

RXSELECTSM 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. It does not include injectable drugs.

Your drug benefit has three 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.

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 Retail90SM

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) GenericSampleSM

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 (MPS) and ID Card for details.

Drugs that are not covered can be obtained through an exception process. SelectHealth will cover these drugs after you have tried alternative, covered medications in the same therapeutic category that have failed to meet your medical needs. All approved exceptions will be priced as Tier 3 drugs.



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>ALLERGY NASAL PREPARATIONS</i>					
	azelastine	1	Astelin	3	(M)
			Astepro	2	(M)
			Beconase AQ	3	(M)
	fluticasone	1	Flonase	3	(M)(GS)
	triamcinolone	1	Nasacort AQ	3	(M)
	flunisolide	1	Nasarel	3	(M)
			Nasonex	2	(M)
			Omnaris	3	(M)
			Rhinocort Aqua	3	(M)
			Veramyst	3	(M)
<i>ANTIBIOTICS/CEPHALOSPORINS</i>					
			Cedax	3	
	cefprozil	1	Cefzil	3	
	cephalexin	1	Keflex	3	
	cefdinir	1	Omnicef	3	
			Suprax	3	
<i>ANTIBIOTICS/MACROLIDES</i>					
	clarithromycin	1	Biaxin	3	
	clarithromycin ER	1	Biaxin XL	3	
	erythromycin	1	Ery-Tab	2	
	azithromycin	1	Zithromax	3	(QL)
<i>ANTIBIOTICS/MISCELLANEOUS</i>					
			Alinia	3	(QL)
	smz-tmp	1	Bactrim	3	
	nitrofurantoin	1	Macrobid	3	
			Xifaxan 200mg	3	(PA)(QL)
			Xifaxan 550mg	2	(PA)(QL)
			Zyvox	3	
<i>ANTIBIOTICS/PENICILLINS</i>					
	amoxicillin	1	Amoxil/Trimox	1	(GS)
	amoxicillin/clavulanate	1	Augmentin	3	
	amoxicillin/clavulanate SR	1	Augmentin XR	2	
			Moxatag	3	(QL)
	penicillin	1	Pen VK	3	
	ampicillin	1	Polycillin	3	
<i>ANTIBIOTICS/QUINOLONES</i>					
			Avelox	3	
	ciprofloxacin	1	Cipro	3	
	ciprofloxacin ER	1	Cipro XR	3	
	levofloxacin	1	Levaquin	3	
<i>ANTIBIOTICS/TETRACYCLINES</i>					
	minocycline	1	Dynacin/Minocin	3	(ST)
			Ocudox	3	(QL)
	doxycycline	1	Vibramycin	3	(GS)
<i>ANTIFUNGALS</i>					
	fluconazole	1	Diflucan	3	
	fluconazole 150mg	1	Diflucan 150mg	3	(QL)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>ANTIFUNGALS</i>					
	terbinafine	1	Lamisil	3	(QL)
	clotrimazole	1	Mycelex	3	
	nystatin	1	Mycostatin	3	
	ketoconazole	1	Nizoral	3	
	itraconazole	1	Sporanox	3	(QL)
			Vfend	3	(QL)
<i>ANTIVIRALS</i>					
	famciclovir	1	Famvir	3	
	valacyclovir	1	Valtrex	3	(QL)
	acyclovir	1	Zovirax	3	
<i>ANXIETY & SLEEP DISORDER</i>					
	zolpidem	1	Ambien	3	(ST)(QL)
	zolpidem CR	1	Ambien CR	3	(ST)(QL)
	lorazepam	1	Ativan	3	
	buspirone	1	Buspar	3	
			Edluar	3	(ST)(QL)
			Lunesta	3	(ST)(QL)
			Rozerem	2	(QL)
			Silenor	3	(ST)(QL)
	zaleplon	1	Sonata	3	(ST)(QL)
	alprazolam	1	Xanax	3	
	alprazolam ER	1	Xanax XR	3	(QL)
<i>ASTHMA*</i>					
	Zafirlukast	1	Accolate	3	(QL)(M)
			Advair	2	(M)
			Asmanex	2	(QL)(M)
			Atrovent HFA	3	(M)
			Azmacort	3	(M)
			Dulera	2	
			Flovent HFA	2	(M)
			Foradil	3	(M)
			Maxair	2	(M)
			Proair HFA	2	(QL)(M)
			Proventil HFA	3	(QL)(M)
			Pulmicort	2	(M)
			Qvar	2	(M)
			Serevent	2	(M)
			Singulair 10mg	2	(ST)(QL)(M)
