

# RXCORE<sup>SM</sup> PRESCRIPTION DRUG LIST

A formulary is the list of prescription drugs covered on your plan. This printed version contains only the most commonly prescribed drugs in their most common strengths and formulations.

Your drug benefit has four tiers (levels) of coverage. The tiers determine the amount you are responsible to pay. Copay and coinsurance amounts are shown on your Member Payment Summary (MPS) and ID Card.

**Please note:** Brand names have been provided on this list for reference and identification purposes. However, brand names are not covered on the RxCore formulary when a generic drug is available.

This is not a complete list of all drugs and may change due to new drugs, therapies, or other factors. If you have any questions about your prescription drug benefits, please call Member Services at 801-442-5038 (Salt Lake area) or 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.

**View the most current drug coverage and pharmacy benefit information by logging in to My Health at selecthealth.org.** Once logged in, click on “Pharmacy Tools,” then go to “My Pharmacy Tools,” to find:

- Drug prices and potential lower-cost alternatives for drugs you already take
- A drug lookup, searchable by drug name and dose
- Tier statuses of prescription drugs, including injectables
- Your prescription copays and benefits
- Maintenance drug (90-day) medications
- Explanations of Benefits (EOBs) for your drug claims
- Preauthorization and step therapy requirements
- Participating pharmacies, including Retail90<sup>SM</sup>

## LEGEND

### (PA) Preauthorization

Coverage of certain drugs is based on medical necessity. For these drugs, you will need preauthorization from SelectHealth; otherwise, you will be responsible to pay the drug's full retail price.

### (GS) GenericSample<sup>SM</sup>

This program eliminates your copay/coinsurance for the first 30-day fill of select generic prescriptions.

### (M) Maintenance Drug

These drugs qualify for the 90-day maintenance drug benefit.

### (ST) Step Therapy

Drugs that require step therapy are covered by SelectHealth only after you have tried the alternative therapy, and it didn't work (the therapy failed). Step therapy generally applies only to brand-name drugs.

### (QL) Quantity Limits

Quantity limitations apply to certain drugs (maximum number of tablets/capsules, etc. per prescription). Preauthorization is required if the medication exceeds the plan limits.

### (AGE) Age Limit

A minimum or maximum age limit requirement must be met for coverage.

Drugs with an “\*” are considered **preventive drugs** and may be covered at a different benefit than other drugs. Prescriptions vary in strength and formulation, and your specific prescription may be covered at a different tier than is listed here. If your plan includes the **value-based option**, Tier 2 drugs in these categories are covered at the Tier 1 benefit. Refer to your Member Payment Summary and ID Card for details.



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>ALLERGY NASAL PREPARATIONS</i>					
	fluticasone	1	Flonase		(M)(GS)
	flunisolide	1	Nasarel		(M)
<i>ANTIBIOTICS/CEPHALOSPORINS</i>					
	cefaclor	1	Ceclor		
			Cedax	3	
	cefuroxime	1	Ceftin		
	cefprozil	1	Cefzil		
	cefadroxil	1	Duricef		
	cefdinir	1	Omnicef		
			Suprax	3	
<i>ANTIBIOTICS/MACROLIDES</i>					
	E.E.S.	1			
	clarithromycin	1	Biaxin		
	clarithromycin ER	1	Biaxin XL		
	erythromycin		Ery-Tab	2	
	azithromycin	1	Zithromax		(QL)
<i>ANTIBIOTICS/MISCELLANEOUS ANTIBIOTICS</i>					
			Alinia	3	(QL)
	smz-tmp	1	Bactrim		
			Causton	4	(PA)(QL)
	clindamycin	1	Cleocin		
	metronidazole	1	Flagyl		
	nitrofurantoin	1	Macrobid		
			Tobi	4	(PA)(QL)
			Xifaxan 200 mg	3	(PA)(QL)
			Xifaxan 550 mg	2	(PA)(QL)
			Zyvox	4	
<i>ANTIBIOTICS/PENICILLINS</i>					
	amoxicillin	1	Amoxil/Trimox	1	(GS)
	amoxicillin/clavulanate	1	Augmentin		
	amoxicillin/clavulanate SR	1	Augmentin XR		
	penicillin	1	Pen VK		
	ampicillin	1	Polycillin		
<i>ANTIBIOTICS/QUINOLONES</i>					
			Avelox	3	
	ciprofloxacin	1	Cipro		
	ciprofloxacin ER	1	Cipro XR		
	levofloxacin	1	Levaquin		
<i>ANTIBIOTICS/TETRACYCLINES</i>					
	minocycline	1	Dynacin/Minocin		
	tetracycline	1	Sumycin		
	doxycycline	1	Vibramycin		(GS)
<i>ANTIFUNGALS</i>					
	fluconazole	1	Diflucan		
	fluconazole 150mg	1	Diflucan 150 mg		(QL)
	clotrimazole	1	Mycelex		
	clotrimazole	1	Mycelex		



