

Puget Sound Health Partners

Medicare Advantage Plans

Star Formulary (List of Covered Drugs)

Partners Sound Plus Rx (HMO)



PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.



PUGET SOUND
HEALTH PARTNERS

Last Updated April, 2010

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What is the Puget Sound Health Partners Formulary?

A formulary is a list of covered drugs selected by Puget Sound Health Partners in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Puget Sound Health Partners will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Puget Sound Health Partners network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Generally, if you are taking a drug on our 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60-days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of September 15, 2009. To get updated information about the drugs covered by Puget Sound Health Partners, please visit our Web site at www.OurPSHP.com or call Member Services at 1-866-789-PSHP (7747), 8am to 8pm, 7 days a week. TTY/TDD users should call 1-866-264-4141.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Anti-

Arrhythmic. If you know what your drug is used for, look for the category name in the list that begins on page number 6. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 61. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Puget Sound Health Partners covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization: Puget Sound Health Partners requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Puget Sound Health Partners before you fill your prescriptions. If you don't get approval, Puget Sound Health Partners may not cover the drug.

Quantity Limits: For certain drugs, Puget Sound Health Partners limits the amount of the drug that Puget Sound Health Partners will cover. For example, Puget Sound Health Partners 30 tablets in 30-days per prescription for Lipitor 20 mg. This may be in addition to a standard one month or three month supply.

Step Therapy: In some cases, Puget Sound Health Partners requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Puget Sound Health Partners may not cover drug B unless you try Drug A first. If Drug A does not work for you, Puget Sound Health Partners will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.OurPSHP.com

You can ask Puget Sound Health Partners to make an exception to these restrictions or

limits. See the section, "How do I request an exception to the Puget Sound Health Partners formulary?" on page 3 for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Puget Sound Health Partners pays for certain OTC drugs. Loratadine (Syp 5mg/5ml, tab D 24hr, and 10mg). Puget Sound Health Partners will provide these OTC drugs at no cost to you. The cost to Puget Sound Health Partners of these OTC drugs will not count toward your total drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Puget Sound Health Partners does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Puget Sound Health Partners. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Puget Sound Health Partners.
- You can ask Puget Sound Health Partners to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Puget Sound Health Partners Formulary?

You can ask Puget Sound Health Partners to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Puget Sound Health Partners limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, Puget Sound Health Partners will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have

adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.

Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90-days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90-days.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90-days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90-days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For each of the drugs that isn't on our formulary or that has coverage restrictions or limits, we will cover a temporary 30-day supply (31-day supply for residence of a long-term-care facility). After we cover the temporary supply, we generally will not pay for these drugs as part of our transition policy again. This policy only applies to "Part D Drugs" covered by a network pharmacist unless you qualify for out-of-network access. For the full

transition policy see your Evidence of Coverage.

For more information

For more detailed information about your Puget Sound Health Partners prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Puget Sound Health Partners, please call Member Services at 1-866-789-PSHP (7747), 8am to 8pm, 7 days a week. TTY/TDD users should call 1-866-264-4141.) Or visit www.OurPSHP.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Puget Sound Health Partners Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Puget Sound Health Partners . If you have trouble finding your drug in the list, turn to the Index that begins on page 61.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., Levothroxin).

The information in the Notes column tells you if Puget Sound Health Partners has any special requirements for coverage of your drug.

Drugs are grouped into one of four tiers – 1, 2, 3, or 4

Tier 1: Preferred Generic Drugs \$5 co-payment

Tier 2: Preferred Brand-name Drugs \$29 co-payment

Tier 3: Specialty Medications 20% co-insurance

Tier 4: Non-Preferred Brand-name drugs \$59 co-payment



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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
ADRENALS		dexamethasone tab 6 mg tabs oral	1	methylprednisolone tab 16 mg tabs oral	1
(a-methapred inj 125mg) - methylprednisolone sodium succinate for inj 125 mg SOLR INJECTION Prior Authorization	1	DEXPAK PAK 13 DAY TABS ORAL	2	methylprednisolone tab 32 mg tabs oral	1
(methylpr ss inj 125mg) - methylprednisolone sodium succinate for inj 125 mg SOLR INJECTION Prior Authorization	1	FLOVENT DISK AER 100MCG AEPB INHALANT	2	methylprednisolone tab 4 mg dose pack tabs oral	1
ASMANEX 120 AER 220MCG AEPB INHALANT	2	FLOVENT DISK AER 250MCG AEPB INHALANT	2	methylprednisolone tab 4 mg tabs oral	1
ASMANEX 14 AER 220MCG AEPB INHALANT	2	FLOVENT DISK AER 50MCG AEPB INHALANT	2	methylprednisolone tab 8 mg tabs oral	1
ASMANEX 30 AER 220MCG AEPB INHALANT	2	FLOVENT HFA AER 110MCG AERO INHALANT	2	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) soln oral	1
ASMANEX 60 AER 220MCG AEPB INHALANT	2	FLOVENT HFA AER 220MCG AERO INHALANT	2	prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) soln oral	1
CELESTONE SOL 0.6MG/5 SOLN ORAL	2	FLOVENT HFA AER 44MCG AERO INHALANT	2	prednisone conc 5 mg/ml conc oral	1
dexamethasone elixir 0.5 mg/5ml elix oral	1	fludrocortisone acetate tab 0.1 mg tabs oral	1	prednisone oral soln 5 mg/5ml soln oral	1
dexamethasone sodium phosphate inj 4 mg/ml soln injection	1	hydrocortisone sodium succinate for inj 100 mg solr injection	1	prednisone tab 1 mg tabs oral	1
dexamethasone tab 0.5 mg tabs oral	1	hydrocortisone tab 10 mg tabs oral	1	prednisone tab 10 mg tabs oral	1
dexamethasone tab 0.75 mg tabs oral	1	hydrocortisone tab 20 mg tabs oral	1	prednisone tab 2.5 mg tabs oral	1
dexamethasone tab 1 mg tabs oral	1	hydrocortisone tab 5 mg tabs oral	1	prednisone tab 20 mg tabs oral	1
dexamethasone tab 1.5 mg tabs oral	1	MEDROL TAB 2MG TABS ORAL	2	prednisone tab 5 mg tabs oral	1
dexamethasone tab 2 mg tabs oral	1	methylprednisolone acetate inj susp 40 mg/ml susp injection Prior Authorization	1	prednisone tab 50 mg tabs oral	1
dexamethasone tab 4 mg tabs oral	1	methylprednisolone acetate inj susp 80 mg/ml susp injection Prior Authorization	1	QVAR AER 40MCG AERS INHALANT	2
				QVAR AER 80MCG AERS INHALANT	2
				SOLU-CORTEF INJ 250MG SOLR INJECTION Prior Authorization	2

Drug Name	Tier
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SYMBICORT AER 160-4.5 AERO INHALANT	2
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Qty: 10.2, Days: 30

SYMBICORT AER 80-4.5 AERO INHALANT	2
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Qty: 10.2, Days: 30

ALKALINIZING AGENTS

potassium citrate tab cr 10 meq (1080 mg) tbcr oral	1
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potassium citrate tab cr 5 meq (540 mg) tbcr oral	1
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sodium bicarbonate inj 7.5% soln intravenous	4
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Prior Authorization

ALPHA-ADRENERGIC BLOCKING AGENTS

doxazosin mesylate tab 1 mg tabs oral	1
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doxazosin mesylate tab 2 mg tabs oral	1
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doxazosin mesylate tab 4 mg tabs oral	1
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doxazosin mesylate tab 8 mg tabs oral	1
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prazosin hcl cap 1 mg caps oral	1
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prazosin hcl cap 2 mg caps oral	1
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prazosin hcl cap 5 mg caps oral	1
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terazosin hcl cap 1 mg caps oral	1
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terazosin hcl cap 10 mg caps oral	1
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terazosin hcl cap 2 mg caps oral	1
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Drug Name	Tier
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terazosin hcl cap 5 mg caps oral	1
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AMMONIA DETOXICANTS

(constulose sol 10gm/15) - lactulose solution 10 gm/15ml SOLN ORAL	1
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(enulose sol 10gm/15) - lactulose (encephalopathy) solution 10 gm/15ml SOLN ORAL	1
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(generlac sol 10gm/15) - lactulose (encephalopathy) solution 10 gm/15ml SOLN ORAL	1
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(lactulose sol 10gm/15) - lactulose solution 10 gm/15ml SOLN ORAL	1
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BUPHENYL POW POWD ORAL	2
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Prior Authorization

BUPHENYL TAB 500MG TABS ORAL	2
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Prior Authorization

KRISTALOSE PAK 10GM PACK ORAL	2
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KRISTALOSE PAK 20GM PACK ORAL	2
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LITHOSTAT TAB 250MG TABS ORAL	2
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ANALGESICS AND ANTIPYRETICS

(astramorph inj 0.5mg/ml) - morphine sulfate inj pf 0.5 mg/ml SOLN INJECTION	1
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Prior Authorization

(astramorph inj 1mg/ml) - morphine sulfate inj pf 1 mg/ml SOLN INJECTION	1
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Prior Authorization

Drug Name	Tier
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(butorphanol inj 2mg/ml) - butorphanol tartrate inj 2 mg/ml SOLN INJECTION	1
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(co-gesic tab 500-5mg) - hydrocodone-acetaminophen tab 5-500 mg TABS ORAL	1
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(endocet tab 10-325mg) - oxycodone w/ acetaminophen tab 10-325 mg TABS ORAL	1
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(endocet tab 5-325mg) - oxycodone w/ acetaminophen tab 5-325 mg TABS ORAL	1
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(endocet tab 7.5-325m) - oxycodone w/ acetaminophen tab 7.5-325 mg TABS ORAL	1
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(endocet tab 7.5-500m) - oxycodone w/ acetaminophen tab 7.5-500 mg TABS ORAL	1
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(hydroco/apap tab 10-660mg) - hydrocodone-acetaminophen tab 10-660 mg TABS ORAL	1
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(hydroco/apap tab 5-500mg) - hydrocodone-acetaminophen tab 5-500 mg TABS ORAL	1
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(hydromorphon inj 10mg/ml) - hydromorphone hcl inj 10 mg/ml SOLN INJECTION	1
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Prior Authorization

(margesic-h cap 500-5mg) - hydrocodone-acetaminophen cap 5-500 mg CAPS ORAL	1
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(methadone tab 10mg) - methadone hcl tab 10 mg TABS ORAL	1
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Step Therapy

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(methadone tab 5mg) - methadone hcl tab 5 mg TABS ORAL Step Therapy	1	acetaminophen w/ codeine soln 120-12 mg/5ml soln oral	1	diclofenac sodium tab delayed release 50 mg tbec oral Step Therapy	1
(methadose tab 10mg) - methadone hcl tab 10 mg TABS ORAL Step Therapy	1	acetaminophen w/ codeine tab 300-15 mg tabs oral	1	diclofenac sodium tab delayed release 75 mg tbec oral Step Therapy	1
(methadose tab 5mg) - methadone hcl tab 5 mg TABS ORAL Step Therapy	1	acetaminophen w/ codeine tab 300-60 mg tabs oral	1	diclofenac sodium tab sr 24hr 100 mg tb24 oral Step Therapy	1
(morphine sul inj 0.5mg/ml) - morphine sulfate inj pf 0.5 mg/ml SOLN INJECTION Prior Authorization	1	ARTHROTEC 50 TAB TABS ORAL Step Therapy	2	diflunisal tab 500 mg tabs oral Step Therapy	1
(morphine sul inj 1mg/ml) - morphine sulfate inj pf 1 mg/ml SOLN INJECTION Prior Authorization	1	ARTHROTEC 75 TAB TABS ORAL Step Therapy	2	DILAUDID-HP INJ 10MG/ML SOLN INJECTION Prior Authorization	2
(oxycod/apap tab 10- 325mg) - oxycodone w/ acetaminophen tab 10-325 mg TABS ORAL	1	buprenorphine hcl inj 0.3 mg/ml (base equiv) soln injection	1	DURAMORPH INJ 0.5MG/ML SOLN INJECTION Prior Authorization	2
(oxycod/apap tab 5-325mg) - oxycodone w/ acetaminophen tab 5-325 mg TABS ORAL	1	butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg caps oral	1	DURAMORPH INJ 1MG/ML SOLN INJECTION Prior Authorization	2
(oxycod/apap tab 7.5-325) - oxycodone w/ acetaminophen tab 7.5-325 mg TABS ORAL	1	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg caps oral	1	etodolac cap 200 mg caps oral Step Therapy	1
(oxycod/apap tab 7.5-500) - oxycodone w/ acetaminophen tab 7.5-500 mg TABS ORAL	1	CELEBREX CAP 100MG CAPS ORAL Step Therapy	2	etodolac cap 300 mg caps oral Step Therapy	1
(stagesic cap 500-5mg) - hydrocodone-acetaminophen cap 5-500 mg CAPS ORAL	1	CELEBREX CAP 200MG CAPS ORAL Step Therapy	2	etodolac tab 400 mg tabs oral Step Therapy	1
(vanacet tab 5-500mg) - hydrocodone-acetaminophen tab 5-500 mg TABS ORAL	1	CELEBREX CAP 400MG CAPS ORAL Step Therapy	2	etodolac tab 500 mg tabs oral Step Therapy	1
		CELEBREX CAP 50MG CAPS ORAL Step Therapy	2	etodolac tab sr 24hr 400 mg tb24 oral Step Therapy	1
		diclofenac sodium tab delayed release 25 mg tbec oral Step Therapy	1	etodolac tab sr 24hr 500 mg tb24 oral Step Therapy	1

Drug Name	Tier
etodolac tab sr 24hr 600 mg tb24 oral	1
Step Therapy	
fentanyl citrate inj 0.05 mg/ml soln injection	1
Prior Authorization	
fentanyl td patch 72hr 100 mcg/hr pt72 transdermal	1
Step Therapy	
fentanyl td patch 72hr 12 mcg/hr pt72 transdermal	1
Step Therapy	
fentanyl td patch 72hr 25 mcg/hr pt72 transdermal	1
Step Therapy	
fentanyl td patch 72hr 50 mcg/hr pt72 transdermal	1
Step Therapy	
fentanyl td patch 72hr 75 mcg/hr pt72 transdermal	1
Step Therapy	
flurbiprofen tab 100 mg tabs oral	1
Step Therapy	
flurbiprofen tab 50 mg tabs oral	1
Step Therapy	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml soln oral	2
hydrocodone-acetaminophen soln 7.5-500 mg/15ml soln oral	1
hydrocodone-acetaminophen tab 10-325 mg tabs oral	1
hydrocodone-acetaminophen tab 10-500 mg tabs oral	1
hydrocodone-acetaminophen tab 10-650 mg tabs oral	1

Drug Name	Tier
hydrocodone-acetaminophen tab 10-750 mg tabs oral	1
hydrocodone-acetaminophen tab 2.5-500 mg tabs oral	1
hydrocodone-acetaminophen tab 5-325 mg tabs oral	1
hydrocodone-acetaminophen tab 7.5-325 mg tabs oral	1
hydrocodone-acetaminophen tab 7.5-500 mg tabs oral	1
hydrocodone-acetaminophen tab 7.5-650 mg tabs oral	1
hydrocodone-acetaminophen tab 7.5-750 mg tabs oral	1
hydromorphone hcl tab 2 mg tabs oral	1
hydromorphone hcl tab 4 mg tabs oral	1
hydromorphone hcl tab 8 mg tabs oral	1
ibuprofen susp 100 mg/5ml susp oral	1
Step Therapy	
ibuprofen tab 400 mg tabs oral	1
Step Therapy	
ibuprofen tab 600 mg tabs oral	1
Step Therapy	
ibuprofen tab 800 mg tabs oral	1
Step Therapy	
INFUMORPH INJ 10MG/ML SOLN INJECTION	2
Prior Authorization	
KADIAN CAP 100MG CR CP24 ORAL	2
KADIAN CAP 10MG CR CP24 ORAL	2

Drug Name	Tier
KADIAN CAP 200MG CR CP24 ORAL	2
KADIAN CAP 20MG CR CP24 ORAL	2
KADIAN CAP 30MG CR CP24 ORAL	2
KADIAN CAP 50MG CR CP24 ORAL	2
KADIAN CAP 60MG CR CP24 ORAL	2
KADIAN CAP 80MG CR CP24 ORAL	2
ketoprofen cap 50 mg caps oral	1
Step Therapy	
ketoprofen cap 75 mg caps oral	1
Step Therapy	
ketoprofen cap sr 24hr 200 mg cp24 oral	1
Step Therapy	
methadone hcl conc 10 mg/ml conc oral	1
Step Therapy	
methadone hcl inj 10 mg/ml soln injection	1
Prior Authorization, Step Therapy	
MORPHINE SUL SOL 10MG/5ML SOLN ORAL	2
MORPHINE SUL SOL 20MG/5ML SOLN ORAL	1
morphine sulfate inj 5 mg/ml soln injection	1
Prior Authorization	
morphine sulfate oral soln 20 mg/ml soln oral	1
morphine sulfate tab 15 mg tabs oral	1
morphine sulfate tab 30 mg tabs oral	1

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
morphine sulfate tab sr 12hr 100 mg tb12 oral Step Therapy	1	oxycodone hcl tab 5 mg tabs oral	1	tolmetin sodium tab 200 mg tabs oral Step Therapy	1
morphine sulfate tab sr 12hr 15 mg tb12 oral Step Therapy	1	oxycodone w/ acetaminophen cap 5-500 mg caps oral	1	tramadol hcl tab 50 mg tabs oral	1
morphine sulfate tab sr 12hr 200 mg tb12 oral Step Therapy	1	oxycodone w/ acetaminophen tab 2.5-325 mg tabs oral	1	VICODIN HP TAB 10- 660MG TABS ORAL	1
morphine sulfate tab sr 12hr 30 mg tb12 oral Step Therapy	1	oxycodone w/ aspirin tab full strength tabs oral	1	ANDROGENS	
morphine sulfate tab sr 12hr 60 mg tb12 oral Step Therapy	1	propoxyphene hcl cap 65 mg caps oral	1	ANDRODERM DIS 2.5MG/24 PT24 TRANSDERMAL Qty: 30, Days: 30	2
nabumetone tab 500 mg tabs oral Step Therapy	1	propoxyphene-n w/ apap tab 100-325 mg tabs oral	1	ANDRODERM DIS 5MG/24HR PT24 TRANSDERMAL Qty: 30, Days: 30	2
nabumetone tab 750 mg tabs oral Step Therapy	1	propoxyphene-n w/ apap tab 100-500 mg tabs oral	1	ANDROID CAP 10MG CAPS ORAL	2
naproxen susp 125 mg/5ml susp oral Step Therapy	1	propoxyphene-n w/ apap tab 100-650 mg tabs oral	1	ANDROXY TAB 10MG TABS ORAL	2
naproxen tab 250 mg tabs oral Step Therapy	1	propoxyphene-n w/ apap tab 50-325 mg tabs oral	1	oxandrolone tab 10 mg tabs oral Prior Authorization	1
naproxen tab 375 mg tabs oral Step Therapy	1	ROXICET TAB 5- 325MG TABS ORAL	1	oxandrolone tab 2.5 mg tabs oral Prior Authorization	1
naproxen tab 500 mg tabs oral Step Therapy	1	STADOL INJ 2MG/ML SOLN INJECTION	2	testosterone cypionate im in oil 100 mg/ml oil intramuscular	1
naproxen tab ec 375 mg tbec oral Step Therapy	1	SUBOXONE SUB 2- 0.5MG SUBL SUBLINGUAL	2	testosterone enanthate im in oil 200 mg/ml oil intramuscular	1
naproxen tab ec 500 mg tbec oral Step Therapy	1	SUBOXONE SUB 8- 2MG SUBL SUBLINGUAL	2	TESTRED CAP 10MG CAPS ORAL	2
oxycodone hcl tab 15 mg tabs oral	1	SUBUTEX SUB 2MG SUBL SUBLINGUAL	2	ANOREXIGENICS RESP CEREB STIMULANTS	
oxycodone hcl tab 30 mg tabs oral	1	SUBUTEX SUB 8MG SUBL SUBLINGUAL	2	dexamethylphenidate hcl tab 10 mg tabs oral	1
		sulindac tab 150 mg tabs oral Step Therapy	1		
		sulindac tab 200 mg tabs oral Step Therapy	1		
		tolmetin sodium cap 400 mg caps oral Step Therapy	1		

Drug Name	Tier
dexmethylphenidate hcl tab 2.5 mg tabs oral	1
dexmethylphenidate hcl tab 5 mg tabs oral	1
dextroamphetamine sulfate cap sr 24hr 10 mg cp24 oral	1
dextroamphetamine sulfate cap sr 24hr 15 mg cp24 oral	1
dextroamphetamine sulfate cap sr 24hr 5 mg cp24 oral	1
ANOREXIGENICS RESP CEREB STIMULANTS	
(metadate tab 20mg er) - methylphenidate hcl tab cr 20 mg TBCR ORAL	1
(methylin er tab 20mg) - methylphenidate hcl tab cr 20 mg TBCR ORAL	1
(methylphenid tab 10mg) - methylphenidate hcl tab 10 mg TABS ORAL	1
(methylphenid tab 20mg sr) - methylphenidate hcl tab cr 20 mg TBCR ORAL	1
(methylphenid tab 20mg) - methylphenidate hcl tab 20 mg TABS ORAL	1
(methylphenid tab 5mg) - methylphenidate hcl tab 5 mg TABS ORAL	1
amphetamine-dextroamphetamine tab 10 mg tabs oral	1
amphetamine-dextroamphetamine tab 12.5 mg tabs oral	1
amphetamine-dextroamphetamine tab 15 mg tabs oral	1