			Singulair 4mg & 5mg	2	(QL)(M)
			Symbicort	2	(M)
	theophylline	1	Theo-24	3	(M)
			Uniphyll	2	(M)
			Ventolin HFA	2	(QL)(M)
			Xopenex	3	(QL)(M)
			Xopenex HFA	3	(M)
			Zyflo CR	3	(ST)(QL)(M)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>CARDIOVASCULAR/ACE INHIBITORS*</i>					
	quinapril	1	Accupril	3	(M)(GS)
	perindopril	1	Aceon	3	(M)
	ramipril	1	Altace	3	(M)
	captopril	1	Capoten	3	(M)
	trandolapril	1	Mavik	3	(M)
	lisinopril	1	Prinivil/Zestril	3	(M)(GS)
	enalapril	1	Vasotec	3	(M)(GS)
<i>CARDIOVASCULAR/ALPHA-1 BLOCKERS*</i>					
	terazosin	1	Hytrin	3	(M)
<i>CARDIOVASCULAR/ANGIOTENSIN II RECEPTOR BLOCKERS*</i>					
			Atacand	3	(ST)(QL)(M)
			Avapro	3	(ST)(QL)(M)
			Benicar	3	(ST)(QL)(M)
	losartan	1	Cozaar	3	(QL)(M)
			Diovan	2	(QL)(M)
			Edarbi	3	(ST)
			Micardis	3	(ST)(QL)(M)
			Teveten	3	(ST)(QL)(M)
			Tribenzor	3	(ST)(QL)(M)
<i>CARDIOVASCULAR/ANTIADRENERGICS*</i>					
	methyldopa	1	Aldomet	3	(M)
	clonidine	1	Catapres	3	(M)
	clonidine patch	1	Catapres TTS	3	(M)
<i>CARDIOVASCULAR/BETA-BLOCKERS*</i>					
	sotalol/AF	1	Betapace / AF	3	(M)
			Bystolic	3	(QL)(M)
	carvedilol	1	Coreg	3	(M)(GS)
			Coreg CR	2	(M)
	propranolol ER	1	Inderal LA	3	(M)
			Innopran XL	2	(M)
	metoprolol tartrate	1	Lopressor	3	(M)
	atenolol	1	Tenormin	3	(M)
	metoprolol succinate	1	Toprol XL	3	(M)
<i>CARDIOVASCULAR/BLOOD MODIFIERS*</i>					
			Aggrenox	2	(M)
			Brilinta	3	(QL)(M)
	warfarin	1	Coumadin	2	(M)
			Effient	2	(QL)(M)
	enoxaparin	1	Lovenox	3	
			Plavix	2	(QL)(M)
			Pradaxa	3	(PA)(QL)(M)
			Xarelto	3	(QL)
<i>CARDIOVASCULAR/CALCIUM CHANNEL BLOCKERS*</i>					
	verapamil	1	Calan	3	(M)
	diltiazem	1	Cardizem CD/LA	3	(M)
	amlodipine	1	Norvasc	3	(M)(GS)
	verapamil	1	Verelan	3	(M)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>CARDIOVASCULAR/CARDIAC GLYCOSIDES*</i>					
	digoxin	1	Lanoxin	2	(M)
<i>CARDIOVASCULAR/COMBINATION/OTHER*</i>					
			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)
	captopril/HCTZ	1	Capozide	3	(M)
			Diovan HCT	2	(QL)(M)
			Exforge	2	(QL)(M)
			Exforge HCT	2	(QL)(M)
	losartan/HCTZ	1	Hyzaar	3	(QL)(M)
	benazepril/HCTZ	1	Lotensin HCT	3	(M)(GS)
	amlodipine/benazepril	1	Lotrel	3	(M)
			Micardis HCT	3	(ST)(QL)(M)
			Multaq	2	(M)
	lisinopril HCTZ	1	Prinzide	3	(M)(GS)
			Ranexa	2	(ST)(QL)(M)
			Rythmol	3	(M)
	trandolapril/verapamil	1	Tarka	2	(M)
			Tekamlo	3	(ST)(QL)(M)
			Tekturna	3	(ST)(QL)(M)
			Teveten HCT	3	(ST)(QL)(M)
			Twynsta	3	(ST)(QL)
			Valturna	2	(ST)(M)
	enalapril/HCTZ	1	Vaseretic	3	(M)
<i>CARDIOVASCULAR DIURETICS (WATER PILLS)*</i>					
	spironolactone	1	Aldactone		(M)
	eplerenone	1	Inspra	3	(ST)(M)
	furosemide	1	Lasix	3	(M)
	triamterene-HCTZ	1	Maxzide, Dyazide	3	(M)
	hydrochlorothiazide (HCTZ)	1	Microzide	3	(M)(GS)
<i>CARDIOVASCULAR NITRATES*</i>					
	isosorbide mononitrate	1	Imdur	3	(M)
	isosorbide dinitrate	1	Isordil	3	(M)
	nitroglycerin	1	Nitro-Dur	2	(M)
	nitroglycerin	1	Nitrostat	2	(M)
<i>CHOLESTEROL*</i>					
			Advicor	3	(ST)(QL)(M)
			Caduet	3	(ST)(M)
			Crestor 10/20/40mg	2	(QL)(M)
			Crestor 5mg	2	(ST)(QL)(M)
			Lescol	3	(QL)(M)
			Lipitor	3	(ST)(QL)(M)
			Livalo	3	(ST)(QL)(M)
			Lovaza	2	(M)