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<b>ANTIFUNGALS</b>					
	nystatin	1	Mycostatin		
	ketoconazole	1	Nizoral		
	itraconazole	1	Sporanox		(QL)
			Vfend	4	(QL)
<b>ANTIVIRALS</b>					
	famciclovir	1	Famvir		
	valacyclovir	1	Valtrex		(QL)
	acyclovir	1	Zovirax		
<b>ANXIETY &amp; SLEEP DISORDER</b>					
	zolpidem	1	Ambien		(QL)
	zolpidem CR	1	Ambien CR		(QL)
	lorazepam	1	Ativan		
	buspirone	1	Buspar		
	temazepam	1	Restoril		
	zaleplon	1	Sonata		(QL)
	diazepam	1	Valium		
	alprazolam	1	Xanax		
	alprazolam ER	1	Xanax XR		(QL)
<b>ASTHMA*</b>					
	Zafirlukast	1	Accolate		(QL)
			Advair	2	(M)
			Asmanex	2	(QL)(M)
			Atrovent HFA	2	(M)
			Flovent HFA	2	(M)
	cromolyn	1	Intal		(M)
			Serevent	2	(M)
			Singulair 10 mg	3	(ST)(QL)(M)
			Singulair 4 mg & 5 mg	3	(QL)(M)
			Symbicort	2	(QL)(M)
	theophylline	1	Theo-24		(M)
			Ventolin HFA	2	(QL)(M)
<b>CARDIOVASCULAR/ACE INHIBITORS*</b>					
	quinapril	1	Accupril		(M)(GS)
	ramipril	1	Altace		(M)
	captopril	1	Capoten		(M)
	trandolapril	1	Mavik		(M)
	fosinopril	1	Monopril		(M)
	lisinopril	1	Prinivil/Zestril		(M)(GS)
	enalapril	1	Vasotec		(M)(GS)
<b>CARDIOVASCULAR/ANGIOTENSIN II RECEPTOR BLOCKERS*</b>					
			Atacand	3	(ST)(QL)(M)
			Avapro	3	(ST)(QL)(M)
			Benicar	3	(ST)(QL)(M)
	losartan	1	Cozaar		(QL)(M)
			Diovan	2	(QL)(M)
			Micardis	3	(ST)(QL)(M)
			Teveten	3	(ST)(QL)(M)
			Tribenzor	3	(ST)(QL)(M)

