

RXSELECT® (THREE TIER) PRESCRIPTION DRUG LIST (UTAH AND IDAHO)

This is a summary of the prescription drugs covered on your plan. This printed version contains only the most commonly prescribed drugs in their most common strengths and formulations. This is not a complete list of all covered drugs and may change due to new drugs, therapies, or other factors.

Your drug benefit has three tiers (levels) of coverage. The tiers determine the amount you are responsible to pay. In most cases, drugs on lower tiers will cost you less. Copay and coinsurance amounts are shown on your Member Payment Summary (MPS) and ID card.

If you have questions about your prescription drug benefits, please call Member Services at **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. TTY users please call 711.

You can view the most current drug coverage and pharmacy benefit information by logging into **My Health** at **selecthealth.org**. Once logged in, click the SelectHealth icon 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
- Explanations of Benefits (EOBs) for your drug claims
- Preauthorization and step therapy requirements
- Participating pharmacies, including Retail90®

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.

(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 (e.g., maximum number of tablets or capsules 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.

IMPORTANT INFORMATION

Different Strengths and Coverage

Prescriptions vary in strength and formulation, and your specific prescription may be covered at a different tier than is listed here.

IMPORTANT INFORMATION (CONTINUED)

Preventive Drugs

Do you take preventive medications? Some of our high deductible health plans (HealthSave®) provide coverage for certain categories of preventive medications even before you meet your deductible. For these plans you will not have to meet your deductible before the drugs in the categories listed below are covered. These categories are also marked with an asterisk on this drug list. To find out if your plan includes before-deductible coverage for these drug categories, take a look at your Member Payment Summary (MPS).

- Asthma and COPD
- Cardiovascular
- Cardiovascular Antiadrenergics
- Cholesterol
- Diabetes Insulin
- Diabetes Non-Insulin
- Osteoporosis

Additionally, there are certain drugs that are considered preventive under the Affordable Care Act (ACA). Many SelectHealth plans cover ACA preventive drugs at 100 percent—that means no copay, coinsurance, or deductible. For more information about your coverage for preventive healthcare medications and services consult your member materials or visit **selecthealth.org/wellness**.

Value-based Option

If your plan includes the **value-based option**, Tier 2 drugs in the preventive categories are covered at the Tier 1 benefit. Refer to your Member Payment Summary (MPS) and ID card for details.

Noncovered Drug Exceptions

For drugs that are not covered, you, your physician, or your pharmacy may request coverage based on medical necessity. Requests are granted on a case-by-case basis.



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
ACNE						
	AVITA	1	(AGE)			
	DAPSONE	1	(ST)	ACZONE	3	(ST)
	TRETINOIN	1	(ST)(QL)(AGE)			
ANTI-INFLAMMATORY AGENTS - TOPICAL						
	DICLOFENAC 1% GEL	1		VOLTAREN	3	(ST)(QL)
ANTIBIOTICS						
	AMOX/K CLAV	1		AUGMENTIN	3	
	AMOXICILLIN	1				
	AZITHROMYCIN	1	(QL)	ZITHROMAX	3	(QL)
				CAYSTON	3	(PA)(QL)
	CEFDINIR	1				
	CEPHALEXIN	1		KEFLEX	3	
	CIPROFLOXACN	1		CIPRO	3	
	CLINDAMYCIN	1	(CLEOCIN	3	
	DOXYCYC MONO	1	(PA)(QL)	ADOXA	3	(PA)(QL)
	DOXYCYCLINE	1	(PA)(QL)			
	LEVOFLOXACIN	1		LEVAQUIN	3	
	MINOCYCLINE	1	(PA)(QL)			
	NITROFURANTOIN	1		MACROBID	3	
	SMZ-TMP DS	1		BACTRIM DS	3	
ANTIFUNGALS						
	FLUCONAZOLE	1	(QL)	DIFLUCAN	3	(QL)
	TERBINAFINE	1	(QL)(M)			
ANTIMALARIALS						
	HYDROXYCHLOR	1	(M)	PLAQUENIL	3	(M)
ANTISEPTICS - MOUTH/THROAT						
	CHLORHEX GLU	1		PERIDEX	3	
ANTITUSSIVES						
	BENZONATATE	1		TESSALON PER	3	
ANTIVIRALS						
	ACYCLOVIR	1				
	VALACYCLOVIR	1	(QL)	VALTREX	3	(QL)
ANXIETY & SLEEP						
	ALPRAZOLAM	1	(QL)	XANAX	3	
				BELSOMRA	3	(ST)(QL)
	BUSPIRONE	1	(M)			
	DIAZEPAM	1	(QL)	VALIUM	3	
	ESZOPICLONE	1	(QL)			
	HYDROXYZINE	1		VISTARIL	3	
	LORAZEPAM	1				
	TEMAZEPAM	1	(QL)			
	ZOLPIDEM	1	(QL)			
	ZOLPIDEM ER	1	(QL)			



