

RXCORE® PRESCRIPTION DRUG LIST (UTAH)

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 four 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, Inc. (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. **Note:** Most members on Individual Plans only have a 90-day maintenance drug benefit for Tier 1 medications. Please consult your Member Payment Summary for more information on whether your plan includes a 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.

Preventive Drugs

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
<i>ACNE</i>						
	AVITA	1	(AGE)			
				FINACEA AER 15%	3	(ST)(QL)
				FINACEA GEL 15%	2	
	TRETINOIN	1	(AGE)			
<i>ANTIBIOTICS</i>						
	AMOX/K CLAV	1		AUGMENTIN	3	
	AMOXICILLIN	1				
	AZITHROMYCIN	1	(QL)	ZITHROMAX	3	(QL)
	CEFDINIR	1				
	CEPHALEXIN	1		KEFLEX	3	
	CIPROFLOXACN	1		CIPRO	3	
	CLINDAMYCIN	1		CLEOCIN	3	
	DOXYCYC	1		MONODOX	3	(PA)
	DOXYCYC MONO	1		MONODOX	3	(PA)
	DOXYCYCLINE CAP 150MG	1	(PA)(QL)	ADOXA	3	(PA)(QL)
	DOXYCYCLINE CAP 75MG	1	(PA)	MONODOX	3	(PA)
	LEVOFLOXACIN	1		LEVAQUIN	3	
	METRONIDAZOL	1		FLAGYL	3	
	MINOCYCLINE	1		MINOCIN	3	(ST)
	MONDOXYNE CAP 75MG AND 100MG	1	(PA)	MONODOX	3	(PA)
	MONDOXYNE CAP 50MG	1				
	NITROFURANTN	1		MACROBID	3	
	PENICILLN VK	1				
	SMZ-TMP DS	1		BACTRIM DS	3	
<i>ANTIFUNGALS</i>						
	FLUCONAZOLE	1	(QL)	DIFLUCAN	3	(QL)
	TERBINAFINE	1	(QL)			
<i>ANTIMALARIALS</i>						
	HYDROXYCHLOROQUINE	1	(M)	PLAQUENIL	3	(M)
<i>ANTIVIRALS</i>						
	ACYCLOVIR	1		ZOVIRAX	3	
	VALACYCLOVIR	1	(QL)	VALTREX	3	(QL)
<i>ANXIETY AND SLEEP DISORDER</i>						
	ALPRAZOLAM	1		XANAX	3	
	BUSPIRONE	1	(M)			
	DIAZEPAM	1		VALIUM	3	
	ESZOPICLONE	1	(QL)	LUNESTA	3	(ST)(QL)
	HYDROXYZ HCL	1				
	HYDROXYZ PAM	1		VISTARIL	3	
	LORAZEPAM	1				
	TEMAZEPAM 15MG AND 30MG	1	(QL)	RESTORIL 15MG AND 30MG	3	(QL)
	TEMAZEPAM 7.5MG AND 22.5MG	1	(ST)(QL)	RESTORIL 7.5MG AND 22.5MG	3	(ST)(QL)
	ZOLPIDEM	1	(QL)	AMBIEN	3	(ST)(QL)
	ZOLPIDEM ER	1	(QL)	AMBIEN CR	3	(ST)(QL)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
<i>ASTHMA*</i>						
				ADVAIR HFA	3	(PA)(QL)(M)
	ALBUTEROL	1	(M)			