Drug Name	Tier
amphetamine-dextroamphetamine tab 20 mg tabs oral	1
amphetamine-dextroamphetamine tab 30 mg tabs oral	1
amphetamine-dextroamphetamine tab 5 mg tabs oral	1
amphetamine-dextroamphetamine tab 7.5 mg tabs oral	1
dextroamphetamine sulfate tab 10 mg tabs oral	1
dextroamphetamine sulfate tab 5 mg tabs oral	1
METHYLIN CHW 10MG CHEW ORAL	1
METHYLIN CHW 2.5MG CHEW ORAL	1
METHYLIN CHW 5MG CHEW ORAL	1
METHYLIN SOL 10MG/5ML SOLN ORAL	1
METHYLIN SOL 5MG/5ML SOLN ORAL	1
METHYLIN TAB 10MG TABS ORAL	1
METHYLIN TAB 20MG TABS ORAL	1
METHYLIN TAB 5MG TABS ORAL	1
methylphenidate hcl tab cr 10 mg tbcr oral	1
PROVIGIL TAB 100MG TABS ORAL	2
Qty: 90, Days: 30, Prior Authorization	

Drug Name	Tier
PROVIGIL TAB 200MG TABS ORAL	2
Qty: 60, Days: 30, Prior Authorization	
ANTHELMINTICS	
BILTRICIDE TAB 600MG TABS ORAL	2
mebendazole chew tab 100 mg chew oral	1
ANTIALLERGIC AGENTS	
(azelastine dro 0.05%) - azelastine hcl ophth soln 0.05% SOLN OPHTHALMIC	1
ALAMAST DRO 0.1% SOLN OPHTHALMIC	2
ASTELIN NASA SPR 137MCG SOLN NASAL	2
ASTEPRO SPR 0.15% SOLN NASAL	2
ASTEPRO SPR 137MCG SOLN NASAL	2
cromolyn sodium ophth soln 4% soln ophthalmic	1
OPTIVAR DRO 0.05% SOLN OPHTHALMIC	2
PATADAY SOL 0.2% SOLN OPHTHALMIC	2
PATANOL SOL 0.1% OP SOLN OPHTHALMIC	2
ANTIBACTERIALS	
(amoclan sus 200/5ml) - amoxicillin & k clavulanate for susp 200-28.5 mg/5ml SUSR ORAL	1

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(amoclan sus 400/5ml) - amoxicillin & k clavulanate for susp 400-57 mg/5ml SUSR ORAL	1	(doxycycl hyc inj 100mg) - doxycycline hyclate for inj 100 mg SOLR INTRAVENOUS Prior Authorization	1	(veetids tab 500mg) - penicillin v potassium tab 500 mg TABS ORAL	1
(amox/k clav sus 200/5ml) - amoxicillin & k clavulanate for susp 200-28.5 mg/5ml SUSR ORAL	1	(penicilln gk inj 20mu) - penicillin g potassium for inj 20000000 unit SOLR INJECTION Prior Authorization	1	amikacin sulfate inj 250 mg/ml soln injection Prior Authorization	4
(amox/k clav sus 250/5ml) - amoxicillin & k clavulanate for susp 250-62.5 mg/5ml SUSR ORAL	1	(penicilln gk inj 5mu) - penicillin g potassium for inj 5000000 unit SOLR INJECTION Prior Authorization	1	amikacin sulfate inj 50 mg/ml soln injection Prior Authorization	4
(amox/k clav sus 400/5ml) - amoxicillin & k clavulanate for susp 400-57 mg/5ml SUSR ORAL	1	(penicilln vk sol 125/5ml) - penicillin v potassium for soln 125 mg/5ml SOLR ORAL	1	amoxicillin & k clavulanate chew tab 200-28.5 mg chew oral	1
(amoxicillin cap 500mg) - amoxicillin (trihydrate) cap 500 mg CAPS ORAL	1	(penicilln vk tab 250mg) - penicillin v potassium tab 250 mg TABS ORAL	1	amoxicillin & k clavulanate chew tab 400-57 mg chew oral	1
(amoxicillin sus 250/5ml) - amoxicillin (trihydrate) for susp 250 mg/5ml SUSR ORAL	1	(penicilln vk tab 500mg) - penicillin v potassium tab 500 mg TABS ORAL	1	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml susr oral	1
(amoxil cap 500mg) - amoxicillin (trihydrate) cap 500 mg CAPS ORAL	1	(sulfasalazin tab 500mg) - sulfasalazine tab 500 mg TABS ORAL	1	amoxicillin & k clavulanate tab 500-125 mg tabs oral	1
(amoxil sus 250/5ml) - amoxicillin (trihydrate) for susp 250 mg/5ml SUSR ORAL	1	(sulfazine tab 500mg) - sulfasalazine tab 500 mg TABS ORAL	1	amoxicillin & k clavulanate tab 875-125 mg tabs oral	1
(azithromycin sus 100/5ml) - azithromycin for susp 100 mg/5ml SUSR ORAL	1	(trimox cap 500mg) - amoxicillin (trihydrate) cap 500 mg CAPS ORAL	1	amoxicillin (trihydrate) cap 250 mg caps oral	1
(cefepime inj 1gm) - cefepime hcl for inj 1 gm SOLR INJECTION Prior Authorization	1	(veetids sol 125/5ml) - penicillin v potassium for soln 125 mg/5ml SOLR ORAL	1	amoxicillin (trihydrate) chew tab 125 mg chew oral	1
(doxy-caps cap 100mg) - doxycycline hyclate cap 100 mg CAPS ORAL	1	(veetids tab 250mg) - penicillin v potassium tab 250 mg TABS ORAL	1	amoxicillin (trihydrate) chew tab 200 mg chew oral	1
(doxycycl hyc cap 100mg) - doxycycline hyclate cap 100 mg CAPS ORAL	1			amoxicillin (trihydrate) chew tab 250 mg chew oral	1
				amoxicillin (trihydrate) chew tab 400 mg chew oral	1
				amoxicillin (trihydrate) for susp 125 mg/5ml susr oral	1
				amoxicillin (trihydrate) for susp 200 mg/5ml susr oral	1
				amoxicillin (trihydrate) for susp 400 mg/5ml susr oral	1
				amoxicillin (trihydrate) tab 500 mg tabs oral	1

Drug Name	Tier
amoxicillin (trihydrate) tab 875 mg tabs oral	1
ampicillin & sulbactam sodium for inj 10-5 gm solr injection Prior Authorization	1
ampicillin & sulbactam sodium for inj 2-1 gm solr injection Prior Authorization	1
ampicillin cap 250 mg caps oral	1
ampicillin cap 500 mg caps oral	1
ampicillin for susp 125 mg/5ml susr oral	1
ampicillin for susp 250 mg/5ml susr oral	1
ampicillin sodium for inj 1 gm solr injection Prior Authorization	1
AUGMENTIN CHW 250MG CHEW ORAL	2
AUGMENTIN SUS 125/5ML SUSR ORAL	2
AUGMENTIN SUS 250/5ML SUSR ORAL	2
AUGMENTIN XR TAB 12HR TB12 ORAL	2
azithromycin for susp 200 mg/5ml susr oral	1
azithromycin tab 250 mg tabs oral	1
azithromycin tab 500 mg tabs oral	1
azithromycin tab 600 mg tabs oral	1
cefaclor cap 250 mg caps oral	1
cefaclor cap 500 mg caps oral	1

Drug Name	Tier
cefaclor for susp 125 mg/5ml susr oral	1
cefaclor for susp 250 mg/5ml susr oral	1
cefaclor for susp 375 mg/5ml susr oral	1
cefadroxil cap 500 mg caps oral	1
cefadroxil for susp 250 mg/5ml susr oral	1
cefadroxil for susp 500 mg/5ml susr oral	1
cefadroxil tab 1 gm tabs oral	1
cefazolin sodium for inj 1 gm solr injection Prior Authorization	1
cefazolin sodium for inj 20 gm solr injection Prior Authorization	1
cefazolin sodium for inj 500 mg solr injection Prior Authorization	1
cefdinir cap 300 mg caps oral	1
cefdinir for susp 125 mg/5ml susr oral	1
cefdinir for susp 250 mg/5ml susr oral	1
cefepime hcl for inj 2 gm solr injection Prior Authorization	1
cefotaxime sodium for inj 1 gm solr injection Prior Authorization	1
cefotaxime sodium for inj 10 gm solr injection Prior Authorization	1
cefotaxime sodium for inj 2 gm solr injection Prior Authorization	1

Drug Name	Tier
cefotaxime sodium for inj 500 mg solr injection Prior Authorization	1
cefotetan disodium for inj 10 gm solr injection Prior Authorization	1
cefoxitin sodium for inj 1 gm solr intravenous Prior Authorization	1
cefoxitin sodium for inj 10 gm solr injection Prior Authorization	1
cefoxitin sodium for inj 2 gm solr intravenous Prior Authorization	1
cefprozil for susp 125 mg/5ml susr oral	1
cefprozil for susp 250 mg/5ml susr oral	1
cefprozil tab 250 mg tabs oral	1
cefprozil tab 500 mg tabs oral	1
ceftriaxone sodium for inj 10 gm solr intravenous Prior Authorization	1
ceftriaxone sodium for inj 250 mg solr injection Prior Authorization	1
ceftriaxone sodium for inj 500 mg solr injection Prior Authorization	1
cefuroxime axetil for susp 125 mg/5ml susr oral	1
cefuroxime axetil for susp 250 mg/5ml susr oral	1
cefuroxime axetil tab 250 mg tabs oral	1
cefuroxime axetil tab 500 mg tabs oral	1
cephalexin cap 250 mg caps oral	1

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
cephalexin cap 500 mg caps oral	1	clindamycin phosphate iv soln 150 mg/ml soln intravenous	1	erythromycin tab 500 mg tabs oral	1
cephalexin for susp 125 mg/5ml susr oral	1	Prior Authorization		FACTIVE TAB 320MG TABS ORAL	2
cephalexin for susp 250 mg/5ml susr oral	1	colistimethate sodium for inj 150 mg solr injection	1	Qty: 5, Days: 21	
ciprofloxacin hcl tab 250 mg (base equiv) tabs oral	1	Prior Authorization		gentamicin in saline inj 0.6 mg/ml soln intravenous	1
ciprofloxacin hcl tab 500 mg (base equiv) tabs oral	1	CUBICIN SOL 500MG SOLR INTRAVENOUS	2	Prior Authorization	
ciprofloxacin hcl tab 750 mg (base equiv) tabs oral	1	Prior Authorization		gentamicin in saline inj 0.8 mg/ml soln intravenous	1
ciprofloxacin iv soln 1% soln intravenous	1	dicloxacillin sodium cap 250 mg caps oral	1	Prior Authorization	
Prior Authorization		dicloxacillin sodium cap 500 mg caps oral	1	gentamicin in saline inj 0.9 mg/ml soln intravenous	1
ciprofloxacin-ciprofloxacin hcl tab sr 24hr 1000 mg(base eq) tb24 oral	1	doxycycline hyclate cap 50 mg caps oral	1	Prior Authorization	
ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg (base eq) tb24 oral	1	doxycycline hyclate cap dr particles 75 mg cpep oral	1	gentamicin in saline inj 1 mg/ml soln intravenous	1
clarithromycin for susp 125 mg/5ml susr oral	1	doxycycline hyclate tab 100 mg tabs oral	1	Prior Authorization	
Qty: 400, Days: 10		doxycycline hyclate tab 20 mg tabs oral	1	gentamicin in saline inj 1.2 mg/ml soln intravenous	1
clarithromycin tab 250 mg tabs oral	1	doxycycline monohydrate for susp 25 mg/5ml susr oral	1	Prior Authorization	
clarithromycin tab 500 mg tabs oral	1	doxycycline monohydrate tab 150 mg tabs oral	1	gentamicin in saline inj 1.4 mg/ml soln intravenous	1
clarithromycin tab sr 24hr 500 mg tb24 oral	1	doxycycline monohydrate tab 50 mg tabs oral	1	Prior Authorization	
Qty: 60, Days: 30		doxycycline monohydrate tab 75 mg tabs oral	1	gentamicin sulfate inj 40 mg/ml soln injection	1
CLEOCIN CAP 75MG CAPS ORAL	2	ERY-TAB TAB 250MG EC TBEC ORAL	2	Prior Authorization	
clindamycin hcl cap 150 mg caps oral	1	ERY-TAB TAB 500MG EC TBEC ORAL	2	gentamicin sulfate iv soln 10 mg/ml soln intravenous	1
clindamycin hcl cap 300 mg caps oral	1	erythromycin lactobionate for inj 500 mg solr intravenous	1	Prior Authorization	
		Prior Authorization		KETEK TAB 300MG TABS ORAL	2
		ERYTHROMYCIN TAB 250MG BS TABS ORAL	1	Prior Authorization	
				KETEK TAB 400MG TABS ORAL	2
				Prior Authorization	

Drug Name	Tier
LEVAQUIN INJ 25MG/ML SOLN INTRAVENOUS Prior Authorization	2
LEVAQUIN SOL 25MG/ML SOLN ORAL	2
LEVAQUIN TAB 250MG TABS ORAL	2
LEVAQUIN TAB 500MG TABS ORAL	2
LEVAQUIN TAB 750MG TABS ORAL	2
LEVAQUIN/D5W INJ 250/50ML SOLN INTRAVENOUS Prior Authorization	2
MAXIPIME INJ 1GM SOLR INJECTION Prior Authorization	2
MAXIPIME INJ 2GM SOLR INTRAVENOUS Prior Authorization	2
MERREM INJ 500MG SOLR INTRAVENOUS Prior Authorization	2
minocycline hcl cap 100 mg caps oral	4
minocycline hcl cap 50 mg caps oral	4
minocycline hcl cap 75 mg caps oral	4
nafcillin sodium for inj 1 gm solr injection Prior Authorization	1
nafcillin sodium for inj 10 gm solr injection Prior Authorization	1
NEO-FRADIN SOL 125/5ML SOLN ORAL	2

Drug Name	Tier
neomycin sulfate tab 500 mg tabs oral	1
ofloxacin tab 200 mg tabs oral	1
ofloxacin tab 300 mg tabs oral	1
ofloxacin tab 400 mg tabs oral	1
penicillin v potassium for soln 250 mg/5ml solr oral	1
PFIZERPEN-G INJ 20MU SOLR INJECTION Prior Authorization	1
PFIZERPEN-G INJ 5MU SOLR INJECTION Prior Authorization	1
PRIMAXIN IM INJ 500MG SOLR INTRAMUSCULAR Prior Authorization	2
PRIMAXIN IV INJ 250MG SOLR INTRAVENOUS Prior Authorization	2
PRIMAXIN IV INJ 500MG SOLR INTRAVENOUS Prior Authorization	2
streptomycin sulfate for inj 1 gm solr intramuscular Prior Authorization	4
sulfadiazine tab 500 mg tabs oral	1
sulfamethoxazole- trimethoprim iv soln 400-80 mg/5ml soln intravenous Prior Authorization	1
sulfamethoxazole- trimethoprim susp 200-40 mg/5ml susp oral	1
sulfamethoxazole- trimethoprim tab 400-80 mg tabs oral	1
sulfamethoxazole- trimethoprim tab 800-160 mg tabs oral	1

Drug Name	Tier
sulfasalazine tab delayed release 500 mg tbec oral	1
SUPRAX TAB 400MG TABS ORAL Qty: 2, Days: 30, Prior Authorization	4
tetracycline hcl cap 250 mg caps oral	1
tetracycline hcl cap 500 mg caps oral	1
TIMENTIN INJ 3.1GM SOLR INTRAVENOUS Prior Authorization	2
TYGACIL INJ 50MG SOLR INTRAVENOUS Prior Authorization	2
VANCOGIN HCL CAP 125MG CAPS ORAL	2
VANCOGIN HCL CAP 250MG CAPS ORAL	2
vancomycin hcl for inj 10 gm solr intravenous Prior Authorization	1
vancomycin hcl for inj 1000 mg solr intravenous Prior Authorization	1
VIGAMOX DRO 0.5% SOLN OPHTHALMIC	4
ZITHROMAX INJ 500MG SOLR INTRAVENOUS Qty: 50, Days: 30, Prior Authorization	2
ZITHROMAX SUS 100/5ML SUSR ORAL Qty: 120, Days: 30	2
ZOSYN SOL 2-0.25GM SOLN INTRAVENOUS Prior Authorization	2

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
ZOSYN SOL 3-0.375G SOLN INTRAVENOUS Prior Authorization	2	ANTICONVULSANTS		DILANTIN CHW 50MG CHEW ORAL	2
ZYVOX SOL 2MG/ML SOLN INTRAVENOUS Prior Authorization	2	(carbamazepin tab 200mg) - carbamazepine tab 200 mg TABS ORAL	1	DILANTIN-125 SUS 125/5ML SUSP ORAL	2
ZYVOX SUS 100MG/5M SUSR ORAL Prior Authorization	2	(epitol tab 200mg) - carbamazepine tab 200 mg TABS ORAL	1	divalproex sodium cap sprinkle 125 mg cpsp oral	1
ZYVOX TAB 600MG TABS ORAL Prior Authorization	2	(phenytoin sus 125/5ml) - phenytoin susp 125 mg/5ml SUSP ORAL	1	divalproex sodium tab delayed release 125 mg tbec oral	1
ANTICHOLINERGIC AGENTS		(phenytoin ex cap 100mg) - phenytoin sodium extended cap 100 mg CAPS ORAL	1	divalproex sodium tab delayed release 250 mg tbec oral	1
ATROVENT HFA AER 17MCG AERS INHALANT	2	BANZEL TAB 200MG TABS ORAL Prior Authorization	4	divalproex sodium tab delayed release 500 mg tbec oral	1
dicyclomine hcl cap 10 mg caps oral	1	BANZEL TAB 400MG TABS ORAL Prior Authorization	4	divalproex sodium tab sr 24 hr 250 mg tb24 oral	1
dicyclomine hcl inj 10 mg/ml soln intramuscular Prior Authorization	1	carbamazepine chew tab 100 mg chew oral	1	divalproex sodium tab sr 24 hr 500 mg tb24 oral	1
dicyclomine hcl oral soln 10 mg/5ml soln oral	1	carbamazepine susp 100 mg/5ml susp oral	1	ethosuximide cap 250 mg caps oral	1
dicyclomine hcl tab 20 mg tabs oral	1	carbamazepine tab sr 12hr 200 mg tb12 oral	1	ethosuximide soln 250 mg/5ml soln oral	1
glycopyrrolate inj 0.2 mg/ml soln injection Prior Authorization	1	carbamazepine tab sr 12hr 400 mg tb12 oral	1	FELBATOL SUS 600/5ML SUSP ORAL	2
glycopyrrolate tab 1 mg tabs oral	1	CARBATROL CAP 100MG CP12 ORAL	2	FELBATOL TAB 400MG TABS ORAL	2
glycopyrrolate tab 2 mg tabs oral	1	CARBATROL CAP 200MG CP12 ORAL	2	FELBATOL TAB 600MG TABS ORAL	2
ipratropium bromide inhal soln 0.02% soln inhalant Prior Authorization	1	CARBATROL CAP 300MG CP12 ORAL	2	fosphenytoin sodium inj 75 mg/ml (phenytoin equiv 50 mg/ml) soln injection Prior Authorization	1
SPIRIVA CAP HANDIHLR CAPS INHALANT	2	CELONTIN CAP 300MG CAPS ORAL	2	gabapentin cap 100 mg caps oral	1
		DILANTIN CAP 100MG CAPS ORAL	2	gabapentin cap 300 mg caps oral	1
		DILANTIN CAP 30MG CAPS ORAL	2	gabapentin cap 400 mg caps oral	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
gabapentin tab 600 mg tabs oral	1	levetiracetam tab 250 mg tabs oral	1	primidone tab 250 mg tabs oral	1
gabapentin tab 800 mg tabs oral	1	levetiracetam tab 500 mg tabs oral	1	primidone tab 50 mg tabs oral	1
GABITRIL TAB 12MG TABS ORAL	2	levetiracetam tab 750 mg tabs oral	1	SABRIL POW 500MG PACK ORAL Prior Authorization	4
GABITRIL TAB 16MG TABS ORAL	2	LYRICA CAP 100MG CAPS ORAL	2	SABRIL TAB 500MG TABS ORAL Prior Authorization	4
GABITRIL TAB 2MG TABS ORAL	2	LYRICA CAP 150MG CAPS ORAL	2	TEGRETOL XR TAB 100MG TB12 ORAL	2
GABITRIL TAB 4MG TABS ORAL	2	LYRICA CAP 200MG CAPS ORAL	2	topiramate sprinkle cap 15 mg cpsp oral	1
KEPPRA INJ 500/5ML SOLN INTRAVENOUS Prior Authorization	4	LYRICA CAP 225MG CAPS ORAL	2	topiramate sprinkle cap 25 mg cpsp oral	1
KEPPRA XR TAB 500MG TB24 ORAL Prior Authorization	4	LYRICA CAP 25MG CAPS ORAL	2	topiramate tab 100 mg tabs oral	1
KEPPRA XR TAB 750MG TB24 ORAL Prior Authorization	4	LYRICA CAP 300MG CAPS ORAL	2	topiramate tab 200 mg tabs oral	1
LAMICTAL KIT START 35 KIT ORAL	2	LYRICA CAP 50MG CAPS ORAL	2	topiramate tab 25 mg tabs oral	1
lamotrigine tab 100 mg tabs oral	1	LYRICA CAP 75MG CAPS ORAL	2	topiramate tab 50 mg tabs oral	1
lamotrigine tab 150 mg tabs oral	1	NEURONTIN SOL 250/5ML SOLN ORAL Prior Authorization	2	TRILEPTAL SUS 300MG/5M SUSP ORAL	2
lamotrigine tab 200 mg tabs oral	1	oxcarbazepine tab 150 mg tabs oral	1	valproate sodium inj 100 mg/ml soln intravenous Prior Authorization	1
lamotrigine tab 25 mg tabs oral	1	oxcarbazepine tab 300 mg tabs oral	1	valproate sodium syrup 250 mg/5ml (base equiv) syrpr oral	1
lamotrigine tab chew disp 25 mg tbdp oral	1	oxcarbazepine tab 600 mg tabs oral	1	valproic acid cap 250 mg caps oral	1
lamotrigine tab chew disp 5 mg tbdp oral	1	PEGANONE TAB 250MG TABS ORAL	2	VIMPAT INJ 200MG/20 SOLN INTRAVENOUS Prior Authorization	4
levetiracetam oral soln 100 mg/ml soln oral	1	phenytoin sodium extended cap 200 mg caps oral	1	VIMPAT TAB 100MG TABS ORAL Prior Authorization	4
levetiracetam tab 1000 mg tabs oral	1	phenytoin sodium extended cap 300 mg caps oral	1	VIMPAT TAB 150MG TABS ORAL Prior Authorization	4
		phenytoin sodium inj 50 mg/ml soln injection Prior Authorization	1		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
VIMPAT TAB 200MG TABS ORAL Prior Authorization	4	acarbose tab 25 mg tabs oral	1	AVANDARYL TAB 8- 2MG TABS ORAL Qty: 30, Days: 30	2
VIMPAT TAB 50MG TABS ORAL Prior Authorization	4	acarbose tab 50 mg tabs oral	1	AVANDARYL TAB 8- 4MG TABS ORAL Qty: 30, Days: 30	2
zonisamide cap 100 mg caps oral	1	ACTOPLUS MET TAB 15/500MG TABS ORAL Qty: 90, Days: 30	2	AVANDIA TAB 2MG TABS ORAL	2
zonisamide cap 25 mg caps oral	1	ACTOPLUS MET TAB 15/850MG TABS ORAL Qty: 90, Days: 30	2	AVANDIA TAB 4MG TABS ORAL	2
zonisamide cap 50 mg caps oral	1	ACTOS TAB 15MG TABS ORAL	2	AVANDIA TAB 8MG TABS ORAL	2
ANTICONVULSANTS, MISCELLANEOUS		ACTOS TAB 30MG TABS ORAL	2	BYETTA INJ 10MCG SOLN SUBCUTANEOUS Prior Authorization	2
(oxcarbazepin sus 300mg/5m) - oxcarbazepine susp 300 mg/5ml (60 mg/ml) SUSP ORAL	1	ACTOS TAB 45MG TABS ORAL	2	DUETACT TAB 30- 2MG TABS ORAL Qty: 30, Days: 30	2
ANTIDIABETIC AGENTS		APIDRA INJ SOLOSTAR SOLN INJECTION	2	DUETACT TAB 30- 4MG TABS ORAL Qty: 30, Days: 30	2
(glyburid mcr tab 1.5mg) - glyburide micronized tab 1.5 mg TABS ORAL	1	APIDRA INJ U-100 SOLN INJECTION	2	glimepiride tab 1 mg tabs oral	1
(glyburid mcr tab 3mg) - glyburide micronized tab 3 mg TABS ORAL	1	AVANDAMET TAB 2- 1000MG TABS ORAL Qty: 60, Days: 30	2	glimepiride tab 2 mg tabs oral	1
(glyburid mcr tab 6mg) - glyburide micronized tab 6 mg TABS ORAL	1	AVANDAMET TAB 2- 500MG TABS ORAL Qty: 120, Days: 30	2	glimepiride tab 4 mg tabs oral	1
(glycron tab 1.5mg) - glyburide micronized tab 1.5 mg TABS ORAL	1	AVANDAMET TAB 4- 1000MG TABS ORAL Qty: 60, Days: 30	2	glipizide tab 10 mg tabs oral	1
(glycron tab 3mg) - glyburide micronized tab 3 mg TABS ORAL	1	AVANDAMET TAB 4- 500MG TABS ORAL Qty: 60, Days: 30	2	glipizide tab 5 mg tabs oral	1
(glycron tab 6mg) - glyburide micronized tab 6 mg TABS ORAL	1	AVANDARYL TAB 4- 1MG TABS ORAL Qty: 60, Days: 30	2	glipizide tab sr 24hr 10 mg tb24 oral	1
acarbose tab 100 mg tabs oral	1	AVANDARYL TAB 4- 2MG TABS ORAL Qty: 60, Days: 30	2	glipizide tab sr 24hr 2.5 mg tb24 oral	1
		AVANDARYL TAB 4- 4MG TABS ORAL Qty: 30, Days: 30	2	glipizide tab sr 24hr 5 mg tb24 oral	1
				glipizide-metformin hcl tab 2.5-250 mg tabs oral	1
				glipizide-metformin hcl tab 2.5-500 mg tabs oral	1
				glipizide-metformin hcl tab 5- 500 mg tabs oral	1