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements			
ASTHMA AND COPD									
	SALMETEROL/ FLUTICASONE INHALER	1	(QL)	AIRDUO	3	(PA)(QL)(M)			
				ADVAIR	3	(PA)(QL)(M)			
				AEROSPAN	3	(ST)(QL)(M)			
	ALBUTEROL	1	(M)						
				ANORO ELLIPT	2	(QL)(M)			
				ARCAPTA	3	(M)			
				ARNUITY ELPT	2	(QL)(M)			
				ASMANEX	2	(QL)(M)			
				ATROVENT HFA	3	(M)			
				BEVESPI	3	(ST)(QL)(M)			
				BREO ELLIPTA	3	(PA)(QL)(M)			
				BUDESONIDE	1	(ST)(QL)(M)			
							COMBIVENT	2	(M)
				DALIRESP	2	(QL)(M)			
				DULERA	3	(PA)(QL)(M)			
				FLOVENT	2	(QL)(M)			
	IPRATROPIUM	1	(M)	DUONEB	3	(M)			
	LEVALBUTEROL	1	(QL)(M)	XOPENEX HFA	3	(QL)(M)			
	MONTELUKAST	1	(QL)(M)	SINGULAIR	3	(ST)(QL)(M)			
				PROAIR HFA	3	(ST)(QL)(M)			
				PROAIR RESPI	3	(ST)(QL)(M)			
				PROVENTIL	3	(ST)(QL)(M)			
				PULMICORT INHALER	3	(PA)(QL)(M)			
				QVAR	3	(PA)(QL)(M)			
				SEREVENT DIS	2	(M)			
				SPIRIVA HANDIHALER	2	(QL)(M)			
				SPIRIVA RESPIMAT	2	(QL)(M)			
				STIOLTO	2	(QL)(M)			
				STRIVERDI	2	(QL)(M)			
				SYMBICORT	2	(QL)(M)			
				TERBUTALINE	1	(QL)(M)			
				TUDORZA PRES	3	(ST)(QL)(M)			
				UTIBRON	3	(ST)(QL)(M)			
				VENTOLIN HFA	2	(QL)(M)			
BLOOD THINNERS									
				BRILINTA	2	(QL)(M)			
	CLOPIDOGREL	1	(QL)(M)	PLAVIX	3	(QL)(M)			
				ELIQUIS	2	(QL)(M)			
				PRADAXA	3	(QL)(M)			
				SAVAYSA	3	(QL)(M)			
	WARFARIN	1	(M)	COUMADIN	2	(M)			
				XARELTO	2	(QL)(M)			
CADRIOVASCULAR ANTIADRENERGICS									
	CLONIDINE	1	(PA)(ST)(QL)(M)						
	PRAZOSIN HCL	1	(M)	MINIPRESS	3	(M)			