CARDIOVASCULAR/CARDIAC GLYCOSIDES TO CHOLESTEROL



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>CHOLESTEROL*</i>					
			Niaspan	2	(QL)(M)
	pravastatin	1	Pravachol	3	(QL)(M)(GS)
	cholestyramine	1	Questran	3	(M)
			Simcor	3	(ST)(QL)(M)
	fenofibrate	1	Tricor	3	(M)
			Triglide	3	(M)
			Vytorin 10/10mg	2	(ST)(QL)(M)
			Vytorin 10/20, 1/40, 10/80mg	2	(QL)(M)
			Welchol	2	(M)
			Zetia	2	(M)
	simvastatin	1	Zocor	3	(QL)(M)(GS)
<i>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)*</i>					
	ipratropium	1	Atrovent	3	(M)
			Brovana	3	(QL)(M)
			Daliresp	2	(PA)(QL)(M)
			Spiriva	2	(QL)(M)
			Combivent	2	(M)
<i>CONTRACEPTION (BIRTH CONTROL)*</i>					
	Cesia & Velivet	1	Cyclessa	3	(M)
	Zovia	1	Demulen	3	(M)
	Apri/Solia	1	Desogen	3	(M)
			Lybrel	3	(M)
	Kariva	1	Mircette	3	(M)
			Nuvaring	2	(QL)(M)
			Ortho Evra	3	(QL)(M)
	Jolvette/norethindrone/Errin/Camila		Ortho Micronor	3	(M)
	Tri-Previfem	1	Ortho Tri-Cyclen Lo	3	(M)
	Apri /Solia/Desogen	1	Ortho-Cept	3	(M)
	Previfem	1	Ortho-Cyclen	3	(M)
	Notrel	1	Ortho-Novum	3	(M)
	Necon/Notrel	1	Ovcon	3	(M)
	Jolessa		Seasonale	3	(QL)(M)
	Quasense	1	Seasonique	3	(QL)(M)
			Triphasil 28	1	(M)
	Ocella	1	Yasmin	3	(M)
	Gianvi	1	YAZ	3	(M)
<i>DERMATOLOGICALS (SKIN)/ACNE</i>					
	isotretinoin/claravis/amnesteem/sotret	1	Accutane	3	
			Aczone	3	
			Azelex	3	
			BenzaClin	3	
	erythromycin/benzoyl peroxide	1	Benzamycin	3	
			Brevoxyl	3	
			Differin	3	(AGE)
			Duac/CS	3	