ANTIFUNGALS TO CARDIOVASCULAR/ANGIOTENSIN II RECEPTOR BLOCKERS



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>CARDIOVASCULAR/ANTIADRENERGICS*</i>					
	methyldopa	1	Aldomet		(M)
	clonidine	1	Catapres		(M)
<i>CARDIOVASCULAR/BETA-BLOCKERS*</i>					
	sotalol/AF	1	Betapace / AF		(M)
			Bystolic	3	(QL)
	carvedilol	1	Coreg		(M)(GS)
	propranolol ER	1	Inderal LA		(M)
			Innopran XL	3	(M)
	metoprolol tartrate	1	Lopressor		(M)
	atenolol	1	Tenormin		(M)
	metoprolol succinate	1	Toprol XL		(M)
	labetalol	1	Trandate		(M)
	bisoprolol	1	Zebeta		(M)
<i>CARDIOVASCULAR/BLOOD MODIFIERS*</i>					
			Aggrenox	2	(M)
			Arixtra	4	
	warfarin	1	Coumadin	2	(M)
			Effient	2	(QL)(M)
			Innohep	4	(QL)
	enoxaparin	1	Lovenox		
			Plavix	2	(QL)(M)
			Vitamin K	4	(QL)
			Xarelto	3	(QL)
<i>CARDIOVASCULAR/CALCIUM CHANNEL BLOCKERS*</i>					
	nifedipine	1	Adalat / Procardia		(M)
	verapamil	1	Calan		(M)
	nifedipine	1	Cardene		(M)
	diltiazem	1	Cardizem CD/LA		(M)
	amlodipine	1	Norvasc		(M)(GS)
	nifedipine ER	1	Procardia XL		(M)
	diltiazem	1	Tiazac		(M)
	verapamil	1	Verelan		(M)
<i>CARDIOVASCULAR/CARDIAC GLYCOSIDES*</i>					
	digoxin	1	Lanoxin	2	(M)
<i>CARDIOVASCULAR/COMBINATION/OTHER*</i>					
	quinapril HCTZ	1	Accuretic		(M)
			Amturnide	2	(ST)(QL)(M)
			Atacand HCT	3	(ST)(QL)(M)
			Avalide	3	(ST)(QL)(M)
			Azor	3	(ST)(QL)(M)
			Benicar HCT	3	(ST)(QL)(M)
			Diovan HCT	2	(QL)(M)
			Exforge	2	(QL)(M)
	losartan/HCTZ	1	Hyzaar		(QL)(M)
	benazepril/HCTZ	1	Lotensin HCT		(M)(GS)
	amlodipine/benazepril	1	Lotrel		(M)
			Micardis HCT	3	(ST)(QL)(M)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>CARDIOVASCULAR COMBINATION/OTHER*</i>					
			Multaq	2	(M)
	lisinopril HCTZ	1	Prinzide		(M)(GS)
			Ranexa	3	(ST)(QL)(M)
	propafenone	1	Rythmol		(M)
	trandolapril/verapamil	1	Tarka		(M)
			Teveten HCT	3	(ST)(QL)(M)
			Valturna	2	(ST)(M)
	enalapril/HCTZ	1	Vaseretic		(M)
	bisoprolol HCTZ	1	Ziac		(M)
<i>CARDIOVASCULAR/DIURETICS (WATER PILLS)*</i>					
	spironolactone	1	Aldactone		(M)
	eplerenone	1	Inspra		(ST)(M)
	furosemide	1	Lasix		(M)
	triamterene-HCTZ	1	Maxzide, Dyazide		(M)
	hydrochlorothiazide (HCTZ)	1	Microzide		(M)(GS)
<i>CARDIOVASCULAR/NITRATES*</i>					
	isosorbide mononitrate	1	Imdur		(M)
	isosorbide dinitrate	1	Isordil		(M)
	nitroglycerin	1	Nitro-Dur	2	(M)
	nitroglycerin	1	Nitrostat	3	(M)
<i>CHOLESTEROL*</i>					
			Crestor 10/20/40 mg	2	(QL)(M)
			Crestor 5 mg	2	(ST)(QL)(M)
	Fenofibrate	1	Lofibra		(M)
			Lovaza	2	(M)
			Niaspan	2	(M)
	pravastatin	1	Pravachol		(QL)(M)(GS)
	cholestyramine	1	Questran		(M)
	fenofibrate	1	Tricor		(M)
			Triglide	3	(M)
			Welchol	2	(M)
			Zetia	2	(M)
	simvastatin	1	Zocor		(QL)(M)(GS)
<i>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)*</i>					
	ipratropium	1	Atrovent		(M)
			Combivent	3	(M)
			Daliresp	2	(PA)(QL)(M)
			Spiriva	2	(QL)(M)
<i>CONTRACEPTION (BIRTH CONTROL)*</i>					
	Cesia & Velivet	1	Cyclessa		(M)
	Zovia	1	Demulen		(M)
			Depo-Provera	4	(QL)(M)
	apri / solia	1	Desogen		(M)
	Kariva	1	Mircette		(M)
	levora	1	Nordette		(M)
			Nuvaring	2	(QL)(M)
			Ortho Evra	3	(QL)(M)