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
CARDIOVASCULAR						
	AMLOD/OLMESA	1	(ST)(QL)(M)	AZOR	3	(ST)(QL)(M)
	AMLODIPINE	1	(M)			
	ATENOLOL	1	(QL)(M)	TENORMIN	3	(QL)(M)
				BYSTOLIC	3	(ST)(QL)(M)
				BYVALSON	3	(ST)(QL)(M)
	CANDESA/HCTZ	1	(QL)(M)	ATACAND HCT	3	(ST)(QL)(M)
	CARTIA XT	1	(M)			
	CARVEDILOL	1	(M)	COREG	3	(M)
	CHLORTHALID	1	(M)			
				CORLANOR	2	(ST)(QL)(M)
	DILTIAZEM	1	(M)			
				ENTRESTO	2	(QL)(M)
				EPANED	3	(QL)(AGE)(M)
	FUROSEMIDE	1	(M)	LASIX	3	(M)
	HYDROCHLOROTHIAZIDE	1		MICROZIDE	3	(M)
	LISINOP/HCTZ	1	(M)	ZESTORETIC	3	(M)
	LISINOPRIL	1	(M)			
	LOSARTAN POT	1	(QL)(M)			
	LOSARTAN/HCT	1	(QL)(M)			
	METOPROLOL	1	(M)	LOPRESSOR	3	(M)
	METOPROLOL	1	(M)	TOPROL XL	3	(M)
				MULTAQ	2	(M)
	OLM MED/AMLO	1	(ST)(QL)(M)	TRIBENZOR	3	(ST)(QL)(M)
	OLM MED/HCTZ	1	(ST)(QL)(M)	BENICAR HCT	3	(ST)(QL)(M)
	PROPRANOLOL	1	(M)			
				QBRELIS	3	(AGE)(M)
				RANEXA	2	(ST)(QL)(M)
	SPIRONOLACT	1	(M)	ALDACTONE	3	(M)
	TELMIS/AMLOD	1	(QL)(M)	TWYNSTA	3	(QL)(M)
	TELMISA/HCTZ	1	(ST)(QL)(M)	MICARDIS HCT	3	(ST)(QL)(M)
	TRANDO/VERAP	1	(QL)(M)	TARKA	3	(QL)(M)
	TRIAMT/HCTZ	1	(M)	MAXZIDE	3	(M)
CHOLESTEROL						
	ATORVASTATIN	1	(QL)(AGE)(M)			
	CHOLESTYRAM	1	(QL)(M)	QUESTRAN	3	(QL)(M)
	COLESEVELAM	1	(ST)(QL)(M)	WELCHOL	3	(ST)(QL)(M)
	COLESTIPOL	1	(QL)(M)	COLESTID	3	(QL)(M)
	FENOFIBRATE	1	(QL)(M)			
				LIVALO	3	(ST)(QL)(M)
				PRALUENT	3	(PA)(QL)
	PRAVASTATIN	1	(QL)(AGE)(M)			
				REPATHA	3	(PA)(QL)
				REPATHA PUSH	3	(PA)(QL)
				REPATHA SURE	3	(PA)(QL)
	ROSUVASTATIN	1	(QL)(AGE)(M)			
	SIMVASTATIN	1	(QL)(AGE)(M)			