Drug Name	Tier
glyburide micronized tab 4.5 mg tabs oral	1
glyburide tab 1.25 mg tabs oral	1
glyburide tab 2.5 mg tabs oral	1
glyburide tab 5 mg tabs oral	1
glyburide-metformin tab 1.25-250 mg tabs oral	1
glyburide-metformin tab 2.5-500 mg tabs oral	1
glyburide-metformin tab 5-500 mg tabs oral	1
GLYSET TAB 100MG TABS ORAL	2
GLYSET TAB 25MG TABS ORAL	2
GLYSET TAB 50MG TABS ORAL	2
HUMALOG INJ 100/ML SOLN SUBCUTANEOUS	2
HUMALOG MIX INJ 50/50 SUSP SUBCUTANEOUS	2
HUMALOG MIX SUS 75/25 SUSP SUBCUTANEOUS	2
HUMALOG PEN INJ 100/ML SOLN SUBCUTANEOUS	2
HUMALOG PEN INJ 50/50 SUSP SUBCUTANEOUS	2
HUMALOG PEN INJ 75/25 SUSP SUBCUTANEOUS	2
HUMULIN INJ 50/50 SUSP SUBCUTANEOUS	2
HUMULIN INJ 70/30 SUSP SUBCUTANEOUS	2

Drug Name	Tier
HUMULIN N INJ U-100 SUSP SUBCUTANEOUS	2
HUMULIN N PN INJ U-100 SUSP SUBCUTANEOUS	2
HUMULIN PEN INJ 70/30 SUSP SUBCUTANEOUS	2
HUMULIN R INJ U-100 SOLN INJECTION	2
HUMULIN R INJ U-500 SOLN SUBCUTANEOUS	2
JANUMET TAB 50-1000 TABS ORAL	2
JANUMET TAB 50-500MG TABS ORAL	2
JANUVIA TAB 100MG TABS ORAL	2
JANUVIA TAB 25MG TABS ORAL	2
JANUVIA TAB 50MG TABS ORAL	2
LANTUS INJ 100/ML SOLN SUBCUTANEOUS	2
LANTUS INJ SOLOSTAR SOLN SUBCUTANEOUS	2
LEVEMIR INJ FLEXPEN SOLN SUBCUTANEOUS	2
LEVEMIR INJ SOLN SUBCUTANEOUS	2
metformin hcl tab 1000 mg tabs oral	1
metformin hcl tab 500 mg tabs oral	1
metformin hcl tab 850 mg tabs oral	1
metformin hcl tab sr 24hr 500 mg tb24 oral	1

Drug Name	Tier
metformin hcl tab sr 24hr 750 mg tb24 oral	1
NOVOLIN INJ 70/30 SUSP SUBCUTANEOUS	2
NOVOLIN 70/ INJ 30 INNLT SUSP SUBCUTANEOUS	2
NOVOLIN N INJ INNOLET SUSP SUBCUTANEOUS	2
NOVOLIN N INJ U-100 SUSP SUBCUTANEOUS	2
NOVOLIN R INJ INNOLET SOLN INJECTION	2
NOVOLIN R INJ U-100 SOLN INJECTION	2
NOVOLOG INJ 100/ML SOLN SUBCUTANEOUS	2
NOVOLOG INJ FLEXPEN SOLN SUBCUTANEOUS	2
NOVOLOG MIX INJ 70/30 SUSP SUBCUTANEOUS	2
NOVOLOG MIX INJ FLEXPEN SUSP SUBCUTANEOUS	2
ONGLYZA TAB 2.5MG TABS ORAL	2
ONGLYZA TAB 5MG TABS ORAL	2
PRANDIN TAB 0.5MG TABS ORAL	2
PRANDIN TAB 1MG TABS ORAL	2
PRANDIN TAB 2MG TABS ORAL	2

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
RELION 70/30 INJ 100/ML SUSP SUBCUTANEOUS	2	ANTIEMETICS		granisetron hcl inj 1 mg/ml soln intravenous	1
RELION N INJ 100/ML SUSP SUBCUTANEOUS	2	ANTIVERT TAB 50MG TABS ORAL	2	Qty: 140, Days: 28, Prior Authorization	
RELION R INJ 100/ML SOLN INJECTION	2	ANZEMET INJ 20MG/ML SOLN INTRAVENOUS	2	granisetron hcl tab 1 mg tabs oral	1
RIOMET SOL SOLN ORAL	2	Qty: 13, Days: 28, Prior Authorization		Qty: 30, Days: 30, Prior Authorization	
STARLIX TAB 120MG TABS ORAL	2	ANZEMET TAB 100MG TABS ORAL	2	meclizine hcl tab 12.5 mg tabs oral	1
STARLIX TAB 60MG TABS ORAL	2	Qty: 3, Days: 28, Prior Authorization		meclizine hcl tab 25 mg tabs oral	1
SYMLIN INJ 600MCG SOLN SUBCUTANEOUS	2	ANZEMET TAB 50MG TABS ORAL	2	ondansetron hcl inj 2 mg/ml soln intravenous	1
Prior Authorization		Qty: 3, Days: 28, Prior Authorization		Qty: 160, Days: 30, Prior Authorization	
SYMLINPEN 60 INJ 1000MCG SOLN SUBCUTANEOUS	2	dronabinol cap 10 mg caps oral	1	ondansetron hcl oral soln 4 mg/5ml soln oral	1
Prior Authorization		Prior Authorization		Qty: 450, Days: 30, Prior Authorization	
TOLAZAMIDE TAB 250MG TABS ORAL	1	dronabinol cap 2.5 mg caps oral	1	ondansetron hcl tab 24 mg tabs oral	1
TOLAZAMIDE TAB 500MG TABS ORAL	1	Prior Authorization		Qty: 12, Days: 30, Prior Authorization	
ANTIDIARRHEA AGENTS		dronabinol cap 5 mg caps oral	1	ondansetron hcl tab 4 mg tabs oral	1
(diphen/atrop tab 2.5mg) - diphenoxylate w/ atropine tab 2.5-0.025 mg TABS ORAL	1	Prior Authorization		Qty: 45, Days: 30, Prior Authorization	
(lonox tab 2.5mg) - diphenoxylate w/ atropine tab 2.5-0.025 mg TABS ORAL	1	EMEND CAP 125MG CAPS ORAL	2	ondansetron hcl tab 8 mg tabs oral	1
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml liqd oral	1	Prior Authorization		Qty: 45, Days: 30, Prior Authorization	
loperamide hcl cap 2 mg caps oral	1	EMEND CAP 80MG CAPS ORAL	2	ondansetron orally disintegrating tab 4 mg tbdp oral	1
		Prior Authorization		Qty: 45, Days: 30, Prior Authorization	
		EMEND PAK 80 & 125 CAPS ORAL	2	ondansetron orally disintegrating tab 8 mg tbdp oral	1
		Prior Authorization		Qty: 45, Days: 30, Prior Authorization	
		granisetron hcl inj 0.1 mg/ml soln intravenous	1	Qty: 45, Days: 30, Prior Authorization	
		Qty: 1400, Days: 28, Prior Authorization			

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
SANCUSO DIS 3.1MG PTCH TRANSDERMAL	4	GRIS-PEG TAB 250MG TABS ORAL	2	BETOPTIC-S SUS 0.25% OP SUSP OPHTHALMIC	2
Qty: 2, Days: 21, Prior Authorization		itraconazole cap 100 mg caps oral	1	brimonidine tartrate ophth soln 0.2% soln ophthalmic	1
trimethobenzamide hcl cap 300 mg caps oral	1	Prior Authorization		COMBIGAN SOL 0.2/0.5% SOLN OPHTHALMIC	2
trimethobenzamide hcl inj 100 mg/ml soln intramuscular	1	ketoconazole tab 200 mg tabs oral	1	dorzolamide hcl ophth soln 2% soln ophthalmic	1
ANTIFUNGALS		nystatin susp 100000 unit/ml susp mouth-throat	1	dorzolamide-timolol ophth soln 2-0.5% (base equiv) soln ophthalmic	1
amphotericin b for inj 50 mg solr injection	1	nystatin tab 500000 unit tabs oral	1	ISTALOL SOL 0.5% OP SOLN OPHTHALMIC	2
Prior Authorization		SPORANOX SOL 10MG/ML SOLN ORAL	2	levobunolol hcl ophth soln 0.25% soln ophthalmic	1
ANCOBON CAP 250MG CAPS ORAL	2	Prior Authorization		levobunolol hcl ophth soln 0.5% soln ophthalmic	1
ANCOBON CAP 500MG CAPS ORAL	2	terbinafine hcl tab 250 mg tabs oral	1	LUMIGAN SOL 0.03% SOLN OPHTHALMIC	2
CANCIDAS INJ 50MG SOLR INTRAVENOUS	4	VFEND SUS 40MG/ML SUSR ORAL	2	PHOSPHOLINE SOL 0.125%OP SOLR OPHTHALMIC	4
Prior Authorization		Prior Authorization		PILOPINE HS GEL 4% OP GEL OPHTHALMIC	2
CANCIDAS INJ 70MG SOLR INTRAVENOUS	4	VFEND TAB 200MG TABS ORAL	2	timolol maleate ophth soln 0.25% soln ophthalmic	1
Prior Authorization		Prior Authorization		timolol maleate ophth soln 0.5% soln ophthalmic	1
ERAXIS INJ 100MG SOLR INTRAVENOUS	2	VFEND TAB 50MG TABS ORAL	2	XALATAN SOL 0.005% SOLN OPHTHALMIC	2
Prior Authorization		Prior Authorization		ANTIHEMORRHAGIC AGENTS	
fluconazole for susp 10 mg/ml susr oral	1	VFEND IV INJ 200MG SOLR INTRAVENOUS	2	CYKLOKAPRON INJ 100MG/ML SOLN INTRAVENOUS	2
fluconazole for susp 40 mg/ml susr oral	1	Prior Authorization		Prior Authorization	
fluconazole tab 100 mg tabs oral	1	ANTIGLAUCOMA AGENTS			
fluconazole tab 150 mg tabs oral	1	ALPHAGAN P SOL 0.1% SOLN OPHTHALMIC	2		
fluconazole tab 200 mg tabs oral	1	ALPHAGAN P SOL 0.15% SOLN OPHTHALMIC	2		
fluconazole tab 50 mg tabs oral	1	AZOPT SUS 1% OP SUSP OPHTHALMIC	2		
GRIS-PEG TAB 125MG TABS ORAL	2	BETIMOL SOL 0.25% SOLN OPHTHALMIC	2		
		BETIMOL SOL 0.5% SOLN OPHTHALMIC	2		

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
ANTIHYPOGLYCEMIC AGENTS		(nystop pow 100000) - nystatin topical powder POWD EXTERNAL	1	(zazole sup 80mg) - terconazole vaginal suppos 80 mg SUPP VAGINAL	1
GLUCAGON KIT 1MG KIT INJECTION	2	(ocusulf-10 sol 10% op) - sulfacetamide sodium ophth soln 10% SOLN OPHTHALMIC	1	AKNE-MYCIN OIN 2% OINT EXTERNAL	2
ANTI-INFECTIVES		(pedi-dri pow 100000) - nystatin topical powder POWD EXTERNAL	1	AZASITE SOL 1% SOLN OPHTHALMIC	2
(acticin cre 5%) - permethrin cream 5% CREA EXTERNAL	1	(permethrin cre 5%) - permethrin cream 5% CREA EXTERNAL	1	BACTROBAN CRE 2% CREA EXTERNAL	2
(erythromycin oin op) - erythromycin ophth oint 5 mg/gm OINT OPHTHALMIC	1	(romycin oin op) - erythromycin ophth oint 5 mg/gm OINT OPHTHALMIC	1	BACTROBAN OIN NASAL 2% OINT NASAL	2
(genoptic sol 0.3% op) - gentamicin sulfate ophth soln 0.3% SOLN OPHTHALMIC	1	(silver sulfa cre 1%) - silver sulfadiazine cream 1% CREA EXTERNAL	1	chlorhexidine gluconate soln 0.12% soln mouth-throat	1
(gentamicin oin 0.3% op) - gentamicin sulfate ophth oint 0.3% OINT OPHTHALMIC	1	(sod sulfacet sol 10% op) - sulfacetamide sodium ophth soln 10% SOLN OPHTHALMIC	1	ciclopirox gel 0.77% gel external	1
(gentamicin sol 0.3% op) - gentamicin sulfate ophth soln 0.3% SOLN OPHTHALMIC	1	(ssd cre 1%) - silver sulfadiazine cream 1% CREA EXTERNAL	1	ciclopirox olamine cream 0.77% (base equiv) crea external	1
(gentasol sol 0.3% op) - gentamicin sulfate ophth soln 0.3% SOLN OPHTHALMIC	1	(terconazole cre 0.4%) - terconazole vaginal cream 0.4% CREA VAGINAL	1	ciclopirox olamine susp 0.77% (base equiv) susp external	1
(ketoconazole cre 2%) - ketoconazole cream 2% CREA EXTERNAL	1	(terconazole cre 0.8%) - terconazole vaginal cream 0.8% CREA VAGINAL	1	ciclopirox shampoo 1% sham external	1
(kuric cre 2%) - ketoconazole cream 2% CREA EXTERNAL	1	(terconazole sup 80mg) - terconazole vaginal suppos 80 mg SUPP VAGINAL	1	ciprofloxacin hcl ophth soln 0.3% soln ophthalmic	1
(malathion lot 0.5%) - malathion lotion 0.5% LOTN EXTERNAL	1	(zazole cre 0.4%) - terconazole vaginal cream 0.4% CREA VAGINAL	1	CLEOCIN SUP 100MG SUPP VAGINAL	2
(nyamyc pow 100000) - nystatin topical powder POWD EXTERNAL	1	(zazole cre 0.8%) - terconazole vaginal cream 0.8% CREA VAGINAL	1	clindamycin phosphate gel 1% gel external	1
(nystatin pow 100000) - nystatin topical powder POWD EXTERNAL	1			clindamycin phosphate lotion 1% lotn external	1
				clindamycin phosphate soln 1% soln external	1
				clindamycin phosphate swab 1% swab external	1
				clindamycin phosphate vaginal cream 2% crea vaginal	1
				clotrimazole w/ betamethasone cream 1-0.05% crea external	1

Drug Name	Tier
clotrimazole w/ betamethasone lotion 1- 0.05% lotn external	1
econazole nitrate cream 1% crea external	1
erythromycin gel 2% gel external	1
erythromycin pads 2% pads external	1
erythromycin soln 2% soln external	1
EURAX CRE 10% CREA EXTERNAL	2
EURAX LOT 10% LOTN EXTERNAL	2
EVOCLIN AER 1% FOAM EXTERNAL	2
EXELDERM CRE 1% CREA EXTERNAL	2
EXELDERM SOL 1% SOLN EXTERNAL	2
GENTAK OIN 0.3% OP OINT OPHTHALMIC	1
GENTAK SOL 0.3% OP SOLN OPHTHALMIC	1
LAMISIL SPR 1% SOLN EXTERNAL	2
Prior Authorization	
METROGEL GEL 1% GEL EXTERNAL	2
metronidazole cream 0.75% crea external	1
metronidazole lotion 0.75% lotn external	1
metronidazole vaginal gel 0.75% gel vaginal	1
mupirocin oint 2% oint external	1
NATACYN SUS 5% OP SUSP OPHTHALMIC	2

Drug Name	Tier
NORITATE CRE 1% CREA EXTERNAL	2
nystatin cream 100000 unit/gm crea external	1
nystatin oint 100000 unit/gm oint external	1
ofloxacin ophth soln 0.3% soln ophthalmic	1
ofloxacin otic soln 0.3% soln otic(ear)	1
OVIDE LOT 0.5% LOTN EXTERNAL	2
OXISTAT CRE 1% CREA EXTERNAL	2
OXISTAT LOT 1% LOTN EXTERNAL	2
polymyxin b-trimethoprim ophth soln 10000 unit/ml- 0.1% soln ophthalmic	1
selenium sulfide lotion 2.5% lotn external	1
THERMAZENE CRE 1% CREA EXTERNAL	1
trifluridine ophth soln 1% soln ophthalmic	1
ZYMAR DRO 0.3% SOLN OPHTHALMIC	2
ANTI-INFLAMMATORY AGENTS	
(acetazol hc sol otic) - hydrocortisone w/ acetic acid otic soln 1-2% SOLN OTIC(Ear)	1
(acetic acid dro /hc otic) - hydrocortisone w/ acetic acid otic soln 1-2% SOLN OTIC(Ear)	1

Drug Name	Tier
(ala cort cre 1%) - hydrocortisone cream 1% CREA EXTERNAL	1
(ala-cort lot 1%) - hydrocortisone lotion 1% LOTN EXTERNAL	1
(aug betamet gel 0.05%) - augmented betamethasone dipropionate gel 0.05% GEL EXTERNAL	1
(beta diprop gel 0.05%) - augmented betamethasone dipropionate gel 0.05% GEL EXTERNAL	1
(betameth val cre 0.1%) - betamethasone valerate cream 0.1% CREA EXTERNAL	1
(betameth val lot 0.1%) - betamethasone valerate lotion 0.1% LOTN EXTERNAL	1
(beta-val cre 0.1%) - betamethasone valerate cream 0.1% CREA EXTERNAL	1
(beta-val lot 0.1%) - betamethasone valerate lotion 0.1% LOTN EXTERNAL	1
(cormax cre 0.05%) - clobetasol propionate cream 0.05% CREA EXTERNAL	1
(cortomycin sol 1% otic) - neomycin-polymyxin-hc otic soln 1% SOLN OTIC(Ear)	1
(cortomycin sus 1% otic) - neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% SUSP OTIC(Ear)	1
(desonide lot 0.05%) - desonide lotion 0.05% LOTN EXTERNAL	1

