

ADVANTAGE

...rising above the service you expectSM

2012

3-Tier Formulary



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ADVANTAGE 3-TIER FORMULARY

The information provided in this document pertains to your Prescription Benefit Plan. ADVANTAGE Health Solutions, Inc. uses this formulary to assist prescribers in managing your prescriptions and cost. Please take a copy of this formulary to your physician so he/she can make an informed decision regarding your prescription needs. You can link to this formulary by logging on to www.advantageplan.com as a member. **The formulary & quantity limitation listing are subject to change.**

Please note that this list contains the Tier 1, 2, and 3 drugs. **Any brand name drug not shown on this list should be considered a Tier 3 (a non-preferred drug and subject to the non-preferred copay).** For all brand name drugs, if the generic is available and you choose the brand name drug, you will be responsible for both the applicable copay PLUS the cost difference between the original brand name drug and the generic alternative. If no generic is available, you will only be responsible for the applicable copay; however, your copay will not exceed the cost of the drug.

Certain medications may require prior approval and are noted on the attached list with "PA". Some drugs have quantity limits and are listed with "QL". **Some non-preferred drugs that are not listed may also have quantity limits.**

INCLUSION ON LIST DOES NOT GUARANTEE COVERAGE

Your Prescription Benefit Plan does not cover all drugs. ADVANTAGE operates in accordance with The Ethical and Religious Directives for Catholic Health Care Services and strives to ensure our services and products are consistent with the medical ethics or precepts of the Catholic Church. For example, oral contraceptives are not covered unless your employer purchased a separate Family Planning Rider.

PARTICIPATING NETWORK PHARMACY PROVIDERS

The following national chains participate in the ADVANTAGE Pharmacy Provider Network. In addition, many local independent retailers participate, as well as Orchard Pharmaceutical Services, our contracted Mail Order pharmacy.

Costco	CVS	Fagen
K-Mart	Kroger	Marsh
Martins	Meijer	Sam's Club
Target	Wal-Mart	Walgreens

SMOKING CESSATION

ADVANTAGE covers the following smoking cessation drugs:

- buproban (generic for ZYBAN®) – Generic Tier
- CHANTIX (varenicline) – Brand Non-Preferred Tier
- ZYBAN (bupropion) – Brand Non-Preferred Tier
- NICOTROL NASAL SPRAY - Brand Non-Preferred Tier

Members receiving CHANTIX may utilize www.GETQUIT.com for additional information.

MAIL ORDER IS AVAILABLE

You may save as much as one copay by using the mail order for maintenance medications. If you have a **flat dollar** copay, you normally pay 2-times the retail pharmacy copay for a 3 month (90 day) supply (saving the 3rd copay). If you have a **percentage copay, you will pay the same percentage.** For prescription refills by telephone, the mail order pharmacy can be reached at 866.909.5170. Mail order also offers online services and you can visit their website at www.orchardrx.com 24 hours a day. **Use of the mail order pharmacy is not a guarantee of savings.**

OVER-THE-COUNTER MEDICATIONS

ADVANTAGE covers certain over-the-counter (OTC) medications as part of their Prescription Benefit Plan. OTC items listed on the formulary are covered, however, in order to be covered; they must be prescribed by your physician and obtained from a participating pharmacy or our contracted mail order pharmacy. Covered OTC items will be designated as "OTC" on the attached list.

LIFESTYLE MEDICATIONS

Lifestyle medications (noted as "LS") are medications not routinely covered by your Plan. As an ADVANTAGE member you may receive a discount on purchases of these medications. Examples of lifestyle drugs include, but are not limited to Caverject, Cialis, Levitra, Muse, Viagra, Xenical. For safety reasons, some lifestyle drugs may have quantity limits.

SPECIALTY PHARMACEUTICALS

This section applies if your benefit includes specialty pharmacy coverage. Specialty medications are those oral and injectable medications that typically require significant education, training, special injection services, or must be administered in your physician's office or may be available from only a few pharmacies in the country. Copayment/coinsurance for specialty agents apply regardless of where the medication is obtained. Drugs subject to Specialty Copayment will be designated as "SP" in on the attached list. The codes listed (i.e. J1438) for some of these drugs are for billing purposes only.

Care-ADVANTAGE

Care-ADVANTAGE is a program developed by ADVANTAGE to help you manage long-term health problems; often called "chronic" conditions or illnesses. When you join Care-ADVANTAGE you may be eligible for reduced prescription copays on medicines you take for your chronic health problem(s) through the ADVANTAGE prescription mail order program. Eligible medications are noted on the attached list with a "CA" and are subject to change.

CHEMOTHERAPY DRUGS

Certain medications are used as chemotherapy drugs and those drugs are noted on the attached list with a "CH".

PREFERRED ALTERNATIVES

As part of ADVANTAGE's commitment to helping our members and clients utilize the tools of the benefits they choose, we have listed preferred alternatives for the most commonly prescribed and utilized Brand Non-Preferred agents. This is intended to assist members in working with their physicians to choose alternative drug therapies when they are using a Brand Non-Preferred Product.

Please note that inclusion on the listing does not eliminate the need for required generic substitution, or Step Therapy requirements.

It is important to note that the alternatives in some cases are not generic drugs, but rather, other brand name agents often used to treat the same or similar condition. Remember, changing your medications at any time should only be done after consulting your prescriber.

ADVANTAGE STEP THERAPY REQUIREMENTS

For some conditions, your doctor will need to prescribe one medication before trying another—to use “Drug A” before trying “Drug B”. Step Therapy is a program that encourages the use of safe and effective first-line medications. First-line drugs are well established and known to be both safe and effective. These drugs are preferred therapy for most people. Clinical committees select first-line and second-line drugs after careful review of medical literature, manufacturer product information, and consultation with medical professionals. These steps are taken to ensure that protocols reflect current and appropriate drug therapy recommendations. Medications that have a Step Therapy requirement are noted on the attached list with an “ST”. **Please note that not all medications requiring Step Therapy are included on this listing, and physician-provided samples will not satisfy a step therapy requirement.**

If you are a new member or just enrolling with ADVANTAGE and are currently taking or have taken one of the second line medications listed below within the past six months, please ask for a “**Step Therapy Plan Exception Request Form**”. Have your physician or pharmacist complete the form and fax it to the fax number listed on the form.

ANGIOTENSIN-2 INHIBITORS (A-2)	
First Line Medications (ACE / ACE COMBO)	Second Line Medications (ARB / ARB COMBO)
benazapril (LOTENSIN) benazapril/amlodipine (LOTREL) benazapril/HCTZ (LOTENSIN HCT) captopril (CAPOTEN, CAPOZIDE) enalapril (VASOTEC) enalapril/diltiazem (TECZEM) enalapril/felodipine (LEXXEL) enalapril/HCTZ (VASERETIC) fosinopril (MONOPRIL, MONPRIL HCT) fosinopril/HCTZ (MONOPRIL HCT) lisinopril (PRINIVIL, ZESTRIL) lisinopril/HCTZ (PRINZIDE, ZESTORETIC) moexipril (UNIVASC, UNIRETIC) perindopril (ACEON) quinapril (ACCUPRIL, ACCURETIC) ramipril (ALTACE) trandolapril (MAVIK) trandolapril/verapamil (TARKA)	amlodipine/olmesartan (AZOR) amlodipine/valsartan (EXFORGE) amlodipine/valsartan/hctz (EXFORGE HCT) candesartan (ATACAND) candesartan/HCTZ (ATACAND HCT) eprosartan (TEVETAN) eprosartan /HCTZ (TEVETEN HCT) irbesartan (AVAPRO) irbesartan/HCTZ (AVALIDE) losartan (COZAAR) losartan/HCTZ (HYZAAR) olmesartan (BENICAR) olmesartan/HCTZ (BENICAR HCT) telmisartan (MICARDIS) telmisartan/HCTZ (MICARDIS HCT) valsartan (DIOVAN) valsartan/HCTZ (DIOVAN HCT) aliskiren/amlodipine (AMTURNIDE) aliskiren/amlodipine (TEKAMLO) aliskiren (TEKTURNA) aliskiren/HCTZ (TEKTURNA HCT) aliskiren and valsartan (VALTURNIA)
COX-2 INHIBITORS (COX-2)	
First Line Medications (GENERIC NSAIDS / GENERIC COX-1)	Second Line Medications (COX-2)
diclofenac potassium (CATAPLAM) diclofenac sodium (VOLTAREN) EC naproxen (NAPRALEN) etodolac (LODINE) fenopfen (NALFON) flurbiprofen (ANSAID) ibuprofen (MOTRIN) indomethacin (INDOCIN/SR) ketorolac (TORADOL) nabumetone (RELAFEN) meloxicam (MOBIC) naproxen (NAPROSYN, ANAPROX) oxaprozin (DAYPRO) piroxicam (FELDENE) sulindac (CLINORIL) tolmetin (TOLECTIN DS)	celecoxib (CELEBREX) * * CELEBREX may be used first line if patient is taking warfarin, any Proton Pump Inhibitor, or age greater than or equal to 60
MISCELLANEOUS AGENTS	
First Line Medications	Second Line Medications
warfarin (COUMADIN, JANTOVEN)	rivaroxaban (XARELTO) when for non-valvular atrial fib

LEUKOTRIENE MODIFIERS (LTM)	
First Line Medications (NON-STEROIDAL ANTIHISTAMINE/NASAL CORTICOSTEROIDS OR DX OF ASTHMA/COPD)	Second Line Medications (LEUKOTRIENE MODIFIERS)
albuterol (Any formulation) albuterol/ipratropium bromide (COMBIVENT) albuterol/ipratropium bromide (DUONEB) beclomethasone (BECONASE AQ) budesonide (RHINOCORT AQ) flunisolide (NASAREL) fluticasone (FLONASE, VERAMYST) fluticasone/salmeterol (ADVAIR) loratadine (CLARITIN, CLARITIN D) pirbuterol (MAXAIR) triamcinolone (NASACORT AQ)	zafirlukast (ACCOLATE) montelukast (SINGULAIR) zileutin (ZYFLO) zileutin (ZYFLO CR)
PROTON PUMP INHIBITORS (PPI) (Some plans do not cover PPI's)	
First Line Medications (OTC & GENERIC RX PPI'S)	Second Line Medications (BRAND RX PPI'S)
lansoprazole (OTC on a prescription or Rx Generic) omeprazole (OTC on a prescription or Rx Generic) pantoprazole (PROTONIX) PREVACID 24 HR OTC on a prescription PRILOSEC OTC on a prescription	dexlansoprazole (DEXILANT) deslansoprazole (KAPIDEX) esomeprazole (NEXIUM) lansoprazole (PREVACID/PREVACID SoluTab-BRAND) lansoprazole/naproxen (PREVPAC) omeprazole (PRILOSEC RX-BRAND) omeprazole/Sod Bicarb (ZEGERID) pantoprazole (PROTONIX-BRAND) rabeprazole (ACIPHEX)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI)	
First Line Medications (GENERIC SSRI'S)	Second Line Medications (BRAND SSRI'S)
citalopram (CELEXA) fluoxetine (PROZAC) fluvoxamine (LUVOX) paroxetine, paroxetine CR (PAXIL) sertraline (ZOLOFT)	escitalopram (LEXAPRO) fluoxetine (PROZAC, PROZAC WEEKLY-BRAND) fluoxetine (SARAFEM) fluoxetine/olanzapine (SYMBYAX) vilasodone (VIIBRYD) paroxetine mesylate (PEXEVA)
SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)	
First Line Medications	Second Line Medications
venlafaxine (ir, sr, or xr) (EFFEXOR or EFFEXOR XR)	desvenlafaxine (PRISTIQ)
pregabalin (LYRICA) gabapentin (NEURONTIN) Insulin or other Injectable Anti-Diabetic Agent Oral Anti-Diabetic Medication	duloxetine (CYMBALTA) *

ADVANTAGE QUANTITY LIMITS

Brand Drug Name	Generic Drug Name	Retail quantity	Mail Order Quantity
Actiq	Fentanyl Citrate Lollipop	120 units	360 units
Aerobid & Aerobid M Inh 250mcg/7ml	Flunisolide	7 ml (1 inh)	21 ml (3 inh)
Alendronate (Fosamax) 35mg tabs	Alendronate	8 tabs	24 tabs
Alendronate (Fosamax) 70mg tabs	Alendronate	4 tabs	12 tabs
Alupent Inh/refill 650mcg/14ml	Metaproterenol Sulfate	28 ml (2 inh)	84 ml (6 inh)
Amerge 1mg, 9s	Naratriptan	9 tabs	27 tabs
Amerge 2.5mg, 9s	Naratriptan	9 tabs	27 tabs
Anzemet tabs	Dolasetron	21 tabs	63 tabs
Anzemet vial for oral use	Dolasetron	10 ml	30 ml
Axert 12.5mg tabs	Almotriptan	9 tabs	27 tabs
Axert 6.25mg tabs	Almotriptan	9 tabs	27 tabs
Azmacort 100mcg/20ml (Discontinued by Manufacturer)	Triamcinolone	40 ml (2 inh)	120 ml (6 inh)
Butorphanol NS 2.5ml	Butorphanol Tartrate	6 ml (2 units)	18 ml (6 units)
Cialis tabs	Tadalafil	6 tabs	18 tabs
Combivent Inh 15ml	Albuterol Sulf/Ipratropium	30 ml (2 inh)	90 ml (6 inh)
Edex & Caverject	Alprostadil	6 inj	18 inj
Enoxaparin sodium	Lovenox	14 day supply (req. PA if >)	14 day supply (req. PA if >)
Fentanyl patches	Fentanyl TD Patch	10 patches	30 patches
Fentora buccal tab	Fentanyl Citrate Buccal Tab	120 tabs	360 tabs
Flovent HFA 110 mcg inh 12gm	Fluticasone Propionate HFA Inh Aer	24 gm (2 inh)	72 gm (6 inh)
Flovent HFA 220 mcg inh 12gm	Fluticasone Propionate HFA Inh Aer	24 gm (2 inh)	72 gm (6 inh)
Flovent HFA 44 mcg inh 10.6gm	Fluticasone Propionate HFA Inh Aer	22 gm (2 inh)	66 gm (6 inh)
Flovent Rotadisk 50mcg, 100mcg, 250mcg,	Fluticasone Propionate	4 pak (60 discs)	180 discs
Fondaparinux	Arixtra	14 day supply (req. PA if >)	14 day supply (req. PA if >)
Foradil Inhalant Caps/Aerolizer, 60s	Formoterol Fum.	60 caps	90 caps
Frova 2.5mg tabs 9's	Frovatriptan	9 tabs	27 tabs
Granisetron (Kytril) 1mg tab	Granisetron	21 tabs	63 tabs
Granisol (Kytril) 2mg/10ml soln	Granisetron	30 ml	90 ml
Hydrocodone/APAP (Vicodin ES) 7.5/750 mg tab	Hydrocodone/acetaminophen tab	150 tabs	450 tabs
Hydrocodone/APAP (Vicodin HP) 10/660 mg tab	Hydrocodone/acetaminophen tab	180 tabs	540 tabs
Hydrocodone/APAP (Vicodin) 5/500 mg tab	Hydrocodone/acetaminophen tab	240 tabs	720 tabs
Intal Inhaler 14.2 gm	Cromolyn Sodium	14.2 gm (1inh)	42.6 gm (3 inh)
Intal Inhaler 8.1 gm	Cromolyn Sodium	16.2 gm (2 inh)	48.6 gm (6 inh)
Levitra Tabs	Vardenafil	6 tabs	18 tabs
Maxair Autoinhaler 14gm	Pirbuterol	28 gm (2 inh)	84 gm (6 inh)
Maxalt 5mg, 10mg , 5mg MLT, 10mg MLT tab	Rizatriptan	9 tabs	27 tabs