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
CONTRACEPTION (BIRTH CONTROL)						
	GENERIC CONTRACEPTIVES	1		BRAND CONTRACEPTIVES	3	
	MEDROXYPROGESTERONE	1		PROVERA	3	(QL)(M)
				NUVARING	2	(QL)(M)
CYSTIC FIBROSIS AGENTS						
				KALYDECO	3	(PA)(QL)
				KITABIS PAK	3	(PA)(QL)
				TOBI PODHALR	3	(PA)(QL)
DERMATOLOGICALS (SKIN) ACNE						
				RHOFADE	3	(QL)
DERMATOLOGICALS (SKIN) ANTIFUNGALS						
				TAZORAC	3	(ST)(AGE)
DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS						
	MUPIROCIN	1				
DERMATOLOGICALS (SKIN) STEROIDS						
	CALCIPOTRIEN	1		TACLONEX	3	
	TRIAMCINOLON	1	(ST)(QL)(M)			
DIABETES - INSULIN						
				BASAGLAR	3	(M)
				LANTUS	2	(M)
				NOVOLIN	2	(M)
				NOVOLOG	2	(M)
				NOVOLOG MIX	2	(M)
				TOUJEO SOLO	2	(M)
DIABETES - NON-INSULIN						
	ALOGLIPTIN	1	(ST)(QL)(M)			
				AVANDIA	3	(PA)(M)
				FARXIGA	3	(PA)(QL)(M)
	GLIMEPIRIDE	1	(M)	AMARYL	3	(M)
				GLUCAGEN	2	
				GLUCAGON	2	
				GLYXAMBI	2	(ST)(QL)(M)
				INVOKAMET	2	(ST)(QL)(M)
				INVOKAMET XR	2	(ST)(QL)(M)
				INVOKANA	2	(ST)(QL)(M)
				JARDIANCE	2	(ST)(QL)(M)
				JENTADUETO	2	(ST)(QL)(M)
	METFORMIN	1	(M)	GLUCOPHAGE	3	(M)
	PIOGLITAZONE	1	(QL)(M)	ACTOS	3	(QL)(M)
				SYMLIN	3	(PA)(QL)(M)
				SYNJARDY	2	(ST)(QL)(M)
				TRADJENTA	2	(ST)(QL)(M)
				TRULICITY	2	(ST)(QL)(M)
				VICTOZA	2	(ST)(QL)(M)
				XIGDUO XR	3	(PA)(QL)(M)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
DIABETES - TESTING AND SUPPLIES						
				FREESTYLE TEST STRIPS	2	(QL)(M)
				DEXCOM	2	(PA)(QL)(M)
				FREESTYLE LIBRE	2	(PA)(QL)(M)
				MINIMED	2	(PA)(QL)(M)
	PEN NEEDLES	1	(M)	PEN NEEDLES	2	(M)
				PRECISON XTRA STRIPS	2	(QL)(M)
FLUORIDE						
	FLUORIDE	1	(QL)(AGE)(M)			
FOLIC ACID/FOLATES						
	FOLIC ACID	1	(M)			
GASTROINTESTINAL (DIGESTIVE) MISC. GASTROINTESTINAL						
				AMITIZA	3	(ST)(QL)(AGE)(M)
				LINZESS	2	(QL)(M)
				MOVANTIK	2	(QL)
				SYMPROIC	3	(ST)(QL)
				TRULANCE	3	(ST)(QL)(M)