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(fluoromethol sus 0.1% op) - fluorometholone ophth susp 0.1% SUSP OPHTHALMIC	1	(proctozone cre -hc 2.5%) - hydrocortisone rectal cream 2.5% CREA RECTAL	1	betamethasone dipropionate lotion 0.05% lotn external	1
(fluor-op sus 0.1% op) - fluorometholone ophth susp 0.1% SUSP OPHTHALMIC	1	(triamcinolon cre 0.1%) - triamcinolone acetonide cream 0.1% CREA EXTERNAL	1	betamethasone dipropionate oint 0.05% oint external	1
(hydrocort cre 1%) - hydrocortisone cream 1% CREA EXTERNAL	1	(triamcinolon oin 0.1%) - triamcinolone acetonide oint 0.1% OINT EXTERNAL	1	betamethasone valerate oint 0.1% oint external	1
(hydrocort lot 1%) - hydrocortisone lotion 1% LOTN EXTERNAL	1	(triderm cre 0.1%) - triamcinolone acetonide cream 0.1% CREA EXTERNAL	1	BLEPHAMIDE SUS OP SUSP OPHTHALMIC	2
(hydrocort oin 1%) - hydrocortisone oint 1% OINT EXTERNAL	1	(triderm oin 0.1%) - triamcinolone acetonide oint 0.1% OINT EXTERNAL	1	CANASA SUP 1000MG SUPP RECTAL	2
(hydrocort/ab oin 1%) - hydrocortisone oint 1% OINT EXTERNAL	1	ACCOLATE TAB 10MG TABS ORAL	2	CAPEX SHA 0.01% SHAM EXTERNAL	2
(isovate cre 0.05%) - clobetasol propionate cream 0.05% CREA EXTERNAL	1	ACCOLATE TAB 20MG TABS ORAL	2	clobetasol propionate emollient base cream 0.05% crea external	1
(lokara lot 0.05%) - desonide lotion 0.05% LOTN EXTERNAL	1	ACULAR SOL 0.5% OP SOLN OPHTHALMIC	2	clobetasol propionate foam 0.05% foam external	1
(neo/poly/hc sol 1% otic) - neomycin-polymyxin-hc otic soln 1% SOLN OTIC(Ear)	1	ACULAR LS SOL 0.4% SOLN OPHTHALMIC	2	clobetasol propionate gel 0.05% gel external	1
(neo/poly/hc sus 1% otic) - neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% SUSP OTIC(Ear)	1	ALREX SUS 0.2% SUSP OPHTHALMIC	4	clobetasol propionate oint 0.05% oint external	1
(proctocream cre -hc 2.5%) - hydrocortisone rectal cream 2.5% CREA RECTAL	1	APRISO CAP 0.375GM CP24 ORAL	2	clobetasol propionate soln 0.05% soln external	1
(procto-pak cre 1%) - hydrocortisone cream 1% CREA EXTERNAL	1	augmented betamethasone dipropionate cream 0.05% crea external	1	CLOBEX LOT 0.05% LOTN EXTERNAL	2
(proctosol hc cre 2.5%) - hydrocortisone rectal cream 2.5% CREA RECTAL	1	augmented betamethasone dipropionate lotion 0.05% lotn external	1	CLOBEX SHA 0.05% SHAM EXTERNAL	2
		augmented betamethasone dipropionate oint 0.05% oint external	1	CORTIFOAM AER 90MG FOAM RECTAL	2
		betamethasone dipropionate cream 0.05% crea external	1	cromolyn sodium soln nebu 20 mg/2ml nebu inhalant Prior Authorization	1
				DERMA-SMOOTH OIL /FS BODY OIL EXTERNAL	2
				desonide cream 0.05% crea external	1
				desonide oint 0.05% oint external	1

Drug Name	Tier
desoximetasone cream 0.25% crea external	1
desoximetasone gel 0.05% gel external	1
desoximetasone oint 0.25% oint external	1
diclofenac sodium ophth soln 0.1% soln ophthalmic	1
Step Therapy	
diflorasone diacetate cream 0.05% crea external	1
diflorasone diacetate oint 0.05% oint external	1
DIPENTUM CAP 250MG CAPS ORAL	2
DUREZOL EMU 0.05% EMUL OPHTHALMIC	2
Prior Authorization	
fluocinolone acetonide cream 0.01% crea external	1
fluocinolone acetonide cream 0.025% crea external	1
fluocinolone acetonide oint 0.025% oint external	1
fluocinolone acetonide soln 0.01% soln external	1
fluocinonide emulsified base cream 0.05% crea external	1
fluocinonide gel 0.05% gel external	1
fluocinonide oint 0.05% oint external	1
fluocinonide soln 0.05% soln external	1
flurbiprofen sodium ophth soln 0.03% soln ophthalmic	1
Step Therapy	
fluticasone propionate nasal susp 50 mcg/act susp nasal	1

Drug Name	Tier
FML OIN 0.1% OP OINT OPHTHALMIC	2
FML FORTE SUS 0.25% OP SUSP OPHTHALMIC	2
halobetasol propionate cream 0.05% crea external	1
halobetasol propionate oint 0.05% oint external	1
hydrocortisone cream 2.5% crea external	1
hydrocortisone lotion 2% lotn external	1
hydrocortisone lotion 2.5% lotn external	1
hydrocortisone oint 2.5% oint external	1
hydrocortisone soln 2.5% soln external	1
hydrocortisone valerate cream 0.2% crea external	1
hydrocortisone valerate oint 0.2% oint external	1
KENALOG AER SPRAY AERS EXTERNAL	2
LIALDA TAB 1.2GM TBEC ORAL	2
LOTRONEX TAB 0.5MG TABS ORAL	2
LOTRONEX TAB 1MG TABS ORAL	2
LUXIQ AER 0.12% FOAM EXTERNAL	2
mesalamine enema 4 gm enem rectal	1
mometasone furoate cream 0.1% crea external	1
mometasone furoate oint 0.1% oint external	1

Drug Name	Tier
mometasone furoate solution 0.1% (lotion) soln external	1
NASACORT AQ AER 55MCG/AC AERS NASAL	2
nystatin-triamcinolone cream 100000-0.1 unit/gm-% crea external	1
nystatin-triamcinolone oint 100000-0.1 unit/gm-% oint external	1
PENTASA CAP 250MG CR CPR ORAL	2
PENTASA CAP 500MG CR CPR ORAL	2
PRED MILD SUS 0.12% OP SUSP OPHTHALMIC	2
prednisolone acetate ophth susp 1% susp ophthalmic	1
prednisolone sodium phosphate ophth soln 1% soln ophthalmic	1
RESTASIS EMU 0.05% EMUL OPHTHALMIC	2
SINGULAIR CHW 4MG CHEW ORAL	2
SINGULAIR CHW 5MG CHEW ORAL	2
SINGULAIR GRA 4MG PACK ORAL	2
SINGULAIR TAB 10MG TABS ORAL	2
sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)% soln ophthalmic	1
TOBRADEX OIN OP OINT OPHTHALMIC	2
tobramycin-dexamethasone ophth susp 0.3-0.1% susp ophthalmic	1

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
triamcinolone acetonide cream 0.025% crea external	1	CRESTOR TAB 10MG TABS ORAL	2	lovastatin tab 40 mg tabs oral	1
triamcinolone acetonide cream 0.5% crea external	1	Step Therapy		Step Therapy	
triamcinolone acetonide in orabase 0.1% pste mouth-throat	1	CRESTOR TAB 20MG TABS ORAL	2	LOVAZA CAP 1GM CAPS ORAL	2
triamcinolone acetonide lotion 0.025% lotn external	1	Step Therapy		Prior Authorization	
triamcinolone acetonide lotion 0.1% lotn external	1	CRESTOR TAB 40MG TABS ORAL	2	NIASPAN TAB 1000 ER TBCR ORAL	2
triamcinolone acetonide oint 0.025% oint external	1	Step Therapy		NIASPAN TAB 500MG ER TBCR ORAL	2
triamcinolone acetonide oint 0.5% oint external	1	CRESTOR TAB 5MG TABS ORAL	2	NIASPAN TAB 750MG ER TBCR ORAL	2
VANOS CRE 0.1% CREA EXTERNAL	2	Step Therapy		pravastatin sodium tab 10 mg tabs oral	1
ZYLET SUS 0.5-0.3% SUSP OPHTHALMIC	4	fenofibrate micronized cap 134 mg caps oral	1	Step Therapy	
ANTILIPEMIC AGENTS		fenofibrate micronized cap 200 mg caps oral	1	pravastatin sodium tab 20 mg tabs oral	1
(cholestyram pow 4gm lite) - cholestyramine light powder packets 4 gm PACK ORAL	1	fenofibrate micronized cap 67 mg caps oral	1	Step Therapy	
(colestipol gra 5gm) - colestipol hcl granules 5 gm GRAN ORAL	1	fenofibrate tab 160 mg tabs oral	1	pravastatin sodium tab 40 mg tabs oral	1
(prevalite pow 4gm pk) - cholestyramine light powder packets 4 gm PACK ORAL	1	fenofibrate tab 54 mg tabs oral	1	Step Therapy	
cholestyramine light powder 4 gm/dose powd oral	1	gemfibrozil tab 600 mg tabs oral	1	pravastatin sodium tab 80 mg tabs oral	1
cholestyramine powder 4 gm/dose powd oral	1	LIPITOR TAB 10MG TABS ORAL	2	Step Therapy	
cholestyramine powder packets 4 gm pack oral	1	Step Therapy		simvastatin tab 10 mg tabs oral	1
COLESTID GRA 5GM GRAN ORAL	2	LIPITOR TAB 20MG TABS ORAL	2	Step Therapy	
colestipol hcl tab 1 gm tabs oral	1	Step Therapy		simvastatin tab 20 mg tabs oral	1
		LIPITOR TAB 40MG TABS ORAL	2	Step Therapy	
		Step Therapy		simvastatin tab 40 mg tabs oral	1
		LIPITOR TAB 80MG TABS ORAL	2	Step Therapy	
		Step Therapy		simvastatin tab 5 mg tabs oral	1
		lovastatin tab 10 mg tabs oral	1	Step Therapy	
		Step Therapy		simvastatin tab 80 mg tabs oral	1
		lovastatin tab 20 mg tabs oral	1	Step Therapy	
		Step Therapy		TRICOR TAB 145MG TABS ORAL	2
				Prior Authorization	

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
TRICOR TAB 48MG TABS ORAL Prior Authorization	2	MAXALT-MLT TAB 10MG TBDP ORAL Qty: 12, Days: 30	2	MYCOBUTIN CAP 150MG CAPS ORAL	2
TRILIPIX CAP 135MG CPDR ORAL	2	MAXALT-MLT TAB 5MG TBDP ORAL Qty: 12, Days: 30	2	PASER GRA 4GM PACK ORAL Prior Authorization	4
TRILIPIX CAP 45MG CPDR ORAL	2	MIGRANAL SPR 4MG/ML SOLN NASAL	2	PRIFTIN TAB 150MG TABS ORAL	4
ZETIA TAB 10MG TABS ORAL Step Therapy	2	SUMATRIPTAN INJ 4MG/0.5 SOLN SUBCUTANEOUS Qty: 4, Days: 30	1	pyrazinamide tab 500 mg tabs oral	1
ANTIMANIC AGENTS		sumatriptan succinate inj 12 mg/ml soln subcutaneous Qty: 4, Days: 30	1	rifampin cap 150 mg caps oral	1
lithium carbonate cap 150 mg caps oral	1	sumatriptan succinate tab 100 mg tabs oral Qty: 9, Days: 30	1	rifampin cap 300 mg caps oral	1
lithium carbonate cap 300 mg caps oral	1	sumatriptan succinate tab 25 mg tabs oral Qty: 9, Days: 30	1	rifampin for inj 600 mg solr intravenous Prior Authorization	1
lithium carbonate cap 600 mg caps oral	1	sumatriptan succinate tab 50 mg tabs oral Qty: 9, Days: 30	1	SEROMYCIN CAP 250MG CAPS ORAL Prior Authorization	4
lithium carbonate tab cr 300 mg tbcr oral	1	ANTIMYCOBACTERIALS		TRECATOR TAB 250MG TABS ORAL Prior Authorization	4
lithium carbonate tab cr 450 mg tbcr oral	1	CAPASTAT SUL INJ 1GM SOLR INJECTION Prior Authorization	4	ANTINEOPLASTIC AGENTS	
lithium citrate oral soln 8 meq/5ml syr oral	1	DAPSONE TAB 100MG TABS ORAL	1	(etoposide inj 20mg/ml) - etoposide inj 20 mg/ml SOLN INTRAVENOUS Prior Authorization	1
ANTIMIGRAINE AGENTS		DAPSONE TAB 25MG TABS ORAL	2	(melphalan inj 50mg) - melphalan hcl for inj 50 mg (base equiv) SOLR INTRAVENOUS Prior Authorization	1
dihydroergotamine mesylate inj 1 mg/ml soln injection	1	ethambutol hcl tab 100 mg tabs oral	1	(oxaliplatin inj 100mg) - oxaliplatin iv soln 5 mg/ml SOLN INTRAVENOUS Prior Authorization	3
ergotamine w/ caffeine suppos 2-100 mg supp rectal	1	ethambutol hcl tab 400 mg tabs oral	1	(toposar inj 1gm/50ml) - etoposide inj 20 mg/ml SOLN INTRAVENOUS Prior Authorization	1
ergotamine w/ caffeine tab 1- 100 mg tabs oral	1	isoniazid tab 100 mg tabs oral	1		
MAXALT TAB 10MG TABS ORAL Qty: 12, Days: 30	2	isoniazid tab 300 mg tabs oral	1		
MAXALT TAB 5MG TABS ORAL Qty: 12, Days: 30	2				

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
AFINITOR TAB 10MG TABS ORAL Prior Authorization	2	cyclophosphamide for inj 1 gm solr injection Prior Authorization	1	EMCYT CAP 140MG CAPS ORAL	2
AFINITOR TAB 5MG TABS ORAL Prior Authorization	2	cyclophosphamide for inj 500 mg solr injection Prior Authorization	1	epirubicin hcl inj 2 mg/ml soln intravenous Prior Authorization	1
ALFERON N INJ 5MU/ML SOLN INJECTION Prior Authorization	3	cyclophosphamide tab 25 mg tabs oral Prior Authorization	1	FARESTON TAB 60MG TABS ORAL	2
ALKERAN INJ 50MG SOLR INTRAVENOUS Prior Authorization	2	cyclophosphamide tab 50 mg tabs oral Prior Authorization	1	FASLODEX INJ 125MG SOLN INTRAMUSCULAR	3
ARIMIDEX TAB 1MG TABS ORAL	2	cytarabine for inj 500 mg solr injection Prior Authorization	1	FASLODEX INJ 250MG SOLN INTRAMUSCULAR	3
AROMASIN TAB 25MG TABS ORAL	2	cytarabine inj 100 mg/ml soln injection Prior Authorization	1	FEMARA TAB 2.5MG TABS ORAL	2
bicalutamide tab 50 mg tabs oral	1	cytarabine inj 20 mg/ml soln injection Prior Authorization	1	fludarabine phosphate for inj 50 mg solr intravenous Prior Authorization	3
bleomycin sulfate for inj 30 unit solr injection Prior Authorization	1	DACOGEN INJ 50MG SOLR INTRAVENOUS Prior Authorization	2	fludarabine phosphate inj 25 mg/ml soln intravenous Prior Authorization	3
CAMPATH INJ 30MG/ML SOLN INTRAVENOUS Prior Authorization	2	ELIGARD INJ 22.5MG KIT SUBCUTANEOUS Prior Authorization	4	flutamide cap 125 mg caps oral	1
carboplatin iv soln 10 mg/ml soln intravenous Prior Authorization	1	ELIGARD INJ 30MG KIT SUBCUTANEOUS Prior Authorization	2	GEMZAR INJ 1 GM SOLR INTRAVENOUS Prior Authorization	3
CEENU CAP 100MG CAPS ORAL	2	ELIGARD INJ 45MG KIT SUBCUTANEOUS Prior Authorization	2	GLEEVEC TAB 100MG TABS ORAL Prior Authorization	3
CEENU CAP 10MG CAPS ORAL	2	ELIGARD INJ 7.5MG KIT SUBCUTANEOUS Prior Authorization	4	GLEEVEC TAB 400MG TABS ORAL Prior Authorization	3
CEENU CAP 40MG CAPS ORAL	2	ELOXATIN INJ 100MG SOLN INTRAVENOUS Prior Authorization	3	HEXALEN CAP 50MG CAPS ORAL	2
cladribine inj 1 mg/ml soln intravenous Prior Authorization	1			hydroxyurea cap 500 mg caps oral	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
INTRON-A INJ 10MU PEN KIT SUBCUTANEOUS Prior Authorization	3	LUPRON DEPOT INJ 11.25MG KIT INTRAMUSCULAR Prior Authorization	4	mitoxantrone hcl inj conc 2 mg/ml conc intravenous Prior Authorization	3
INTRON-A INJ 10MU SOLR INJECTION Prior Authorization	4	LUPRON DEPOT INJ 22.5MG KIT INTRAMUSCULAR Prior Authorization	3	MYLOTARG INJ 5MG SOLR INTRAVENOUS Prior Authorization	3
INTRON-A INJ 18MU SOLN INJECTION Prior Authorization	3	LUPRON DEPOT INJ 3.75MG KIT INTRAMUSCULAR Prior Authorization	4	NEXAVAR TAB 200MG TABS ORAL Prior Authorization, Limited Access	2
INTRON-A INJ 3MU PEN KIT SUBCUTANEOUS Prior Authorization	4	LUPRON DEPOT INJ 30MG KIT INTRAMUSCULAR Prior Authorization	3	NILANDRON TAB 150MG TABS ORAL	2
INTRON-A INJ 5MU PEN KIT SUBCUTANEOUS Prior Authorization	3	LUPRON DEPOT INJ 7.5MG KIT INTRAMUSCULAR Prior Authorization	3	ONTAK INJ 150/ML SOLN INTRAVENOUS Prior Authorization	3
IRESSA TAB 250MG TABS ORAL	2	LYSODREN TAB 500MG TABS ORAL	2	PROLEUKIN INJ 22MU SOLR INTRAVENOUS Prior Authorization	3
irinotecan hcl inj 20 mg/ml soln intravenous Prior Authorization	1	MATULANE CAP 50MG CAPS ORAL	2	RITUXAN INJ 500MG CONC INTRAVENOUS Prior Authorization	3
IXEMPRA KIT INJ 45MG SOLR INTRAVENOUS Prior Authorization	2	megestrol acetate susp 40 mg/ml susp oral	1	SPRYCEL TAB 100MG TABS ORAL	2
LEUKERAN TAB 2MG TABS ORAL	2	megestrol acetate tab 20 mg tabs oral	1	SPRYCEL TAB 20MG TABS ORAL	2
leuprolide acetate inj kit 5 mg/ml kit injection Prior Authorization	1	megestrol acetate tab 40 mg tabs oral	1	SPRYCEL TAB 50MG TABS ORAL	2
LUPR DEP-PED INJ 11.25MG KIT INTRAMUSCULAR Prior Authorization	3	mercaptopurine tab 50 mg tabs oral	1	SPRYCEL TAB 70MG TABS ORAL	2
LUPR DEP-PED INJ 15MG KIT INTRAMUSCULAR Prior Authorization	3	methotrexate sodium for inj 1 gm solr injection Prior Authorization	1	SUTENT CAP 12.5MG CAPS ORAL Prior Authorization	3
		methotrexate sodium inj pf 25 mg/ml soln injection Prior Authorization	1	SUTENT CAP 25MG CAPS ORAL Prior Authorization	3
		methotrexate sodium tab 2.5 mg (base equiv) tabs oral	1	SUTENT CAP 50MG CAPS ORAL Prior Authorization	3
				TABLOID TAB 40MG TABS ORAL	2

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
tamoxifen citrate tab 10 mg (base equivalent) tabs oral	1	VIDAZA INJ 100MG SUSR INJECTION	2	ANTIPRURITICS AND LOCAL ANESTHETICS	
tamoxifen citrate tab 20 mg (base equivalent) tabs oral	1	Prior Authorization		(anestacon gel 2% jelly) -	1
TARCEVA TAB 100MG TABS ORAL	2	VOTRIENT TAB 200MG TABS ORAL	3	lidocaine hcl gel 2% GEL EXTERNAL	
Prior Authorization		Prior Authorization		(lidocaine gel 2% jelly) -	1
TARCEVA TAB 150MG TABS ORAL	2	ZOLINZA CAP 100MG CAPS ORAL	2	lidocaine hcl gel 2% GEL EXTERNAL	
Prior Authorization		ANTIPROTOZOALS		(lidocaine gel 2%) - lidocaine hcl gel 2% GEL EXTERNAL	1
TARCEVA TAB 25MG TABS ORAL	2	chloroquine phosphate tab 250 mg tabs oral	1	lidocaine oint 5% oint external	1
Prior Authorization		chloroquine phosphate tab 500 mg tabs oral	1	lidocaine-prilocaine cream 2.5-2.5% crea external	1
TARGRETIN CAP 75MG CAPS ORAL	2	DARAPRIM TAB 25MG TABS ORAL	2	LIDODERM DIS 5% PTCH EXTERNAL	2
Prior Authorization		FANSIDAR TAB 500/25 TABS ORAL	2	Prior Authorization	
TASIGNA CAP 200MG CAPS ORAL	2	hydroxychloroquine sulfate tab 200 mg tabs oral	1	ZONALON CRE 5% CREA EXTERNAL	2
Prior Authorization		mefloquine hcl tab 250 mg tabs oral	1	ANTITHROMBOTIC AGENTS	
TORISEL SOL 25MG/ML SOLN INTRAVENOUS	2	MEPRON SUS SUSP ORAL	2	(jantoven tab 10mg) -	1
Prior Authorization		metronidazole cap 375 mg caps oral	1	warfarin sodium tab 10 mg TABS ORAL	
TREANDA INJ 100MG SOLR INTRAVENOUS	3	metronidazole tab 250 mg tabs oral	1	(jantoven tab 1mg) -	1
Prior Authorization		metronidazole tab 500 mg tabs oral	1	warfarin sodium tab 1 mg TABS ORAL	
TRISENOX SOL 10MG/10M SOLN INTRAVENOUS	4	NEUTREXIN INJ 25MG SOLR INTRAVENOUS	2	(jantoven tab 2.5mg) -	1
Prior Authorization		Prior Authorization		warfarin sodium tab 2.5 mg TABS ORAL	
TYKERB TAB 250MG TABS ORAL	2	paromomycin sulfate cap 250 mg caps oral	1	(jantoven tab 2mg) -	1
Prior Authorization		PRIMAQUINE TAB 26.3MG TABS ORAL	2	warfarin sodium tab 2 mg TABS ORAL	
VELCADE INJ 3.5MG SOLR INTRAVENOUS	3			(jantoven tab 3mg) -	1
Prior Authorization				warfarin sodium tab 3 mg TABS ORAL	
VESANOID CAP 10MG CAPS ORAL	2			(jantoven tab 4mg) -	1
Prior Authorization				warfarin sodium tab 4 mg TABS ORAL	