ADVANTAGE QUANTITY LIMITS

Brand Drug Name	Generic Drug Name	Retail quantity	Mail Order Quantity
Ondansetron (Zofran) 4mg, 8mg 24mg tab	Ondansetron	21 tabs	63 tabs
Ondansetron (Zofran) 4mg/5ml soln	Ondansetron	50 ml	150 ml
Ondansetron ODT (Zofran ODT) 4 & 8 mg tab	Ondansetron	21 tabs	63 tabs
Oxycodone ER (Oxycontin)	Oxycodone-sustained release	60 tabs	180 tabs
Percocet 10/650 mg tab	Tab	180 tabs	540 tabs
Percocet 5/325 mg tab	Tab	360 tabs	1080 tabs
Perocet 7.5/500 mg tab	Tab	240 tabs	720 tabs
ProAir HFAProAir HFA	Albuterol Sulfate Inhal Aero	17 gm (2 inh)	51 gm (6 inh)
Proventil HFA	Albuterol Sulfate Inhal Aero	20.1 gm (3 inh)	60.3 gm (9 inh)
Pulmicort Turbinaler Pwd 200mcg	Budesonide	2 inh	6 inh
Pulmozyme	Dornase Alfa Inhal Soln	2 boxes (150 units)	6 boxes (450 units)
QVAR 40MCG, 80MCG	Beclomethasone	14.6 gm (2 inh)	43.8 gm (6 inh)
Relpax 20mg tabs, 40mg tabs	Eletriptan	9 tabs	27 tabs
Serevent diskus 50mcg	Salmeterol	60 blisters	180 blisters
Sumatriptan (Imitrex, Sumavel) 4mg/0.5ml 6mg/0.5ml Inj	Sumatriptan	2 kits (4 doses)	6 kits (12 doses)
Sumatriptan (Imitrex) NS 20mg/6ml	Sumatriptan	1 bx (6 doses) 6ml	3 boxes (18ml)
Sumatriptan (Imitrex) 25mg, 50mg 100mg tabs	Sumatriptan	9 tabs	27 tabs
Sumatriptan (Imitrex) 6mg/.05ml Injectable Vial	Sumatriptan	5 vials (5 doses) 2.5ml	15 vials
Sumatriptan (Imitrex) NS 5mg	Sumatriptan	3 bx (18 doses) 18ml	6 bx (54 doses) 54ml
Tilade	Aerosol	49 gm (3 inh)	146 gm (9 inh)
Tobi	Tobramycin Nebu Soln	280 ml(56 amps)	840 ml(168 amps)
Ventolin HFA 18 gm inhaler	Albuterol Sulfate Inhal Aero	36 gm (2 inh)	108 gm (6 inh)
Ventolin HFA 8gm inhaler	Albuterol Sulfate Inhal Aero	56 gm (7 inh)	168 gm (21 inh)
Viagra Tabs	Sildenafil	6 tabs	18 tabs
Xarelto	Rivaroxaban	Knee – 12 days; Hip – 35 days	
Zolpidem (AMBIEN)	Zolpidem tartrate	30 tabs	90 tabs
Zomig 2.5mg, 2.5mg ZMT, 5mg, 5mg ZMT Tabs	Zolmitriptan	9 tabs	27 tabs
Zomig Nasal Spray 5mg	Zolmitriptan	6 units (1 pak)	18 units (3 paks)
		Maximum Per Year	
Terbinafine (Lamisil) 250mg tabs	Terbinafine	90 tabs per year	
Lotronex 1mg tabs	Alosetron	84 tabs per year	
Itraconazole (Sporanox) 100mg	Itraconazole	240 per year	
		Other Maximum	
Relenza	Zanamivir	10 days therapy	
Ketorolac (Toradol)	Ketorolac Tromethamine	20 tabs	
Tamiflu	Oseltamivir	10 days therapy	

Drug Name	3-TIER	Preferred Alternatives/Comments
8-MOP	2	
A		
A.P.L. (chorionic gonadotropin)	SP PA	J0725, discontinued by manufacturer, see NOVAREL, PREGNYL
ABILIFY (all forms)	2	
acarbose (PRECOSE)	1 CA-D	
ACCOLATE (zafirlukast)	2 ST CA-A	Must fail non-sedating antihistamine or nasal corticosteroids or DX of asthma or COPD
ACCU-CHEK ADVANTAGE	3 CA-D	FreeStyle or Bayer products are preferred alternatives
ACCU-CHEK COMFORT CURVE	3 CA-D	FreeStyle or Bayer products are preferred alternatives
ACCU-CHEK COMPLETE CARE KIT	3 CA-D	FreeStyle or Bayer products are preferred alternatives
ACCU-CHEK EASY	3 CA-D	FreeStyle or Bayer products are preferred alternatives
ACCU-CHEK III	3 CA-D	FreeStyle or Bayer products are preferred alternatives
ACCU-CHEK INSTANT	3 CA-D	FreeStyle or Bayer products are preferred alternatives
ACCU-CHEK STRIPS	3 CA-D	FreeStyle or Bayer products are preferred alternatives
acebutolol (SECTRAL)	1 CA-H	
acetaminiphen/caff/bultalb/cod (FIORCET/CODEINE)	1	
acetaminiphen/caffeine/bultalb (ESGIC/PLUS)	1	
acetaminiphen/caffeine/bultalb (FIORCET)	1	
acetaminiphen/caffeine/bultalb (ZEBUTAL)	1	
acetaminophen/butalbital (AXOCET)	1	
acetaminophen/butalbital (PHRENILINE/FORTE)	1	
acetazolamide sr (DIAMOX/CR)	1	
acetic acid (VOSOL)	1	
acetic acid/aluminum acetate (BOROFAIR OTIC)	1	
acetic acid/aluminum acetate (DOMEBORO OTIC)	1	
acetic acid/hydrocortisone (VOSOL HC)	1	
acetylcysteine (MUCOMYST)	1 PA	
ACIPHEX (rabeprazole)	3 ST	Must fail OTC PPI or generic Rx PPI
ACLOVATE (alclometasone)	3	Multiple generic topical steroids
ACTEMRA (tocilizumab)	SP PA	J3590
ACTIMMUNE (interferon gamma 1b)	SP PA	J9216
ACTIQ (fentanyl)	3 QL PA	Cancer Pain Only
ACTONEL (risedronate)	2	
ACTOPLUS MET (pioglitazone/metformin)	2 CA-D	
ACTOPLUS MET XR (pioglitazone/metformin)	2 CA-D	
ACTOS (pioglitazone)	2 CA-D	
ACULAR LS (ketorolac ophth)	2	
ACUVAIL (ketorolac ophth)	2	
acyclovir (ZOVIRAX)	1	
adapalene (DIFFERIN)	1	Age Restrictions Apply
ADDERALL XR (amphetamine salt xr)	3	Amphetamine, methylphenidate are preferred alternatives
ADVAIR Disc/ADVAIR HFA (salmeterol/fluticasone)	2 CA-A	
ADVATE (antihemophilic factor recombinant)	SP PA	J7192
ADVICOR (lovastatin/niacin)	3 CA-H	Lovastatin plus niacin is a preferred alternative
AEROBID-M (flunisolide)	3 QL CA-A	FLOVENT, PULMICORT are preferred alternatives
AFINITOR (everolimus)	2	
AGGRENOLX (dipyridamole/aspirin)	2	Aspirin/dipyridamole is a preferred alternative
AKINETON (biperiden)	2	
AKNE-MYCIN (erythromycin topical)	2	
ALAMAST (pemirolast ophth)	2	
ALBENZA (albendazole)	2	
albuterol soln neb (ACCUNEB)	1 CA-A	
ALDARA (imoquimod)	2	Must use generic imoquimod or pay DAW penalty
ALDURAZYME (laronidase)	SP PA	J1931
alendronate (FOSAMAX)	1 QL	
alfuzosin (UROXATRAL)	1	
ALINIA (nitazoxanide)	2	
ALKERAN (melphalan)	2 CH PA	J8600 Need Medical PA for Injectable
ALLEGRA OTC (fexofenadine)	OTC	
ALLEGRA-D (fexofenadine/pseudoephedrine)	2	Must use generic fexofenadine d or pay DAW penalty
allopurinol (ZYLOPRIM)	1	
ALOCRIL (nedocromil ophth)	3	ALAMAST is a preferred alternative
ALOMIDE (lodoxamide ophth)	2	
ALORA (estradiol)	3	CLIMARA, VIVELLE, MENOSTAR, ESTRADERM are preferred alternatives
ALPHAGAN P (brimonidine ophth)	2	
ALPHANATE (factor viii, human plasma deriv)	SP PA	J7190
ALPHANINE S (factor ix)	SP PA	J7193
alprazolam/xr (XANAX/XR)	1	
ALREX (loteprednol ophth)	2	
ALTABAX (retapamulin)	3	Generic mupirocin is a preferred alternative
ALTOCOR (lovastatin)	3 CA-H	Lovastatin plus niacin is a preferred alternative
aluminum chloride hexahydrate (DRYSOL)	1	
ALVESCO (ciclesonide inhaled)	3 CA-A	
amantadine (SYMMETREL)	1	
AMBIEN CR (zolpidem cr)	2 QL	Must use generic zolpidem or pay DAW penalty
amcinonide (CYCLOCORT)	1	
AMERGE (naratriptan)	3 QL	Sumatriptan, RELPAX, ZOMIG are preferred alternatives

Drug Name	3-TIER	Preferred Alternatives/Comments
AMEVIVE (alefacept)	SP PA	J0215
aminocaproic acid (AMICAR)	1 CA-H	
aminophylline (ELIXOPHYLLINE)	1 CA-H	
amiodarone (CORDARONE)	1 CA-H	
AMITIZA (lubiprostone)	2	
amitriptyline (ELAVIL)	1	
amitriptyline hcl/perphenazine (ETRAFONE/FORTE)	1	
amitriptyline hcl/perphenazine (TRIAVIL)	1	
amitriptyline/chlordiazepoxide (LIMBITROL)	1 CA-M	
amlodipine besylate (NORVASC)	1 CA-H	
amlodipine besylate-benazepril (LOTREL)	1 CA-H	
amnesteem (ACCUTANE)	1	Age Restrictions Apply
amoxapine (ASENDIN)	1	
amoxicillin & k clavulanate (AUGMENTIN)	1	
amoxicillin & k clavulanate susp (AUGMENTIN SUSP)	1	
amoxicillin (AMOXIL)	1	
amphetamine/dextroamphetamine (ADDERALL)	1	
ampicillin	1	
AMPYRA (dalfampridine)	SP PA	J3590
AMTURNIDE (aliskiren/amlodipine)	2 ST CA-H	Must fail ACE/ACE Combo; Preferred alternative-losartan
amylase./lipase/protease (COTAZYM)	1	
amylase./lipase/protease (CREON)	1	
amylase./lipase/protease (KU-ZYME HP)	1	
amylase./lipase/protease (PANCREASE/MT)	1	
amylase./lipase/protease (PANCRON)	1	
amylase./lipase/protease (PROTILASE)	1	
amylase./lipase/protease (ULTRASE/MT)	1	
amylase./lipase/protease (VIOKASE)	1	
ANADROL (oxymetholone)	3 PA	
anagrelide (AGRYLIN)	1	
ANALPRAM HC (hydrocortisone/pramoxine)	2	
anastrozole (ARIMIDEX)	1	
ANDRODERM (testosterone transdermal patch)	2 PA	
ANDROGEL (testosterone transdermal gel)	2 PA	
ANDROID (methyltestosterone)	2	
ANTABUSE (disulfiram)	2	
ANTAGON (ganirelix)	SP PA	S0132
ANTARA (fenofibrate)	2 CA-H	
antipyrine/benzocaine (AURAGLAN)	1	
ANZEMET (dolasetron)	2 QL	Ondansetron is a preferred alternative
apap/isometheptene/dichlphen (MIDRIN)	1	
APIDRA (insulin glulisine)	2 CA-D	
APIDRA SOLOSTAR (insulin glulisine)	2 CA-D	
apraclonidine oph (IOPIDINE)	1	
apri (DESOGEN, ORTHO-CEPT)	1 PA	
ARALAST NP (alpha-1 proteinase inhibitor)	SP PA	Limited distribution 866-272-5278
ARANESP (darbopoetin alfa)	SP PA	J0881 & J0882
ARCALYST (rilonacept)	SP PA	J3590
ARCAPTA (indacaterol maleate)	2 CA-A	
ARCAPTA NEOHALER (indacaterol maleate)	2 CA-A	
ARICEPT (donepezil)	2	Must use generic donepezil or pay DAW penalty
ARIMIDEX (anastrozole)	2	Must use generic anastrozole or pay DAW penalty
ARIXTRA (fondaparinux)	2 PA	Must use generic fondaparinux or pay DAW penalty; PA if used continuously for more than 14 days
ARMOUR THYROID	2	
AROMASIN (exemestane)	2	
ARZERRA (ofatumumab)	CH PA	J3590
ASACOL (mesalamine)	2	
ASACOL HD (mesalamine)	2	
ascomp codeine (FIORINAL COD)	1	
ASMANEX TWISTHALER (mometasone inhal)	2 CA-A	
aspirin/caffeine/butalbital (FIORINAL)	1	
aspirin/caffeine/butalbital/codeine (FIORINAL/COD)	1	Acetaminiphen/caff/bultalb/cod (FIORCET/CODEINE) is a preferred alternative
ASTELIN (azelastine nasal spr)	2	
ASTEPRO (azelastine nasal spr)	2	
ATACAND (candesartan)	3 ST CA-H	Must fail ACE/ACE Combo; losartan, BENICAR, DIOVAN, MICARDIS are preferred alternatives
ATACAND HCT (candesartan/hctz)	3 ST CA-H	Must fail ACE/ACE Combo; losartan hctz, BENICAR HCT, DIOVAN HCT, MICARDIS HCT preferred alternatives
atenolol (TENORMIN)	1 CA-H	
atorvastatin calcium (LIPITOR)	1 CA-H	Must use BRAND LIPITOR through 5/31/12. After 6/1/11, generic atorvastatin calcium mandatory
atorvastatin calcium/amlodipine (CADUET)	1 CA-H	
ATRIPLA (emtricitabine/tenofovir/efavirenz)	2	
atropine sulfate (ISOPTO ATROPINE)	1	
ATROVENT HFA INHALER (ipratropium)	3 CA-A	SPIRIVA is a preferred alternative
AUGMENTIN XR (amoxicillin/clavulanate)	3	Must use generic amoxicillin/clavulanate or pay DAW penalty
AUTODISC (BAYER) TEST STRIPS	2 CA-D	
AUTOPLEX T (anti-inhibitor coagulant complex)	SP PA	J7198 Discontinued by Manufacturer see FEIBA
AVALIDE (irbesartan/hctz)	3 ST CA-H	Must fail ACE/ACE Combo; losartan, BENICAR, DIOVAN, MICARDIS are preferred alternatives