CARDIOVASCULAR COMBINATION/OTHER TO CONTRACEPTION (BIRTH CONTROL)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>CONTRACEPTION (BIRTH CONTROL)*</i>					
	Tri-Previfem	1	Ortho Tri-Cyclen Lo		(M)
	Apri /Solia	1	Ortho-Cept		(M)
	Previfem	1	Ortho-Cyclen		(M)
	Notrel	1	Ortho-Novum		(M)
	Jolessa	1	Seasonale		(M)
	Quasense	1	Seasonique		(M)
	Ocella	1	Yasmin		(M)
	Gianvi	1	YAZ		(M)
<i>DERMATOLOGICALS (SKIN)/ACNE</i>					
	isotretinoin / claravis / amnestem / sotret	1	Accutane		
			Aczone	3	
			Azelex	3	
	Erythromycin/benzoyl peroxide	1	Benzamycin		
			Differin	3	(AGE)
			Duac/CS	3	
	erythromycin gel	1	Emgel		
			Epiduo	2	(QL)(AGE)
	metronidazole	1	Metrocream		
			Metrogel	2	
	metronidazole	1	Metro lotion		
	tretinoin	1	Retin-A		(AGE)
<i>DERMATOLOGICALS (SKIN)/ANTIFUNGALS</i>					
	clotrimazole	1	Clotrim		
	clotrimazole-betameth	1	Lotrisone		
<i>DERMATOLOGICALS (SKIN)/ANTIPSORIATICS</i>					
			Dovonex	2	
			Soriatane	2	
			Tazorac	3	(AGE)
			Vectical	3	
<i>DERMATOLOGICALS (SKIN)/MISCELLANEOUS</i>					
	imiquimod	1	Aldara		
			Altabax	3	
	mupirocin	1	Bactroban	2	
			Carac	3	
	fluorouracil	1	Efudex		
			Elidel	2	(ST)(QL)
			Finacea	2	
			Protopic	3	(ST)(QL)
			Regranex	3	(QL)
<i>DERMATOLOGICALS (SKIN)/STEROIDS</i>					
	prednicarbate	1	Dermatop		
	betamethasone	1	Diprolene		
	mometasone	1	Elocon		
	hydrocortison	1	Hytone		
	triamcinolone	1	Kenalog		
	fluocinonide	1	Lidex		



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>DERMATOLOGICALS (SKIN)/STEROIDS</i>					
	clobetasol	1	Temovate		
<i>DIABETIC/DIAGNOSTIC AGENTS*</i>					
			Freestyle Test Strips	2	(QL)(M)
			Precision Test Strips	2	(QL)(M)
<i>DIABETIC/INJECTABLES*</i>					
			Apidra	3	(M)
			Byetta	2	(ST)(QL)(M)(AGE)
			Glucagon	2	
			Lantus	2	(M)
			Lantus Pens	3	(M)
			Levemir	2	(M)
			Levemir Pens	3	(M)
			Novolin	2	
			Novolog	2	(M)
			Novolog Flexpen	3	(M)
			Symlin	2	(ST)(QL)(M)
			Victoza	2	(ST)(QL)(M)
<i>DIABETIC/ORAL ANTIDIABETICS*</i>					
			ActoPlus Met/XR	2	(QL)(M)
			Actos	2	(QL)(M)
	glimepiride	1	Amaryl		(M)
			Avandamet	2	(QL)(M)
			Avandaryl	2	(QL)(M)
			Avandia	2	(QL)(M)
	glyburide	1	Diabeta / Micronase		
			Duetact	2	(QL)(M)
	metformin	1	Glucophage		(M)(GS)
	metformin ER	1	Glucophage XR		(M)(GS)
	glipizide	1	Glucotrol		(M)
	glipizide ER	1	Glucotrol XL		(M)
	glyburide/metformin	1	Glucovance		(M)
			Janumet	2	(QL)(M)
			Januvia	2	(QL)(M)
			Kombiglyze	2	(QL)(M)
	glipizide-metformin	1	Metaglip		(M)
			Onglyza	2	(QL)(M)
			Prandin	2	(M)
	acarbose	1	Precose		(M)
<i>ENZYME REPLACEMENT</i>					
			Aldurazyme	4	
			Cerezyme	4	(QL)
			Creon	2	(M)
			Elaprase	4	(QL)
			Fabrazyme	4	(PA)(QL)
			Kuvan	4	(QL)
			Myozyme	4	(QL)
			Naglazyme	4	(QL)