				ANORO ELLIPTA	3	(ST)(QL)(M)
				ARCAPTA	3	(M)
				ARNUITY ELLIPTA	2	(QL)(M)
				ASMANEX	2	(QL)(M)
				ATROVENT	3	(M)
				BREO ELLIPTA	3	(PA)(QL)(M)
	BUDESONIDE	1	(QL)(M)	PULMICORT SUSPENSION	3	(QL)(M)
				COMBIVENT	2	(M)
				DALIRESP	2	(QL)(M)
				DULERA	2	(QL)(M)
				FLOVENT	2	(QL)(M)
				FLOVENT HFA	2	(QL)(M)
	IPRATROPIUM	1	(M)			
	METAPROTEREN	1	(M)			
	MONTELUKAST 4MG AND 5MG	1	(QL)(M)	SINGULAIR CHW 4MG	3	(QL)(M)
	MONTELUKAST 10MG	1	(QL)(M)	SINGULAIR TAB 10MG	3	(ST)(QL)(M)
				PROAIR HFA	2	(QL)(M)
				PROVENTIL	3	(QL)(M)
				PULMICORT INHALER	2	(QL)(M)
				QVAR	2	(QL)(M)
				SEREVENT	2	(M)
				SPIRIVA	2	(QL)(M)
				STIOLTO	2	(QL)(M)
				STRIVERDI	2	(QL)(M)
				SYMBICORT	2	(QL)(M)
	TERBUTALINE	1	(M)			
				TUDORZA	2	(QL)(M)
				VENTOLIN HFA	2	(QL)(M)
				XOPENEX HFA	3	(QL)(M)
<i>BLOOD THINNERS</i>						
				BRILINTA	2	(QL)(M)
	CLOPIDOGREL	1	(QL)(M)	PLAVIX	3	(QL)(M)
				EFFIENT	2	(QL)(M)
				ELIQUIS	2	(QL)(M)
				PRADAXA	3	(QL)(M)
				SAVAYSA	3	(M)
	WARFARIN	1	(M)	COUMADIN	2	(M)
				XARELTO	2	(QL)(M)
<i>CARDIOVASCULAR ANTIADRENERGICS*</i>						
	CLONIDINE	1	(M)	CATAPRES	3	(M)
<i>CARDIOVASCULAR</i>						
	AMLODIPINE/VALSARTAN	1	(QL)(M)	EXFORGE	3	(ST)(QL)(M)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
	AMLODIPINE	1	(M)	NORVASC	3	(M)
	ATENOLOL	1	(ST)(QL)(M)	TENORMIN	2	(ST)(QL)(M)
				AZOR	2	(ST)(QL)(M)
	BENZAEPRILOL	1	(M)	LOTENSIN	3	(M)
				BENICAR	2	(ST)(QL)(M)
				BENICAR HCT	2	(ST)(QL)(M)
				BYSTOLIC	2	(QL)(M)
	CANDESARTAN/HCTZ	1	(QL)(M)	ATACAND HCT	3	(ST)(QL)(M)
	CANDESARTAN	1	(QL)(M)	ATACAND	3	(ST)(QL)(M)
	CARTIA XT	1	(M)			
	CARVEDILOL	1	(M)	COREG	3	(M)
				CORLANOR	2	(ST)(QL)(M)
	DILTIAZEM	1	(M)			
				EDARBI	3	(ST)(QL)(M)
				EDARBYCLOR	3	(ST)(QL)(M)
	FUROSEMIDE	1	(M)	LASIX	3	(M)
	HYDROCHLOROTHIAZIDE	1	(M)	MICROZIDE	3	(M)
	IRBESARTAN	1	(QL)(M)	AVAPRO	3	(ST)(QL)(M)
	LISINOPRIL/HCTZ	1	(M)	PRINZIDE / ZESTORETIC	3	(M)
	LISINOPRIL	1	(M)	PRINVIL / ZESTRIL	2	(M)
	LOSARTAN	1	(QL)(M)	COZAAR	3	(QL)(M)
	LOSARTAN/HCTZ	1	(QL)(M)	HYZAAR	3	(QL)(M)
	METOPROLOL TARTRATE	1	(M)	LOPRESSOR	3	(M)