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>DERMATOLOGICALS (SKIN)/ACNE</i>					
	erythromycin gel	1	Emgel	1	
			Epiduo	2	(QL)(AGE)
	metronidazole	1	Metrocream	3	
			Metrogel	2	
	metronidazole	1	Metrolotion	2	
	tretinoin	1	Retin-A	3	(AGE)
			Retin-A Micro	2	(AGE)
			Ziana	3	(AGE)
<i>DERMATOLOGICALS (SKIN)/ANTIFUNGALS</i>					
	clotrimazole	1	Clotrim	3	
<i>DERMATOLOGICALS (SKIN)/ANTIPSORIATICS</i>					
			Dovonex	2	
			Soriatane	2	
			Tazorac	2	(AGE)
			Vectical	2	
<i>DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS</i>					
			Adoxa	3	(PA)
	imiquimod	1	Aldara	3	
			Altabax	3	
	mupirocin	1	Bactroban	2	
			Carac	2	
			Doryx	3	(PA)
	fluorouracil	1	Efudex	3	
			Elidel	2	(ST)(QL)
			Finacea	2	
			Oracea	3	(PA)
	doxycycline	1	Periostat	3	(PA)
			Protopic	2	(ST)(QL)
			Qutenza	3	(PA)
			Regranex	3	(QL)
	minocycline ER	1	Solodyn	3	(PA)
<i>DERMATOLOGICALS (SKIN)/STEROIDS</i>					
	mometasone	1	Elocon	3	
	triamcinolone	1	Kenalog	3	
	fluocinonide	1	Lidex	3	
			Olux	3	
	clobetasol	1	Temovate	3	
	hydrocortisone	1	Westcort	3	
<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	
			Humalog	3	(PA)(M)
			Humalog 50/50 and 75/25	2	(M)