DERMATOLOGICALS (SKIN)/STEROIDS TO ENZYME REPLACEMENT



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>ENZYME REPLACEMENT</i>					
			Pancreaze	2	(M)
			Pulmozyme	4	(QL)
			Ultrase	3	(M)
			Zenpep	2	
<i>GASTROINTESTINAL (DIGESTIVE)/MISCELLANEOUS</i>					
			Amitiza	2	(QL)(AGE)
			Apriso	3	(M)
			Asacol	2	(M)
			Canasa	2	(M)
			Entocort EC	3	
			Lialda	2	(QL)(M)
			Lotronex	3	(QL)
			Orfadin	4	(QL)
			Pentasa	2	(M)
	metoclopramide	1	Reglan		
			Renagel	2	(M)
			Renvela	2	(M)
			Zemplar	2	(M)
<i>GASTROINTESTINAL (DIGESTIVE)/NAUSEA &amp; VOMITING</i>					
			Anzemet	3	(QL)
			Emend	3	(QL)
	granisetron	1	Kytril		(QL)
	promethazine	1	Phenergan		
	ondansetron	1	Zofran/ODT		(QL)
<i>GASTROINTESTINAL (DIGESTIVE)/ULCER TREATMENTS</i>					
	hyoscyamine	1	Levsin		
	famotidine	1	Pepcid		(QL)(M)
	lansoprazole	1	Prevacid		(QL)(M)
	Lansoprazole ODT	1	Prevacid Solutab		(QL)(M)(AGE)
			Prevpac	3	(QL)(M)
	omeprazole	1	Prilosec		(QL)(M)(GS)
	pantoprazole	1	Protonix		(QL)(M)
	ranitidine hcl	1	Zantac	3	(QL)(M)
<i>GROWTH HORMONE</i>					
			Omnitrope	4	(PA)(QL)
			Saizen	4	(PA)(QL)
			Tev-Tropin	4	(PA)(QL)
<i>HEPATITIS</i>					
			Incivek	4	(PA)
			Infergen	4	(PA)(QL)
			Intron A	4	(QL)
			Peg Intron	4	(PA)(QL)
			Pegasys	4	(PA)(QL)
			Victrelis	4	(PA)
<i>HORMONE REPLACEMENT THERAPY FEMALE</i>					
			Activella	2	(M)
	norethindrone	1	Aygestin		(M)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>HORMONE REPLACEMENT THERAPY FEMALE</i>					
			Cenestin	2	(M)
	estradiol	1	Climara		(M)
			Crinone	3	(AGE)
			Enjuvia	2	(M)
	estradiol	1	Estrace		(M)
			Estraderm	2	(M)
	syntest	1	Estratest		(M)
			Estrogel	2	(M)
			Evista	2	(QL)
			FemHRT	3	(M)
			Femtrace	3	(M)
			Premarin	2	(M)
			Premphase	2	(M)
			Prempro	2	(M)
			Progesterone	3	(PA)
			Prometrium	2	(QL)(M)
	medroxyprogesterone	1	Provera		(M)
			Vagifem	2	(M)
			Vivelle/Dot	2	(M)
<i>HORMONE REPLACEMENT THERAPY MALE</i>					
			Androderm	3	(ST)(M)
			Androgel	2	(M)
			Striant	3	(ST)(M)
			Testim	3	(ST)(M)
			Testosterone Injection	4	(QL)
<i>IMMUNOSUPPRESSANTS</i>					
	mycophenolate	1	Cellcept		(M)
	azathioprine	1	Imuran		(M)
			Myfortic	3	(M)
	cyclosporine	1	Neoral		(M)
	tacrolimus	1	Prograf		(M)
			Rapamune	2	(M)
	cyclosporine	1	Sandimmune		(M)
<i>MENTAL HEALTH/ALZHEIMER'S</i>					
			Azilect	3	(M)
			Exelon	3	(M)
			Namenda	2	(M)
<i>MENTAL HEALTH/ANTIDEPRESSANTS</i>					
	citalopram	1	Celexa		(QL)(M)(GS)
			Cymbalta	3	(ST)(QL)(M)
	trazodone	1	Desyrel		(M)
	venlafaxine	1	Effexor		(M)
	venlafaxine ER Caps	1	Effexor XR		(QL)(M)
	amitriptyline	1	Elavil		(M)
			Lexapro	3	(ST)(QL)(M)
	nortriptyline	1	Pamelor		(M)
	paroxetine	1	Paxil		(QL)(M)(GS)

