		
ALPRAZOLAM	1	
ALPRAZOLAM INTENSOL	2	
AMOBARBITAL SODIUM	1	
AMYTAL SODIUM	2	
ATIVAN	2	
ATIVAN INTENSOL	2	
BREVITAL SODIUM	2	
BUTABARBITAL SODIUM	1	
BUTISOL SODIUM	2	
CHLORDIAZEPOXIDE HCL	1	
CHLORDIAZEPOXIDE/METHSCOPOLAMN	1	
CLONAZEPAM	1	
CLORAZEPATE DIPOTASSIUM	1	
DALMANE	2	
DIASTAT	2	
DIASTAT ACUDIAL	2	
DIAZEPAM	1	
DORAL	2	
ESTAZOLAM	1	
FLURAZEPAM HCL	1	
HALAZEPAM	1	
HALCION	2	
KLONOPIN	2	
LIBRAX	2	
LIBRIAM	2	
LIBRIUM	2	

Medication Name	Tier	Notes
LORAZEPAM	1	
LUMINAL SODIUM	2	
MEBARAL	2	
MEPHOBARBITAL	1	
METHOHEXITAL SODIUM	1	
MIDAZOLAM HCL	1	
MIDAZOLAM HCL/NORMAL SALINE	1	
MIDAZOLAM HCL/PF	1	
MIDAZOLAM HCL-NACL	2	
MIDAZOLAM HCL-NS	2	
NEMBUTAL SODIUM	2	
NIRAVAM	2	
OXAZEPAM	1	
PAXIPAM	2	
PENTOBARBITAL SODIUM	1	
PENTOTHAL	2	
PHENOBARBITAL	1	
PHENOBARBITAL	2	
PHENOBARBITAL SODIUM	1	
PHENOBARBITAL SODIUM	2	
PROSOM	2	
QUAZEPAM	1	
RESTORIL	2	
SECOBARBITAL SODIUM	1	
SECONAL SODIUM	2	

Medication Name	Tier	Notes
SERAX	2	
TEMAZEPAM	1	
THIOPENTAL SODIUM	1	
TRANXENE SD	2	
TRIAZOLAM	1	
VALIUM	2	
VERSED	2	
XANAX	2	
XANAX XR	2	
Erectile Dysfunction Drugs		
ALPROSTADIL	1	
APHRODYNE	2	
CAVERJECT	2	
CIALIS	2	
EDEX	2	
LEVITRA	2	
MUSE	2	
SILDENAFIL CITRATE	1	
TADALAFIL	1	
VARDENAFIL HCL	1	
VIAGRA	2	
YOHIMAR	2	
YOHIMBINE HCL	1	
YOHIMBINE HCL/ZINC SULFATE	1	

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