	METOPROLOL SUCCINATE	1	(M)	TOPROL XL	3	(M)
	PROPRANOLOL	1	(M)	INDERAL LA	3	(M)
				RANEXA	2	(ST)(QL)(M)
	SPIRONOLACT	1	(M)	ALDACTONE	3	(M)
	TELMISARTAN/AMLODIPINE	1	(QL)(M)	TWYNSTA	3	(QL)(M)
	TELMISARTAN/HCTZ	1	(ST)(QL)(M)	MICARDIS HCT	3	(ST)(QL)(M)
	TELMISARTAN	1	(QL)(M)	MICARDIS	3	(ST)(QL)(M)
				TEVETEN HCT	3	(ST)(QL)(M)
	TRANDOLAPRIL/VERA-PAMIL	1	(QL)(M)	TARKA	3	(QL)(M)
	TRIAMTERENE/HCTZ	1	(M)	MAXZIDE	3	(M)
				TRIBENZOR	2	(ST)(QL)(M)
	VALSARTAN/HCTZ	1	(QL)(M)	DIOVAN HCT	3	(ST)(QL)(M)
	VALSARTAN	1	(QL)(M)	DIOVAN	3	(ST)(QL)(M)
CHOLESTEROL*						
	ATORVASTATIN	1	(QL)(M)	LIPITOR	3	(PA)(QL)(M)
	CHOLESTYRAM	1	(QL)(M)	QUESTRAN	3	(QL)(M)
	COLESTIPOL	1	(M)	COLESTID	3	(M)
	FENOFIBRATE	1	(QL)(M)			
	LOVASTATIN	1	(QL)(M)	MEVACOR	3	(QL)(M)
	PRAVASTATIN	1	(QL)(M)	PRAVACHOL	3	(QL)(M)
	PREVALITE	1	(QL)(M)			



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
				REPATHA	4	(PA)(QL)
	ROSUVASTATIN	1	(QL)(M)	CRESTOR	3	(ST)(QL)(M)
	SIMVASTATIN	1	(QL)(M)	ZOCOR	3	(ST)(QL)(M)
				WELCHOL	2	(QL)(M)
				ZETIA	2	(QL)(M)
<i>COBALAMINS</i>						
	CYANOCOBALAM	1	(M)			
				NASCOBAL	3	
<i>CONTRACEPTION (BIRTH CONTROL)</i>						
	GENERICS	1	(M)	BRANDS	3	(M)
				NUVARING	2	(QL)(M)
<i>DERMATOLOGICALS (SKIN) - ANTIFUNGALS</i>						
				TAZORAC	2	(AGE)
<i>DERMATOLOGICALS (SKIN) - MISC. DERMATOLOGICALS</i>						
	MUPIROCIN	1		BACTROBAN	3	
<i>DERMATOLOGICALS (SKIN) - STEROIDS</i>						
	TRIAMCINOLONE	1				
<i>DIABETES - INSULIN</i>						
				HUMALOG	2	(M)
				HUMALOG MIX	2	(M)
				HUMULIN	2	(M)
				HUMULIN N	2	(M)
				HUMULIN R	2	(M)
				LANTUS	2	(M)
				LEVEMIR	2	(M)
				TOUJEO SOLO	2	(M)
<i>DIABETES - NONINSULIN</i>						
				AVANDIA	3	(PA)(M)
				BYDUREON	3	(ST)(QL)(M)
				BYETTA	3	(ST)(QL)(M)(AGE)
				FARXIGA	3	(ST)(QL)(M)
	GLIMEPIRIDE	1	(M)	AMARYL	3	(M)
	GLIPIZIDE	1	(M)	GLUCOTROL	3	(M)
				GLUCAGEN	2	
				GLYXAMBI	2	(ST)(QL)(M)
				INVOKAMET	2	(ST)(QL)(M)
				INVOKANA	2	(ST)(QL)(M)
				JANUMET / JANUMET XR	3	(ST)(QL)(M)
				JANUVIA	3	(ST)(QL)(M)
				JARDIANCE	2	(ST)(QL)(M)
				JENTADUETO	2	(QL)(M)
				KAZANO	2	(QL)(M)
				KOMBIGLYZE	3	(ST)(QL)(M)