Drug Name	3-TIER	Preferred Alternatives/Comments
AVANDAMET (rosiglitazone/metformin)	2 CA-D	
AVANDARYL (rosiglitazone/glimepiride)	2 CA-D	
AVANDIA (rosiglitazone)	2 CA-D	
AVAPRO (irbesartan)	3 ST CA-H	Must fail ACE/ACE Combo; losartan, BENICAR, DIOVAN, MICARDIS are preferred alternatives
AVC (sulfanilamide)	2	
AVELOX (moxifloxacin)	2	Ciprofloxacin is a preferred alternative
AVINZA (morphine sulfate)	2	Doxazosin, tamsulosin are preferred alternatives
AVODART (dutasteride)	2	
AVONEX (interferon beta 1a)	SP PA	Must fail BETASERON/COPAXONE OR statement of medical necessity from doctor; J1825 & Q3025
AXERT (almotriptan)	3 QL	Sumatriptan, RELPAX, ZOMIG are preferred alternatives
AXIRON (testosterone)	3 PA	ANDRODERM, ANDROGEL are preferred alternatives
azatadine (OPTIMINE)	1	
azathioprine (IMURAN)	1 CH	J7500
AZELEX (azeliac acid)	2	
AZILECT (rasagiline)	2	
azithromycin (ZITHROMAX)	1	
AZMACORT (triamcinolone inhalation)	2 QL CA-A	Discontinued by Manufacturer
AZOPT (brinzolamide)	2	
AZOR (amlodipine/olmesartan)	2 ST CA-H	Must fail ACE/ACE Combo; losartan, BENICAR, DIOVAN, MICARDIS are preferred alternatives
B		
bacitracin	1	
baclofen (LIORESAL)	1	
BACTROBAN CREAM (mupirocin)	2	Must use generic mupirocin or pay DAW penalty
balsalazide (COLAZAL)	1	
BANZEL (rufinamide)	3 PA	
BAYER AUTODISC TEST STRIPS	2 CA-D	
BAYER BREEZE 2 METER	2 CA-D	
BAYER BREEZE 2 TEST STRIPS	2 CA-D	
BAYER CONTOUR METER	2 CA-D	
BAYER CONTOUR TEST STRIPS	2 CA-D	
BAYER ELITE TEST STRIPS	2 CA-D	
BAYGAM	SP PA	J2790, 90385 & 90384 Discontinued by Mfg, See GAMASTAN S/D
BAYRHO D	SP PA	J2790, 90385 & 90384 Discontinued by Mfg, See MICRHOGAM
BEBULIN VH (factor ix)	SP PA	J7194
BECONASE/AQ (beclomethasone intranasal)	3	Fluticasone, NASONEX, NASACORT AQ are preferred alternatives
belladonna alkaloids (ANTI-SPAS)	1	
belladonna alkaloids (DONNATAL)	1	
benazepril/hctz (LOTENSIN HCT)	1 CA-H	
benazepril (LOTENSIN)	1 CA-H	
BENEFIX (factor ix)	SP PA	J7195
BENICAR (olmesartan)	2 ST CA-H	Must fail ACE/ACE Combo; Preferred alternative-losartan
BENICAR HCT (olmesartan/hctz)	2 ST CA-H	Must fail ACE/ACE Combo; Preferred alternative-losartan hctz
BENLYSTA (belimumab)	SP PA	
BENZACLIN (clindamycin/benzoyl peroxide)	3	
benzonatate (TESSALON PEARLS)	1	
benzoyl peroxide (BREVOXYL GEL)	1	
benzoyl peroxide - erythromycin gel (BENZAMYCIN)	1	
benzoyl peroxide (BENZAC/AC/W)	1	
benzoyl peroxide (BENZAGEL)	1	
benzoyl peroxide (BREVOXYL LOT)	1	
benzoyl peroxide (DESQUAM/E/X)	1	
benzoyl peroxide (PANOXYL/AO)	1	
benztropine (COGENTIN)	1	
BEPREVE (bepotastine besilate)	3	
betameth/propylene glycol (DIPROLENE AF)	1	
betameth/propylene glycol (DIPROLENE)	1	
betamethasone dipropionate (DIPROSONE)	1	
betamethasone dipropionate (MAXIVATE)	1	
betamethasone valerate (VALISONE)	1	
BETASERON (interferon beta 1b)	SP PA	J1830
betaxolol (KERLONE)	1 CA-H	
bethanechol (URECHOLINE)	1	
BETIMOL (timolol ophth)	2	
BETOPTIC (betaxolol ophth)	2	
BETOPTIC S (betaxolol ophth)	2	
BEYAZ (drospirenone/ethinyl estradiol)	3 PA	
bicalutamide (CASODEX)	1 CH	
BILTRICIDE (praziquantel)	2	
BIOCLATE (antihemophilic factor recombinant)	SP PA	J7192
bisoprolol (ZEBETA)	1 CA-H	
BONIVA (ibandronate sodium)	3	Alendronate, EVISTA are preferred alternatives
BOTOX (onabotulinumtoxinA)	SP PA	J0585
BREEZE (BAYER) 2 METER	2 CA-D	
BREEZE 2 (BAYER) TEST STRIPS	2 CA-D	
BREVOXYL (benzoyl peroxide)	2	Some strengths available as generic
BRILINTA (ticagrelor)	3 CA-H	PLAVIX and EFFIENT are preferred alternatives

Drug Name	3-TIER	Preferred Alternatives/Comments
brimonidine tartrate (ALPHAGAN 0.1%)	1	
bromocriptine mesylate (PARLODEL)	1	
bumetanide (BUMEX)	1 CA-H	
buproban (ZYBAN)	3 QL	Single once lifetime max per member of no more than 120 days of therapy
bupropion (WELLBUTRIN)	1	
bupropion sr (WELLBUTRIN SR)	1	
bupropion sr (WELLBUTRIN XL)	1	
buspiron (BUSPAR)	1	
BUSUFLEX (busulfan)	CH PA	J0594
butorphanol (STADOL NS)	1 QL	
BUTRANS (buprenorphine transdermal)	3 QL PA	Oxycodone, fentanyl or opioid intolerance are preferred alternatives
BYETTA (exenatide)	2 CA-D	
BYSTOLIC (nebivolol)	2 CA-H	
C		
cabergoline (DOSTINEX)	1	
CADUET (atorvastatin calcium/amlodipine)	2 CA-H	Must use generic atorvastatin calcium and amlodipine or pay DAW penalty. See note on Lipitor.
CALCIMAR (calcitonin salmon inj)	SP PA	J0630
calcitonin nasal soln (MIACALCIN)	1	
calcitriol (ROCATROL)	1	
calcium acetate cap 667 MG (PHOSLO)	1	
CAMPRAL (acamprosate calcium)	3 QL PA	
CANCIDAS (caspofungin)	SP PA	J0637
CANTIL (mepenzolate)	2	
CAPEX (fluocinolone)	2	
CAPITROL SHAMPOO	2	
CAPRELSA (vandetanib)	CH PA	
captopril (CAPOTEN)	1 CA-H	
captopril/hctz (CAPOZIDE)	1 CA-H	
CARAC (fluorouracil topical)	2	
CARAFATE SUSPENSION (sucralfate susp)	2	
carbachol (ISOPTO CARBACHOL)	1	Some strengths available as generic
carbamazepine (TEGRETOL)	1	
carbamazepine sr (TEGRETOL XR)	1	
CARBATROL (carbamazepine)	2	
carbidopa/levodopa (SINEMET/CR)	1	
CARDENE SR (nicardipine sr)	3 CA-H	Amlodipine besylate, diltiazem er, verapamil er are preferred alternatives
CARDIZEM LA (diltiazem sust rel)	CA-H	Must use generic diltiazem sust rel or pay DAW penalty
CARIMUNE (immune globulin iv)	SP PA	90283 & J2790
carisoprodol & aspirin (SOMA CMP)	1	
carisoprodol (SOMA)	1	
carteolol (OCUPRESS)	1	
cartia xt (CARDIZEM CM)	1 CA-H	
carvedilol (COREG)	1 CA-H	
CAVERJECT (alprostadil intracavernous/urethral)	3 LS QL	
CAYSTON (aztreonam inhal)	3 PA	
CEDAX (ceftributen)	3	Cephalexin is a preferred alternative
CEENU (lomustine)	2 CH	S0178
cefaclor (CECLOR)	1	
cefadroxil (DURICEF)	1	
cefdinir (OMNICEF)	1	
cefepodoxime proxetil (VANTIN)	1	
cefprozil susp (CEFZIL susp)	1	
cefprozil (CEFZIL)	1	
cefuroxime axetil (CEFTIN)	1	
cefuroxime axetil susp (CEFTIN susp)	1	
CELEBREX (celecoxib)	2 ST	Must fail generic NSAID or meloxicam or be taking warfarin, any PPI, or over age 60
CELONTIN (methsuximide)	2	
CENESTIN (estrogen, conjugated)	3	PREMARIN, ESTRACE are preferred alternatives
cephalexin (KEFLEX)	1	
CEREZYME (imiglucerase inj)	SP PA	J0205 & J1785
CERUMENEX (triethanolamine otic)	2	
CESAMET (nabilone)	CH	J8650
cetirizine OTC (ZYRTEC OTC)	OTC	Covered when prescribed; \$5/30-days or \$10/90-days (High Ded plans excluded)
CETROTIDE (cetorelix acet inj)	SP PA	J3490
CHANTIX (varenicline tartrate)	3 QL	Single once lifetime max per member of no more than 120 days of therapy
CHEMSTRIP BG	3 CA-D	FreeStyle or Bayer products are preferred alternatives
CHIBROXIN (norfloxacin ophth)	3	Ciprofloxacin, VIGAMOX are preferred alternatives
chloral hydrate (AQUA CHLORAL)	1	
chloramphenicol (CHLOROMYCETIN)	1	
chlordiazepoxide hcl (LIBRIUM)	1	
chlorhexidine (PERIDEX)	1	
chlorhexidine (PERIOSTAT)	1	
chloroquine phosphate (ARALEN)	1	
chlorothiazide (DIURIL)	1 CA-H	
chlorpromazine (THORAZINE)	1	
chlorthalidone (HYGROTON)	1 CA-H	

Drug Name	3-TIER	Preferred Alternatives/Comments
chlorzoxazone (PARAFON FORTE DSC)	1	
cholestyramine/aspartame (QUESTRAN LIGHT)	1 CA-D H	
cholestyramine/sucrose (QUESTRAN)	1 CA-D H	
choline/magnesium salicylate (TRILISATE)	1	
CHOREX (chorionic gonadotropin)	SP PA	J0725
CIALIS (tadalafil)	2 LS ST QL PA	Lifestyle benefit only for Erectile Dysfunction. Not covered for Benign Prostatic Hypertrophy
ciclopirox solution (PENLAC)	1	
cilostazol (PLETAL)	1 CA-H	
cimetidine (TAGAMET)	1	
CIMZIA (certolizumab pegol)	SP PA	Must fail ENBREL/HUMIRA OR statement of clinical necessity from doctor; J0718
CIPRO HC (ciprofloxacin/hydrocortisone otic)	2	
CIPRODEX (ciprofloxacin/dexamethasone otic)	2	
ciprofloxacin (CILOXAN)	1	
ciprofloxacin (CIPRO)	1	
ciprofloxacin sr 24hr (CIPRO XR)	1	
citalopram (CELEXA)	1	
CITRANATAL (prenatal vitamin)	3	
citric acid/k-na citrates (CTYRA-3)	1	
citric acid/k-na citrates (POLYCITRA/LC)	1	
citric acid/potassium citrate (CYTRA-K)	1	
citric acid/potassium citrate (POLYCITRA-K)	1	
CLARINEX (desloratadine)	3	Generic cetirizine, fexofenadine, loratadine, ALAVERT are preferred alternatives
clarithromycin (BIAXIN/BIAXIN XL)	1	
CLARITIN OTC (loratadine)	OTC	Covered when prescribed; \$5/30-days or \$10/90-days (High Ded plans excluded)
clemastine fumarate (TAVIST)	1	
CLEOCIN PEDIATRIC (clindamycin)	2	
CLEOCIN VAG SUPP/CREAM	2	
CLINDAGEL (clindamycin)	3	Generic clindamycin is a preferred alternative
clidinium/chlordiazepoxide (LIBRAX)	1	
CLIMARA PRO	2	
clindamycin hcl (CLEOCIN)	1	
clindamycin phosphate (CLEOCIN T)	1	
clindamycin phosphate (CLEOCIN VAG)	1	
clindamycin phosphate (CLINDA-DERM)	1	
clindamycin phosphate/benzoyl peroxide	1	
clioquinol/hydrocortisone (HYSONE)	1	
clobetasol propionate (TEMOVATE/E)	1	
clobetasol propionate foam (OLUX)	1	
CLOBEX (clobetasol)	3	Generic clobetasol is a preferred alternative
CLODERM	3	Multiple generic topical steroids
clomipramine (ANAFRANIL)	1	
clonazepam (KLONOPIN)	1	
clonidine (CATAPRES)	1 CA-H	
clonidine hcl/chlorthalidone (COMBIPRES)	1 CA-H	
clopidogrel bisulfate (PLAVIX)	1 CA-H	
clorazepate (TRANXENE)	1	
clotrimazole troche (MYCELEX TROCHE)	1	
clotrimazole (MYCELEX)	1	
clotrimazole/betamethasone dipropionate (LOTRIMIN)	1	
cloxacillin (CLOXAPEN)	1	
clozapine (CLOZARIL)	1	
cod/pro (PHENERGAN/CODEINE)	1	
codeine phosphate/apap (TYLENOL W/CODEINE)	1	
codeine phosphate/aspirin	1	
codeine sulfate	1	
codeine/apap/caffeine/butalb (FIORICET W/CODEINE)	1	
codeine/asa/caffeine/butalb (FIORINAL W/CODEINE)	1	
codeine/promethazine (PHENERGAN/CODEINE)	1	
COGNEX	3	
colchicine	1	
colchicine & probenecid (COL-BENEMID)	1	
colestipol (COLESTID)	1 CA-D H	
COLYCRYL (colchicine)	3	Must use generic colchicine or pay DAW penalty
COMBIGAN	2	
COMBIPATCH	2	
COMBIVENT	2 QL CA-A	
COMBIVIR	2	
COMBUNOX	3	
COMTAN	2	
CONCERTA	3	Amphetamine, methylphenidate are preferred alternatives
CONDYLOX (podofilox)	3	
CONTOUR (BAYER) METER	2 CA-D	
CONTOUR (BAYER) TEST STRIPS	2 CA-D	
COPAXONE	SP PA	J1595
CORDRAN	3	Multiple generic topical steroids
COREG CR (carvedilol cr)	2 CA-H	Must use generic carvedilol or pay DAW penalty