GASTROINTESTINAL (DIGESTIVE) NAUSEA & VOMITING						
				AKYNZEO	2	(QL)
	ONDANSETRON	1	(PA)(QL)	ZOFRAN	3	(QL)
	PROMETHAZINE	1				
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS						
				DEXILANT	3	(ST)(QL)(M)
	LANSOPRAZOLE	1	(QL)(AGE)(M)	PREVACID	3	(ST)(QL)(AGE)(M)
	OMEPRAZOLE	1	(QL)(M)			
	PANTOPRAZOLE	1	(QL)(M)	PROTONIX	3	(ST)(QL)(M)
	RANITIDINE	1	(QL)(M)			
	FAMOTIDINE	1	(QL)(M)			
GOUT						
	ALLOPURINOL	1	(M)	ZYLOPRIM	3	(M)
	COLCHICINE	1	(QL)	COLCRYS	3	(QL)
				ULORIC	2	(ST)(QL)(M)
HEPATITIS THERAPIES						
				EPCLUSA	3	(PA)(QL)
				HARVONI	3	(PA)(QL)
				MAVYRET	3	(PA)(QL)
				VOSEVI	3	(PA)(QL)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
HORMONE REPLACEMENT THERAPY FEMALE						
				DIVIGEL	3	(QL)(M)
	ESTRADIOL	1	(QL)(M)	ALORA	3	(QL)(M)
	ESTRADIOL	1	(QL)(M)	ESTRACE	3	(QL)(M)
	ESTRADIOL	1	(QL)(M)	ESTRACE VAG	2	(QL)(M)
	ESTRADIOL	1	(QL)(M)	MINIVELLE	3	(QL)(M)
	ESTRADIOL	1	(QL)(M)	VAGIFEM	3	(ST)(QL)(M)
				ESTRING	3	(ST)(QL)(M)
				FEMRING	3	(ST)(QL)(M)
				PREMARIN VAG	3	(ST)(QL)(M)
				VIVELLE-DOT	3	(QL)(M)
	YUVAFEM	1	(QL)(M)	VAGIFEM	3	(ST)(QL)(M)
HORMONE REPLACEMENT THERAPY MALE						
	TESTOST CYPIONATE	1	(M)	DEPO-TESTOST	3	(M)
	TESTOSTERONE	1	(PA)(QL)(M)	TESTOSTERONE	3	(M)
IMMUNOSUPPRESSANTS						
	TACROLIMUS	1	(ST)(QL)(M)	PROGRAF	3	(M)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL						
				ELIDEL	3	(ST)(QL)
	TACROLIMUS 2% OINTMENT	1	(ST)(QL)(M)	PROTOPIC	2	(ST)(QL)
INFLAMMATORY BIOLOGIC AGENTS						
				OTEZLA	3	(PA)(QL)
				XELJANZ	3	(PA)(QL)
				XELJANZ XR	3	(PA)(QL)
INFLAMMATORY BOWEL AGENTS						
				APRISO	2	(QL)(M)
				CANASA	2	(QL)
				DELZICOL	2	(QL)(M)
				PENTASA	2	(QL)(M)
INFLAMMATORY NON-BIOLOGIC						
	METHOTREXATE	1	(M)			
				OTREXUP	3	(PA)(ST)(QL)
				RASUVO	2	(ST)(QL)
INTESTINAL ACIDIFIERS						
	LACTULOSE	1				
LAXATIVE COMBINATIONS						
				PREPOPIK	3	(ST)
				SUPREP BOWEL	2	
LAXATIVES						
	GAVILYTE	1				
	PEG 3350	1				