	METFORMIN	1	(M)	GLUCOPHAGE	3	(M)
				NESINA	2	(QL)(M)
				ONGLYZA	3	(ST)(QL)(M)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
				OSENI	2	(QL)(M)
	PIOGLITAZONE	1	(QL)(M)	ACTOS	3	(QL)(M)
				SYNJARDY	2	(ST)(QL)(M)
				TANZEUM	3	(ST)(QL)(M)
				TRADJENTA	2	(QL)(M)
				TRULICITY	2	(ST)(QL)(M)
				VICTOZA	2	(ST)(QL)(M)
				XIGDUO XR	3	(ST)(QL)(M)
<i>DIABETES - TESTING AND SUPPLIES</i>						
				FREESTYLE	2	(QL)(M)
				PRECISON XTRA	2	(QL)(M)
<i>FLUORIDE</i>						
	FLUORIDE	1	(QL)(M)(AGE)			
<i>FOLIC ACID/FOLATES</i>						
	FOLIC ACID	1	(M)			
<i>GASTROINTESTINAL (DIGESTIVE) - MISC. GASTROINTESTINAL</i>						
				AMITIZA	3	(ST)(QL)(M)(AGE)
				LINZESS	2	(QL)(M)
				MOVANTIK	2	(QL)
<i>GASTROINTESTINAL (DIGESTIVE) - NAUSEA AND VOMITING</i>						
	ONDANSETRON	1	(QL)	ZOFRAN	3	(QL)
	ONDANSETRON 24MG	1	(PA)			
	PROMETHAZINE	1				
<i>GASTROINTESTINAL (DIGESTIVE) - ULCER TREATMENTS</i>						
	RANITIDINE	1	(QL)(M)	ZANTAC	3	(M)
				DEXILANT	3	(ST)(QL)(M)
	LANSOPRAZOLE	1	(QL)(M)	PREVACID	3	(ST)(QL)(M)
	OMEPRAZOLE	1	(QL)(M)	PRILOSEC	3	(ST)(QL)(M)
	PANTOPRAZOLE	1	(QL)(M)	PROTONIX	3	(ST)(QL)(M)
<i>GROWTH HORMONES</i>						
				SAIZEN	4	(PA)(QL)
<i>HEPATITIS THERAPIES</i>						
				HARVONI	4	(PA)(QL)
				SOVALDI	4	(PA)(QL)
				VIEKIRA PAK	4	(PA)(ST)(QL)
<i>HORMONE REPLACEMENT THERAPY (FEMALE)</i>						
	ESTRADIOL	1	(QL)(M)	ESTRACE	3	(QL)(M)
	ESTRADIOL	1	(QL)(M)	MINIVELLE	3	(QL)(M)
				VAGIFEM	2	(QL)(M)
				VIVELLE-DOT	3	(QL)(M)
<i>HORMONE REPLACEMENT THERAPY (MALE)</i>						
				ANDROGEL GEL 1.62%	2	(QL)(M)
				NATESTO	3	(PA)(QL)(M)
				TESTIM	3	(PA)(QL)(M)
	TESTOST CYP	1	(M)	DEPO-TESTOST	3	(M)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
	TESTOSTERONE GEL 1%	1	(QL)(M)	ANDROGEL GEL 1%	3	(PA)(QL)(M)
	TESTOSTERONE GEL 10MG/ACT	1	(QL)(M)	FORTESTA	3	(PA)(QL)(M)
	TESTOSTERONE INJ 250MG/ML	1	(M)			
				VOGELXO	3	(PA)(QL)(M)
<i>INFLAMMATORY BIOLOGIC AGENTS</i>						
				CIMZIA	4	(PA)(QL)
				ENBREL	4	(PA)(QL)
				HUMIRA	4	(PA)(QL)
				REMICADE	4	(PA)(QL)
				SIMPONI	4	(PA)(QL)
<i>INFLAMMATORY BOWEL AGENTS</i>						