Drug Name	3-TIER	Preferred Alternatives/Comments
CORIFACT (factor viii conc, human)	SP PA	
CORTIFOAM	2	Anusol hc is a preferred alternative
CORTISPORIN (hydrocortisone/neomycin/polymyxin)	3	
COSOFT	3	
COUMADIN (warfarin)	2	Available generically
COVERA-HS	3 CA-H	Amlodipine besylate, diltiazem er, verapamil er are preferred alternatives
COZAAR (losartan)	3 ST CA-H	Must fail ACE/ACE Combo; Must use generic losartan or pay DAW penalty
CREON	2	
CRESTOR	2 CA-H	Lovastatin, pravastatin, simvastatin are preferred alternatives
CRINONE	2	
CRIXIVAN	2	
cromolyn (CROLOM)	1 CA-A	
cromolyn (INTAL nebulization)	1 CA-A	
CUTIVATE	3	Multiple generic topical steroids
cyclobenzaprine (FLEXERIL)	1	
CYCLOGYL	2	Some strengths available as generic
cyclophosphamide (CYTOXAN)	1 CH	J8530, J9070, J9080, J9090, J9091, J9092
CYCLOSET (bromocriptine)	3 CA-D	
cvcllosporine (NEORAL)	1 CH	J7502
cyclosporine (SANDIMMUNE)	1	
CYKLOKAPRON	2	
CYMBALTA	2 ST	Must fail generic SNRI or have confirmed DX of Diabetic Neuropathic Pain / Fibromyalgia
cyproheptadine (PERIACTIN)	1	
CYSTADANE	2	
CYTOGAM (cytomegalovirus immune globulin)	SP PA	90291 & J0850
CYTOMEL (liothyronine)	2	Must use generic liothyronine or pay DAW penalty
D		
DALIRESP (roflumilast)	3 CA-A	
DALLERGY (brompheniramine/psuedoephedrine/dm)	3	
DANAZOL	3	
dantrolene (DANTRIUM)	1	
DAPSONE	2	
DARAPRIM	2	
DARVON COMPOUND	2	
DAYTRANA (methylphenidate transdermal)	2	Amphetamine, methylphenidate are generic alternatives
DENAVIR	2	
DEPAKOTE (divalproex sodium)	2	Must use generic divalproex sodium or pay DAW penalty
DEPAKOTE ER (divalproex sodium dr)	2	Must use generic divalproex sodium dr or pay DAW penalty
DEPEN TITRATABS	2	
DERMA-SMOOTH/FS	2	
desipramine (NORPRAMIN)	1	
desloratadine (CLARINEX)	1	
desmopressin acetate (DDAVP NASAL SPRAY)	1	
desmopressin acetate (DDAVP)	1	
desogest-eth estrad & eth estrad (MIRCETTE)	1 PA	
desonide (DESOWEN)	1	
desonide (TRIDESILON)	1	
desoximetasone (TOPICORT/LP)	1	
DETROL/LA	2	
dexamethasone (DECADRON)	1	
dexamethasone (HEXADROL)	1	
dexchlorpheniramine maleate (POLARAMINE)	1	
DEXILANT/KAPIDEX	2 ST	Must fail OTC PPI or generic Rx PPI
dexmethylphenidate (FOCALIN)	1	
dextroamphetamine (DEXADRINE)	1	
dextroamphetamine (DEXTROSTAT)	1	
DHT	2	
DIASSTAT	2	
diazepam (VALIUM)	1	
DIBENZYLINE	2	
diclofenac ophth sol (VOLTAREN OPHTH SOL)	1	
diclofenac potassium (CATAFLAM)	1	
diclofenac sodium (VOLTAREN/XR)	1	
dicloxacillin (DYCILL)	1	
dicyclomine (BENTYL)	1	
didanosine delayed release cap (VIDEX EC)	1	
DIFFERIN (adapalene)	2	Must use generic adapalene or pay DAW penalty; Age Restrictions Apply
DIFICID (fidaxomicin)	3 QL PA	Limit to 10 day supply
diflorasone (PSORCON/E)	1	
diflorasone diacetate cr (FLOROSONE/E)	1	
digoxin (LANOXIN)	1 CA-H	
diltiazem (CARDIZEM/SR/CD)	1 CA-H	
diltiazem (DILACOR XR)	1 CA-H	
diltiazem (TIZAC)	1 CA-H	
DIOVAN (valsartan)	2 ST CA-H	Must fail ACE/ACE Combo; Losartan is a preferred alternative
DIOVAN HCT (valsartan/hctz)	2 ST CA-H	Must fail ACE/ACE Combo; Losartan hctz is a preferred alternative

Drug Name	3-TIER	Preferred Alternatives/Comments
DIPENTUM	3	
dipivefrin (PROPINE)	1	
dipyridamole (PERSANTINE)	1	
disopyramide (NORPACE/CR)	1	
disphenoxylate/atropine sulfate (LOMOTIL)	1	
divalproex sprinkle (DEPAKOTE SPRINKLES)	1	
divalproex delayed release (DEPAKOTE)	1	
divalproex SR 24 HR (DEPAKOTE ER)	1	
DOCEFREZ (docetaxel)	CH PA	Medical Benefit Only; PA is provided through medical coverage
DOCETAXEL (docetaxel)	CH PA	Medical Benefit Only; PA is provided through medical coverage
donepezil (ARICEPT)	1	
DONNATAL EXTENTAB	2	
DORYX (doxycycline)	3	Must use generic doxycycline or pay DAW penalty
DOVONEX	2	
doxazosin (CARDURA)	1 CA-H	
doxepin (SINEQUAN)	1	
doxycycline hyclate (PERIOSTAT)	1	
doxycycline hyclate (VIBRAMYCIN)	1	
doxycycline hyclate (VIBRA-TABS)	1	
DRITHO-SCALP	2	
DUAC	3	
DUET ACT (pioglitazone/glimepiride)	2 CA-D	
DUEXIS (famotidine; ibuprofen)	3	
DULERA (mometasone/formoterol inhal)	2	
DYNABAC	3	
DYNACIRC CR	3	
dyphylline (LUFYLLIN)	1 CA-A	
E		
EASIVENT	2	
econazole nitrate (SPECTAZOLE)	1	
EDARBI (azilsartan)	3 ST CA-H	Must fail ACE/ACE Combo
EDEX	3 LS QL	
EDURANT (rilpivirine hydrochloride)	2	
EFFEXOR XR (venlafaxine xr)	2	Must use generic venlafaxine xr or pay DAW penalty
EFFIENT	2	
electrolyte sol'n/peg's (COLYTE)	1	
electrolyte sol'n/peg's (GOLYTELY)	1	
ELIDEL	2	
ELIGARD (leuprolide)	CH PA	J1950 & J9217
ELITE (BAYER) TEST STRIPS	2 CA-D	
ELIXOPHYLLIN-GG	2 CA-A	
ELMIRON	2	
EMADINE	3	
EMBEDA	2	
EMCYT	2 CH	J8999
EMEND	2 QL	
emoquette (ORTHO-CEPT, DESOGEN)	1 PA	
ENABLEX	2	
enalapril (VASOTEC)	1 CA-H	
enalapril/hctz (VASERETIC)	1 CA-H	
ENBREL	SP PA	J1438
enoxaparin sodium (LOVENOX)	1 PA	PA if used continuously for more than 14 days
ENTOCORT EC	2	
ENZYMAX	2	
ephedrine sulfate	1	
EPIFOAM	2	
EPIFRIN	2	
EPINAL	2	
EPI-PEN/EPI-PEN Jr	2 QL	
EPIVIR/HBV	2 PA	
EPOGEN	SP PA	J0885, J0886 & Q4081
ERCAF	2	
ergocalciferol (DRISDOL)	1	
ERGOMAR	2	
ergotamine/belladonna/pb (BELLAMINE-S)	1	
ergotamine/belladonna/pb (BELLERGAL-S)	1	
ergotamine/caff supp (CAFERGOT)	1	
ergotamine/caff/bella/p-barb (BELCOMP-PB)	1	
ERWINAZE	MD PA	
erythromycin base	1	
erythromycin base (EMGEL)	1	
erythromycin base (E-MYCIN)	1	
erythromycin base (ERYCETTE)	1	
erythromycin base (ERYDERM)	1	
erythromycin base (ERYGEL)	1	
erythromycin base (ERYMAX)	1	

Drug Name	3-TIER	Preferred Alternatives/Comments
erythromycin base (T-STAT)	1	
erythromycin base/benzoyl peroxide (BENZAMYCIN)	1	
erythromycin ethylsuccinate (E.E.S.)	1	
erythromycin ethylsuccinate (ERY-PED)	1	
erythromycin stearate	1	
erythromycin/sulfisoxazole (PEDIAZOLE)	1	
ESCLIM	3	CLIMARA, VIVELLE, MENOSTAR, ESTRADERM are preferred alternatives
estazolam (PROSOM)	1	
ESTRACE VAGINAL CREAM	3	
ESTRADERM	2	
estradiol & norethindrone acetate (ACTIVELLA)	1	
estradiol (CLIMARA)	1	
estradiol (ESTRACE Tabs)	1	
ESTRADIOL TRANSDERMAL SYSTEM	1	
ESTRATAB	3	Estradiol/methyltestosterone, PREMARIN/ESTRACE are preferred alternatives
ESTRATEST/HS	3	Estradiol/methyltestosterone, PREMARIN/ESTRACE are preferred alternatives
ESTRING	2	
estropipate (OGEN)	1	
estropipate (ORTHO-EST)	1	
ethambutol (MYAMBUTOL)	1	
ethinyl estradiol-ethynodiol diacetate (DEMULEN)	1 PA	
ethinyl estradiol-levonorgestrel (ALESSE)	1 PA	
ethinyl estradiol-levonorgestrel (NORDETTE)	1 PA	
ethinyl estradiol-levonorgestrel (TRIPHASIL)	1 PA	
ethinyl estradiol-norgestrel (LO/OVRAL)	1 PA	
ethinyl estradiol-norgestrel (OVRAL)	1 PA	
ETHMOZINE	2	
ethosuximide (ZARONTIN)	1	
ETHYOL (amifostine)	CH	J0207
etidronate (DIDRONEL)	1	
etodolac (LODINE/XL)	1	
etoposide (VEPESID)	1 CH	J8560
EURAX	2	
EVISTA	2	
EVOXAC	2	
EXALGO (hydromorphone)	3 QL	
EXELDERM	3	Terbinafine is a preferred alternative
EXELON	2	
EXELON PATCH	2	
EXFORGE (amlodipine/valsartan)	2 ST CA-H	Must fail ACE/ACE Combo; Preferred alternative-losartan
EXFORGE HCT (amlodipine/valsartan/hctz)	2 ST CA-H	Must fail ACE/ACE Combo; Preferred alternative-losartan hctz
EXTAVIA	SP PA	J1830
EXTINA (ketoconazole)	3	Must use generic ketoconazole or pay DAW penalty
F		
FABRAZYME	SP PA	J0180
famciclovir (FAMVIR)	1	
famotidine (PEPCID)	1	
FANSIDAR	2	
FARESTON	2	
FASLODEX	CH	J9395
FAST TAKE	3 CA-D	FreeStyle or Bayer products are preferred alternatives
FEIBA VH	SP PA	J7198
FELBATOL	2	
felodipine (PLENDIL)	1 CA-H	
FEMARA (letrozole)	3 PA	Must use generic letrozole or pay DAW penalty
FEMCON FE (norethindrone/ethinyl estradiol)	3 PA	
FEMHRT	3	
FEMRING	3	
fenofibrate (LOFIBRA)	1 CA-D H	
FENOGLIDE	2	
fentanyl (ACTIQ)	1 QL PA	Cancer Pain Only
fentanyl (DURAGESIC)	1 QL	
FENTORA	3 QL PA	
FERTINEX	SP PA	J3355
fexofenadine (ALLEGRA)	1	
fexofenadine OTC (ALLEGRA OTC)	OTC	
FINACEA	2	
finasteride (PROSCAR)	1	
flavoxate (URISPAS)	1	
FLEBOGAMMA	SP PA	J1572
FLEBOGAMMA DIF	SP PA	J1572
flecainide (TAMBOCOR)	1 CA-H	
FLECTOR	2	
FLOMAX (tamsulosin)	2	
FLOVENT ROTADISK	2 QL CA-A	
FLOVENT/FLOVENT HFA	2 QL CA-A	