HORMONE REPLACEMENT THERAPY FEMALE TO MENTAL HEALTH/ANTIDEPRESSANTS



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>MENTAL HEALTH/ANTIDEPRESSANTS</i>					
			Pristiq	3	(ST)(QL)(M)
	fluoxetine	1	Prozac/Rapiflux		(QL)(M)(GS)
	mirtazapine	1	Remeron		(QL)(M)
			Savella	3	(QL)(M)
			Viibryd	3	(ST)(QL)(M)
	bupropion/SR/XL	1	Wellbutrin/SR/XL		(QL)(M)(GS)
	sertraline	1	Zoloft		(QL)(M)(GS)
<i>MENTAL HEALTH/ANTIPSYCHOTICS</i>					
			Abilify	2	(QL)(M)
	clozapine	1	Clozaril		(QL)(M)
			Fanapt	3	(ST)(QL)
			Geodon	2	(QL)(M)
			Invega	3	(ST)(QL)(M)
			Latuda	3	(ST)(QL)(M)
	Risperidone	1	Risperdal		(QL)(M)
			Saphris	3	(ST)(QL)(M)
			Seroquel/XR	2	(QL)(M)
			Symbyax	3	(M)
			Zyprexa	2	(QL)(M)
<i>MENTAL HEALTH/STIMULANTS</i>					
	amphetamine salts	1	Adderall		
	amphetamine salts ER	1	Adderall XR		(QL)
	methylphenidate ER	1	Concerta		(QL)
	dextroam/SR	1	Dexedrine/CR		(QL)
			Focalin XR	2	(ST)(QL)
			Intuniv	3	(QL)(M)
			Kapvay	3	(QL)
	methylin ER	1	Metadate ER		(QL)
	methylphenidate	1	Ritalin		
	methylphenidate SR	1	Ritalin SR		(QL)
			Strattera	3	(QL)
			Vyvanse	3	(ST)(QL)
<i>MIGRAINE</i>					
	naratriptan	1	Amerge		(QL)
			DDHE 45	4	(QL)
	butalbital apap caffeine	1	Esgic		
	butalbital asa caffeine	1	Fiorinal		
	sumatriptan	1	Imitrex		(QL)
	apap w/ butalbital	1	Phrenilin		
<i>MULTIPLE SCLEROSIS</i>					
			Avonex	4	(QL)
			Betaseron	4	(PA)(QL)
			Copaxone	4	(QL)
			Extavia	4	(PA)(QL)
			Gilenya	4	(PA)(QL)
			Rebif	4	(QL)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>MUSCLE RELAXANTS</i>					
	baclofen	1			
	carisoprodol cmp/ codeine	1			
	cyclobenzaprine ER	1	Amrix		(ST)(QL)
	cyclobenzaprine	1	Flexeril		
	methocarbamol	1	Robaxin		
	metaxalone	1	Skelaxin		
	carisoprodol / CMP	1	Soma / CMP		(QL)
	tizanidine	1	Zanaflex		
<i>ONCOLOGY/HEMATOLOGY</i>					
			Afinitor	4	(PA)(QL)
	anastrozole	1	Arimidex		(QL)(M)
			Caprelsa	4	(PA)(QL)
			Casodex	4	(QL)
			Chromagen	4	(QL)
			Emcyt	4	(QL)
	Letrozole	1	Femara		(QL)
			Gleevec	4	(QL)
			Hycamtin	4	(QL)
			Iressa	4	(PA)(QL)
			Leucovor	4	(QL)
			Lupron	4	(QL)
			Lupron Depot	4	(QL)
			Nexavar	4	(PA)(QL)
	tamoxifen	1	Nolvadex		(QL)(M)
			Oforta	4	(PA)(QL)
			Promacta	4	(PA)(QL)
			Revlimid	4	(PA)(QL)
			Sprycel	4	(PA)(QL)
			Sutent	4	(PA)(QL)
			Tabloid	4	(QL)
			Tarceva	4	(PA)(QL)
			Targretin	4	(QL)
			Tasigna	4	(PA)(QL)
			Temodar	4	(QL)
			Thalomid	4	(QL)
			Tykerb	4	(PA)(QL)
			Votrient	4	(PA)(QL)
			Xeloda	4	(QL)
			Zoladex	4	(QL)
			Zolinza	4	(PA)(QL)
			Zytiga	4	(PA)(QL)
<i>OPHTHALMICS (EYE)/ANTI-INFECTIVES</i>					
	ciprofloxacin	1	Cipro		
	gentamicin	1	Gentadol		
	ofloxacin	1	Ocuflox		
	tobramycin	1	Tobrex		
			Vigamox	3	