DERMATOLOGICALS (SKIN)/ACNE TO DIABETIC/INJECTABLES



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>DIABETIC/INJECTABLES*</i>					
			Humulin	3	(PA)(M)
			Lantus	2	(M)
			Levemir	2	(M)
			Novolin	2	(M)
			Novolog	2	(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	3	(M)
			Avandamet	2	(QL)(M)
			Avandaryl	2	(QL)(M)
			Avandia	2	(QL)(M)
			Duetact	2	(QL)(M)
	metformin	1	Glucophage	3	(M)(GS)
	metformin ER	1	Glucophage XR	3	(M)(GS)
	glipizide	1	Glucotrol	3	(M)
	glipizide ER	1	Glucotrol XL	3	(M)
	glyburide/metformin	1	Glucovance	3	(M)
			Janumet	2	(QL)(M)
			Januvia	2	(QL)(M)
			Kombiglyze	2	(QL)(M)
	glipizide-metformin	1	Metaglip	3	(M)
			Onglyza	2	(QL)(M)
			Prandin	2	(M)
	acarbose	1	Precose	3	(M)
			Tradjenta	3	(QL)(M)
<i>GASTROINTESTINAL (DIGESTIVE)/MISCELLANEOUS</i>					
			Amitiza	2	(QL)(AGE)
			Asacol	2	(M)
			Canasa	2	(M)
			Chenodal	3	(PA)
			Entocort EC	3	
			Lialda	2	(QL)(M)
			Lotronex	3	(QL)
			Pentasa	2	(M)
			Renagel	2	(M)
			Renvela	2	(M)
			Zemplar	2	(M)
<i>GASTROINTESTINAL (DIGESTIVE)/NAUSEA & VOMITING</i>					
			Anzemet	3	(QL)
			Emend	3	(QL)
	granisetron	1	Kytril	3	(QL)
	promethazine	1	Phenergan	3	
	ondansetron	1	Zofran/ODT	3	(QL)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
			Zuplenz	3	(ST)(QL)
<i>GASTROINTESTINAL (DIGESTIVE)/ULCER TREATMENTS</i>					
			Aciphex	3	(ST)(QL)(M)
			Dexilant	3	(ST)(QL)(M)
			Nexium	3	(ST)(QL)(M)
	famotidine	1	Pepcid	3	(QL)(M)
	lansoprazole	1	Prevacid	3	(ST)(QL)(M)
	lansoprazole ODT	1	Prevacid Solutab	3	(QL)(M)(AGE)
			Prevpac	3	(QL)(M)
	omeprazole	1	Prilosec	3	(ST)(QL)(M)(GS)
	pantoprazole	1	Protonix	3	(ST)(QL)(M)
			Pylera	3	(M)
	ranitidine hcl	1	Zantac	3	(QL)(M)
	omeprazole/sodium bicarbonate	1	Zegerid	3	(ST)(QL)(M)
<i>HORMONE REPLACEMENT THERAPY FEMALE</i>					
			Activella	2	(M)
			Cenestin	2	(M)
	estradiol	1	Climara	2	(M)
			Crinone	3	(AGE)
			Enjuvia	2	(M)
			Estraderm	2	(M)
	syntest	1	Estratest	2	(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	3	(M)
			Vagifem	2	(M)
			Vivelle/Dot	2	(M)
<i>HORMONE REPLACEMENT THERAPY MALE</i>					
			Androderm	2	(ST)(M)
			Androgel	2	(M)
			Axiron	3	(ST)(M)
			Fortesta	3	(ST)(M)
			Striant	3	(ST)(M)
			Testim	3	(ST)(M)
<i>IMMUNOSUPPRESSANTS</i>					
	mycophenolate	1	Cellcept	3	(M)
	azathioprine	1	Imuran	3	(M)
			Myfortic	3	(M)
	cyclosporine	1	Neoral	2	(M)
	tacrolimus	1	Prograf	3	(M)
			Rapamune	2	(M)