Drug Name	3-TIER	Preferred Alternatives/Comments
fluconazole (DIFLUCAN)	1 QL	
fluconazole susp (DIFLUCAN SUSP)	1 QL	
fludrocortisone (FLORINEF)	1	
fluocinolone acetonide (SYNALAR)	1	
fluocinonide (LIDEX/E)	1	
fluorometholone (FML LIQUIFILM)	1	
FLUOROPLEX	2	
fluorouracil (EFUDEX)	1	
fluoxetine (PROZAC)	1	
fluoxymesterone (HALOTESTIN)	1	
fluphenazine hcl (PERMITIL)	1	
fluphenazine hcl (PROLIXIN)	1	
flurazepam (DALMANE)	1	
flurbiprofen (ANSAID)	1	
flutamide (EULEXIN)	1	
fluticasone propionate (FLONASE)	1 QL	
flvoxamine (LUVOX)	1	
FML FORTE, S.O.P.	2	
FML-S	2	
FOCALIN (dexmethylphenidate) (all forms)	3	Must use generic dexmethylphenidate or pay DAW penalty
folic acid	1	Coverage for Pregnancy/Lactation
FOLLISTIM	SP PA	S0128
fondaparinux (ARIXTRA)	1 PA	PA if used continuously for more than 14 days
FORADIL	2 QL CA-A	
FORTAMET	2 CA-D	
FORTEO	SP PA	J3110
FORTESTA (testosterone gel)	3 PA	ANDRODERM, ANDROGEL are preferred alternatives
FORTOVASE	2	
FOSAMAX (alendronate)	3 QL	Must use generic alendronate or pay DAW penalty
FOSAMAX-D (alendronate d)	3 QL	Must use generic alendronate d or pay DAW penalty
fosinopril (MONOPRIL)	1 CA-H	
fosinopril hct (MONOPRIL HCT)	1 CA-H	
FRAGMIN	3 PA	PA if used continuously for more than 14 days
FREESTYLE METERS	2 CA-D	
FREESTYLE STRIPS	2 CA-D	
FROVA	3 QL	Sumatriptan, RELPAX, ZOMIG are preferred alternatives
FURADANTIN	3	
furosemide (LASIX)	1 CA-H	
FUROXONE	2	
G		
gabapentin (NEURONTIN)	1	
GABITRIL	2	
galantamine (RAZADYNE)	1	
GAMASTAN S/D (immune globulin human)	SP PA	J1562
GAMMAGARD LIQUID	SP PA	J1569
GAMMAKED	SP PA	J1569
GAMUNEX	SP PA	J1561
ganciclovir (CYTOVENE)	1	
GELNIQUE (oxybutynin topical)	3	
gemfibrozil (LOPID)	1 CA-D H	
GEMZYME (alglucosidase alfa)	SP PA	J0220
GENOTROPIN	SP PA	J2941
gentamicin (GARAMYCIN)	1	
gentamicin (GENOPTIC)	1	
GEODON	2	
GILENYA	SP PA	J3490, J8499
GLASSIA	SP PA	
GLEEVEC	2 CH PA	S0088
glimepiride (AMARYL)	1 CA-D	
glipizide & metformin (METAGLIP)	1 CA-D	
glipizide (GLUCOTROL)	1 CA-D	
glipizide er (GLUCOTROL XL)	1 CA-D	
GLUCAGON	2 CA-D	
GLUCOPHAGE (metformin)	3 CA-D	
GLUCOPHAGE XR (metformin xr)	3 CA-D	
GLUCOVANCE (glyburide/metformin)	3 CA-D	
glyburide (DIABETA)	1 CA-D	
glyburide (GLYCRON)	1 CA-D	
glyburide (GLYNASE)	1 CA-D	
glyburide (MICRONASE)	1 CA-D	
glyburide/metformin (GLUCOVANCE)	1 CA-D	
glycopyrrolate (ROBINUL/FORTE)	1	
GLYSET	3 CA-D	
GOLYTELY (polyethylene glycol bowel prep)	3	Must use generic polyethylene glycol bowel prep or pay DAW penalty
GONAL-F	SP PA	S0126
GRALISE (gabapentin)	3 PA	Postherpetic Neuralgia

Drug Name	3-TIER	Preferred Alternatives/Comments
GRIFULVIN V	2	
griseofulvin microsize susp (GRIFULVIN SUSP)	1	
GRIS-PEG	2	
gua/hym (DILAUDID COUGH SYRUP)	1	
gua/pse (DECONSAL)	1	
gua/pse (ENTEX PSE)	1	
gua/pse (GUAIBID D)	1	
gua/pse (GUAIFED/PD)	1	
gua/pse (GUAIMAX -D)	1	
guanabenz (WYTENSIN)	1 CA-H	
guanfacine (TENEX)	1 CA-H	
H		
HALAVEN (eribulin mesylate inj.)	MD PA	Medical Benefit Only; PA is provided through medical coverage: J9179
HALFAN	2	
HALFLYTELY	2	
halobetasol propionate (ULTRAVATE)	1	
HALOG/E	3	Multiple generic topical steroids
haloperidol (HALDOL)	1	
hctz/amiloride (MODURETIC)	1 CA-H	
hctz/atenolol (TENORETIC)	1 CA-H	
hctz/bisoprolol (ZIAC)	1 CA-H	
hctz/propranolol (INDERIDE)	1 CA-H	
hctz/triamterene (DYAZIDE)	1 CA-H	
hctz/triamterene (MAXZIDE)	1 CA-H	
HECTOROL	3	ZEMPLAR is a preferred alternative
HELIDAC	3	Generic bismuth,metronidazole, tetracycline are preferred alternatives
HELIXATE FS	SP PA	J7192
HEMODYNE	SP PA	J7195 Discontinued by mfg
HEMOFIL	SP PA	J7190
heparin sodium	MD PA	Medical Benefits
HEPSERA	2	
HEXALEN	2 CH	J8999
HIVID	2	
HMS LIQUIFILM	2	
homatropine hbr (ISOPTO HOMATROPINE)	1	
HORIZANT (gabapentin enacarbil)	3 PA	Restless Leg Syndrome
HUMALOG	2 CA-D	
HUMATE-P	SP PA	J7187
HUMATROPE	SP PA	J2941
HUMEGON	SP PA	S0122 Discontinued by mfg
HUMIRA	SP PA	J0135
HUMULIN PRODUCTS	2 CA-D	
HYATE-C	SP PA	J7191 Discontinued by mfg
HYCAMPTIN (topotecan)	CH	J8705
hyd/ht (HYCODON)	1	
hydralazine (APRESOLINE)	1 CA-H	
hydralazine/hctz (APRESAZIDE)	1 CA-H	
hydrochlorothiazide (ESIDRIX)	1 CA-H	
hydrochlorothiazide (HYDRODIURIL)	1 CA-H	
hydrocodone bitartrate/apap (LORTAB TAB)	1 QL	
hydrocodone bitartrate/apap (VICODIN/ES)	1 QL	
hydrocodone bitartrate/ibuprofen (VICOPROFEN)	1 QL	
hydrocortisone (CORTEF)	1	
hydrocortisone (CORTENEMA)	1	
hydrocortisone (HTYONE)	1	
hydrocortisone (LACTICARE-HC)	1	
hydrocortisone (NUTRACORT)	1	
hydrocortisone (PENECORT)	1	
hydrocortisone (PROCTOCORT HC)	1	
hydrocortisone acetate (ANUSOL HC)	1	
hydrocortisone acetate w/pramoxine cr (ANALPRAM)	1	
hydrocortisone acetate/urea (CARMOL HC)	1	
hydrocortisone butyrate cr (LOCID)	1	
hydrocortisone valerate (WESTCORT)	1	
hydromorphone (DILAUDID)	1	
hydroxychloroquine (PLAQUENIL)	1	
hydroxyurea (HYDREA)	1	
hydroxyzine hcl (ATARAX)	1	
hydroxyzine pamoate (VISTARIL)	1	
hyoscamine (ANASPAZ)	1	
hyoscamine (CYSTOSPAZ)	1	
hyoscamine (LEVSIN/SL)	1	
hyoscamine (LEVSINEX)	1	
HYTAKEROL	2	
HYZAAR (losartan/hctz)	3 ST CA-H	Must fail ACE/ACE Combo; Must use generic losartan/hctz
I		

Drug Name	3-TIER	Preferred Alternatives/Comments
ibuprofen (MOTRIN)	1	
imipramine hcl (TOFRANIL)	1	
imoquimod (ALDARA)	1	
INCIVEK (telaprevir)	2 PA	Must use specialty pharmacy
INCRELEX	SP PA	J2170
indapamide (LOZOL)	1 CA-H	
INDERAL LA (propranolol la)	3 CA-H	Must use generic propranolol la or pay DAW penalty
indomethacin (INDOCIN/SR)	1	
INFERGEN	SP PA	Must fail PEGASYS/PEG-INTRON OR statement of clinical necessity from doctor; J9212
INNOHEP	3 PA	PA if used continuously for more than 14 days
INNOPRAN XL	3 CA-H	
INTAL INHALER	2 QL CA-A	
INTRON-A	SP PA	Must fail PEGASYS/PEG-INTRON OR statement of clinical necessity from doctor; J9214
INTUNIV (guanfacine)	3	Must use generic guanfacine or pay DAW penalty
INVIRASE	2	
iodoquinol/hydrocortisone (VYTONE)	1	
ipratropium (ATROVENT NASAL SPRAY)	1 CA-A	
ipratropium/albuterol neb soln (DUONEB)	1 CA-A	
IRESSA	3 CH PA	J8565
isoetharine hcl	1	
isoniazid & rifampin (RIFAMATE)	1	
isoniazid (ISONAZID)	1	
isoniazid (NYDRAZID)	1	
isosorbide dinitrate (DILATRATE-SR)	1 CA-H	
isosorbide dinitrate (ISORDIL)	1 CA-H	
isosorbide dinitrate (SORBITRATE)	1 CA-H	
isosorbide mononitrate (IMDUR)	1 CA-H	
isotretinoin (ACCUTANE)	1	Age restrictions apply
itraconazole (SPORANOX)	1 QL	
J		
JALYN (dutasteride/tamsulosin)	3	
JANUMET (sitagliptin/metformin)	2 CA-D	
JANUVIA (sitagliptin)	2 CA-D	
K		
K PHOS	2	
KADIAN (morphine sulfate er tabs)	3	Must use generic morphine sulfate ER tabs or pay DAW penalty
KALETRA	2	
KAPIDEX/DEXILANT	2 ST	Must fail OTC PPI or generic Rx PPI
KEMADRIN	2	
KEPPRA XR (levetiracetam)	3	Must use generic levetiracetam or pay DAW penalty
KETEK	3	Azithromycin, cephalixin, erythromycin are preferred alternatives
ketoconazole (NIZORAL CR)	1	
ketoconazole (NIZORAL TABS)	1	
ketorolac (TORADOL)	1 QL	
ketotifen fumarate ophth sol (ZADITOR)	1	
KINERET	SP PA	Must fail ENBREL/HUMIRA OR statement of clinical necessity from doctor; J3590
KLONOPIN WAFERS	3	Must use generic clonazepam or pay DAW penalty
K-LYTE DS	2	
KOATE DVI	SP PA	J7190
KOGENATE FS	SP PA	J7192
KOMBIGLYZE XR (saxagliptin/metformin)	2 CA-D	
KONYNE	SP PA	J7194 Discontinued by mfg
K-PHOS MODIFIED	2	
K-PHOS ORIGINAL	2	
KRISTALOSE	2	
KRONOFED-A	2	
KRONOFED-A JR	2	
KYTRIL	3 QL	Ondansetron is a preferred alternative
L		
labetalol (NORMODYNE)	1 CA-H	
labetalol (TRANDATE)	1 CA-H	
lactulose (CEPHULAC)	1	
lactulose (CHRONULAC)	1	
lactulose (DUPHALAC)	1	
lactulose (ENULOSE)	1	
LAMICTAL ODT (lamotrigine)	2	Must use generic lamotrigine or pay DAW penalty
LAMICTAL XR (lamotrigine)	2	Must use generic lamotrigine or pay DAW penalty
lamotrigine (LAMICTAL)	1	
LAMPRENE	2	
LANOXICAPS (digoxin liquid or tablets)	3 CA-H	Must use generic digoxin liquid or tablets or pay DAW penalty
lansoprazole caps (PREVACID CAPS)	1	
lansoprazole OTC (PREVACID 24HR OTC)	OTC	Covered when prescribed; \$5/30-days or \$10/90-days (High Ded plans excluded)
LANTUS/LANTUS SOLOSTAR	2 CA-D	
LARODOPA	2	
LASTACAFT (alcaftadine ophth)	3	
LATISSE		Excluded, cosmetic use not covered

Drug Name	3-TIER	Preferred Alternatives/Comments
LAZANDA (fentanyl citrate)	3 QL PA	Cancer Pain Only
leflunomide (ARAVA)	1	
LESCOL XL	3 CA-H	
LETAIRIS	2	
letrozole (FEMARA)	1 PA	No PA required > age 50
LEUCOVORIN	2	
LEUKERAN	2	
LEUKINE	SP PA	
levabuterol HCl soln (XOPENEX SOLN)	1 CA-A	
LEVAQUIN	2	
LEVEMIR	2 CA-D	
levetiracetam (KEPPRA)	1	
LEVITRA	3 LS QL	
levobunolol (BETAGAN)	1	
levobutanol inhalation (XOPENEX)	1 QL PA CA-A	
levonorgestrel & ethinyl estradiol (LEVLEN/LEVLITE)	1 PA	
levonorgestrel & ethinyl estradiol (SEASONALE)	1 PA	
levonorgestrel-ethin estradiol (TRI-LEVLEN)	1 PA	
levothyroxine (LEVOTHROID)	1	
levothyroxine (SYNTHROID)	1	
levothyroxine (UNITHROID)	1	
LEVOXYL	2	
LEVSIN/PB	1	
LEXAPRO	2 ST	Must fail generic SSRI; citalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine CR, sertraline
LEXXEL (enalapril/felodipine)	3 CA-H	
lidocaine cr (LMX 4)	1	
LIDODERM	2	
LIFESCAN	3	
LINDANE	2	
liothyronine sodium (CYTOMEL)	1	
LIPITOR (atorvastatin calcium)	3 CA-H	Special copay 1/1/2012 to 5/31/2012, then must use generic atorvastatin calcium or pay DAW penalty
lisinopril (PRINIVIL)	1 CA-H	
lisinopril (ZESTRIL)	1 CA-H	
lisinopril/hctz (PRINZIDE)	1 CA-H	
lisinopril/hctz (ZESTORETIC)	1 CA-H	
lithium carbonate (ESKALITH/CR)	1	
lithium carbonate (LITHOBID)	1	
lithium carbonate (LITHONATE)	1	
lithium citrate	1	
LIVALO (pitavastatin)	3 CA-D H	
LIVOSTIN	3	
LMX5	2	
LOCOID Cr/Oint/Solt'n	2	
LOCOID LIPOCREAM	2	
LODOSYN	2	
LOESTRIN (norethindrone/ethinyl estradiol)	3 PA	
LOFIBRA	3 CA-H	
loperamide (IMODIUM)	1	
LOPROX	3	
LORABID	3	
loratadine (CLARITIN) OTC	OTC	Covered when prescribed; \$5/30-days or \$10/90-days (High Ded plans excluded)
lorazepam (ATIVAN)	1	
LORTAB ELIXIR	2	
losartan (COZAAR)	1 CA-H	
losartan/hctz (HYZAAR)	1 CA-H	
LOSEASONIQUE	2 PA	
LOTEMAX (loteprednol etabonate)	2	
LOTRONEX	2 QL	
lovastatin (MEVACOR)	1 CA-D H	
LOVAZA	2 CA-H	
LOVENOX (enoxaparin sod)	3 PA	Must use generic enoxaparin sod or pay DAW penalty; PA if used continuously for more than 14 days
loxapine succinate (LOXITANE)	1	
LUMIGAN	3	
LUMIZYME	SP PA	J0220
LUNESTA	2 PA	Zaleplon, zolpidem are preferred alternatives
LUPRON DEPOT	MD PA	Medical Benefit Only; PA is provided through medical coverage; J9217, J9218, J1950
LYBREL	2 PA	
LYRICA	2	
LYSODREN	2 CH	J8999
M		
MACROBID	3	
MACUGEN (pegaptanib)	SP PA	J2503
MAKENA (hydroxyprogesterone)	MD PA	Medical Benefit Only; PA is provided through medical coverage;
maprotilie (LUDIOMIL)	1	
MATULANE	2 CH	S0182
MAXAIR	3 QL CA-A	PROAIR HFA or VENTOLIN HFA are preferred alternatives