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
MENTAL HEALTH						
	AMITRIPTYLIN	1	(M)	ELAVIL	2	(M)
	ARIPIRAZOLE	1	(ST)(QL)(M)			
	BUPROPION	1	(QL)(M)	WELLBUTRIN	3	(ST)(QL)(M)
	CITALOPRAM	1	(QL)(M)	CELEXA	3	(ST)(QL)(M)
	CLOZAPINE	1	(ST)(QL)(M)	CLOZARIL	3	(ST)(QL)(M)
	DULOXETINE	1	(QL)(M)	CYMBALTA	3	(ST)(QL)(M)
	ESCITALOPRAM	1	(QL)(M)	LEXAPRO	3	(ST)(QL)(M)
				FANAPT	3	(ST)(QL)
	FLUOXETINE	1	(ST)(QL)(M)	PROZAC	3	(ST)(QL)(M)
				LATUDA	2	(ST)(QL)(M)
	MEMANT TITRA	1	(QL)(M)	NAMENDA	3	(QL)(M)
	MEMANTINE	1	(QL)(M)	NAMENDA	3	(QL)(M)
	MEMANTINE ER	1	(ST)(QL)(M)	NAMENDA XR	3	(ST)(QL)(M)
	MIRTAZAPINE	1	(M)	REMERON	3	(ST)(QL)(M)
	OLANZAPINE	1	(QL)(M)	ZYPREXA	3	(ST)(QL)(M)
	PALIPERIDONE	1	(ST)(QL)(M)	INVEGA	3	(ST)(QL)(M)
	PAROXETINE	1	(PA)(ST)(QL)(M)	PAXIL	3	(ST)(QL)(M)
	QUETIAPINE ER	1		SEROQUEL	3	(ST)(QL)(M)
	RISPERIDONE	1	(QL)(M)	RISPERDAL	3	(ST)(QL)(M)
				SAPHRIS	3	(ST)(QL)(M)
				SAVELLA	2	(QL)(M)
	SERTRALINE	1	(QL)(M)	ZOLOFT	3	(ST)(QL)(M)
	TRAZODONE	1	(QL)(M)			
				TRINTELLIX	3	(ST)(QL)(M)
	VENLAFAXINE	1	(QL)(M)	EFFEXOR XR	3	(ST)(QL)(M)
				VRAYLAR	3	(PA)(QL)(M)
	ZIPRASIDONE	1	(QL)(M)	GEODON	3	(ST)(QL)(M)
MIGRAINE						
	RIZATRIPTAN	1	(QL)(M)	MAXALT	3	(ST)(QL)(M)
	SUMATRIPTAN	1	(ST)(QL)(M)	IMITREX	3	(ST)(QL)(M)
MULTIPLE SCLEROSIS AGENTS						
				AUBAGIO	3	(PA)(QL)
	DALFAMPRIDINE	1	(PA)(QL)	AMPYRA	3	(PA)(QL)
				GILENYA	3	(PA)(QL)
	GLATIRAMER	1	(PA)(QL)			
				TECFIDERA	3	(PA)(QL)
MUSCLE RELAXANTS						
	BACLOFEN	1	(M)			
	CARISOPRODOL	1	(QL)			
	CYCLOBENZAPRINE	1				
	METHOCARBAM	1				
	TIZANIDINE	1	(ST)(QL)	ZANAFLEX	3	(ST)(QL)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
NASAL ALLERGY						
				DYMISTA	2	(QL)
	FLUTICASONE	1	(QL)(M)			
	MOMETASONE	1	(QL)(M)	NASONEX	3	(ST)(QL)(M)
NASAL ANTICHOLINERGICS						
	IPRATROPIUM	1	(M)			
OIL SOLUBLE VITAMINS						
	VITAMIN D	1	(PA)(M)	DRISDOL	2	(M)
ONCOLOGY/HEMATOLOGY						
	ANASTROZOLE	1	(QL)(M)			
				BOSULIF	3	(PA)(QL)
				ICLUSIG	3	(PA)(QL)
	IMATINIB	1	(PA)(QL)			
				NERLYNX	3	(PA)(QL)
				SPRYCEL	3	(PA)(QL)
				TASIGNA	3	(PA)(QL)
				TYKERB	3	(PA)(QL)
				ZYTIGA	3	(PA)(QL)
OPHTHALMIC STEROIDS						
				LOTEMAX	3	(QL)
				PRED FORTE	3	
				PRED MILD	3	
	PREDNISOLONE	1	(QL)	OMNIPRED	3	(QL)
				PREDNISOLONE	3	(QL)
OPHTHALMICS (EYE) ANTI-INFECTIVES						
				BESIVANCE	3	(QL)
	OFLOXACIN	1		OCUFLOX	3	
	POLYMYXIN B/ TRIMETHOPRIM	1		POLYTRIM	3	
OPHTHALMICS (EYE) MISC. OPHTHALMICS						
	BRIMONIDINE 0.15%	1		ALPHAGAN P 0.15%	3	
				COMBIGAN	2	(QL)(M)
	OLOPATADINE	1	(QL)(M)	PATADAY	3	(QL)
	OLOPATADINE	1	(QL)(M)	PATANOL	3	(QL)
				RESTASIS	3	(PA)
				RESTASIS MUL	3	(PA)
				XIIDRA	3	(PA)(QL)
OPHTHALMICS (EYE) PROSTGLANDINS						
	LATANOPROST	1	(QL)(M)	XALATAN	3	(QL)(M)
				LUMIGAN	2	(QL)(M)
				TRAVATAN Z	3	(ST)(QL)(M)
				ZIOPTAN	3	(QL)(M)
OPIOID ANTAGONISTS						
				NARCAN	2	(QL)
OPIOID PARTIAL AGONISTS						
	BUPREN/NALOX	1	(QL)	SUBOXONE	3	(QL)
	BUPRENORPHIN	1	(QL)			