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(jantoven tab 5mg) - warfarin sodium tab 5 mg TABS ORAL	1	anagrelide hcl cap 1 mg caps oral Prior Authorization	1	dipyridamole tab 75 mg tabs oral	1
(jantoven tab 6mg) - warfarin sodium tab 6 mg TABS ORAL	1	ARIXTRA SOL 10/0.8 SOLN SUBCUTANEOUS Qty: 16, Days: 10	3	EFFIENT TAB 10MG TABS ORAL	4
(jantoven tab 7.5mg) - warfarin sodium tab 7.5 mg TABS ORAL	1	ARIXTRA SOL 2.5/0.5 SOLN SUBCUTANEOUS Qty: 10, Days: 10	4	EFFIENT TAB 5MG TABS ORAL	4
(warfarin tab 10mg) - warfarin sodium tab 10 mg TABS ORAL	1	ARIXTRA SOL 5.0/0.4 SOLN SUBCUTANEOUS Qty: 8, Days: 10	3	FRAGMIN INJ 10000/ML INJ SUBCUTANEOUS Qty: 20, Days: 10	2
(warfarin tab 1mg) - warfarin sodium tab 1 mg TABS ORAL	1	ARIXTRA SOL 7.5/0.6 SOLN SUBCUTANEOUS Qty: 12, Days: 10	3	FRAGMIN INJ 2500/0.2 INJ SUBCUTANEOUS Qty: 4, Days: 10	2
(warfarin tab 2.5mg) - warfarin sodium tab 2.5 mg TABS ORAL	1	cilostazol tab 100 mg tabs oral	1	FRAGMIN INJ 25000/ML INJ SUBCUTANEOUS Qty: 8, Days: 10	2
(warfarin tab 2mg) - warfarin sodium tab 2 mg TABS ORAL	1	cilostazol tab 50 mg tabs oral	1	FRAGMIN INJ 5000/0.2 INJ SUBCUTANEOUS Qty: 4, Days: 10	4
(warfarin tab 3mg) - warfarin sodium tab 3 mg TABS ORAL	1	COUMADIN INJ 5 MG SOLR INTRAVENOUS Prior Authorization	2	FRAGMIN INJ 7500/0.3 INJ SUBCUTANEOUS Qty: 6, Days: 10	3
(warfarin tab 4mg) - warfarin sodium tab 4 mg TABS ORAL	1	COUMADIN TAB 10MG TABS ORAL	2	heparin sodium (porcine) 100 unit/ml in d5w soln intravenous Prior Authorization	2
(warfarin tab 5mg) - warfarin sodium tab 5 mg TABS ORAL	1	COUMADIN TAB 1MG TABS ORAL	2	heparin sodium (porcine) 100 unt/ml in sodium chloride 0.45% soln injection Prior Authorization	2
(warfarin tab 6mg) - warfarin sodium tab 6 mg TABS ORAL	1	COUMADIN TAB 2.5MG TABS ORAL	2	heparin sodium (porcine) 2 unit/ml in sodium chloride 0.9% soln injection Prior Authorization	2
(warfarin tab 7.5mg) - warfarin sodium tab 7.5 mg TABS ORAL	1	COUMADIN TAB 3MG TABS ORAL	2	heparin sodium (porcine) 50 unit/ml in d5w soln intravenous Prior Authorization	2
AGGRENOX CAP 25- 200MG CP12 ORAL	2	COUMADIN TAB 4MG TABS ORAL	2		
anagrelide hcl cap 0.5 mg caps oral Prior Authorization	1	COUMADIN TAB 5MG TABS ORAL	2		
		COUMADIN TAB 6MG TABS ORAL	2		
		COUMADIN TAB 7.5MG TABS ORAL	2		

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
heparin sodium (porcine) 50 unit/ml in sodium chloride 0.45% soln injection	2	LOVENOX INJ 300/3ML SOLN SUBCUTANEOUS	3	KAPIDEX CAP 60MG DR CPDR ORAL	2
Prior Authorization		Qty: 60, Days: 10		misoprostol tab 100 mcg tabs oral	1
heparin sodium (porcine) inj 1000 unit/ml soln injection	1	LOVENOX INJ 40/0.4ML SOLN SUBCUTANEOUS	2	misoprostol tab 200 mcg tabs oral	1
Prior Authorization		Qty: 8, Days: 10		NEXIUM I.V. INJ 40MG SOLR INTRAVENOUS	4
heparin sodium (porcine) inj 10000 unit/ml soln injection	1	LOVENOX INJ 60/0.6ML SOLN SUBCUTANEOUS	3	Prior Authorization	
Prior Authorization		Qty: 12, Days: 10		omeprazole cap delayed release 10 mg cpdr oral	1
heparin sodium (porcine) inj 2000 unit/ml soln intravenous	2	LOVENOX INJ 80/0.8ML SOLN SUBCUTANEOUS	3	omeprazole cap delayed release 20 mg cpdr oral	1
Prior Authorization		Qty: 16, Days: 10		omeprazole cap delayed release 40 mg cpdr oral	1
heparin sodium (porcine) inj 20000 unit/ml soln injection	2	PLAVIX TAB 300MG TABS ORAL	2	PREVPAC MIS MISC ORAL	2
Prior Authorization		Qty: 1, Days: 30		Qty: 14, Days: 365	
heparin sodium (porcine) inj 2500 unit/ml soln injection	1	PLAVIX TAB 75MG TABS ORAL	2	ranitidine hcl inj 25 mg/ml soln injection	1
Prior Authorization		ticlopidine hcl tab 250 mg tabs oral	1	Prior Authorization	
heparin sodium (porcine) inj 5000 unit/ml soln injection	1	ANTIULCER AGENTS AND ACID SUPPRESSANTS		ranitidine hcl syrup 15 mg/ml (75 mg/5ml) syrpr oral	1
Prior Authorization		CARAFATE SUS 1GM/10ML SUSP ORAL	2	ranitidine hcl tab 150 mg tabs oral	1
INNOHEP INJ 20000/ML SOLN SUBCUTANEOUS	4	cimetidine tab 200 mg tabs oral	1	ranitidine hcl tab 300 mg tabs oral	1
Qty: 20, Days: 10		cimetidine tab 300 mg tabs oral	1	sucralfate tab 1 gm tabs oral	1
LOVENOX INJ 100/1ML SOLN SUBCUTANEOUS	3	cimetidine tab 400 mg tabs oral	1	ANTIVIRALS	
Qty: 20, Days: 10		cimetidine tab 800 mg tabs oral	1	(ribasphere cap 200mg) - ribavirin cap 200 mg CAPS ORAL	1
LOVENOX INJ 120/0.8 SOLN SUBCUTANEOUS	3	famotidine tab 20 mg tabs oral	1	Prior Authorization	
Qty: 16, Days: 10		famotidine tab 40 mg tabs oral	1	(ribasphere tab 200mg) - ribavirin tab 200 mg TABS ORAL	1
LOVENOX INJ 150/1ML SOLN SUBCUTANEOUS	3	KAPIDEX CAP 30MG DR CPDR ORAL	2	Prior Authorization	
Qty: 20, Days: 10					
LOVENOX INJ 30/0.3ML SOLN SUBCUTANEOUS	2				
Qty: 6, Days: 10					

Drug Name	Tier
(ribavirin cap 200mg) - ribavirin cap 200 mg CAPS ORAL Prior Authorization	1
(ribavirin tab 200mg) - ribavirin tab 200 mg TABS ORAL Prior Authorization	1
acyclovir cap 200 mg caps oral	1
acyclovir susp 200 mg/5ml susp oral	1
acyclovir tab 400 mg tabs oral	1
acyclovir tab 800 mg tabs oral	1
APTIVUS CAP 250MG CAPS ORAL	2
APTIVUS SOL SOLN ORAL	2
ATRIPLA TAB TABS ORAL	2
BARACLUDGE SOL .05MG/ML SOLN ORAL	2
BARACLUDGE TAB 0.5MG TABS ORAL	2
BARACLUDGE TAB 1MG TABS ORAL	2
COMBIVIR TAB TABS ORAL	2
COPEGUS TAB 200MG TABS ORAL Prior Authorization	2
CRIXIVAN CAP 100MG CAPS ORAL	2
CRIXIVAN CAP 200MG CAPS ORAL	2
CRIXIVAN CAP 333MG CAPS ORAL	2
CRIXIVAN CAP 400MG CAPS ORAL	2

Drug Name	Tier
didanosine delayed release capsule 125 mg cpdr oral	1
didanosine delayed release capsule 200 mg cpdr oral	1
didanosine delayed release capsule 250 mg cpdr oral	1
didanosine delayed release capsule 400 mg cpdr oral	1
EMTRIVA CAP 200MG CAPS ORAL	2
EMTRIVA SOL 10MG/ML SOLN ORAL	2
EPIVIR SOL 10MG/ML SOLN ORAL	2
EPIVIR TAB 150MG TABS ORAL	2
EPIVIR TAB 300MG TABS ORAL	2
EPIVIR HBV SOL 5MG/ML SOLN ORAL	2
EPIVIR HBV TAB 100MG TABS ORAL	2
EPZICOM TAB TABS ORAL	2
famciclovir tab 125 mg tabs oral	1
famciclovir tab 250 mg tabs oral	1
famciclovir tab 500 mg tabs oral	1
FUZEON KIT KIT SUBCUTANEOUS	3
ganciclovir cap 250 mg caps oral	1
ganciclovir cap 500 mg caps oral	1
HEPSERA TAB 10MG TABS ORAL Prior Authorization	3

Drug Name	Tier
INTELENCE TAB 100MG TABS ORAL	2
INVIRASE CAP 200MG CAPS ORAL	2
INVIRASE TAB 500MG TABS ORAL	2
ISENTRESS TAB 400MG TABS ORAL	2
KALETRA SOL SOLN ORAL	2
KALETRA TAB 100- 25MG TABS ORAL	2
KALETRA TAB 200- 50MG TABS ORAL	2
LEXIVA SUS 50MG/ML SUSP ORAL	2
LEXIVA TAB 700MG TABS ORAL	2
NORVIR CAP 100MG CAPS ORAL	2
NORVIR SOL 80MG/ML SOLN ORAL	2
PEGASYS KIT KIT SUBCUTANEOUS Prior Authorization	3
PEG-INTRON KIT 120 RP KIT SUBCUTANEOUS Prior Authorization	3
PEG-INTRON KIT 150 RP KIT SUBCUTANEOUS Prior Authorization	3
PEG-INTRON KIT 50MCG KIT SUBCUTANEOUS Prior Authorization	3
PEG-INTRON KIT 50MCG RP KIT SUBCUTANEOUS Prior Authorization	3

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
PEG-INTRON KIT 80MCG RP KIT SUBCUTANEOUS	3	stavudine cap 40 mg caps oral	1	VIRAMUNE SUS 50MG/5ML SUSP ORAL	2
Prior Authorization		stavudine for oral soln 1 mg/ml solr oral	1	VIRAMUNE TAB 200MG TABS ORAL	2
PREZISTA TAB 400MG TABS ORAL	2	SUSTIVA CAP 200MG CAPS ORAL	2	VIREAD TAB 300MG TABS ORAL	2
PREZISTA TAB 600MG TABS ORAL	2	SUSTIVA CAP 50MG CAPS ORAL	2	VISTIDE INJ 75MG/ML SOLN INTRAVENOUS	3
PREZISTA TAB 75MG TABS ORAL	2	SUSTIVA TAB 600MG TABS ORAL	2	Prior Authorization	
REBETOL SOL 40MG/ML SOLN ORAL	2	TAMIFLU CAP 75MG CAPS ORAL	2	ZIAGEN SOL 20MG/ML SOLN ORAL	2
Prior Authorization		Qty: 42, Days: 180		ZIAGEN TAB 300MG TABS ORAL	2
RELENZA MIS DISKHALE AEPB INHALANT	2	TAMIFLU SUS 12MG/ML SUSR ORAL	2	zidovudine cap 100 mg caps oral	1
RESCRIPTOR TAB 100 MG TABS ORAL	2	Qty: 262.5, Days: 180		zidovudine syrup 10 mg/ml syrp oral	1
RESCRIPTOR TAB 200MG TABS ORAL	2	TRIZIVIR TAB TABS ORAL	2	zidovudine tab 300 mg tabs oral	1
RETROVIR INJ 10MG/ML SOLN INTRAVENOUS	2	TRUVADA TAB TABS ORAL	2		
REYATAZ CAP 100MG CAPS ORAL	2	TYZEKA TAB 600MG TABS ORAL	2	ANXIOLYTICS, SEDATIVES AND HYPNOTICS	
REYATAZ CAP 150MG CAPS ORAL	2	Prior Authorization		bupirone hcl tab 10 mg tabs oral	1
REYATAZ CAP 200MG CAPS ORAL	2	VALCYTE SOL 50MG/ML SOLR ORAL	2	bupirone hcl tab 15 mg tabs oral	1
REYATAZ CAP 300MG CAPS ORAL	2	VALCYTE TAB 450MG TABS ORAL	2	bupirone hcl tab 30 mg tabs oral	1
rimantadine hydrochloride tab 100 mg tabs oral	1	VALTREX TAB 1GM TABS ORAL	2	bupirone hcl tab 5 mg tabs oral	1
SELZENTRY TAB 150MG TABS ORAL	2	VALTREX TAB 500MG TABS ORAL	2	bupirone hcl tab 7.5 mg tabs oral	1
SELZENTRY TAB 300MG TABS ORAL	2	VIDEX SOL 2GM SOLR ORAL	2	hydroxyzine hcl im soln 25 mg/ml soln intramuscular	1
stavudine cap 15 mg caps oral	1	VIRACEPT POW 50MG/GM POWD ORAL	2	hydroxyzine hcl im soln 50 mg/ml soln intramuscular	1
stavudine cap 20 mg caps oral	1	VIRACEPT TAB 250MG TABS ORAL	2	hydroxyzine hcl syrup 10 mg/5ml syrp oral	1
stavudine cap 30 mg caps oral	1	VIRACEPT TAB 625MG TABS ORAL	2		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
hydroxyzine hcl tab 10 mg tabs oral	1	FANAPT TAB 6MG TABS ORAL	4	NICOTROL INH INHA INHALANT	2
hydroxyzine hcl tab 25 mg tabs oral	1	FANAPT TAB 8MG TABS ORAL	4	Prior Authorization	
hydroxyzine hcl tab 50 mg tabs oral	1	INVEGA TAB 1.5MG TB24 ORAL	4	NICOTROL NS SPR 10MG/ML SOLN NASAL	2
hydroxyzine pamoate cap 100 mg caps oral	1	Prior Authorization		Prior Authorization	
hydroxyzine pamoate cap 25 mg caps oral	1	INVEGA SUST INJ 117/0.75 SUSP INTRAMUSCULAR	4	BETA ADRENERGIC BLOCKING AGENTS	
hydroxyzine pamoate cap 50 mg caps oral	1	Prior Authorization		timolol maleate ophth gel forming soln 0.25% solg ophthalmic	1
meprobamate tab 400 mg tabs oral	1	INVEGA SUST INJ 156MG/ML SUSP INTRAMUSCULAR	4	timolol maleate ophth gel forming soln 0.5% solg ophthalmic	1
zaleplon cap 10 mg caps oral	1	Prior Authorization		BETA-ADRENERGIC BLOCKING AGENTS	
zaleplon cap 5 mg caps oral	1	INVEGA SUST INJ 234/1.5 SUSP INTRAMUSCULAR	4	(sorine tab 120mg) - sotalol hcl tab 120 mg TABS ORAL	1
zolpidem tartrate tab 10 mg tabs oral	1	Prior Authorization		(sorine tab 160mg) - sotalol hcl tab 160 mg TABS ORAL	1
zolpidem tartrate tab 5 mg tabs oral	1	INVEGA SUST INJ 39/0.25 SUSP INTRAMUSCULAR	4	(sorine tab 240mg) - sotalol hcl tab 240 mg TABS ORAL	1
ATYPICAL ANTIPSYCHOTICS		Prior Authorization		(sorine tab 80mg) - sotalol hcl tab 80 mg TABS ORAL	1
(risperidone tab 1mg odt) - risperidone orally disintegrating tab 1 mg TBDP ORAL	1	INVEGA SUST INJ 78/0.5ML SUSP INTRAMUSCULAR	4	(sotalol hcl tab 120mg) - sotalol hcl tab 120 mg TABS ORAL	1
FANAPT PAK TABS ORAL	4	Prior Authorization		(sotalol hcl tab 160mg) - sotalol hcl tab 160 mg TABS ORAL	1
FANAPT TAB 10MG TABS ORAL	4	AUTONOMIC DRUGS, MISCELLANEOUS		(sotalol hcl tab 240mg) - sotalol hcl tab 240 mg TABS ORAL	1
FANAPT TAB 12MG TABS ORAL	4	CHANTIX PAK 0.5& 1MG TABS ORAL	2	(sotalol hcl tab 80mg) - sotalol hcl tab 80 mg TABS ORAL	1
FANAPT TAB 1MG TABS ORAL	4	Qty: 53, Days: 28		atenolol & chlorthalidone tab 100-25 mg tabs oral	1
FANAPT TAB 2MG TABS ORAL	4	CHANTIX TAB 0.5MG TABS ORAL	2		
FANAPT TAB 4MG TABS ORAL	4	Qty: 180, Days: 90			
		CHANTIX TAB 1MG TABS ORAL	2		
		Qty: 180, Days: 90			

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
atenolol & chlorthalidone tab 50-25 mg tabs oral	1	labetalol hcl tab 200 mg tabs oral	1	propranolol hcl cap sr 24hr 120 mg cp24 oral	1
atenolol tab 100 mg tabs oral	1	labetalol hcl tab 300 mg tabs oral	1	propranolol hcl cap sr 24hr 160 mg cp24 oral	1
atenolol tab 25 mg tabs oral	1	LEVATOL TAB 20MG TABS ORAL	2	propranolol hcl cap sr 24hr 60 mg cp24 oral	1
atenolol tab 50 mg tabs oral	1	metoprolol & hydrochlorothiazide tab 100-25 mg tabs oral	1	propranolol hcl cap sr 24hr 80 mg cp24 oral	1
bisoprolol & hydrochlorothiazide tab 10-6.25 mg tabs oral	1	metoprolol & hydrochlorothiazide tab 100-50 mg tabs oral	1	propranolol hcl inj 1 mg/ml soln intravenous	1
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg tabs oral	1	metoprolol & hydrochlorothiazide tab 50-25 mg tabs oral	1	Prior Authorization	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg tabs oral	1	metoprolol succinate tab sr 24hr 100 mg tb24 oral	1	propranolol hcl tab 10 mg tabs oral	1
bisoprolol fumarate tab 10 mg tabs oral	1	metoprolol succinate tab sr 24hr 200 mg tb24 oral	1	propranolol hcl tab 20 mg tabs oral	1
bisoprolol fumarate tab 5 mg tabs oral	1	metoprolol succinate tab sr 24hr 25 mg tb24 oral	1	propranolol hcl tab 40 mg tabs oral	1
carvedilol tab 12.5 mg tabs oral	1	metoprolol succinate tab sr 24hr 50 mg tb24 oral	1	propranolol hcl tab 60 mg tabs oral	1
carvedilol tab 25 mg tabs oral	1	metoprolol tartrate inj 1 mg/ml soln intravenous	1	propranolol hcl tab 80 mg tabs oral	1
carvedilol tab 3.125 mg tabs oral	1	Prior Authorization			
carvedilol tab 6.25 mg tabs oral	1	metoprolol tartrate tab 100 mg tabs oral	1		
COREG CR CAP 10MG CP24 ORAL	2	metoprolol tartrate tab 25 mg tabs oral	1		
COREG CR CAP 20MG CP24 ORAL	2	metoprolol tartrate tab 50 mg tabs oral	1		
COREG CR CAP 40MG CP24 ORAL	2	nadolol tab 160 mg tabs oral	1		
COREG CR CAP 80MG CP24 ORAL	2	nadolol tab 20 mg tabs oral	1		
labetalol hcl iv soln 5 mg/ml soln intravenous	1	nadolol tab 40 mg tabs oral	1		
Prior Authorization		nadolol tab 80 mg tabs oral	1		
labetalol hcl tab 100 mg tabs oral	1	pindolol tab 10 mg tabs oral	1		
		pindolol tab 5 mg tabs oral	1		
				BRONCHODILATORS	
				ipratropium bromide nasal soln 0.03% (21 mcg/spray) soln nasal	1
				ipratropium bromide nasal soln 0.06% (42 mcg/spray) soln nasal	1
				CALCIUM-CHANNEL BLOCKING AGENTS	
				(afeditab tab 30mg cr) - nifedipine tab sr 24hr 30 mg TB24 ORAL	1
				(afeditab tab 60mg cr) - nifedipine tab sr 24hr 60 mg TB24 ORAL	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(cartia xt cap 120/24hr) - diltiazem hcl coated beads cap sr 24hr 120 mg CP24 ORAL	1	(diltzac cap 120mg/24) - diltiazem hcl extended release beads cap sr 24hr 120 mg CP24 ORAL	1	(taztia xt cap 180mg/24) - diltiazem hcl extended release beads cap sr 24hr 180 mg CP24 ORAL	1
(cartia xt cap 180/24hr) - diltiazem hcl coated beads cap sr 24hr 180 mg CP24 ORAL	1	(diltzac cap 180mg/24) - diltiazem hcl extended release beads cap sr 24hr 180 mg CP24 ORAL	1	(taztia xt cap 240mg/24) - diltiazem hcl extended release beads cap sr 24hr 240 mg CP24 ORAL	1
(cartia xt cap 240/24hr) - diltiazem hcl coated beads cap sr 24hr 240 mg CP24 ORAL	1	(diltzac cap 240mg/24) - diltiazem hcl extended release beads cap sr 24hr 240 mg CP24 ORAL	1	(taztia xt cap 300mg/24) - diltiazem hcl extended release beads cap sr 24hr 300 mg CP24 ORAL	1
(cartia xt cap 300/24hr) - diltiazem hcl coated beads cap sr 24hr 300 mg CP24 ORAL	1	(diltzac cap 300mg/24) - diltiazem hcl extended release beads cap sr 24hr 300 mg CP24 ORAL	1	(taztia xt cap 360mg/24) - diltiazem hcl extended release beads cap sr 24hr 360 mg CP24 ORAL	1
(dilt-cd cap 120mg) - diltiazem hcl coated beads cap sr 24hr 120 mg CP24 ORAL	1	(diltzac cap 360mg/24) - diltiazem hcl extended release beads cap sr 24hr 360 mg CP24 ORAL	1	amlodipine besylate tab 10 mg tabs oral	1
(dilt-cd cap 180mg) - diltiazem hcl coated beads cap sr 24hr 180 mg CP24 ORAL	1	(nifediac cc tab 30mg er) - nifedipine tab sr 24hr 30 mg TB24 ORAL	1	amlodipine besylate tab 2.5 mg tabs oral	1
(dilt-cd cap 300mg) - diltiazem hcl coated beads cap sr 24hr 300 mg CP24 ORAL	1	(nifediac cc tab 60mg er) - nifedipine tab sr 24hr 60 mg TB24 ORAL	1	amlodipine besylate tab 5 mg tabs oral	1
(diltiazem cap 120mg cd) - diltiazem hcl coated beads cap sr 24hr 120 mg CP24 ORAL	1	(nifedical xl tab 30mg) - nifedipine tab sr 24hr osmotic 30 mg TB24 ORAL	1	amlodipine besylate-benazepril hcl cap 10-20 mg caps oral	1
(diltiazem cap 240mg cd) - diltiazem hcl coated beads cap sr 24hr 240 mg CP24 ORAL	1	(nifedical xl tab 60mg) - nifedipine tab sr 24hr osmotic 60 mg TB24 ORAL	1	amlodipine besylate-benazepril hcl cap 2.5-10 mg caps oral	1
(diltiazem cap 300mg cd) - diltiazem hcl coated beads cap sr 24hr 300 mg CP24 ORAL	1	(nifedipine tab 30mg er) - nifedipine tab sr 24hr osmotic 30 mg TB24 ORAL	1	amlodipine besylate-benazepril hcl cap 5-10 mg caps oral	1
(diltiazem cap 360mg/24) - diltiazem hcl extended release beads cap sr 24hr 360 mg CP24 ORAL	1	(nifedipine tab 60mg er) - nifedipine tab sr 24hr osmotic 60 mg TB24 ORAL	1	amlodipine besylate-benazepril hcl cap 5-20 mg caps oral	1
		(taztia xt cap 120mg/24) - diltiazem hcl extended release beads cap sr 24hr 120 mg CP24 ORAL	1	COVERA-HS TAB 180MG TB24 ORAL	2
				COVERA-HS TAB 240MG TB24 ORAL	2
				diltiazem hcl cap sr 12hr 120 mg cp12 oral	1
				diltiazem hcl cap sr 12hr 60 mg cp12 oral	1