Drug Name	3-TIER	Preferred Alternatives/Comments
MAXALT	3 QL	Sumatriptan is a preferred alternative
MAXAQUIN	3	Ciprofloxacin is a preferred alternative
MAXIDEX	2	
MEBARAL	2	
mebendazole (VERMOX)	1	
meclizine hcl (ANTIVERT)	1	
meclofenamate (MECLOMEN)	1	
MEDISENSE SYRINGES	2	
medroxyprogesterone (PROVERA)	1 PA	
medroxyprogesterone IM (DEPO-PROVERA)	1 PA	
mefloquine (LARIAM)	1	
MEGACE ES SUSP	3	
megestrol (MEGACE)	1	
meloxicam (MOBIC)	1	
MENEST	2	
MENOSTAR	2	
MENTAX	2	
meperidine (DEMEROL)	1	
mephobarbital (MEBARAL)	1	
MEPHYTON	2	
MEPRON	2	
mercaptopurine (PURINETHOL)	1 CH PA	S0108
mesna inj (MESNEX)	MD PA	Medical Benefit Only; PA is provided through medical coverage; J9209
METADATE CD	3	Amphetamine, methylphenidate are preferred alternatives
METAGLIP (glipizide/metformin)	3 CA-D	
metaproterenol (ALUPENT)	1 QL CA-A	
metformin (GLUCOPHAGE)	1 CA-D	
metformin XR (GLUCOPHAGE XR)	1 CA-D	
meth/me blue/ba/salol/atp/hyos (URISED)	1	
methadone (DOLOPHINE)	1	
methamphetamine (DESOXYN)	1	
methazolamide (NEPTAZANE)	1	
METHERGINE	2	
methimazole (TAPAZOLE)	1	
methocarbamol & aspirin (ROBAXISAL)	1	
methocarbamol (ROBAXIN)	1	
methotrexate (RHEUMATREX)	1 CH	J8610
methotrexate injection	MD PA	Medical Benefit Only; PA is provided through medical coverage; J9250 & J9260
methscopolamine bromide (PAMINE FORTE)	1	
methyclothiazide (AQUATENSEN)	1 CA-H	
methyclothiazide (ENDURON)	1	
methyl dopa (ALDOMET)	1 CA-H	
methyl dopa/hctz (ALDORIL)	1 CA-H	Some strengths available as generic; Must use generic if available or pay DAW penalty
methylphenidate (METADATE ER)	1	
methylphenidate (METHYLIN ER)	1	
methylphenidate (RITALIN/SR)	1	
methylprednisolone (MEDROL)	1	Some strengths available as generic; Must use generic if available or pay DAW penalty
metipranolol (OPTIPRANOLOL)	1	
metoclopramide (REGLAN)	1	
metolazone (ZAROXOLYN)	1 CA-H	
metoprolol succinate er (TOPROL XL)	1 CA-H	
metoprolol tartrate (LOPRESSOR)	1 CA-H	
METZOZOLV ODT (metoclopramide)	3	Must use generic metoclopramide or pay DAW penalty
METRODIN	SP PA	J3355
metronidazole (all forms)	1	
mexiletine (MEXITIL)	1 CA-H	
MICARDIS (telmisartan)	2 ST CA-H	Must fail ACE/ACE Combo
MICARDIS HCT (telmisartan/hctz)	2 ST CA-H	Must fail ACE/ACE Combo
miconazole nitrate (MONISTAT-DERM)	1	
MICRHOGAM	SP PA	90385 & J2788
MIGRANAL	2	
minocycline (DYNACIN)	1	
minocycline (MINOCIN)	1	
minoxidil (LONITEN)	1 CA-H	
MINTEZOL	2	
MIRAPEX	2	
mirtazapine (REMERON/ SOLUTAB)	1	
misoprostol (CYTOTEC)	1	
MOBAN	2	
moexipril (UNIVASC)	1 CA-H	Lisinopril, enalapril, moexipril, ramipril are preferred alternatives
moexipril/hctz (UNIRETIC)	1 CA-H	
mometasone furoate (ELOCON)	1	Some strengths available as generic; Must use generic if available or pay DAW penalty
MONARC-M	SP PA	J7190
MONOCLATE-P	SP PA	J7190
MONONINE	SP PA	J7193
morphine (MS CONTIN)	1	

Drug Name	3-TIER	Preferred Alternatives/Comments
morphine (MS IR)	1	
morphine (RMS-SUPP)	1	
morphine (ROXANOL)	1	
MOVIPREP (polyethylene glycol/electrolytes)	3	Must use polyethylene glycol/electrolytes or pay DAW penalty
MOZOBI (plerixifor)	SP PA	J2562
MULTAQ	2	
multivitamins w/flouride	1	
multivitamins w/fluor & iron	1	
mupirocin (BACTROBAN OINT)	1	
MUSE	3 LS QL	
MYCOBUTIN	2	
mycophenolate mofetil (CELLCEPT)	1	J7517 & J7518
MYLERAN	2 CH	J8510
MYOBLOC	SP PA	J0587
MYOZMYE	SP PA	J0220
MYTELEASE	3	
N		
nabumetone (RELAFEN)	1	
nadolol (CORCARD)	1 CA-H	
NAMENDA	2	
NAPRELAN	3	Naproxen, nabumetone, ibuprofen, generic NSAIDS are preferred alternatives
naproxen (EC-NAPROSYN)	1	
naproxen (NAPROSYN)	1	
naproxen sodium (ANAPROX DS)	1	
NARDIL	2	
NASACORT AQ	2	
NASCOBAL	2	
NASONEX	2	
nateglinide (STARLIX)	1 CA-D	
NATROBA (spinosod)	3 QL	120ml per prescription
NEBUPENT	2	
nefazodone (SERZONE)	1	
neomycin sulf/polymy/buffers/hc (PEDIOTIC)	1	
neomycin sulfate/hc	1	
neomycin sulfate/polymyxin/hc (CORTISPORIN)	1	
neomycin/bacitracin/polymyxin (NEOSPORIN)	1	
neomycin/polymyxin/dexameth (DEXACIDIN)	1	
neomycin/polymyxin/dexameth (MAXITROL)	1	
neostigmine bromide (PROSTIGMIN)	1	
NEULASTA	SP PA	J2505
NEUMEGA	SP PA	J2355
NEUPOGEN	SP PA	J1440 & J1441
NEURONTIN solt'n	2	
NEVANAC	2	
NEXAVAR	2	
NEXIUM	2 ST	Must fail OTC PPI or generic Rx PPI
NIACIN-RX	2	
NIASPAN	2 CA-H	
NIAZID-B6	2	
nicardipine extended-release (CARDENE)	1 CA-H	
NICOTROL NS SPRAY	3 QL	Single once lifetime max per member of no more than 120 days of therapy
nifedipine (PROCARDIA)	1 CA-H	
nifedipine extended-release (ADALAT CC)	1 CA-H	
nifedipine extended-release (PROCARDIA XL)	1 CA-H	
NILANDRON	2	
nimodipine (NIMOTOP)	1	
nitrofurantoin macrocrystal (MACRODANTIN)	1	
nitroglycerin (NITRO-BID)	1 CA-H	
nitroglycerin (NITRO-DUR)	1 CA-H	
nitroglycerin (NITROL)	1 CA-H	
nitroglycerin (NITROSTAT)	1 CA-H	
NITROLINGUAL (nitroglycerin)	2 CA-H	
NITROMIST AEROSOL (nitroglycerin)	3 CA-H	
nizatidine (AXID)	1	
NORDITROPIN	SP PA	J2941
noreth a-et estra/fe fumarate (LOESTRIN/FE)	1 PA	
norethindrone (NOR QD)	1 PA	
norethindrone (ORTHO MICRONOR)	1 PA	
norethindrone acetate (AYGESTIN)	1 PA	
norethindrone-ethin estradiol (BREVICON)	1 PA	
norethindrone-ethin estradiol (MODICON)	1 PA	
norethindrone-mestranol (NORYINYL)	1 PA	
norethindrone-mestranol (ORTHO NOVUM)	1 PA	
norgestimate-ethinyl estradiol (ORTHO CYCLEN)	1 PA	
norgestimate-ethinyl estradiol (ORTHO TRI-CYCLEN)	1 PA	
norgestimate-ethinyl estradiol (ORTHO TRI-CYCLEN)	1 PA	

Drug Name	3-TIER	Preferred Alternatives/Comments
norgestimate-ethinyl estradiol fe (ESTROSTEP FE)	1 PA	
NORITATE (metronidazole topical)	2	
NOROXIN	3	Ciprofloxacin is a preferred alternative
nortriptyline (AVENTYL)	1	
nortriptyline (PAMELOR)	1	
NORVIR	2	
NOVAREL	SP PA	J0725
NOVOFINE	2 CA-D	
NOVOLIN 70/30 MIX	2 CA-D	
NOVOLIN L	2 CA-D	
NOVOLIN N	2 CA-D	
NOVOLIN PRODUCTS (all)	2 CA-D	
NOVOLIN R	2 CA-D	
NOVOLOG	2 CA-D	
NOVOLOG MIX 70/30	2 CA-D	
NOVOSEVEN	SP PA	J7189
NUCYNTA (tapentadol)	2	
NUCYNTA ER (tapentadol)	2 PA	
NULOJIX (belatacept)	MD PA	Medical Benefit Only, Must be EBV seropositive
NUTROPIN/NUTROPIN AQ	SP PA	J2941
NUVARING	2 PA	
NUVIGIL	3 PA	
nystatin (MYCOSTATIN)	1	
nvystatin (NILSTAT)	1	
O		
OCTAGAM	SP PA	J1568
ofloxacin (FLOXIN)	1	
ofloxacin (OCUFLOX)	1	
ofloxacin otic (FLOXIN OTIC)	1	
olanzapine (ZYPREXA)	1	
olanzapine odt (ZYPREXA ZYDIS)	1	
OLEPTRO (trazodone)	3	Must use generic trazodone or pay DAW penalty
OLUX E FOAM (clobetasol)	3	Must use generic clobetasol or pay DAW penalty
OLUX FOAM (clobetasol)	3	Must use generic clobetasol or pay DAW penalty
omeprazole (PRILOSEC)	1	
omeprazole OTC (PRILOSEC OTC)	OTC	Covered when prescribed; \$5/30-days or \$10/90-days (High Ded plans excluded)
OMNARIS (ciclesonide intranasal)	3	
ondansetron (ZOFRAN)	1 QL	
ONE TOUCH BASIC SYSTEM	3 CA-D	FreeStyle or Bayer products are preferred alternatives
ONE TOUCH PROFILE SYSTEM	3 CA-D	FreeStyle or Bayer products are preferred alternatives
ONE TOUCH TEST STRIP	3 CA-D	FreeStyle or Bayer products are preferred alternatives
ONGLYZA (saxagliptin)	2 CA-D	
ONSOLIS (fentanyl transmucosal)	3 QL PA	
OPANA	2	
OPANA ER	2	
opium/belladonna alkaloids (B&O)	1	
OPTIVAR	2	
ORAP	2	
ORENCIA	SP PA	Must fail ENBREL/HUMIRA OR statement of clinical necessity from doctor; J0129
orphenadrine (NORFLEX)	1	
orphenadrine/aspirin/caffeine (NORGESIC)	1	
ORTHO TRI-CYCLEN LO	3 PA	
ORTHO-EVRA	2 PA	
ORTHO-PREFEST	3	PREMPRO, PREMPHASE are preferred alternatives
ORUDIS	1	
OVCON FE (norethindrone/ethinyl estradiol)	3 PA	
OVIDE	2	
OVIDREL	SP PA	J0725
OVRETTE	3 PA	
OXANDRIN	3 PA	
oxaprozin (DAYPRO)	1	
oxazepam (SERAX)	1	
oxcarbazepine (TRILEPTAL)	1	
OXECTA (oxycodone hydrochloride)	3 QL PA	Must use generic oxycodone hydrochloride or pay DAW penalty
OXISTAT	3	
OXSORALEN-ULTRA	2 PA	
oxybutynin (DITROPAN)	1	
oxybutynin sr (DITROPAN XL)	1	
oxycodone (OXY IR)	1 QL	
oxycodone/acetaminophen	1 QL	
oxycodone/aspirin	1 QL	
OXYCONTIN	2	
OXYTROL	3	
P		
PANDEL	3	Multiple generic topical steroids
PANGES	2	