GASTROINTESTINAL (DIGESTIVE)/ULCER TREATMENTS TO IMMUNOSUPPRESSANTS



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
	cyclosporine		Sandimmune	2	(M)
<i>MENTAL HEALTH/ALZHEIMER'S</i>					
			Aricept	3	(M)
			Azilect	2	(M)
			Exelon	3	(M)
			Namenda	2	(M)
	galantamine/ER	1	Razadyne/ER	3	(M)
<i>MENTAL HEALTH ANTIDEPRESSANTS</i>					
			Aplenzin	3	(ST)(QL)(M)
	citalopram	1	Celexa	3	(ST)(QL)(M)(GS)
			Cymbalta	2	(ST)(QL)(M)
	trazodone	1	Desyrel	3	(M)
	venlafaxine	1	Effexor	3	(ST)(M)
	venlafaxine ER Caps	1	Effexor XR	3	(ST)(QL)(M)
			Emsam	3	(ST)(QL)(M)
			Lexapro	3	(ST)(QL)(M)
			Oleptro	3	(ST)(QL)(M)
	nortriptyline	1	Pamelor	3	(M)
	paroxetine	1	Paxil	3	(ST)(QL)(M)(GS)
	paroxetine ER		Paxil CR	3	(ST)(QL)(M)
			Pexeva	3	(ST)(QL)(M)
			Pristiq	2	(ST)(QL)(M)
	fluoxetine	1	Prozac/Rapiflux	3	(ST)(QL)(M)(GS)
	mirtazapine	1	Remeron	3	(ST)(QL)(M)
			Sarafem	3	(ST)(M)
			Savella	2	(QL)(M)
			Venlafaxine ER Tabs	3	(ST)(QL)(M)
			Viibryd	3	(ST)(QL)(M)
	bupropion/SR/XL	1	Wellbutrin/SR/XL	3	(ST)(QL)(M)(GS)
	sertraline	1	Zoloft	3	(ST)(QL)(M)(GS)
<i>MENTAL HEALTH ANTIPSYCHOTICS</i>					
			Abilify	2	(QL)(M)
			Fanapt	3	(ST)(QL)
			Geodon	2	(QL)(M)
			Invega	3	(ST)(QL)(M)
			Latuda	3	(ST)(QL)(M)
	risperidone	1	Risperdal	3	(QL)(M)
			Saphris	3	(ST)(QL)(M)
			Seroquel/XR	2	(QL)(M)
			Zyprexa	2	(QL)(M)
<i>MENTAL HEALTH STIMULANTS</i>					
	amphetamine salts	1	Adderall	3	
	amphetamine salts ER	1	Adderall XR	3	(QL)
	methylphenidate ER	1	Concerta	3	(QL)
			Daytrana	3	(QL)
	dextroam/SR	1	Dexedrine/CR	3	(QL)
			Focalin XR	2	(QL)
			Intuniv	3	(QL)(M)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>MENTAL HEALTH STIMULANTS</i>					
			Kapvay	3	(QL)
			Metadate CD	3	
	methylin ER	1	Metadate ER	3	(QL)
			Nuvigil	3	(PA)(QL)
			Provigil	3	(PA)(QL)
	methylphenidate	1	Ritalin	3	(QL)
			Ritalin LA	3	(QL)
	methylphenidate SR	1	Ritalin SR	3	(QL)
			Strattera	3	(QL)
			Vyvanse	2	(QL)
			Xyrem	3	(PA)
<i>MIGRAINE</i>					
	naratriptan	1	Amerge	3	(QL)
			Axert	3	(QL)
	ergotamine/caff.	1	Cafergot	3	
	butalbital/apap/caff.	1	Fioricet	3	
			Frova	3	(QL)
	sumatriptan		Imitrex	3	(QL)
			Maxalt/MLT	2	(QL)
			Relpax	3	(QL)
			Sumavel DosePro	3	(ST)(QL)
			Treximet	3	(QL)
			Zolpimist Spray	3	(ST)(QL)
			Zomig/ZMT	3	(QL)
<i>MUSCLE RELAXANTS</i>					
	cyclobenzaprine ER	1	Amrix	3	(ST)(QL)
	cyclobenzaprine	1	Flexeril	3	
	methocarbamol	1	Robaxin	3	
	metaxalone	1	Skelaxin	3	
	carisoprodol/CMP	1	Soma/CMP	3	(QL)
			Soma 250 mg	3	(ST)(QL)
	tizanidine		Zanaflex	3	
<i>ONCOLOGY/HEMATOLOGY</i>					
			Afinitor	2	(PA)(QL)
	anastrozole	1	Arimidex	3	(QL)(M)
			Aromasin	2	(QL)(M)
			Chromagen	3	(QL)
	letrozole	1	Femara	3	(QL)
			Gleevec	2	(QL)
			Hycamtin	2	(QL)
			Iressa	2	(PA)(QL)
			Nexavar	2	(PA)(QL)
	tamoxifen	1	Nolvadex	3	(M)(QL)
			Oforta	3	(PA)(QL)
			Promacta	2	(PA)(QL)