				APRISO	2	(QL)(M)
				ASACOL HD	2	(QL)(M)
				CANASA	2	(QL)
				DELZICOL	2	(QL)(M)
				LIALDA	2	(QL)(M)
				PENTASA	2	(QL)(M)
<i>INFLAMMATORY NONBIOLOGIC</i>						
	METHOTREXATE	1	(M)	TREXALL	2	(M)
				RASUVO	2	(ST)(QL)
<i>LAXATIVES</i>						
	GAVILYTE	1		COLYTE	2	
	LACTULOSE	1				
	PEG-3350	1		GOLYTELY	2	
<i>MENTAL HEALTH</i>						
	AMITRIPTYLINE	1	(M)	ELAVIL	2	(M)
	ARIPIRAZOLE	1	(ST)(QL)(M)	ABILIFY	3	(ST)(QL)(M)
	ARMODAFINIL	1	(PA)(QL)	NUVIGIL	3	(PA)(QL)
	BUDEPRION XL	1	(QL)(M)			
	BUPROPION	1	(QL)(M)	WELLBUTRIN	3	(ST)(QL)(M)
	BUPROPION HCL	1	(QL)(M)			
	CITALOPRAM	1	(QL)(M)	CELEXA	3	(ST)(QL)(M)
	CLOZAPINE	1	(QL)(M)	CLOZARIL	3	(ST)(QL)(M)
				DAYTRANA	3	(QL)
	DULOXETINE	1	(QL)(M)	CYMBALTA	3	(ST)(QL)(M)
	ESCITALOPRAM	1	(QL)(M)	LEXAPRO	3	(ST)(QL)(M)
				FANAPT	3	(ST)(QL)
	FLUOXETINE	1	(QL)(M)	PROZAC	3	(ST)(QL)(M)
				LATUDA	2	(ST)(QL)(M)
	METADATE	1	(QL)			
	MIRTAZAPINE	1	(QL)(M)	REMERON	3	(ST)(QL)(M)
	NORTRIPTYLIN	1	(M)	PAMELOR	3	(M)
	OLANZAPINE	1	(QL)(M)	ZYPREXA	3	(ST)(QL)(M)
	PAROXETINE	1	(QL)(M)	PAXIL	3	(ST)(QL)(M)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
	QUETIAPINE	1	(QL)(M)	SEROQUEL	3	(ST)(QL)(M)
				QUILLIVANT	3	(QL)
	RISPERIDONE	1	(QL)(M)	RISPERDAL	3	(ST)(QL)(M)
				SAVELLA	2	(QL)(M)
				SEROQUEL XR	3	(ST)(QL)(M)
	SERTRALINE	1	(QL)(M)	ZOLOFT	3	(ST)(QL)(M)
	TRAZODONE	1	(QL)(M)			
	VENLAFAXINE	1	(QL)(M)	EFFEXOR XR	3	(ST)(QL)(M)
<i>MIGRAINE</i>						
	RIZATRIPTAN	1	(QL)	MAXALT	3	(ST)(QL)
	SUMATRIPTAN	1	(QL)	IMITREX	3	(ST)(QL)
				ZOMIG NASAL	2	(ST)(QL)
<i>MULTIPLE SCLEROSIS AGENTS</i>						
				AUBAGIO	4	(PA)(QL)
				AVONEX	4	(QL)
				BETASERON	4	(PA)(QL)
				COPAXONE	4	(QL)
				EXTAVIA	4	(PA)(QL)
				GILENYA	4	(PA)(QL)
				PLEGRIDY	4	(QL)
				REBIF	4	(PA)(QL)
				TECFIDERA	4	(QL)
<i>MUSCLE RELAXANTS</i>						
	BACLOFEN	1	(M)			
	CARISOPRODOL TAB 250MG	1	(ST)(QL)	SOMA TAB 250MG	3	(ST)(QL)
	CARISOPRODOL TAB 350MG	1	(QL)	SOMA TAB 350MG	3	(QL)
	CYCLOBENZAPRINE	1		FLEXERIL	3	
	METHOCARBAMOL	1		ROBAXIN	3	
	TIZANIDINE	1	(QL)	ZANAFLEX	3	(QL)
<i>NASAL ALLERGY</i>						
				DYMISTA	2	(QL)