Drug Name	3-TIER	Preferred Alternatives/Comments
pantoprazole (PROTONIX)	1	
paromomycin (HUMATIN)	1	
paroxetine (PAXIL)	1	
paroxetine cr (PAXILCR)	1	
paroxetine susp (PAXIL SUSP)	1	
PASER	2	
PATADAY	2	
PATANOL	2	
PBZ-SR	2	
PCE	3	
pe/cod/pro (PHENERGRAN VC/CODEINE)	1	
pe/cpm/scop (EXTENDRYL SR/JR/CHEW	1	
peg 3350-KCl-Sod Bicarb-NaCl (NULYTELY)	1	
PEG INTRON	SP PA	S0146
PEGANONE	3	
PEGASYS	SP PA	S0145
pemoline (CYLERT)	1	
PENETREX	3	Ciprofloxacin is a preferred alternative
penicillin	1	
PENTASA	3	ASACOL is a preferred alternative
pentazocine/naloxone (TALWIN NX)	1	
pentoxifylline (TRENTAL)	1	
PERGONAL	SP PA	S0122
perindopril (ACEON)	1	
permethrin (ELIMITE)	1	
perphenazine (TRILAFON)	1	
phenazopyridine (PYRIDIUM)	1	
phenobarbital	1	
PHENURONE	2	
phenylephrine hcl (NEO-SYNEPHRINE)	1	
PHENYTEK	2	
phenytoin (DILANTIN)	1	
PHOSLO (calcium acetate cap)	2	Must use calcium acetate cap or pay DAW penalty
PHOSLYRA (calcium acetate)	3	
PHOSPHOLINE IODIDE	2	
phosphorus (K PHOS NEUTRAL)	1	
pilocarpine hcl (SALAGEN)	1	
pilocarpine hcl (PILOCAR)	1	
pilocarpine hcl/epinephrine (E-PILO)	1	
PILOPINE H.S.	2	
pindolol (VISKEN)	1 CA-H	
piroxicam (FELDENE)	1	
PLAVIX (clopidogrel)	2 CA-H	
podofilox soln (CONDYLOX)	1	
polymyxin b sulfate/tmp (POLYTRIM)	1	
POLY-PRED	2	
PONSTEL	3	Naproxen, nabumetone, ibuprofen, generic NSAIDS are preferred alternatives
pot bicarb/pot chloride/ca (K-LYTE CL)	1	
potassium bicarb/ca (KLOR-CON)	1	
potassium chloride (KAOCHLOR/SF)	1	
potassium chloride (KAOCHLOR/SF)	1	
potassium chloride (KAYCIEL)	1	
potassium chloride (K-DUR)	1	
potassium chloride (K-LOR)	1	
potassium chloride (KLOTRIX)	1	
potassium chloride (K-TAB)	1	
potassium chloride (MICRO-K)	1	
potassium citrate er (UROCIT-K)	1	
potassium gluconate	1	
POTIGA (ezogabine)	3	
PRADAXA (dabigatran)	3 PA	Non-Valvular Atrial Fibrulation
PRAMOSONE Cr/Oint/Lotion	2	
PRAMOSONE E Cream	2	
pramoxine rectal foam (PROCTOFOAM)	1	
pramoxine/hc/chloroxylenol aq otic (CORTANE B AQ)	1	
pramoxine/hc/chloroxylenol lot (CORTANE B LOT)	1	
pramoxine/hc/chloroxylenol otic (CORTANE B OTIC)	1	
pramoxine/hydrocortisone	1	
PRANDIMET (repaglinide/metformin)	3 CA-D	
PRANDIN (repaglinide)	2 CA-D	
pravastatin (PRAVACHOL)	1 CA-D H	
PRAVIGARD	3 CA-D H	Lovastatin, pravastatin, simvastatin are preferred alternatives
prazosin (MINIPRESS)	1 CA-H	
PRECISION Q-1-D MONITOR	2 CA-D	
PRECISION Q-1-D TEST STRIPS	2 CA-D	
PRECOSE (acarbose)	3 CA-D	

Drug Name	3-TIER	Preferred Alternatives/Comments
PRED MILD	2	
PRED-G	2	
prednicarbate cream (DERMATOP)	1	
prednisolone (PRELONE)	1	
prednisolone acetate (ECONPRED PLUS)	1	
prednisolone acetate (ECONPRED)	1	
prednisolone acetate (PRED FORTE)	1	
prednisolone sod phosphate (INFLAMASE/FORTE)	1	
prednisolone sod phosphate (PEDIAPRED)	1	
prednisolone sod phosphate oral soln (ORAPRED)	1	
prednisone (DELTASONE)	1	
PREGNYL	SP PA	J0725
PREMARIN	2	
PREMARIN LOW DOSE	2	
PREMARIN VAGINAL CR	2	
PREMPHASE	2	
PREMPRO	2	
PREMPRO LOW DOSE	2	
PRENATAL VITAMINS	2	
prenatal vitamins (all generic)	1	
PRENATE DHA	2	
PRENATE ELITE	2	
PREVACID (all forms)	3 ST	Must fail OTC PPI or generic Rx PPI
PREVACID 24 HR OTC	OTC	Covered when prescribed; \$5/30-days or \$10/90-days (High Ded plans excluded)
PREVACID NAP PAK	3 ST	Must fail OTC PPI or generic Rx PPI
PREVPAC	3 ST	Must fail OTC PPI or generic Rx PPI
PRIFTIN	2	
PRIOSEC	3 ST	Must fail OTC PPI or generic Rx PPI
PRIOSEC OTC	OTC	Covered when prescribed; \$5/30-days or \$10/90-days (High Ded plans excluded)
primaquine	1	
primidone (MYSOLINE)	1	
PRISTIQ	2 ST	Must fail generic SNRI; venlafaxine ir, venlafaxine sr, venlafaxine xr
PRIVIGEN (immune globulin human)	SP PA	J1459
PROAIR HFA	2 QL CA-A	
PRO-BANTHINE	2	
probenecid (BENEMID)	1	
procainamide (PONESTYL/SR)	1	
procainamide (PROCANBID)	1	
prochlorperazine edisylate (COMPAZINE)	1	
PROCRIT	SP PA	Q4081
PROCTOCREAM-HC	2	
PROFASI	SP PA	J0725
PROFILNINE	SP PA	J7194
PROLASTIN	SP PA	J0256
PROLIA (denosumab)	MD PA	Medical Benefit Only; PA is provided through medical coverage; J9217, J9218, J1950
PROMACTA (eltrombopag)	2 QL PA	Restricted Distribution Medication
promethazine (PHENERGAN)	1	
PROMETRUIM	3	
propafenone (RYTHMOL)	1 CA-H	
PROPLEX T	SP PA	J7194
propoxyphene hcl/acetaminophen (WYGESIC)	1	
propoxyphene hcl/asa/caffeine (DARVON)	1	
propoxyphene napsylate/apap (DARVOCET-N)	1	
propranolol (INDERAL)	1 CA-H	
propranolol la (INDERAL LA)	1 CA-H M	
propylthiouracil	1	
PROTOPIC	2	
protiprityline (VIVACTIL)	1	
PROTROPIN (somatrem inj.)	SP PA	J2940 Discontinued by mfg
PROVENTIL HFA	3 QL CA-A	PROAIR HFA or VENTOLIN HFA are preferred alternatives
PROVIGIL	3 PA	
PROZAC ONCE WEEKLY	3 ST	Must fail generic SSRI; citalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine CR, sertraline
pse/bpm (BROMFED/PD)	1	
pse/dbm	1	
pse/tri	1	
PULMICORT RESPULES (budesonide)	2 CA-A	Must use generic budesonide or pay DAW penalty
PULMICORT TURBUHALER/FLEXHALER	2 QL CA-A	
PULMOZYME	SP PA	J7639
pvrazinamide	1	
pyridostigmine (MESTINON)	1	Some strengths available as generic; Must use generic if available or pay DAW penalty
pyrillamine/phenyltolox/phenir (POLY-HISTINE)	1	
Q		
QUARZAN	2	
quinapril (ACCUPRIL)	1 CA-H	
quinapril and hctz (ACCURETIC)	1 CA-H	
quinidine gluconate (QUINAGLUTE)	1 CA-H	

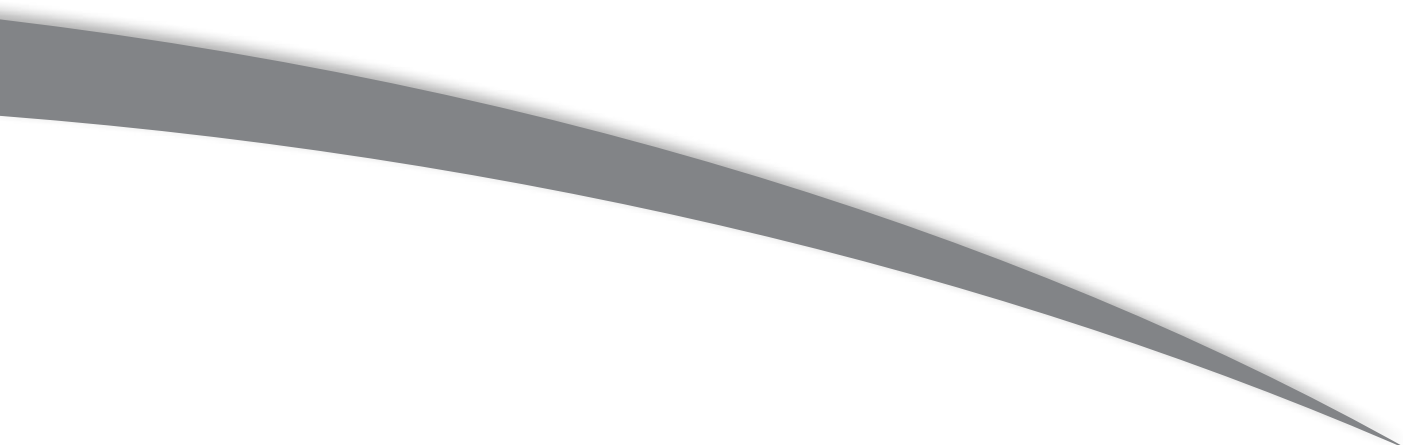
Drug Name	3-TIER	Preferred Alternatives/Comments
quinidine sulfate (QUINIDEX)	1 CA-H	
quinine sulfate	1	Not for use for leg cramps
QUIXIN	2	
QVAR (beclomethasone inh)	2 QL CA-A	
R		
ramipril (ALTACE)	1 CA-H	
RANEXA	2 CA-H	
ranitidine (ZANTAC)	1	
RAPAMUNE	3	
RAZADYNE (galantamine)	3	Must use generic galantamine or pay DAW penalty
REBIF	SP PA	Must fail BETASERON/COPAXONE OR statement of medical necessity from doctor; Q3026
RECLAST	MD PA	Medical Benefit Only; PA is provided through medical coverage; J3488
RECOMBINATE	SP PA	J7192
RECTIV (nitroglycerin oint rectal)	3	
REFACTO	SP PA	J7192
REGRANEX	2 PA	
RELENZA	3 QL	
RELPAZ	2 QL	Sumatriptan is a preferred alternative
REMICADE	SP PA	Must fail ENBREL/HUMIRA OR statement of clinical necessity from doctor; J1745
RENACIDIN	2	
RENAGEL	2	
RENVELA	2	
REPRONEX (menotropins)	SP PA	
REQUIP XL (ropinirole)	2	Must use generic ropinirole or pay DAW penalty
RESCRIPTOR	2	
RESCULA	3	
RESTASIS	2	
RETIN-A MICRO	2	Age restrictions apply
REVATIO	2 PA	
REVLIMID	2 PA	
REYATAZ	2	
REZIRA (hydrocodone bitartrate; pseudoephedrine hcl)	3	
RHINOCORT AQUA	3	Fluticasone, NASONEX, NASACORT AQ are preferred alternatives
RHOGAM	SP PA	J2790
RHOPHYLAC	SP PA	J2791
ribavirin (COPEGUS, REBETOL, REBETRON)	1 PA	
RIDAURA	2	
rifampin (RIFADIN)	1	
rifampin (RIMACTANE)	1	
RIFATER	2	
RILUTEK	2	
rimantadine (FLUMADINE)	1	
RIOMET (metformin)	3 CA-D	
RISPERDAL M-TAB (risperidone)	3	Must use generic risperidone or pay DAW penalty
risperidone (RISPERDAL)	1	
RITALIN LA	2	Amphetamine, methylphenidate are preferred alternatives
ROBINUL FORTE	2	
ROBINUL TABLET	2	
ROFERON-A	SP PA	J9213 Discontinued by mfg
ropinirole (REQUIP)	1	
ROWASA	3	ASACOL is a preferred alternative
ROZEREM	3 QL	
S		
SABRIL	3	
SAIZEN	SP PA	J2941
salsalate (DISALCID)	1	
salsalate (SALFLEX)	1	
SANCTURA (trospium)	3	
SANCTURA XR (trospium xr)	3	
SANDIMMUNE LAR	SP PA	J2353 & J2354
SAPHRIS	2	
SARAFEM	3 ST	Must fail generic SSRI; citalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine CR, sertraline
SAVELLA	2	
SEASONIQUE	2 PA	
selegiline (ELDERPRYL)	1	
selenium sulfide (EXSEL)	1	
selenium sulfide (SELSUN)	1	
SENSIPAR	2	
SERENTIL	3	
SEREVENT DISKUS	2 QL CA-A	
SEROMYCIN	2	
SEROQUEL	2	
SEROQUEL XR	2	
SEROSTIM	SP PA	J2941
sertraline (ZOLOFT)	1	
SILENOR (doxepin)		Must use generic doxepin or pay DAW penalty