MUSCLE RELAXANTS TO OPHTHALMICS (EYE)/ANTI-INFECTIVES



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>OPHTHALMICS (EYE)/ANTI-INFECTIVES</i>					
			Zymar	3	
<i>OPHTHALMICS (EYE)/MISCELLANEOUS</i>					
	brimonidine	1	Alphagan	3	
	dorzolamide-timolol	1	Cosopt		(M)
	cromolyn	1	Crolom		
	epinastine	1	Elestat		
	azelastine	1	Optivar		
			Pataday	3	(M)
	timolol	1	Timoptic		(M)
	dorzolamide	1	Trusopt		(M)
<i>OPHTHALMICS (EYE)/PROSTGLANDINS</i>					
			Combigan	2	(QL)(M)
			Lumigan	2	(M)
	latanoprost	1	Xalatan		(M)
<i>OSTEOPOROSIS TREATMENTS*</i>					
			Actonel	3	(ST)(QL)(M)
			Atelvia	2	(ST)(QL)(M)
			Boniva	3	(ST)(QL)(M)
			Evista	2	(QL)(M)
	alendronate	1	Fosamax		(QL)(M)(GS)
<i>OTIC PREPARATIONS (EAR)</i>					
			Cipro HC	3	
			Ciprodex	3	
	ofloxacin	1	Floxin		
<i>PAIN MEDICATIONS/NARCOTIC ANALGESICS</i>					
	fentanyl	1	Actiq		(PA)(QL)
			Avinza	3	(ST)(QL)
	propoxyphene-apap	1	Darvocet		(QI)
	propoxyphene	1	Darvon		(QL)
	fentanyl	1	Duragesic		(QL)
			Fentora	3	(PA)(QL)
	butalbital caff apap cod	1	Fioricet w/ cod		(QL)
	hydrocodone-apap	1	Lortab		(QL)
	morphine sulfate	1	MS Contin		
			Oxycontin CR	3	(ST)(QL)
	oxycodone-apap	1	Percocet		(QL)
	oxycodone-aspirin	1	Percodan		(QL)
	butorphanol	1	Stadol		(QL)
	tramadol ER	1	Ultram ER		(QL)
	tramadol-apap	1	Ultram/Ultracet		(QL)
	hydrocodone-apap	1	Vicodin		(QL)
<i>PAIN MEDICATIONS/NONSTEROIDAL ANTI-INFLAMMATORIES</i>					
	oxaprozin	1	Daypro		(M)
	piroxican	1	Feldene		(M)
	indomethacin	1	Indocin		(M)
	meloxicam	1	Mobic		(M)
	Ibuprofen	1	Motrin		(M)(GS)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>PAIN MEDICATIONS/NONSTEROIDAL ANTI-INFLAMMATORIES</i>					
	naproxen	1	Naprosyn		(M)(GS)
			Prevacid Naprapac	3	(M)
	nabumetone	1	Relafen		(M)
	ketorolac	1	Toradol		(QL)
	diclofenac	1	Voltaren		(M)(GS)
<i>PRENATAL VITAMINS*</i>					
	Prenatal Vitamins-Generic	1	Prenatal Vitamins-Brand		(M)
<i>PROSTATE</i>					
			Avodart	3	(M)
	doxazosin	1	Cardura		(M)(GS)
	tamulosin	1	Flomax		(M)
	terazosin	1	Hytrin		(M)
	gemfibrozil	1	Lopid		(M)
	lovastatin	1	Mevacor		(M)(GS)
	prazosin	1	Minipress		(M)
	finasteride	1	Proscar		(M)
			Uroxatral	3	(M)
<i>PULMONARY ARTERIAL HYPERTENSION</i>					
			Adcirca	4	(PA)(QL)
			Letairis	4	(PA)(QL)
			Remodulin	4	(PA)(QL)
			Revatio	4	(PA)(QL)
			Tracleer	4	(PA)
			Tyvaso	4	(PA)(QL)
			Ventavis	4	(PA)(QL)
<i>RHEUMATOID ARTHRITIS</i>					
			Cimzia	4	(PA)(QL)
			Enbrel	4	(QL)
			Humira	4	(QL)
			Kineret	4	(QL)
			Simponi	4	(PA)(QL)
			Stelara	4	(QL)
<i>SEIZURE DISORDER</i>					
			Banzel	3	(M)
			Carbatrol	3	(M)
	divalproex	1	Depakote	3	(M)
	phenytoin	1	Dilantin	3	(M)
			Gabitril	3	(QL)(M)
	levetiracetam	1	Keppra	3	(QL)(M)
			Keppra XR	3	(QL)(M)
	clonazepam	1	Klonopin		(M)
			Lamictal XR	3	(QL)(M)
	lamotrigine/ODT	1	Lamictal/ODT	3	(QL)(M)
	gabapentin	1	Neurontin		(QL)(M)
			Sabril	3	(PA)(QL)
	carbamazepine	1	Tegretol		(M)
			Vimpat	3	(QL)(M)