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
diltiazem hcl cap sr 12hr 90 mg cp12 oral	1	EXFORGEH/5- TAB 160-25 TABS ORAL	2	verapamil hcl cap sr 24hr 300 mg cp24 oral	1
diltiazem hcl cap sr 24hr 180 mg cp24 oral	1	felodipine tab sr 24hr 10 mg tb24 oral	1	verapamil hcl iv soln 2.5 mg/ml soln intravenous Prior Authorization	1
diltiazem hcl cap sr 24hr 240 mg cp24 oral	1	felodipine tab sr 24hr 2.5 mg tb24 oral	1	verapamil hcl tab 120 mg tabs oral	1
diltiazem hcl extended release beads cap sr 24hr 420 mg cp24 oral	1	felodipine tab sr 24hr 5 mg tb24 oral	1	verapamil hcl tab 40 mg tabs oral	1
diltiazem hcl iv soln 5 mg/ml soln intravenous Prior Authorization	1	isradipine cap 2.5 mg caps oral	1	verapamil hcl tab 80 mg tabs oral	1
diltiazem hcl tab 120 mg tabs oral	1	isradipine cap 5 mg caps oral	1	verapamil hcl tab cr 120 mg tbcr oral	1
diltiazem hcl tab 30 mg tabs oral	1	LOTREL CAP 10-40MG CAPS ORAL	2	verapamil hcl tab cr 180 mg tbcr oral	1
diltiazem hcl tab 60 mg tabs oral	1	LOTREL CAP 5-40MG CAPS ORAL	2	verapamil hcl tab cr 240 mg tbcr oral	1
diltiazem hcl tab 90 mg tabs oral	1	nifedipine cap 10 mg caps oral	1		
DYNACIRC CR TAB 10MG TB24 ORAL	2	nifedipine cap 20 mg caps oral	1	CALORIC AGENTS	
DYNACIRC CR TAB 5MG TB24 ORAL	2	nifedipine tab sr 24hr 90 mg tb24 oral	1	(premasol sol 10%) - amino acid infusion 10% SOLN INTRAVENOUS Prior Authorization	1
EXFORGE TAB 10-160MG TABS ORAL	2	nifedipine tab sr 24hr 90 mg osmotic 90 mg tb24 oral	1	(premasol sol 6%) - amino acid infusion 6% SOLN INTRAVENOUS Prior Authorization	1
EXFORGE TAB 10-320MG TABS ORAL	2	nimodipine cap 30 mg caps oral	1	AMINOSYN INJ 10% SOLN INTRAVENOUS Prior Authorization	2
EXFORGE TAB 5-160MG TABS ORAL	2	nisoldipine tab sr 24hr 20 mg tb24 oral	1	AMINOSYN INJ 3.5% SOLN INTRAVENOUS Prior Authorization	2
EXFORGE TAB 5-320MG TABS ORAL	2	nisoldipine tab sr 24hr 30 mg tb24 oral	1	AMINOSYN INJ 5% SOLN INTRAVENOUS Prior Authorization	2
EXFORGEH/10- TAB 160-12.5 TABS ORAL	2	nisoldipine tab sr 24hr 40 mg tb24 oral	1	AMINOSYN INJ 7% SOLN INTRAVENOUS Prior Authorization	2
EXFORGEH/10- TAB 160-25 TABS ORAL	2	verapamil hcl cap sr 24hr 100 mg cp24 oral	1		
EXFORGEH/10- TAB 320-25 TABS ORAL	2	verapamil hcl cap sr 24hr 120 mg cp24 oral	1		
EXFORGEH/5- TAB 160-12.5 TABS ORAL	2	verapamil hcl cap sr 24hr 180 mg cp24 oral	1		
		verapamil hcl cap sr 24hr 200 mg cp24 oral	1		
		verapamil hcl cap sr 24hr 240 mg cp24 oral	1		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
AMINOSYN INJ 8.5% SOLN INTRAVENOUS Prior Authorization	2	AMINOSYN-PF INJ 7% SOLN INTRAVENOUS Prior Authorization	2	TRAVASOL INJ 5.5% SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN INJ 8.5/LYTE SOLN INTRAVENOUS Prior Authorization	2	CLINIMIX INJ 2.75/D5W SOLN INTRAVENOUS Prior Authorization	2	TRAVASOL 8.5 INJ /LYTES SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN II INJ 10% SOLN INTRAVENOUS Prior Authorization	2	CLINISOL SF INJ 15% SOLN INTRAVENOUS Prior Authorization	1	TROPHAMINE INJ 10% SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN II INJ 15% SOLN INTRAVENOUS Prior Authorization	2	DEXTROSE INJ 10% SOLN INTRAVENOUS Prior Authorization	1	TROPHAMINE INJ 6% SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN II INJ 4.25/D10 SOLN INTRAVENOUS Prior Authorization	2	DEXTROSE INJ 5% SOLN INTRAVENOUS Prior Authorization	1	CARDIAC DRUGS	
AMINOSYN II INJ 7% SOLN INTRAVENOUS Prior Authorization	2	FREAMINE III INJ 8.5% SOLN INTRAVENOUS Prior Authorization	1	(amiodarone tab 200mg) - amiodarone hcl tab 200 mg TABS ORAL	1
AMINOSYN II INJ 8.5% SOLN INTRAVENOUS Prior Authorization	2	HEPATAMINE SOL 8% SOLN INTRAVENOUS Prior Authorization	1	(digoxin inj 0.25mg/1) - digoxin inj 0.25 mg/ml SOLN INJECTION	1
AMINOSYN II INJ 8.5/LYTE SOLN INTRAVENOUS Prior Authorization	2	HEPATASOL INJ 8% SOLN INTRAVENOUS Prior Authorization	2	(digoxin tab 0.125mg) - digoxin tab 0.125 mg TABS ORAL	1
AMINOSYN IIM INJ 3.5%/D5W SOLN INTRAVENOUS Prior Authorization	2	INTRALIPID INJ 20% EMUL INTRAVENOUS Prior Authorization	1	(digoxin tab 0.25mg) - digoxin tab 0.25 mg TABS ORAL	1
AMINOSYN-HBC INJ 7% SOLN INTRAVENOUS Prior Authorization	2	NEPHRAMINE INJ 5.4% SOLN INTRAVENOUS Prior Authorization	2	amiodarone hcl inj 50 mg/ml soln intravenous Prior Authorization	1
AMINOSYN-HF INJ 8% SOLN INTRAVENOUS Prior Authorization	1	NOVAMINE INJ 15% SOLN INTRAVENOUS Prior Authorization	1	amiodarone hcl tab 400 mg tabs oral	1
AMINOSYN-PF INJ 10% SOLN INTRAVENOUS Prior Authorization	2	RENAMIN INJ 6.5% SOLN INTRAVENOUS Prior Authorization	2	digoxin oral soln 0.05 mg/ml soln oral	1
		TRAVASOL INJ 10% SOLN INTRAVENOUS Prior Authorization	2	disopyramide phosphate cap 100 mg caps oral	1
				disopyramide phosphate cap 150 mg caps oral	1
				flecainide acetate tab 100 mg tabs oral	1

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier	
flecainide acetate tab 150 mg tabs oral	1	quinidine sulfate tab 300 mg tabs oral	1	CELL STIMULANTS AND PROLIFERANTS		
flecainide acetate tab 50 mg tabs oral	1	RANEXA TAB 1000MG TB12 ORAL Prior Authorization	2		(avita cre 0.025%) - tretinoin cream 0.025% CREA EXTERNAL Prior Authorization	1
LANOXIN INJ 0.1MG/ML SOLN INJECTION	2	RANEXA TAB 500MG TB12 ORAL Prior Authorization	2		(avita gel 0.025%) - tretinoin gel 0.025% GEL EXTERNAL Prior Authorization	1
LANOXIN INJ 0.25MG/1 SOLN INJECTION	2	RYTHMOL SR CAP 225MG CP12 ORAL	2		(tretinoin cre 0.025%) - tretinoin cream 0.025% CREA EXTERNAL Prior Authorization	1
LANOXIN TAB 0.125MG TABS ORAL	2	RYTHMOL SR CAP 325MG CP12 ORAL	2		(tretinoin gel 0.025%) - tretinoin gel 0.025% GEL EXTERNAL Prior Authorization	1
LANOXIN TAB 0.25MG TABS ORAL	2	RYTHMOL SR CAP 425MG CP12 ORAL	2		KEPIVANCE INJ 6.25MG SOLR INTRAVENOUS Prior Authorization	4
mexiletine hcl cap 150 mg caps oral	1	TIKOSYN CAP 125MCG CAPS ORAL	2		tretinoin cream 0.05% crea external Prior Authorization	1
mexiletine hcl cap 200 mg caps oral	1	TIKOSYN CAP 250MCG CAPS ORAL	2		tretinoin cream 0.1% crea external Prior Authorization	1
mexiletine hcl cap 250 mg caps oral	1	TIKOSYN CAP 500MCG CAPS ORAL	2		tretinoin gel 0.01% gel external Prior Authorization	1
MULTAQ TAB 400MG TABS ORAL	2					
NORPACE CAP 100MG CR CP12 ORAL	2	CATHARTICS AND LAXATIVES		CENTRAL NERVOUS SYSTEM AGENTS, MISC		
PACERONE TAB 200MG TABS ORAL	1	(gavilyte-c sol) - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm SOLR ORAL	1	(atamet tab 25-250mg) - carbidopa & levodopa tab 25-250 mg TABS ORAL	1	
procainamide hcl inj 100 mg/ml soln injection Prior Authorization	1	(gavilyte-n sol flav pk) - peg 3350-kcl-sod bicarb-nacl for soln 420 gm SOLR ORAL	1	(benztropine inj 1mg/ml) - benztropine mesylate inj 1 mg/ml SOLN INJECTION	1	
propafenone hcl tab 150 mg tabs oral	1	(peg 3350 sol electrol) - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm SOLR ORAL	1			
propafenone hcl tab 225 mg tabs oral	1	(trilyte sol) - peg 3350-kcl-sod bicarb-nacl for soln 420 gm SOLR ORAL	1			
propafenone hcl tab 300 mg tabs oral	1	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm solr oral	1			
quinidine gluconate tab cr 324 mg tbcr oral	1	polyethylene glycol 3350 oral powder powd oral	1			
quinidine sulfate tab 200 mg tabs oral	1					

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(carb/levo tab 25-250mg) - carbidopa & levodopa tab 25- 250 mg TABS ORAL	1	carbidopa & levodopa tab cr 50-200 mg tbcr oral	1	NAMENDA TAB 5MG TABS ORAL	2
(pramipexole tab 0.125mg) - pramipexole dihydrochloride tab 0.125 mg TABS ORAL	1	COGENTIN INJ 1MG/ML SOLN INJECTION	2	RILUTEK TAB 50MG TABS ORAL	2
(pramipexole tab 0.25mg) - pramipexole dihydrochloride tab 0.25 mg TABS ORAL	1	COMTAN TAB 200MG TABS ORAL	2	ropinirole hydrochloride tab 0.25 mg tabs oral	1
(pramipexole tab 0.5mg) - pramipexole dihydrochloride tab 0.5 mg TABS ORAL	1	EMSAM DIS 12MG/24H PT24 TRANSDERMAL Qty: 30, Days: 30, Prior Authorization	2	ropinirole hydrochloride tab 0.5 mg tabs oral	1
(pramipexole tab 1.5mg) - pramipexole dihydrochloride tab 1.5 mg TABS ORAL	1	EMSAM DIS 6MG/24HR PT24 TRANSDERMAL Qty: 30, Days: 30, Prior Authorization	2	ropinirole hydrochloride tab 1 mg tabs oral	1
(pramipexole tab 1mg) - pramipexole dihydrochloride tab 1 mg TABS ORAL	1	EMSAM DIS 9MG/24HR PT24 TRANSDERMAL Qty: 30, Days: 30, Prior Authorization	2	ropinirole hydrochloride tab 2 mg tabs oral	1
amantadine hcl cap 100 mg caps oral	1	MIRAPEX TAB 0.125MG TABS ORAL	2	ropinirole hydrochloride tab 3 mg tabs oral	1
amantadine hcl tab 100 mg tabs oral	1	MIRAPEX TAB 0.25MG TABS ORAL	2	ropinirole hydrochloride tab 4 mg tabs oral	1
benztropine mesylate tab 0.5 mg tabs oral	1	MIRAPEX TAB 0.5MG TABS ORAL	2	ropinirole hydrochloride tab 5 mg tabs oral	1
benztropine mesylate tab 1 mg tabs oral	1	MIRAPEX TAB 0.75MG TABS ORAL	2	selegiline hcl cap 5 mg caps oral	1
benztropine mesylate tab 2 mg tabs oral	1	MIRAPEX TAB 1.5MG TABS ORAL	2	selegiline hcl tab 5 mg tabs oral	1
bromocriptine mesylate cap 5 mg caps oral	1	MIRAPEX TAB 1MG TABS ORAL	2	TASMAR TAB 100MG TABS ORAL	2
bromocriptine mesylate tab 2.5 mg tabs oral	1	NAMENDA SOL 10MG/5ML SOLN ORAL	2	TASMAR TAB 200MG TABS ORAL	2
CAMPRAL TAB 333MG TBEC ORAL Prior Authorization	2	NAMENDA TAB 10MG TABS ORAL	2	trihexyphenidyl hcl elixir 0.4 mg/ml elix oral	1
carbidopa & levodopa tab 10- 100 mg tabs oral	1	NAMENDA TAB 5- 10MG TABS ORAL	2	trihexyphenidyl hcl tab 2 mg tabs oral	1
carbidopa & levodopa tab 25- 100 mg tabs oral	1			trihexyphenidyl hcl tab 5 mg tabs oral	1
carbidopa & levodopa tab cr 25-100 mg tbcr oral	1			XENAZINE TAB 12.5MG TABS ORAL Prior Authorization	2
				XENAZINE TAB 25MG TABS ORAL Prior Authorization	2

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
XYREM SOL 500MG/ML SOLN ORAL Prior Authorization, Limited Access	2	(junel 1.5/30 tab) - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg TABS ORAL	1	(necon tab 1/35-28) - norethindrone & ethinyl estradiol tab 1 mg-35 mcg TABS ORAL	1
CHOLELITHOLYTIC AGENTS		(junel 1/20 tab) - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg TABS ORAL	1	(necon 7/7/7 tab 28 day) - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg- mcg TABS ORAL	1
ursodiol cap 300 mg caps oral	1	(leena tab) - norethindrone- eth estradiol tab 0.5-35/1- 35/0.5-35 mg-mcg TABS ORAL	1	(next choice tab 0.75mg) - levonorgestrel tab 0.75 mg TABS ORAL	1
ursodiol tab 250 mg tabs oral	1	(lessina-28 tab) - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg TABS ORAL	1	(nora-be tab 0.35mg) - norethindrone tab 0.35 mg TABS ORAL	1
ursodiol tab 500 mg tabs oral	1	(levora-28 tab 0.15/30) - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg TABS ORAL	1	(nortrel (21) tab 1/35) - norethindrone & ethinyl estradiol tab 1 mg-35 mcg TABS ORAL	1
CONTRACEPTIVES		(low-ogestrel tab) - norgestrel & ethinyl estradiol tab 0.3 mg- 30 mcg TABS ORAL	1	(nortrel (28) tab 1/35) - norethindrone & ethinyl estradiol tab 1 mg-35 mcg TABS ORAL	1
(apri tab) - desogestrel & ethinyl estradiol tab 0.15 mg- 30 mcg TABS ORAL	1	(lutera tab) - levonorgestrel & ethinyl estradiol tab 0.1 mg- 20 mcg TABS ORAL	1	(nortrel 7/7/7 tab 28 days) - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg- mcg TABS ORAL	1
(aranelle tab) - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg- mcg TABS ORAL	1	(microgestin tab 1.5/30) - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg TABS ORAL	1	(nortrel 28 tab 0.5/35) - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg TABS ORAL	1
(aviane tab) - levonorgestrel & ethinyl estradiol tab 0.1 mg- 20 mcg TABS ORAL	1	(microgestin tab 1/20) - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg TABS ORAL	1	(portia-28 tab) - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg TABS ORAL	1
(camila tab 0.35mg) - norethindrone tab 0.35 mg TABS ORAL	1	(mononessa tab) - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg TABS ORAL	1	(previfem tab) - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg TABS ORAL	1
(cryselle-28 tab 28 tabs) - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg TABS ORAL	1	(necon tab 0.5/35) - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg TABS ORAL	1	(reclipsen tab) - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg TABS ORAL	1
(enpresse-28 tab) - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg TABS ORAL	1				
(errin tab 0.35mg) - norethindrone tab 0.35 mg TABS ORAL	1				
(jolivette tab 0.35mg) - norethindrone tab 0.35 mg TABS ORAL	1				

Drug Name	Tier
(solia tab) - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg TABS ORAL	1
(sprintec 28 tab 28 day) - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg TABS ORAL	1
(sronyx tab) - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg TABS ORAL	1
(trinessa tab) - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg TABS ORAL	1
(tri-previfem tab) - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg TABS ORAL	1
(tri-sprintec tab) - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg TABS ORAL	1
(trivora-28 tab) - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg TABS ORAL	1
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) tabs oral	1
drosiprenone-ethinyl estradiol tab 3-0.03 mg tabs oral	1
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg tabs oral	1
norethindrone & mestranol tab 1 mg-50 mcg tabs oral	1
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg tabs oral	1
norethindrone-eth estradiol tab 0.5-35/1-35 mg-mcg (10/11) tabs oral	1

Drug Name	Tier
NUVARING MIS RING VAGINAL	2
ORTHO EVRA DIS WEEK PTWK TRANSDERMAL	2
ORTHO TRI- TAB CYCLN LO TABS ORAL	2
OVCON 50 TAB 28 TABS ORAL	2
PLAN B TAB 0.75MG TABS ORAL	2
DEPIGMENTING AND PIGMENTING AGENTS	
OXSORALEN LOT 1% LOTN EXTERNAL Prior Authorization	2
OXSORALEN-UL CAP 10MG CAPS ORAL Prior Authorization	2
DEVICES	
alcohol swabs pads xx Qty: 100, Days: 30	1
BD PEN NEEDL MIS 29GX1/2 MISC XX Qty: 100, Days: 30	2
gauze pads & dressings - pads 2 x 2 pads xx Qty: 100, Days: 30	1
INSULIN SYRG MIS 0.3/31G MISC XX Qty: 100, Days: 30	2
INSULIN SYRG MIS 0.5/30G MISC XX Qty: 100, Days: 30	2
INSULIN SYRG MIS 1ML/29G MISC XX Qty: 100, Days: 30	2