Drug Name	3-TIER	Preferred Alternatives/Comments
silver sulfadiazine (SILVADENE)	1	
SIMCOR	3 CA-D H	
SIMPONI	SP PA	Must fail ENBREL/HUMIRA OR statement of clinical necessity from doctor; J3590
simvastatin (ZOCOR)	1 CA-D H	
SINGULAIR	2 ST CA-A	Must fail non-steroidal antihistamine/nasal corticosteroids or DX of asthma or COPD
SKELAXIN	2	
SKELID	3	Alendronate, ACTONEL are preferred alternative
sodium chloride	1	
sodium citrate & citric acid solution (BICITRA)	1	
sodium citrate/citric acid (CYTRA-2)	1	
sodium fluoride (KARIDIUM)	1	
sodium fluoride (LURIDE/SF)	1	
sodium polystyrene sulfonate (KAYEXELATE)	1	
sodium polystyrene sulfonate (KIONEX)	1	
SOMAVERT	SP PA	J3590
SONATA (zaleplon)	3	Must use generic zaleplon or pay DAW penalty
SORIATANE	2	
sotalol (BETAPACE/AF)	1 CA-H	
SPIRIVA	2 CA-A	
spironolactone (ALDACTONE)	1 CA-H	
spironolactone/hctz (ALDACTAZIDE)	1 CA-H	
SPRYCEL	2 PA	
STALEVO	2	
STARLIX (nateglinide)	3 CA-D	
STATICIN	2	
stavudine (ZERIT)	1	
STELARA (ustekinumab)	SP PA	J3590
STIMATE	SP PA	J2597
STRATTERA	2	
STROMECTOL	2	
SUBOXONE	2 QL PA	Single once lifetime max per mbr; No more than 120 days of therapy; For FDA approved indication only
SUCRAID	2	
sucralfate (CARAFATE)	1	
SULAR	2 CA-H	
sulfacetamide sodium (BLEPH 10)	1	
sulfacetamide sodium lot (SEBIZON/KLARON)	1	
sulfacetamide/prednis sp (VASOCIDIN)	1	
sulfacetamide/prednisolone ac (BLEPHAMIDE)	1	
sulfacetamide/sulfur, sublimed (NOVACET)	1	
sulfacetamide/sulfur, sublimed (PLEXION)	1	
sulfacetamide/sulfur, sublimed (SULFACET-R)	1	
sulfamethoxazole/trimethoprim (BACTRIM/BACTRIM)	1	
sulfamethoxazole/trimethoprim (SEPTRA/DS)	1	
SULFAMYLON	2	
sulfasalazine (AZULFADINE)	1	
sulfipyrazone	1	
SULFOXYL	2	
sulindac (CLINORIL)	1	
sumatriptan (IMITREX)	1 QL	
SUMAVEL DOSEPRO (sumatriptan)	3 QL	Generic sumatriptan injection is a preferred alternative
SUPPRELIN LA (histrelin sq implant)	MD PA	Medical Benefit Only; PA is provided through medical coverage; J9226
SUPRAX	3	Cephalexin is a preferred alternative
SUPRENZA (phentermine hydrochloride)	3 LS	
SUPREP BOWEL PREP	3	
SURE STEP	3 CA-D	FreeStyle or Bayer products are preferred alternatives
SUSTIVA	2	
SUTENT	2 CH PA	
SYMBICORT	2 CA-A	
SYMBYAX	2 ST	Must fail generic SSRI; citalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine CR, sertraline
SYMLIN	3 PA CA-D	90378
SYNAGIS	SP PA	90378
SYNALGOS DC	2	
SYNAREL	2	
SYNTHROID	3	
SYNVISC	MD PA	Medical Benefit Only; PA is provided through medical coverage; J7320
T		
TACLONIX (calcipotriene/betamethasone)	3	
tacrolimus (PROGRAF)	1	
TAMIFLU	2 QL	
tamoxifen (NOLVADEX)	1	
TARCEVA	2 PA	
TARGRETIN	2	
TARKA (trandolopril/verapamil)	2 CA-H	
TASMAR	2	
TAZORAC	2	
TEKAMLO (aliskiren/amlodipine)	2 ST CA-H	Must fail ACE/ACE Combo; Preferred alternative-losartan

Drug Name	3-TIER	Preferred Alternatives/Comments
TEKTURNA (aliskiren)	2 ST CA-H	Must fail ACE/ACE Combo; Preferred alternative-losartan
TEKTURNA HCT (aliskiren/hctz)	2 ST CA-H	Must fail ACE/ACE Combo; Preferred alternative-losartan hctz
temazepam (RESTORIL)	1	
TEMODAR	2 CH PA	J8700
TEQUIN	3	
terazosin (HYTRIN)	1 CA-H	
terbinafine (LAMISIL)	1 QL	
terbutaline sulfate (BRETHINE)	1 CA-A	
TESLAC	2	
TESTODERM	3 PA	ANDRODERM, ANDROGEL are preferred alternatives
testosterone inj	1 PA	
TESTIM (testosterone gel)	3 PA	ANDRODERM, ANDROGEL are preferred alternatives
TESTRED	2	
tetracycline (ACHROMYCIN)	1	
TEVETEN (eprosartan)	3 ST CA-H	Must fail ACE/ACE Combo; losartan, BENICAR, DIOVAN, MICARDIS are preferred alternatives
TEVETEN HCT (eprosartan/hctz)	3 ST CA-H	Must fail ACE/ACE Combo; losartan hctz, BENICAR HCT, DIOVAN HCT, MICARDIS HCT preferred alternatives
THALOMID	2 CH PA	J9999
THEO-24	2 CA-A	
theophylline (ELIXOPHYLLINE/SR)	1 CA-A	
theophylline (QUIBRON-T/SR)	1 CA-A	
theophylline (SLO-BID)	1 CA-A	
theophylline (THEO-DUR)	1 CA-A	
theophylline (UNI-DUR)	1 CA-A	
theophylline sr (UNIPHYL)	1 CA-A	
thioguanine (TABLOID)	1 CH	J8999
thioridazine (MELLARIL)	1	
thioridazine (MELLARIL-S)	1	
thiothixene (NAVANE)	1	
THROMBATE II	SP PA	J7197
THYROGEN	SP PA	J3240
ticlopidine (TICLID)	1	
TIKOSYN	2 CA-H	
TILADE	2 QL	
timolol (BLOCADREN)	1	
timolol (TIMOPTIC/XE)	1	
TINDAMAX (tinidazole)	3	
tizanidine (ZANAFLEX)	1	
TOBI	3 QL	
tobramycin (TOBEX)	1	
tobramycin/dexamethasone (TOBRADEX)	1	
TOFRANIL PM	2	
tolmetin (TOLECTIN/DS)	1	
TONOCARD	2	
topiramate (TOPAMAX)	1	
topiramate sprinkle (TOPAMAX SPRINKLE)	1	
TORECAN	2	
torsemide (DEMADEX)	1 CA-H	
TOVIAZ (fesoterodine)	3	
TRACER BG	3 CA-D	FreeStyle or Bayer products are preferred alternatives
TRACLEER	3 PA	
TRADJENTA (linagliptin)	2 CA-D	
tramadol (ULTRAM)	1	
tramadol and apap (ULTRACET)	1	
tramadol ext rel (ULTRAM ER)	1 QL	
trandolapril (MAVIK)	1 CA-H	
TRANSDERM-SCOP PATCH (scopolamine)	3 QL	
TRANXENE SD	2	
tranlycypromine sulfate (PARNATE)	1	
TRAVATAN	2	
TRAVATAN Z	2	
trazodone (DESYREL)	1	
TRECTOR-SC	2	
tretinoin (AVITA)	1	Age restrictions apply
tretinoin (RETIN-A)	1	Age restrictions apply
tretinoin (VESANOID)	1 PA	Age restrictions apply
TREXALL	2	
TREXIMET	2 QL	Sumatriptan with naproxen separately is a preferred alternative
triacinolone acetonide (ARISTOCORT)	1	
triamcinolone acetonide (KENALOG W/ORABASE)	1	
triamcinolone acetonide (KENALOG)	1	
TRIAZ	2	Some strengths available as generic
triazolam (HALCION)	1	
TRIBENZOR (olmesartan/amlodipine/hctz)	2 ST CA-H	
TRICOR	2 CA-H	Fenofibrate is a preferred alternative
trifluoperazine (STELAZINE)	1	
trifluridine (VIROPTIC)	1	

Drug Name	3-TIER	Preferred Alternatives/Comments
TRIGLIDE	2 CA-D H	Fenofibrate is a preferred alternative
trihexyphenidyl (ARTANE)	1	
TRI-K	2	
TRILIPIX	2 CA-D H	Fenofibrate is a preferred alternative
trimethobenzamide (TIGAN)	1	
trimethoprim (PROLOPRIM)	1	
trimethoprim (TRIMPEX)	1	
trimipramine maleate (SURMONTIL)	1	
trinessa	1 PA	
TRI-NORINYL	3 PA	
TRINSICON	2	
TRIPLE SULFA CREAM	2	
triple vitamins w/fluoride	1	
triple vits w/fluor & iron	1	
TRIZIVIR	2	
tropicamide (MYDRIACYL)	1	
TRUSOPT	3	Betaxolol, brimonidine, carteolol are preferred alternatives
TUSSIONEX	2	
TWINJECT	2	
TWYNSTA (telmisartan/amlodipine)	3 CA-H	
TYKERB (lapatinib)	2 CH PA	
TYSABRI (natalizumab)	SP PA	Must fail first line therapy; J2323
TYVASO (treprostonil inhal)	3 PA	
U		
ULORIC	2	
ULTICARE LANCETS	2	
ULTICARE PEN NEEDLES	2	
ULTICARE SYRINGES	2	
ULTRAM (tramadol)	3 QL	Must use generic tramadol or pay DAW penalty
ULTRAM ER (tramadol ext rel)	3 QL	Must use generic tramadol ext rel or pay DAW penalty
UNIVASC (moexipril)	2 CA-H	Must use generic moexipril or pay DAW penalty
URO-KP-NEUTRAL	2	
UROXATRAL (alfuzosin)	3	Must use generic alfuzosin or pay DAW penalty
ursodiol (ACTIGALL)	1	
ursodiol (URSO/FORTE)		
V		
VAGIFEM	2	
VALCYTE	2 PA	
valproic acid (DEPAKENE)	1	
VALTREX	2	
VALTURNA (aliskiren/valsartan)	2 ST CA-H	Must fail ACE/ACE Combo; losartan, BENICAR, DIOVAN, MICARDIS are preferred alternatives
VANCENASE AQ/DS	3	Fluticasone, NASONEX, NASACORT AQ are preferred alternatives
VANCOCIN	3	Metronidazole is a preferred alternative
VANOS (fluocinonide)	3	Generic fluocinonide is a preferred alternative
VANTIN	3	Cephalexin is a preferred alternative
velivet (CYCLESSA)	1 PA	
VELOSEF	3	Cephalexin is a preferred alternative
VELTIN (clindamycin/tretinoin)	3	Clindamycin and tretinoin separately, available generically
venlafaxine (EFFEXOR)	1	
VENTOLIN HFA	2 QL CA-A	
VERAMYST	2	
verapamil (CALAN/SR)	1 CA-H	
verapamil extended-release (ISOPTIN/SR)	1 CA-H	
VERELAN-PM	3 CA-H	
VESICARE	2	
VEXOL	2	
VFEND	2 PA	
VIADUR (leuprolide implant)	CH	J9219
VIAGRA (sildenafil)	2 LS QL	
VICTOZA (liraglutide)	2 PA CA-D	
VICTRELIS (boceprevir)	2 PA	Must use specialty pharmacy
VIDEX/EC	2	
VIGAMOX	2	
VIIBRYD (vilazodone)	3 ST	Must fail generic SSRI; citalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine CR, sertraline
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
VISICOL	2	
VISUDYNE (verteporfin)	SP PA	J3396
VIVACTIL	2	
VIVAGLOBIN	SP PA	J1562
VIVELLE DOT	2	
VOLMAX	3	
VOLTAREN OPHTHALMIC SOLUTION	2	
VOTRIENT (pazopanib)	2 CH PA	
VPRIV (velaglucerase alfa)	SP PA	

Drug Name	3-TIER	Preferred Alternatives/Comments
VYTORIN (simvastatin/ezetimibe)	3 CA-H	Simvastatin is a preferred alternative
VYVANSE (lisdexamfetamine)	3	Amphetamine, methylphenidate are preferred alternatives
W		
warfarin (COUMADIN)	1 CA-H	
WELCHOL	2 CA-D	
WHINRHO SDF	SP PA	J2790, 90384 & 90386
WILATE	SP PA	J1786
X		
XALATAN	2	
XARELTO (rivaroxaban)	3 QL PA	10 days for knee repl, 35 days for hip repl, must fail warfarin for atrial fibrillation
XELODA	2 CH PA	J8520 & J8521
XERESE (acyclovir/hydrocortisone topical)	3	
XGEVA (denosumab)	MD PA	Medical Benefit Only; PA is provided through medical coverage
XOLAIR	SP PA	J2357
XOPENEX HFA (levalbuterol inhal)		
XYLOCAINE ORAL SPRAY	2	
XYNTHA	SP PA	J7185
XYREM	2 PA	
XYZAL	3	
Y		
YASMIN	2 PA	
YAZ	2 PA	
YERVOY (ipilimumab)	CH PA	Medical Benefit Only; PA is provided through medical coverage
YODOXIN	2	
Z		
zafirlukast (ACCOLATE)	1 ST	
zaleplon (SONATA)	1	
ZAVESCA	SP PA	J3590
ZEGERID	3 ST	Must fail OTC PPI or generic Rx PPI
ZEMAIRA	SP PA	J0256
ZEMPLAR	2	
ZENPEP (pancrelipase)	3	
zeosa (FEMCON FE; OVCON FE)	1	
ZETIA	3 CA-H	
ZIAGEN	2	
zidovudine (RETROVIR)	1	
ZIRGAN (ganciclovir ophth)	3 PA	
ZMAX SUS 2GM	2	
zolpidem (AMBIEN)	1 QL	
ZOMETA (zoledronic acid inj)	MD PA	Medical Benefit Only; PA is provided through medical coverage
ZOMIG	2 QL	Sumatriptan is a preferred alternative
ZOMIG ZMT	2 QL	Sumatriptan is a preferred alternative
zonisamide (ZONEGRAN)	1	
ZOVIRAX OINTMENT	2	
ZUTRIPRO (chlorpheniramine maleate; hydrocodone bitartrate; pseudoephedrine hcl)	3	
ZYBAN (bupropion)	3 QL	Single once lifetime max per member of no more than 120 days of therapy
ZYFLO	3 ST CA-A	Must fail non-steroidal antihistamine/nasal corticosteroids or DX of asthma or COPD
ZYLET	2	
ZYMAR (gatifloxacin ophth)	3	Ciprofloxacin, VIGAMOX are preferred alternatives
ZYMAXID (gatifloxacin ophth)	3	Ciprofloxacin, VIGAMOX are preferred alternatives
ZYPREXA (olanzapine)	2	Must use generic olanzapine or pay DAW penalty
ZYPREXA RELPREVV (olanzapine inj)	3 QL PA	
ZYPREXA ZYDIS (olanzapine)	2	Must use generic olanzapine or pay DAW penalty
ZYRTEC OTC	OTC	Covered when prescribed; \$5/30-days or \$10/90-days (High Ded plans excluded)
ZYTIGA (abiraterone acetate)	3 CH PA	
ZYVOX (linezolid)	3 PA	



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