NASAL ALLERGY TO OPIOID PARTIAL AGONISTS



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
OSTEOPOROSIS						
	ALENDRONATE	1	(QL)(M)	FOSAMAX	3	(QL)(M)
OTIC PREPARATIONS (EAR)						
				CIPRODEX	2	
PAIN MEDICATIONS - NARCOTICS						
	APAP/CODEINE	1	(ST)(QL)			
	BUPRENORPHIN	1	(QL)	BUTRANS	2	(QL)
	ENDOCET	1	(ST)(QL)			
	FENTANYL	1	(QL)			
	HYDROCO/APAP	1	(ST)(QL)			
	MORPHINE SUL	1	(ST)(QL)			
	OXYCOD/APAP	1	(ST)(QL)			
	OXYCODONE	1	(ST)(QL)			
	ROXICET	1	(ST)(QL)			
	TRAMADOL HCL	1	(ST)(QL)			
PAIN MEDICATIONS NSAIDS						
	CELECOXIB	1	(QL)(M)	CELEBREX	3	(ST)(QL)(M)
	DICLOFENAC TABLETS	1	(QL)(M)			
	IBUPROFEN	1	(M)			
	MELOXICAM	1	(M)	MOBIC	3	(M)
	NAPROXEN	1	(M)	NAPROSYN	3	(M)
PANCREATIC ENZYME						
				CREON	2	(QL)(M)
				PANCREAZE	2	(QL)(M)
				PERTZYE	2	(QL)(M)
				ZENPEP	2	(QL)(M)
PARKINSON'S						
	PRAMIPEXOLE	1	(ST)(QL)(M)	MIRAPEX	3	(QL)(M)
	RASAGILINE	1	(QL)(M)	AZILECT	3	(QL)(M)
	ROPINIROLE	1	(QL)(M)	REQUIP	3	(QL)(M)
PEDIATRIC MULTIPLE VITAMINS						
	MULTI-VIT/FL	1	(M)	MULTIVIT/FL	3	(M)
POTASSIUM						
	KLOR-CON	1	(M)	POTASSIUM CHLORIDE	3	
	POTASSIUM CHLORIDE	1		POTASSIUM CHLORIDE	3	
PROSTATE						
	DUTAST/TAMSU	1	(QL)(M)	JALYN	3	(QL)(M)
	FINASTERIDE	1	(QL)(M)	PROSCAR	3	(QL)(M)
	TAMSULOSIN	1	(QL)(M)	FLOMAX	3	(QL)(M)
PULMONARY ARTERIAL HYPERTENSION						
				LETAIRIS	3	(PA)(QL)
				OPSUMIT	3	(PA)(QL)
				ORENITRAM	3	(PA)(QL)
				TRACLEER	3	(PA)(QL)
				ADEMPAS	3	(PA)(QL)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
SEIZURE DISORDER						
				BRIVIACT	3	(QL)(M)
	CLONAZEPAM	1	(QL)(M)	KLONOPIN	3	(ST)(QL)(M)
				FYCOMPA	2	(QL)(M)
	GABAPENTIN	1	(QL)(M)	NEURONTIN	3	(QL)(M)
	LAMOTRIGINE	1	(QL)(M)	LAMICTAL	3	(ST)(QL)(M)
	LEVETIRACETAM	1	(QL)(M)	KEPPRA	3	(ST)(QL)(M)
				LYRICA	3	(QL)(M)
	TOPIRAMATE	1	(PA)(QL)(M)	TOPAMAX	3	(ST)(QL)(M)
				VIMPAT SOLUTION	2	
				VIMPAT TABLETS	2	
STEROIDS						
	DECADRON	1				
	DEXAMETHASON	1				
	METHYLPRED	1		MEDROL	3	
	PREDNISONE	1	(M)			
STIMULANTS - ADHD/WAKEFULNESS						
				APTENSIO XR	3	(QL)
	AMPHET/DEXTR	1	(QL)			
	DEXMETHYLPHENIDATE	1				
	DEXMETHYLPHENIDATE ER	1				
	DEXTROAMPHET	1	(QL)	PROCENTRA	3	(QL)
	METADATE	1	(QL)	RITALIN	3	(QL)
	METHYLPHENID	1	(QL)	RITALIN	3	(QL)
				DAYTRANA	3	(ST)(QL)
				QUILLICHEW	2	(QL)
				QUILLIVANT	2	(QL)
				VYVANSE	2	(QL)
THYROID						
	LEVOTHYROXIN	1	(QL)(M)	LEVO-T	2	(QL)(M)
				LEVOXYL	2	(QL)(M)
	LIOTHYRONINE	1	(M)	CYTOMEL	2	(M)
				NATURE THROID	3	
				SYNTHROID	3	(QL)(M)
UNCATEGORIZED						
	EPINEPHRINE	1	(QL)			
				EUCRISA	2	(ST)(QL)
	METRONIDAZOL	1	(QL)	FLAGYL	3	
				NITYR	3	(PA)(QL)
				ORFADIN	3	(PA)(QL)
	SEVELAMER	1	(M)	RENVELA	2	(M)
URINARY INCONTINENCE						
	OXYBUTYNIN	1	(QL)(M)	DITROPAN XL	3	(ST)(QL)(M)
VIRAL VACCINES						
				FLU	2	(M)
				SHINGRIX	2	(QL)(AGE)