Drug Name	Tier
INSULIN SYRG MIS 1ML/31G MISC XX Qty: 100, Days: 30	2
DIGESTANTS	
CREON CAP 12000UNT CPEP ORAL	2
CREON CAP 24000UNT CPEP ORAL	2
CREON CAP 6000UNIT CPEP ORAL	2
LIPRAM-PN10 CAP CPEP ORAL	2
LIPRAM-PN16 CAP CPEP ORAL	2
LIPRAM-PN20 CAP CPEP ORAL	2
PANCREASE MT CAP 10 CPEP ORAL	2
PANCREASE MT CAP 16 CPEP ORAL	2
PANCREASE MT CAP 20 CPEP ORAL	2
PANCREASE MT CAP 4 CPEP ORAL	2
PANCRELIPASE CAP MST-16 CPEP ORAL	2
PANCRELIPASE TAB TABS ORAL	2
PANCRON 10 CAP EC CPEP ORAL	2
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	
HUMIRA KIT 20MG/0.4 KIT SUBCUTANEOUS Prior Authorization	3

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
DIURETICS		hydrochlorothiazide tab 25 mg tabs oral	1	EMOLLIENTS, DEMULCENTS, AND PROTECTANTS	
amiloride & hydrochlorothiazide tab 5-50 mg tabs oral	1	hydrochlorothiazide tab 50 mg tabs oral	1	(ammonium lac lot 12%) - lactic acid (ammonium lactate) lotion 12% LOTN EXTERNAL	1
bumetanide inj 0.25 mg/ml soln injection	1	indapamide tab 1.25 mg tabs oral	1	(laclotion lot 12%) - lactic acid (ammonium lactate) lotion 12% LOTN EXTERNAL	1
Prior Authorization		indapamide tab 2.5 mg tabs oral	1	lactic acid (ammonium lactate) cream 12% crea external	1
bumetanide tab 0.5 mg tabs oral	1	metolazone tab 10 mg tabs oral	1	ENZYMES	
bumetanide tab 1 mg tabs oral	1	metolazone tab 2.5 mg tabs oral	1	ADAGEN INJ 250/ML SOLN INTRAMUSCULAR	2
bumetanide tab 2 mg tabs oral	1	metolazone tab 5 mg tabs oral	1	Prior Authorization, Limited Access	
chlorothiazide tab 250 mg tabs oral	1	metolazone tab 2.5 mg tabs oral	1	ALDURAZYME INJ 2.9MG/5M SOLN INTRAVENOUS	2
chlorothiazide tab 500 mg tabs oral	1	metolazone tab 5 mg tabs oral	1	Prior Authorization, Limited Access	
DEMADEX INJ 50MG/5ML SOLN INTRAVENOUS	2	metolazone tab 2.5 mg tabs oral	1	CEREDASE INJ 80UNT/ML SOLN INTRAVENOUS	2
Prior Authorization		metolazone tab 5 mg tabs oral	1	Prior Authorization	
DIURIL SUS 250/5ML SUSP ORAL	2	metolazone tab 2.5 mg tabs oral	1	ELAPRASE INJ 6MG/3ML SOLN INTRAVENOUS	2
furosemide inj 10 mg/ml soln injection	1	metolazone tab 5 mg tabs oral	1	Prior Authorization	
Prior Authorization		metolazone tab 2.5 mg tabs oral	1	ELITEK INJ 1.5MG SOLR INTRAVENOUS	2
furosemide oral soln 10 mg/ml soln oral	1	metolazone tab 5 mg tabs oral	1	Prior Authorization	
furosemide oral soln 8 mg/ml soln oral	1	metolazone tab 2.5 mg tabs oral	1	FABRAZYME INJ 35MG SOLR INTRAVENOUS	3
furosemide tab 20 mg tabs oral	1	metolazone tab 5 mg tabs oral	1	Prior Authorization, Limited Access	
furosemide tab 40 mg tabs oral	1	metolazone tab 2.5 mg tabs oral	1	EENT DRUGS, MISCELLANEOUS	
furosemide tab 80 mg tabs oral	1	metolazone tab 5 mg tabs oral	1	acetic acid otic soln 2% soln otic(ear)	1
hydrochlorothiazide cap 12.5 mg caps oral	1	metolazone tab 2.5 mg tabs oral	1	apraclonidine hcl ophth soln 0.5% (base equivalent) soln ophthalmic	1
hydrochlorothiazide tab 12.5 mg tabs oral	1	metolazone tab 5 mg tabs oral	1	LACRISERT MIS 5MG OP INST OPHTHALMIC	2

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
MYOZYME SOL 50MG SOLR INTRAVENOUS Prior Authorization	2	(ortho-est tab 0.625) - estropipate tab 0.75 mg TABS ORAL	1	FEMHRT 1/5 TAB TABS ORAL	2
NAGLAZYME INJ 1MG/ML SOLN INTRAVENOUS Prior Authorization	2	(ortho-est tab 1.25) - estropipate tab 1.5 mg TABS ORAL	1	MENEST TAB 0.3MG TABS ORAL	2
PULMOZYME SOL 1MG/ML SOLN INHALANT Prior Authorization	2	ALORA DIS 0.025MG PTTW TRANSDERMAL	2	MENEST TAB 0.625MG TABS ORAL	2
SUCRAID SOL 8500/ML SOLN ORAL Prior Authorization	2	ALORA DIS 0.05MG PTTW TRANSDERMAL	2	MENEST TAB 1.25MG TABS ORAL	2
ESTROGENS AND ANTIESTROGENS		ALORA DIS 0.075MG PTTW TRANSDERMAL	2	MENEST TAB 2.5MG TABS ORAL	2
(estradiol tab 0.5mg) - estradiol tab 0.5 mg TABS ORAL	1	ALORA DIS 0.1MG PTTW TRANSDERMAL	2	PREMARIN INJ 25MG SOLR INJECTION Prior Authorization	2
(estradiol tab 1mg) - estradiol tab 1 mg TABS ORAL	1	ESTRADERM DIS 0.05MG PTTW TRANSDERMAL	2	PREMARIN TAB 0.3MG TABS ORAL	2
(estradiol tab 2mg) - estradiol tab 2 mg TABS ORAL	1	ESTRADERM DIS 0.1MG PTTW TRANSDERMAL	2	PREMARIN TAB 0.45MG TABS ORAL	2
(estropipate tab 0.75mg) - estropipate tab 0.75 mg TABS ORAL	1	estradiol tab 1.5 mg tabs oral	1	PREMARIN TAB 0.625MG TABS ORAL	2
(estropipate tab 1.5mg) - estropipate tab 1.5 mg TABS ORAL	1	estradiol td patch weekly 0.025 mg/24hr ptwk transdermal	1	PREMARIN TAB 0.9MG TABS ORAL	2
(gynodiol tab 0.5mg) - estradiol tab 0.5 mg TABS ORAL	1	estradiol td patch weekly 0.05 mg/24hr ptwk transdermal	1	PREMARIN TAB 1.25MG TABS ORAL	2
(gynodiol tab 1mg) - estradiol tab 1 mg TABS ORAL	1	estradiol td patch weekly 0.075 mg/24hr ptwk transdermal	1	PREMARIN VAG CRE 0.625MG CREA VAGINAL	2
(gynodiol tab 2mg) - estradiol tab 2 mg TABS ORAL	1	estradiol td patch weekly 0.1 mg/24hr ptwk transdermal	1	PREMPHASE TAB TABS ORAL	2
		ESTRASORB EMU EMUL TRANSDERMAL	2	PREMPRO TAB .625-2.5 TABS ORAL	2
		ESTROGEL GEL GEL TRANSDERMAL	2	PREMPRO TAB 0.3-1.5 TABS ORAL	2
		estropipate tab 3 mg tabs oral	1	PREMPRO TAB 0.45-1.5 TABS ORAL	2
		EVISTA TAB 60MG TABS ORAL	2	PREMPRO TAB 0.625-5 TABS ORAL	2
		FEMHRT TAB 0.5-2.5 TABS ORAL	2	VIVELLE-DOT DIS 0.025MG PTTW TRANSDERMAL	2

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
VIVELLE-DOT DIS 0.0375MG PTTW TRANSDERMAL	2	clemastine fumarate tab 2.68 mg tabs oral	1	oxybutynin chloride tab 5 mg tabs oral	1
VIVELLE-DOT DIS 0.05MG PTTW TRANSDERMAL	2	diphenhydramine hcl cap 25 mg caps oral	1	oxybutynin chloride tab sr 24hr 10 mg tb24 oral	1
VIVELLE-DOT DIS 0.075MG PTTW TRANSDERMAL	2	diphenhydramine hcl cap 50 mg caps oral	1	oxybutynin chloride tab sr 24hr 15 mg tb24 oral	1
VIVELLE-DOT DIS 0.1MG PTTW TRANSDERMAL	2	diphenhydramine hcl elixir 12.5 mg/5ml elix oral	1	oxybutynin chloride tab sr 24hr 5 mg tb24 oral	1
EXTENDED-SPECTRUM PENICILLINS		diphenhydramine hcl inj 50 mg/ml soln injection	1	OXYTROL DIS 3.9MG/24 PTTW TRANSDERMAL	2
piperacillin sodium- tazobactam sodium for inj 3- 0.375 gm solr intravenous Prior Authorization	1	promethazine hcl inj 25 mg/ml soln injection Prior Authorization	1	SANCTURA TAB 20MG TABS ORAL	2
FIRST GENERATION ANTI-HISTAMINES		promethazine hcl inj 50 mg/ml soln injection Prior Authorization	1	VESICARE TAB 10MG TABS ORAL	2
(phenadoz sup 12.5mg) - promethazine hcl suppos 12.5 mg SUPP RECTAL	1	promethazine hcl suppos 50 mg supp rectal	1	VESICARE TAB 5MG TABS ORAL	2
(phenadoz sup 25mg) - promethazine hcl suppos 25 mg SUPP RECTAL	1	promethazine hcl syrup 6.25 mg/5ml syr oral	1	GI DRUGS, MISCELLANEOUS	
(promethazine sup 12.5mg) - promethazine hcl suppos 12.5 mg SUPP RECTAL	1	promethazine hcl tab 12.5 mg tabs oral	1	AMITIZA CAP 24MCG CAPS ORAL	2
(promethazine sup 25mg) - promethazine hcl suppos 25 mg SUPP RECTAL	1	promethazine hcl tab 25 mg tabs oral	1	Qty: 60, Days: 30, Prior Authorization	
(promethazine sup 25mg) - promethazine hcl suppos 25 mg SUPP RECTAL	1	promethazine hcl tab 50 mg tabs oral	1	AMITIZA CAP 8MCG CAPS ORAL	2
(promethazine sup 25mg) - promethazine hcl suppos 25 mg SUPP RECTAL	1	GENITOURINARY SMOOTH MUSCLE RELAXANTS		Qty: 60, Days: 30, Prior Authorization	
(promethazine sup 25mg) - promethazine hcl suppos 25 mg SUPP RECTAL	1	DETROL TAB 1MG TABS ORAL	2	CIMZIA KIT 200MG/ML KIT SUBCUTANEOUS	3
(promethazine sup 25mg) - promethazine hcl suppos 25 mg SUPP RECTAL	1	DETROL TAB 2MG TABS ORAL	2	Prior Authorization	
(promethazine sup 25mg) - promethazine hcl suppos 25 mg SUPP RECTAL	1	DETROL LA CAP 2MG CP24 ORAL	2	CIMZIA KIT KIT SUBCUTANEOUS	3
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq) syrup oral	1	DETROL LA CAP 4MG CP24 ORAL	2	Prior Authorization	
		oxybutynin chloride syrup 5 mg/5ml syr oral	1	RELISTOR INJ 12/0.6ML SOLN SUBCUTANEOUS	2
				Prior Authorization	

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
GOLD COMPOUNDS		EXJADE TAB 500MG	2	ARANESP INJ 40MCG	4
RIDAURA CAP 3MG	2	TBSO ORAL		SOLN INJECTION	
CAPS ORAL		Prior Authorization, Limited Access		Prior Authorization	
GONADOTROPINS		SYPRINE CAP 250MG	2	ARANESP INJ 500MCG	3
(chor gonadot inj 10000unt) -	1	CAPS ORAL		SOLN INJECTION	
chorionic gonadotropin for				Prior Authorization	
inj 10000 unit SOLR		HEMATOPOIETIC AGENTS			
INTRAMUSCULAR		ARANESP INJ 100MCG	3	ARANESP INJ 60MCG	3
Prior Authorization		SOLN INJECTION		SOLN INJECTION	
NOVAREL INJ	2	Prior Authorization		Prior Authorization	
10000UNT SOLR		ARANESP INJ 100MCG	3	ARANESP INJ 60MCG	3
INTRAMUSCULAR		SOLN INJECTION		SOLN INJECTION	
Prior Authorization		Prior Authorization		Prior Authorization	
PREGNYL INJ	2	ARANESP INJ 150MCG	3	LEUKINE INJ 250MCG	3
10000UNT SOLR		SOLN INJECTION		SOLR INTRAVENOUS	
INTRAMUSCULAR		Prior Authorization		Prior Authorization	
Prior Authorization		ARANESP INJ 200MCG	3	MOZOBIL INJ SOLN	3
SYNAREL SOL	3	SOLN INJECTION		SUBCUTANEOUS	
2MG/ML SOLN NASAL		Prior Authorization		Prior Authorization	
Prior Authorization		ARANESP INJ 200MCG	3	NEULASTA INJ	3
HEAVY METAL ANTAGONISTS		SOLN INJECTION		6MG/0.6M SOLN	
CHEMET CAP 100MG	2	Prior Authorization		SUBCUTANEOUS	
CAPS ORAL		ARANESP INJ 25MCG	4	Prior Authorization	
CUPRIMINE CAP	2	SOLN INJECTION		NEUMEGA INJ 5MG	3
125MG CAPS ORAL		Prior Authorization		SOLR SUBCUTANEOUS	
CUPRIMINE CAP	2	ARANESP INJ 25MCG	4	Prior Authorization	
250MG CAPS ORAL		SOLN INJECTION		NEUPOGEN INJ	3
DEPEN TTTRA TAB	2	Prior Authorization		300/0.5 SOLN INJECTION	
250MG TABS ORAL		ARANESP INJ 300MCG	3	Prior Authorization	
EXJADE TAB 125MG	2	SOLN INJECTION		NEUPOGEN INJ	3
TBSO ORAL		Prior Authorization		480/0.8 SOLN INJECTION	
Prior Authorization, Limited Access		ARANESP INJ 300MCG	3	Prior Authorization	
EXJADE TAB 250MG	2	SOLN INJECTION		NEUPOGEN INJ	3
TBSO ORAL		Prior Authorization		480MCG SOLN	
Prior Authorization, Limited Access		ARANESP INJ 40MCG	4	INJECTION	
		SOLN INJECTION		Prior Authorization	
		Prior Authorization		PROCRT INJ	4
				10000/ML SOLN	
				INJECTION	
				Qty: 12, Days: 28, Prior Authorization	

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
PROCRIT INJ 2000/ML SOLN INJECTION	2	HYPOTENSIVE AGENTS		hydralazine hcl tab 10 mg tabs oral	1
Qty: 12, Days: 28, Prior Authorization		(clonidine dis 0.1/24hr) - clonidine hcl td patch weekly 0.1 mg/24hr PTWK TRANSDERMAL	1	hydralazine hcl tab 100 mg tabs oral	1
PROCRIT INJ 20000/ML SOLN INJECTION	3	(clonidine dis 0.2/24hr) - clonidine hcl td patch weekly 0.2 mg/24hr PTWK TRANSDERMAL	1	hydralazine hcl tab 25 mg tabs oral	1
Qty: 6, Days: 28, Prior Authorization		(clonidine dis 0.3/24hr) - clonidine hcl td patch weekly 0.3 mg/24hr PTWK TRANSDERMAL	1	hydralazine hcl tab 50 mg tabs oral	1
PROCRIT INJ 3000/ML SOLN INJECTION	2	acetazolamide cap sr 12hr 500 mg cp12 oral	1	methazolamide tab 25 mg tabs oral	1
Qty: 12, Days: 28, Prior Authorization		acetazolamide tab 125 mg tabs oral	1	methazolamide tab 50 mg tabs oral	1
PROCRIT INJ 4000/ML SOLN INJECTION	2	acetazolamide tab 250 mg tabs oral	1	methyl dopa tab 250 mg tabs oral	1
Qty: 12, Days: 28, Prior Authorization		CATAPRES-TTS DIS 0.1/24HR PTWK TRANSDERMAL	2	methyl dopa tab 500 mg tabs oral	1
PROCRIT INJ 40000/ML SOLN INJECTION	3	CATAPRES-TTS DIS 0.2/24HR PTWK TRANSDERMAL	2	minoxidil tab 10 mg tabs oral	1
Qty: 3, Days: 28, Prior Authorization		CATAPRES-TTS DIS 0.3/24HR PTWK TRANSDERMAL	2	minoxidil tab 2.5 mg tabs oral	1
PROMACTA TAB 25MG TABS ORAL	3	clonidine hcl tab 0.1 mg tabs oral	1	PROGLYCEM SUS 50MG/ML SUSP ORAL	2
Prior Authorization		clonidine hcl tab 0.2 mg tabs oral	1	TEKTURNA TAB 150MG TABS ORAL	2
PROMACTA TAB 50MG TABS ORAL	3	clonidine hcl tab 0.3 mg tabs oral	1	TEKTURNA TAB 300MG TABS ORAL	2
Prior Authorization		guanfacine hcl tab 1 mg tabs oral	1	TEKTURNA HCT TAB 150-12.5 TABS ORAL	2
HEMORRHEOLOGIC AGENTS		guanfacine hcl tab 2 mg tabs oral	1	TEKTURNA HCT TAB 150-25MG TABS ORAL	2
(pentopak tab 400mg cr) - pentoxifylline tab cr 400 mg TBCR ORAL	1	hydralazine hcl inj 20 mg/ml soln injection	1	TEKTURNA HCT TAB 300-12.5 TABS ORAL	2
(pentoxifylli tab 400mg er) - pentoxifylline tab cr 400 mg TBCR ORAL	1	Prior Authorization		TEKTURNA HCT TAB 300-25MG TABS ORAL	2
(pentoxil tab 400mg cr) - pentoxifylline tab cr 400 mg TBCR ORAL	1			IMMUNOSUPPRESSIVE AGENTS	
				(tacrolimus cap 0.5mg) - tacrolimus cap 0.5 mg CAPS ORAL	1
				Prior Authorization	

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(tacrolimus cap 1mg) - tacrolimus cap 1 mg CAPS ORAL Prior Authorization	1	LOCAL ANESTHETICS		(cyclosporine sol modified) - cyclosporine modified oral soln 100 mg/ml SOLN ORAL Prior Authorization	1
(tacrolimus cap 5mg) - tacrolimus cap 5 mg CAPS ORAL Prior Authorization	1	(parcaine sol 0.5% op) - proparacaine hcl ophth soln 0.5% SOLN OPHTHALMIC	1	(gengraf cap 100mg) - cyclosporine modified cap 100 mg CAPS ORAL Prior Authorization	1
INCRETIN MIMETICS		(proparacaine sol 0.5% op) - proparacaine hcl ophth soln 0.5% SOLN OPHTHALMIC	1	(gengraf cap 25mg) - cyclosporine modified cap 25 mg CAPS ORAL Prior Authorization	1
BYETTA INJ 5MCG SOLN SUBCUTANEOUS Prior Authorization	2	lidocaine hcl local inj 0.5% soln injection Prior Authorization	1	(gengraf sol 100mg/ml) - cyclosporine modified oral soln 100 mg/ml SOLN ORAL Prior Authorization	1
ION-REMOVING AGENTS		lidocaine hcl local inj 1% soln injection Prior Authorization	1	(nateglinide tab 120mg) - nateglinide tab 120 mg TABS ORAL	1
(kionex pow usp) - sodium polystyrene sulfonate powder POWD ORAL	1	MEGLITINIDES		(nateglinide tab 60mg) - nateglinide tab 60 mg TABS ORAL	1
(sod poly sul pow) - sodium polystyrene sulfonate powder POWD ORAL	1	MISCELLANEOUS THERAPEUTIC AGENTS		(cyclosporine cap 100mg md) - cyclosporine modified cap 100 mg CAPS ORAL Prior Authorization	1
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) caps oral	1	(cyclosporine cap 100mg) - cyclosporine cap 100 mg CAPS ORAL Prior Authorization	1	(cyclosporine cap 25mg) - cyclosporine cap 25 mg CAPS ORAL Prior Authorization	1
FOSRENOL CHW 1000MG CHEW ORAL	2	(cyclosporine inj 50mg/ml) - cyclosporine iv soln 50 mg/ml SOLN INTRAVENOUS Prior Authorization	1	(mycophenolat cap 250mg) - mycophenolate mofetil cap 250 mg CAPS ORAL Prior Authorization	1
FOSRENOL CHW 250MG CHEW ORAL	2			(mycophenolat tab 500mg) - mycophenolate mofetil tab 500 mg TABS ORAL Prior Authorization	1
FOSRENOL CHW 500MG CHEW ORAL	2			ACTIMMUNE INJ 2MU/0.5 SOLN SUBCUTANEOUS Prior Authorization, Limited Access	3
FOSRENOL CHW 750MG CHEW ORAL	2			alendronate sodium tab 10 mg tabs oral	1
RENVELA PAK 0.8GM PACK ORAL	2			alendronate sodium tab 35 mg tabs oral Qty: 4, Days: 28	1
RENVELA PAK 2.4GM PACK ORAL	2			alendronate sodium tab 40 mg tabs oral	1
RENVELA TAB 800MG TABS ORAL	2			alendronate sodium tab 5 mg tabs oral	1