	FLUTICASONE	1	(QL)(M)			
	MOMETASONE	1	(ST)(QL)(M)	NASONEX	3	(ST)(QL)(M)
<i>NASAL ANTICHOLINERGICS</i>						
	IPRATROPIUM	1	(M)	ATROVENT NAS	3	(M)
<i>OIL-SOLUBLE VITAMINS</i>						
	VITAMIN D	1	(ST)(M)	DRISDOL	2	(ST)(M)
<i>ONCOLOGY/HEMATOLOGY</i>						
				BOSULIF	4	(PA)(QL)
				GLEEVEC	4	(PA)(QL)
				ICLUSIG	4	(PA)(QL)
				NEULASTA	4	(PA)
				SPRYCEL	4	(PA)(QL)
				TASIGNA	4	(PA)(QL)
				ZYTIGA	4	(PA)(QL)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
<i>OPHTHALMIC STEROIDS</i>						
				PRED FORTE	3	
				PRED MILD	3	
	PREDNISOLONE	1	(QL)	OMNIPRED	3	(QL)
<i>OPHTHALMICS (EYE) - ANTI-INFECTIVES</i>						
	CIPROFLOXACN	1		CILOXAN	3	
	OFLOXACIN	1		OCUFLOX	3	
	POLYMYXIN B/TRIME-THOPRIM	1		POLYTRIM	3	
<i>OPHTHALMICS (EYE) - MISC. OPHTHALMICS</i>						
				ALPHAGAN P SOL 0.1%	2	(QL)(M)
	BRIMONIDINE	1	(QL)(M)	ALPHAGAN P SOL 0.15%	3	(QL)(M)
				COMBIGAN	2	(QL)(M)
	OLOPATADINE	1	(QL)	PATANOL	3	(QL)
				PATADAY	2	(QL)
				RESTASIS	3	(PA)
<i>OPHTHALMICS (EYE) - PROSTGLANDINS</i>						
	LATANOPROST	1	(QL)(M)	XALATAN	3	(QL)(M)
				LUMIGAN	2	(QL)(M)
				RESCULA	3	(M)
				TRAVATAN Z	3	(ST)(QL)(M)
	TRAVOPROST	1	(QL)(M)			
				ZIOPTAN	3	(QL)(M)
<i>OPIOID - PARTIAL AGONISTS</i>						
				BUNAVAIL	3	(ST)(QL)
	BUPRENORPHINE/NALOX-ONE	1	(QL)	SUBOXONE	3	(QL)
	BUPRENORPHINE	1	(QL)			
<i>OSTEOPOROSIS*</i>						
	ALENDRONATE	1	(QL)(M)	FOSAMAX	3	(QL)(M)
<i>OTIC PREPARATIONS (EAR)</i>						
				CIPRODEX	2	
<i>PAIN MEDICATIONS - NARCOTICS</i>						
	APAP/CODEINE	1	(QL)	TYLENOL/COD	3	(QL)
	BUT/APAP/CAF	1	(QL)	ESGIC	3	(QL)
				BUTRANS	2	(QL)
	ENDOCET	1	(QL)	PERCOCET	3	(QL)
	FENTANYL	1	(QL)	DURAGESIC	3	(ST)(QL)
	HYDROCODONE/APAP	1	(QL)	NORCO / VICODIN	3	(QL)
	MORPHINE SUL	1	(QL)	MS CONTIN	3	(ST)(QL)
	OXYCODONE/APAP	1	(QL)	PERCOCET	3	(QL)
	OXYCODONE	1	(QL)	ROXICODONE	3	(QL)
	TRAMADOL HCL	1	(QL)	ULTRAM	3	(QL)
<i>PAIN MEDICATIONS - NSAIDS</i>						
	CELECOXIB	1	(ST)(QL)(M)	CELEBREX	3	(ST)(QL)(M)
	DICLOFENAC	1	(M)			



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
	IBUPROFEN	1	(M)			
	MELOXICAM	1	(M)	MOBIC	3	(M)
	NAPROXEN	1	(M)	NAPROSYN	3	(M)