			Revlimid	2	(PA)(QL)
			Sprycel	2	(PA)(QL)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>ONCOLOGY/HEMATOLOGY</i>					
			Sutent	2	(PA)(QL)
			Tarceva	2	(PA)(QL)
			Targretin	2	(QL)(QL)
			Tasigna	2	(PA)(QL)
			Tykerb	2	(PA)(QL)
			Caprelsa	2	(PA)(QL)
			Victrelis	3	(PA)
			Votrient	2	(PA)(QL)
			Xeloda	2	(QL)
			Zolanza	2	(PA)(QL)
			Zytiga	2	(PA)(QL)
<i>OPHTHALMICS (EYE) ANTI-INFECTIVES</i>					
	ciprofloxacin	1	Ciloxan	3	
	gentamicin	1	Gentadol	1	
	ofloxacin	1	Ocuflox	3	
	tobramycin	1	Tobrex	3	
			Vigamox	3	
			Zymar	3	
<i>OPHTHALMICS (EYE) MISC. OPHTHALMICS</i>					
			Alocril	3	(M)
	brimonidine	1	Alphagan	2	
	dorzolamide-timolol	1	Cosopt	3	(M)
	epinastine	1	Elestat	3	
	azelastine	1	Optivar	3	
			Pataday	2	(M)
			Patanol	2	
			Restasis	3	
	timolol	1	Timoptic	3	(M)
	dorzolamide	1	Trusopt	3	(M)
<i>OPHTHALMICS (EYE) PROSTGLANDINS</i>					
			Combigan	2	(QL)(M)
			Lumigan	2	(M)
	latanoprost	1	Xalatan	3	(M)
<i>OSTEOPOROSIS TREATMENTS*</i>					
			Actonel	2	(ST)(QL)(M)
			Atelvia	2	(ST)(QL)(M)
			Boniva	3	(ST)(QL)(M)
			Evista	2	(QL)(M)
	alendronate	1	Fosamax	3	(ST)(QL)(M)(GS)
			Fosamax D	3	(ST)(QL)(M)
	calcitonin	1	Miacalcin	2	(M)
<i>OTIC PREPARATIONS (EAR)</i>					
			Cipro HC	2	
			Ciprodex	2	
	ofloxacin	1	Floxin	3	
<i>PAIN MEDICATIONS/NARCOTIC ANALGESICS</i>					
	fentanyl	1	Actiq	3	(PA)(QL)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>PAIN MEDICATIONS/NARCOTIC ANALGESICS</i>					
			Avinza	2	(ST)(QL)
			Butrans	3	(ST)(QL)
	propoxyphene-apap	1	Darvocet	3	(QL)
	propoxyphene	1	Darvon	3	(QL)
	fentanyl	1	Duragesic	3	(QL)
			Embeda	3	(ST)(QL)
			Exalgo	3	(ST)(QL)
			Fentora	3	(PA)(QL)
			Kadian	3	(ST)(QL)
	hydrocodone-apap	1	Lorcet	3	(QL)
	hydrocodone-apap	1	Lortab	3	(QL)
	morphine sulfate	1	MS Contin	3	
			Nucynta	3	(ST)(QL)
			Onsolis	3	(PA)(QL)
			Opana	3	(ST)(QL)
			Opana ER	3	(ST)(QL)
			Oxycontin CR	3	(ST)(QL)
	oxycodone-apap	1	Percocet	3	(QL)
	tramadol ER	1	Ultram ER	3	(QL)
	tramadol-apap	1	Ultram/Ultracet	3	(QL)
	hydrocodone-apap	1	Vicodin	3	(QL)
	hydrocodone-ibu	1	Vicoprofen	3	(QL)
<i>PAIN MEDICATIONS/NONSTEROIDAL ANTI-INFLAMMATORIES</i>					
			Celebrex	3	(QL)(M)
	oxaprozin	1	Daypro	3	(M)
	piroxican	1	Feldene	3	(M)
	indomethacin	1	Indocin	3	(M)
	meloxicam	1	Mobic	3	(M)
	ibuprofen	1	Motrin	3	(M)(GS)
	naproxen	1	Naprosyn	3	(M)(GS)
			Prevacid NapraPAC	3	(M)
	nabumetone	1	Relafen	3	(M)
			Sprix	3	(QL)
	ketorolac	1	Toradol	3	(QL)
			Vimovo	3	(ST)(QL)(M)
	diclofenac	1	Voltaren	3	(M)(GS)
<i>PRENATAL VITAMINS*</i>					
	prenatal vitamins - generic	1	prenatal vitamins - brand name	3	(M)
<i>PROSTATE</i>					
			Avodart	3	(M)
	doxazosin	1	Cardura	3	(M)(GS)
	tamulosin	1	Flomax	3	(M)
	terazosin	1	Hytrin	3	(M)
	lovastatin	1	Mevacor	3	(M)(GS)
	prazosin	1	Minipress	3	(M)
	finasteride	1	Proscar	3	(M)