PAIN MEDICATIONS/NONSTEROIDAL ANTI-INFLAMMATORIES TO SEIZURE DISORDER



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>STEROIDS</i>					
	hydrocortisone	1	Cortef		
	methylprednisolone	1	Medrol		
	prednisolone sod phosphate	1	Orapred		
	prednisolone	1	Prelone		
	prednisone	1	Sterapred		
<i>THYROID</i>					
			Armour Thyroid	3	(M)
			Cytomel	2	(M)
			Levothroid	2	(M)
			Levoxyl	2	(M)
			Synthroid	1	(QL)(M)
			Unithroid	2	(M)
<i>URINARY INCONTINENCE</i>					
	hyoscyamine	1	Cytospaz		(M)
	desmopressin	1	DDAVP	4	(QL)
	oxybutynin	1	Ditropan		(M)
	oxybutynin ER	1	Ditropan XL		(M)
	desmopressin	1	Minirin		(PA)
<i>UNCATEGORIZED</i>					
			Apokyn	4	(QL)
			Aralast	4	(QL)
			Calcijex	4	(QL)
			Campral	3	
			Colcrys	2	(QL)
			Epipen/Jr.	2	
			Forteo	4	(PA)(QL)
			Fuzeon	4	(QL)
			Hectorol	2	(M)
			Increlex	4	(PA)(QL)
			Infed	4	(QL)
			Lysteda	2	(QL)
			Prolastin	4	(QL)
	minirin	1	Stimate	4	(QL)
			Venofer	4	(QL)
			Vivaglobin	4	(PA)(QL)
			Xenazine	4	(PA)(QL)
			Zemaira	4	(QL)
			Zortress	4	(QL)