<i>PANCREATIC ENZYME</i>						
				CREON	2	(QL)(M)
				PANCREAZE	2	(QL)(M)
				ZENPEP	2	(QL)(M)
				PERTZYE	2	(QL)(M)
				ULTRESA	2	(QL)(M)
<i>PARKINSON'S</i>						
				AZILECT	2	(QL)(M)
	PRAMIPEXOLE	1	(QL)(M)	MIRAPEX	3	(QL)(M)
	ROPINIROLE	1	(QL)(M)	REQUIP	3	(QL)(M)
<i>POTASSIUM</i>						
	POTASSIUM CHLORIDE	1	(M)	K-TAB	3	(M)
<i>PROSTATE</i>						
	DUTASTERIDE/TAMSULOSIN	1	(QL)(M)	JALYN	3	(QL)(M)
	FINASTERIDE	1	(M)	PROSCAR	3	(M)
	TAMSULOSIN	1	(M)	FLOMAX	3	(M)
<i>PULMONARY ARTERIAL HYPERTENSION</i>						
				LETAIRIS	4	(PA)(QL)
				OPSUMIT	4	(PA)(QL)
				TRACLEER	4	(PA)(QL)
<i>SEIZURE DISORDER</i>						
	CLONAZEPAM	1	(M)	KLONOPIN	3	(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	(QL)(M)	TOPAMAX	3	(ST)(QL)(M)
				VIMPAT	2	(QL)(M)
<i>STEROIDS</i>						
	DEXAMETHASONE	1				
	METHYLPREDNISOLONE	1		MEDROL	3	
	PREDNISONE	1	(M)			
<i>STIMULANTS - ADHD/WAKEFULNESS</i>						
	DEXMETHYLPHENIDATE	1	(QL)	FOCALIN	3	(QL)
	DEXMETHYLPHENIDATE ER	1	(QL)	FOCALIN XR	2	(QL)
	METHYLPHENIDATE	1	(QL)	CONCERTA	3	(QL)
	METHYLPHENIDATE	1	(QL)	RITALIN / RITALIN LA	3	
	AMPHETAMINE/DEXTROAMPHETAMINE	1	(QL)	ADDERALL	3	(QL)
	AMPHETAMINE/DEXTROAMPHETAMINE	1	(QL)	ADDERALL XR	3	(QL)
	CLONIDINE ER	1	(QL)(M)	KAPVAY	3	(QL)(M)
	DEXTROAMPHETAMINE	1	(QL)	DEXEDRINE	3	(QL)
	GUANFACINE	1	(QL)(M)	INTUNIV	3	(QL)(M)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
				STRATTERA	3	(QL)(M)
				VYVANSE	2	(QL)
<i>THYROID</i>						
	LEVOTHYROXINE	1	(QL)(M)	SYNTHROID	3	(QL)(M)
				LEVOXYL	2	(QL)(M)
	LIOTHYRONINE	1	(M)	CYTOMEL	2	(M)
				NATURE THROID	2	(M)
	NP THYROID	1	(M)	ARMOUR THYRO	2	(M)
				UNITHROID	2	(QL)(M)
				WESTHROID	2	(M)
<i>TOXOID COMBINATIONS</i>						
				ADACEL	2	
				BOOSTRIX	2	
<i>UNCATEGORIZED</i>						
	ALLOPURINOL	1	(M)	ZYLOPRIM	2	(M)
	COLCHICINE	1	(QL)	COLCRYS	2	(QL)
	EPINEPHRINE	1	(QL)	ADRENACLICK	3	(QL)
				EPIPEN	2	(QL)
				TWINJECT	3	(QL)
				ULORIC	2	(ST)(QL)(M)
<i>URINARY ANALGESICS</i>						
	PHENAZOPYRIDINE	1		PYRIDIUM	3	
<i>URINARY INCONTINENCE</i>						
	OXYBUTYNIN	1	(QL)(M)	DITROPAN XL	3	(ST)(QL)(M)