PAIN MEDICATIONS/NARCOTIC ANALGESICS TO PROSTATE



SEIZURE DISORDER TO UNCATEGORIZED

Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
			Uroxatral	3	(M)
<i>SEIZURE DISORDER</i>					
			Carbatrol	2	(M)
	divalproex	1	Depakote	3	(QL)(M)
	phenytoin	1	Dilantin	2	(M)
			Gabitril	2	(QL)(M)
	levetiracetam	1	Keppra	3	(QL)(M)
			Keppra XR	3	(QL)(M)
	clonazepam	1	Klonopin	3	(M)
			Lamictal XR	3	(QL)(M)
	lamotrigine/ODT	1	Lamictal/ODT	3	(QL)(M)
			Lyrica	3	(QL)(M)
	gabapentin	1	Neurontin	3	(QL)(M)
			Sabril	3	(PA)(QL)
	carbamazepine	1	Tegretol	2	(M)
	topiramate	1	topamax	3	(QL)(M)
	oxcarbazepine	1	Trileptal	3	(QL)(M)
			Vimpat	2	(QL)(M)
	zonisamide	1	Zonegran	3	(QL)(M)
<i>SMOKING CESSATION*</i>					
			Chantix	2	(QL)
	bupropion HCL	1	Zyban	3	(QL)
<i>STEROIDS</i>					
	hydrocortisone	1	Cortef	3	
	methylprednisolone	1	Medrol	3	
	prednisolone sodium phosphate	1	Orapred	3	
	prednisolone	1	Prelone	3	
	prednisone	1	Sterapred	3	
<i>THYROID</i>					
	thyroid	1	Armour Thyroid	3	(M)
			Cytomel	2	(M)
			Levothyroid	2	(M)
			Levoxyl	2	(M)
			Synthroid	1	(QL)(M)
			Unithroid	2	(M)
<i>UNCATEGORIZED</i>					
			Adcirca	2	(PA)(QL)
			Adrenaclick	3	
			Ampyra	3	(PA)(QL)
			Campral	2	
			Cayston	2	(PA)(QL)
			Colcrys	2	(QL)
			Creon	2	(M)
			Epipen/Jr.	2	
			Gilenya	3	(PA)(QL)
			Hectorol	2	(M)
			Horizant	3	(ST)(QL)(M)
			Incivek	3	(PA)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>UNCATEGORIZED</i>					
			Kuvan	2	(QL)
			Letairis	3	(PA)(QL)
			Lysteda	2	(QL)
			Pancreaze	2	(M)
			Revatio	3	(PA)
	minirin	1	Stimate	3	(QL)
			Tobi	2	(PA)(QL)
			Tracleer	2	(PA)
			Uloric	2	(ST)(QL)
			Ultrase	2	(M)
			Xenazine	2	(PA)(QL)
			Zenpep	2	
			Zortress	3	(M)
<i>URINARY INCONTINENCE</i>					
	hyoscyamine	1	Cystospaz	3	(M)
	desmopressin	1	DDAVP	3	(QL)
			Detrol/LA	3	
	oxybutynin	1	Ditropan	3	(M)
	oxybutynin ER	1	Ditropan XL	3	(M)
			Enablex	2	(M)
			Oxytrol	3	(M)
			Toviaz	3	(M)
			Vesicare	3	(M)

UNCATEGORIZED TO URINARY INCONTINENCE