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
alendronate sodium tab 70 mg tabs oral Qty: 4, Days: 28	1	azathioprine tab 75 mg tabs oral Prior Authorization	1	CYSTADANE POW POWD ORAL	2
allopurinol tab 100 mg tabs oral Step Therapy	1	BETASERON INJ 0.3MG SOLR SUBCUTANEOUS Prior Authorization	3	ENBREL INJ 25/0.5ML SOLN SUBCUTANEOUS Prior Authorization	3
allopurinol tab 300 mg tabs oral Step Therapy	1	BONIVA KIT 3MG/3ML KIT INTRAVENOUS Prior Authorization	2	ENBREL INJ 25MG KIT SUBCUTANEOUS Prior Authorization	3
amifostine crystalline for inj 500 mg solr intravenous Prior Authorization	1	BONIVA TAB 150MG TABS ORAL Prior Authorization	2	ENBREL INJ 50MG/ML SOLN SUBCUTANEOUS Prior Authorization	3
ANTABUSE TAB 250MG TABS ORAL	2	BONIVA TAB 2.5MG TABS ORAL Prior Authorization	2	ENBREL SRCLK INJ 50MG/ML SOLN SUBCUTANEOUS Prior Authorization	3
ANTABUSE TAB 500MG TABS ORAL	2	CELLCEPT CAP 250MG CAPS ORAL Prior Authorization	2	EXTAVIA INJ 0.3MG SOLR SUBCUTANEOUS Prior Authorization	4
ARALAST NP INJ 400MG SOLR INTRAVENOUS Prior Authorization	2	CELLCEPT SUS 200MG/ML SUSR ORAL Prior Authorization	3	finasteride tab 5 mg tabs oral	1
ATGAM INJ 250MG INJ INTRAVENOUS Prior Authorization	2	CELLCEPT TAB 500MG TABS ORAL Prior Authorization	2	FLOMAX CAP 0.4MG CP24 ORAL	2
AVODART CAP 0.5MG CAPS ORAL	2	CELLCEPT IV INJ 500MG SOLR INTRAVENOUS Prior Authorization	2	fomepizole inj 1 gm/ml (for iv infusion) soln intravenous Prior Authorization	1
AVONEX KIT 30MCG KIT INTRAMUSCULAR Prior Authorization	4	CEREZYME INJ 200UNIT SOLR INTRAVENOUS Prior Authorization, Limited Access	2	GASTROCROM CON 100/5ML CONC ORAL	2
AVONEX PREFL KIT 30MCG KIT INTRAMUSCULAR Prior Authorization	4	COPAXONE KIT 20MG/ML KIT SUBCUTANEOUS Prior Authorization	3	HUMIRA KIT 40MG/0.8 KIT SUBCUTANEOUS Prior Authorization	3
azathioprine sodium for inj 100 mg solr injection Prior Authorization	1	cyclosporine modified cap 50 mg caps oral Prior Authorization	1	HUMIRA PEN KIT CROHNS KIT SUBCUTANEOUS Prior Authorization	3
azathioprine tab 100 mg tabs oral Prior Authorization	1			leflunomide tab 10 mg tabs oral	1
azathioprine tab 50 mg tabs oral Prior Authorization	1			leflunomide tab 20 mg tabs oral	1

Drug Name	Tier
leucovorin calcium for inj 100 mg solr injection Prior Authorization	1
leucovorin calcium for inj 350 mg solr injection Prior Authorization	1
leucovorin calcium tab 10 mg tabs oral Prior Authorization	2
leucovorin calcium tab 15 mg tabs oral	1
leucovorin calcium tab 25 mg tabs oral	1
leucovorin calcium tab 5 mg tabs oral	1
levocarnitine tab 330 mg tabs oral	1
mesna inj 100 mg/ml soln intravenous Prior Authorization	1
MESNEX TAB 400MG TABS ORAL Prior Authorization	2
MYFORTIC TAB 180MG TBEC ORAL Prior Authorization	2
MYFORTIC TAB 360MG TBEC ORAL Prior Authorization	2
NEORAL CAP 100MG CAPS ORAL Prior Authorization	2
NEORAL CAP 25MG CAPS ORAL Prior Authorization	2
NEORAL SOL 100MG/ML SOLN ORAL Prior Authorization	2

Drug Name	Tier
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) soln injection Prior Authorization	1
octreotide acetate inj 1000 mcg/ml (1 mg/ml) soln injection Prior Authorization	1
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) soln injection Prior Authorization	1
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) soln injection Prior Authorization	1
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) soln injection Prior Authorization	1
ORENCIA INJ 250MG SOLR INTRAVENOUS Prior Authorization	3
ORFADIN CAP 10MG CAPS ORAL Prior Authorization	2
ORFADIN CAP 2MG CAPS ORAL Prior Authorization	2
ORFADIN CAP 5MG CAPS ORAL Prior Authorization	2
ORTHOCLONE INJ OKT3 INJ INTRAVENOUS Prior Authorization	2
pamidronate disodium iv soln 6 mg/ml soln intravenous Prior Authorization	1
PROGRAF CAP 0.5MG CAPS ORAL Prior Authorization	2

Drug Name	Tier
PROGRAF CAP 1MG CAPS ORAL Prior Authorization	2
PROGRAF CAP 5MG CAPS ORAL Prior Authorization	2
PROGRAF INJ 5MG/ML SOLN INTRAVENOUS Prior Authorization	2
RAPAMUNE SOL 1MG/ML SOLN ORAL Prior Authorization	2
RAPAMUNE TAB 1MG TABS ORAL Prior Authorization	2
RAPAMUNE TAB 2MG TABS ORAL Prior Authorization	2
REBIF INJ 22/0.5 SOLN SUBCUTANEOUS Prior Authorization	3
REBIF INJ 44/0.5 SOLN SUBCUTANEOUS Prior Authorization	3
REBIF TITRTN SOL PACK SOLN SUBCUTANEOUS Prior Authorization	3
REMICADE INJ 100MG SOLR INTRAVENOUS Prior Authorization	3
REVLIMID CAP 10MG CAPS ORAL Prior Authorization, Limited Access	2
REVLIMID CAP 15MG CAPS ORAL Prior Authorization, Limited Access	2

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
REVLIMID CAP 25MG CAPS ORAL	2	SIMULECT INJ 20MG SOLR INTRAVENOUS	3	acetylcysteine inhal soln 20% soln inhalant	1
Prior Authorization, Limited Access		Prior Authorization		Prior Authorization	
REVLIMID CAP 5MG CAPS ORAL	2	sodium fluoride tab 1 mg f (from 2.2 mg naf) tabs oral	1	MULTIVITAMIN PREPARATIONS	
Prior Authorization, Limited Access		THALOMID CAP 100MG CAPS ORAL	2	prenatal w/o a vit w/ fe carbonyl-fa tab 29-1 mg tabs oral	1
SANDIMMUNE CAP 100MG CAPS ORAL	2	THALOMID CAP 150MG CAPS ORAL	2		
Prior Authorization		THALOMID CAP 200MG CAPS ORAL	2	MYDRIATICS	
SANDIMMUNE CAP 25MG CAPS ORAL	2	THALOMID CAP 50MG CAPS ORAL	2	(mydral sol 0.5% op) - tropicamide ophth soln 0.5% SOLN OPHTHALMIC	1
Prior Authorization		THIOLA TAB 100MG TABS ORAL	2	(tropicacyl sol 0.5% op) - tropicamide ophth soln 0.5% SOLN OPHTHALMIC	1
SANDIMMUNE INJ 50MG/ML SOLN INTRAVENOUS	2	THYMOGLOBULN INJ 25MG SOLR INTRAVENOUS	2	(tropicamide sol 0.5% op) - tropicamide ophth soln 0.5% SOLN OPHTHALMIC	1
Prior Authorization		Prior Authorization		dipivefrin hcl ophth soln 0.1% soln ophthalmic	1
SANDIMMUNE SOL 100MG/ML SOLN ORAL	2	ULORIC TAB 40MG TABS ORAL	4		
Prior Authorization		ULORIC TAB 80MG TABS ORAL	4	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	
SANDOSTATIN KIT LAR 10MG KIT INTRAMUSCULAR	2	Step Therapy		(ketorolac sol 0.4%) - ketorolac tromethamine ophth soln 0.4% SOLN OPHTHALMIC	1
Prior Authorization		UROXATRAL TAB 10MG TB24 ORAL	2	(ketorolac sol 0.5%) - ketorolac tromethamine ophth soln 0.5% SOLN OPHTHALMIC	1
SANDOSTATIN KIT LAR 20MG KIT INTRAMUSCULAR	2	ZAVESCA CAP 100MG CAPS ORAL	2		
Prior Authorization		Prior Authorization		NUCLEOSIDES AND NUCLEOTIDES	
SANDOSTATIN KIT LAR 30MG KIT INTRAMUSCULAR	2	ZENAPAX INJ 25MG/5ML CONC INTRAVENOUS	3	(valacyclovir tab 1gm) - valacyclovir hcl tab 1000 mg TABS ORAL	1
Prior Authorization		Prior Authorization			
SENSIPAR TAB 30MG TABS ORAL	2	MUCOLYTIC AGENTS			
SENSIPAR TAB 60MG TABS ORAL	2	acetylcysteine inhal soln 10% soln inhalant	1		
SENSIPAR TAB 90MG TABS ORAL	2	Prior Authorization			

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(valacyclovir tab 500mg) - valacyclovir hcl tab 500 mg TABS ORAL	1	PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		galantamine hydrobromide cap sr 24hr 16 mg cp24 oral	1
OPIATE ANTAGONISTS		ARICEPT TAB 10MG TABS ORAL	2	galantamine hydrobromide cap sr 24hr 24 mg cp24 oral	1
(depade tab 50mg) - naltrexone hcl tab 50 mg TABS ORAL	1	ARICEPT TAB 5MG TABS ORAL	2	galantamine hydrobromide cap sr 24hr 8 mg cp24 oral	1
(naltrexone tab 50mg) - naltrexone hcl tab 50 mg TABS ORAL	1	ARICEPT ODT TAB 10MG TBDP ORAL	2	galantamine hydrobromide oral soln 4 mg/ml soln oral	1
naloxone hcl inj 0.4 mg/ml soln injection Prior Authorization	1	ARICEPT ODT TAB 5MG TBDP ORAL	2	galantamine hydrobromide tab 12 mg tabs oral	1
naloxone hcl inj 1 mg/ml soln injection Prior Authorization	1	bethanechol chloride tab 10 mg tabs oral	1	galantamine hydrobromide tab 4 mg tabs oral	1
OPIATE PARTIAL AGONISTS		bethanechol chloride tab 25 mg tabs oral	1	galantamine hydrobromide tab 8 mg tabs oral	1
(buprenorphin sub 2mg) - buprenorphine hcl sl tab 2 mg (base equiv) SUBL SUBLINGUAL	1	bethanechol chloride tab 5 mg tabs oral	1	guanidine hcl tab 125 mg tabs oral	1
(buprenorphin sub 8mg) - buprenorphine hcl sl tab 8 mg (base equiv) SUBL SUBLINGUAL	1	bethanechol chloride tab 50 mg tabs oral	1	MESTINON SYP 60MG/5ML SYRP ORAL	2
OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		EXELON CAP 1.5MG CAPS ORAL Prior Authorization	2	MESTINON TAB TIMESPAN TBCR ORAL	2
naproxen sodium tab 275 mg tabs oral Step Therapy	1	EXELON CAP 3MG CAPS ORAL Prior Authorization	2	pilocarpine hcl tab 5 mg tabs oral	1
naproxen sodium tab 550 mg tabs oral Step Therapy	1	EXELON CAP 4.5MG CAPS ORAL Prior Authorization	2	pilocarpine hcl tab 7.5 mg tabs oral	1
		EXELON CAP 6MG CAPS ORAL Prior Authorization	2	pyridostigmine bromide tab 60 mg tabs oral	1
		EXELON DIS 4.6MG/24 PT24 TRANSDERMAL	2	REGONOL INJ 5MG/ML SOLN INJECTION Prior Authorization	2
		EXELON DIS 9.5MG/24 PT24 TRANSDERMAL	2	PARATHYROID	
		EXELON SOL 2MG/ML SOLN ORAL Prior Authorization	2	(calcitonin spr 200/act) - calcitonin (salmon) nasal soln 200 unit/act SOLN NASAL	1
				FORTEO SOL 600/2.4 SOLN SUBCUTANEOUS Prior Authorization	3
				FORTICAL SPR 200/ACT SOLN NASAL	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
MIACALCIN INJ 200/ML SOLN INJECTION	2	norethindrone acetate tab 5 mg tabs oral	1	ABILIFY INJ 9.75MG SOLN INTRAMUSCULAR	4
Prior Authorization		PROMETRIUM CAP 100MG CAPS ORAL	2	Prior Authorization	
PHOSPHATE-REMOVING AGENTS		PROMETRIUM CAP 200MG CAPS ORAL	2	ABILIFY SOL 1MG/ML SOLN ORAL	4
RENAGEL TAB 400MG TABS ORAL	2	PROKINETIC AGENTS		ABILIFY TAB 10MG TABS ORAL	4
RENAGEL TAB 800MG TABS ORAL	2	metoclopramide hcl inj 5 mg/ml soln injection	1	ABILIFY TAB 15MG TABS ORAL	4
		Prior Authorization		ABILIFY TAB 20MG TABS ORAL	4
PITUITARY		metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) soln oral	1	ABILIFY TAB 2MG TABS ORAL	4
desmopressin acetate inj 4 mcg/ml soln injection	1	metoclopramide hcl tab 10 mg tabs oral	1	ABILIFY TAB 30MG TABS ORAL	4
desmopressin acetate tab 0.1 mg tabs oral	1	metoclopramide hcl tab 5 mg tabs oral	1	ABILIFY TAB 5MG TABS ORAL	4
desmopressin acetate tab 0.2 mg tabs oral	1	PSYCHOTHERAPEUTIC AGENTS		ABILIFY DISC TAB 10MG TBDP ORAL	4
STIMATE SOL 1.5MG/ML SOLN NASAL	2	(budeprion tab 100mg sr) - bupropion hcl tab sr 12hr 100 mg TB12 ORAL	1	Prior Authorization	
PROGESTINS		(buproban tab 150mg) - bupropion hcl (smoking deterrent) tab sr 12hr 150 mg TB12 ORAL	1	ABILIFY DISC TAB 15MG TBDP ORAL	4
DEPO-SQ PROV INJ 104 SUSP SUBCUTANEOUS	2	(bupropion tab 100mg sr) - bupropion hcl tab sr 12hr 100 mg TB12 ORAL	1	Prior Authorization	
Qty: 150, Days: 90		(bupropion tab 150mg) - bupropion hcl (smoking deterrent) tab sr 12hr 150 mg TB12 ORAL	1	amitriptyline hcl tab 10 mg tabs oral	1
medroxyprogesterone acetate im susp 150 mg/ml susp intramuscular	1	(compro sup 25mg) - prochlorperazine suppos 25 mg SUPP RECTAL	1	amitriptyline hcl tab 100 mg tabs oral	1
Qty: 150, Days: 90, Prior Authorization		(prochlorper sup 25mg) - prochlorperazine suppos 25 mg SUPP RECTAL	1	amitriptyline hcl tab 150 mg tabs oral	1
medroxyprogesterone acetate tab 10 mg tabs oral	1			amitriptyline hcl tab 25 mg tabs oral	1
medroxyprogesterone acetate tab 2.5 mg tabs oral	1			amitriptyline hcl tab 50 mg tabs oral	1
medroxyprogesterone acetate tab 5 mg tabs oral	1			amitriptyline hcl tab 75 mg tabs oral	1
MEGACE ES SUS SUSP ORAL	2			amoxapine tab 100 mg tabs oral	1
				amoxapine tab 150 mg tabs oral	1

Puget Sound Health Partners

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
amoxapine tab 25 mg tabs oral	1	clomipramine hcl cap 50 mg caps oral	1	doxepin hcl conc 10 mg/ml conc oral	1
amoxapine tab 50 mg tabs oral	1	clomipramine hcl cap 75 mg caps oral	1	EFFEXOR XR CAP 150MG CP24 ORAL	2
bupropion hcl tab 100 mg tabs oral	1	clozapine tab 100 mg tabs oral	1	EFFEXOR XR CAP 37.5MG CP24 ORAL	2
bupropion hcl tab 75 mg tabs oral	1	clozapine tab 200 mg tabs oral	1	EFFEXOR XR CAP 75MG CP24 ORAL	2
bupropion hcl tab sr 12hr 150 mg tb12 oral	1	clozapine tab 25 mg tabs oral	1	FAZACLO TAB 100MG TBBDP ORAL	2
bupropion hcl tab sr 12hr 200 mg tb12 oral	1	clozapine tab 50 mg tabs oral	1	Prior Authorization	
bupropion hcl tab sr 24hr 150 mg tb24 oral	1	CYMBALTA CAP 20MG CPEP ORAL	2	FAZACLO TAB 12.5MG TBBDP ORAL	2
bupropion hcl tab sr 24hr 300 mg tb24 oral	1	CYMBALTA CAP 30MG CPEP ORAL	2	Prior Authorization	
chlorpromazine hcl inj 25 mg/ml soln injection	1	CYMBALTA CAP 60MG CPEP ORAL	2	FAZACLO TAB 25MG TBBDP ORAL	2
Prior Authorization		desipramine hcl tab 10 mg tabs oral	1	Prior Authorization	
chlorpromazine hcl tab 10 mg tabs oral	1	desipramine hcl tab 100 mg tabs oral	1	fluoxetine hcl cap 10 mg caps oral	1
chlorpromazine hcl tab 100 mg tabs oral	1	desipramine hcl tab 150 mg tabs oral	1	fluoxetine hcl cap 20 mg caps oral	1
chlorpromazine hcl tab 200 mg tabs oral	1	desipramine hcl tab 25 mg tabs oral	1	fluoxetine hcl cap 40 mg caps oral	1
chlorpromazine hcl tab 25 mg tabs oral	1	desipramine hcl tab 50 mg tabs oral	1	fluoxetine hcl solution 20 mg/5ml soln oral	1
chlorpromazine hcl tab 50 mg tabs oral	1	desipramine hcl tab 75 mg tabs oral	1	fluoxetine hcl tab 10 mg tabs oral	1
citalopram hydrobromide oral soln 10 mg/5ml soln oral	1	doxepin hcl cap 10 mg caps oral	1	fluoxetine hcl tab 20 mg tabs oral	1
citalopram hydrobromide tab 10 mg (base equiv) tabs oral	1	doxepin hcl cap 100 mg caps oral	1	fluphenazine decanoate inj 25 mg/ml soln injection	1
citalopram hydrobromide tab 20 mg (base equiv) tabs oral	1	doxepin hcl cap 150 mg caps oral	1	Prior Authorization	
citalopram hydrobromide tab 40 mg (base equiv) tabs oral	1	doxepin hcl cap 25 mg caps oral	1	fluphenazine hcl elixir 2.5 mg/5ml elix oral	1
clomipramine hcl cap 25 mg caps oral	1	doxepin hcl cap 50 mg caps oral	1	fluphenazine hcl inj 2.5 mg/ml soln injection	1
		doxepin hcl cap 75 mg caps oral	1	Prior Authorization	
				fluphenazine hcl oral conc 5 mg/ml conc oral	1

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
fluphenazine hcl tab 1 mg tabs oral	1	haloperidol tab 1 mg tabs oral	1	maprotiline hcl tab 25 mg tabs oral	1
fluphenazine hcl tab 10 mg tabs oral	1	haloperidol tab 10 mg tabs oral	1	MARPLAN TAB 10MG TABS ORAL	2
fluphenazine hcl tab 2.5 mg tabs oral	1	haloperidol tab 2 mg tabs oral	1	mirtazapine orally disintegrating tab 15 mg tbdp oral	1
fluphenazine hcl tab 5 mg tabs oral	1	haloperidol tab 20 mg tabs oral	1	mirtazapine orally disintegrating tab 30 mg tbdp oral	1
fluvoxamine maleate tab 100 mg tabs oral	1	haloperidol tab 5 mg tabs oral	1	mirtazapine orally disintegrating tab 45 mg tbdp oral	1
fluvoxamine maleate tab 25 mg tabs oral	1	imipramine hcl tab 10 mg tabs oral	1	mirtazapine tab 15 mg tabs oral	1
fluvoxamine maleate tab 50 mg tabs oral	1	imipramine hcl tab 25 mg tabs oral	1	mirtazapine tab 30 mg tabs oral	1
GEODON CAP 20MG CAPS ORAL	2	imipramine hcl tab 50 mg tabs oral	1	mirtazapine tab 45 mg tabs oral	1
GEODON CAP 40MG CAPS ORAL	2	INVEGA TAB 3MG TB24 ORAL Prior Authorization	4	mirtazapine tab 7.5 mg tabs oral	1
GEODON CAP 60MG CAPS ORAL	2	INVEGA TAB 6MG TB24 ORAL Prior Authorization	4	MOBAN TAB 10MG TABS ORAL	2
GEODON CAP 80MG CAPS ORAL	2	INVEGA TAB 9MG TB24 ORAL Prior Authorization	4	MOBAN TAB 25MG TABS ORAL	2
GEODON INJ 20MG SOLR INTRAMUSCULAR Prior Authorization	2	LEXAPRO SOL 5MG/5ML SOLN ORAL	2	MOBAN TAB 50MG TABS ORAL	2
haloperidol decanoate im soln 100 mg/ml soln intramuscular Prior Authorization	1	LEXAPRO TAB 10MG TABS ORAL	2	MOBAN TAB 5MG TABS ORAL	2
haloperidol decanoate im soln 50 mg/ml soln intramuscular Prior Authorization	1	LEXAPRO TAB 20MG TABS ORAL	2	NARDIL TAB 15MG TABS ORAL	2
haloperidol lactate inj 5 mg/ml soln injection Prior Authorization	1	LEXAPRO TAB 5MG TABS ORAL	2	NAVANE CAP 20MG CAPS ORAL	2
haloperidol lactate oral conc 2 mg/ml conc oral	1	loxapine succinate cap 10 mg caps oral	1	NEFAZODONE TAB 100MG TABS ORAL	1
haloperidol tab 0.5 mg tabs oral	1	loxapine succinate cap 25 mg caps oral	1	NEFAZODONE TAB 200MG TABS ORAL	1
		loxapine succinate cap 5 mg caps oral	1	NEFAZODONE TAB 250MG TABS ORAL	1
		loxapine succinate cap 50 mg caps oral	1		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
nefazodone hcl tab 150 mg tabs oral	1	perphenazine tab 8 mg tabs oral	1	risperidone orally disintegrating tab 2 mg tbdp oral	1
nefazodone hcl tab 50 mg tabs oral	1	PRISTIQ TAB 100MG TB24 ORAL	2	risperidone orally disintegrating tab 3 mg tbdp oral	1
nortriptyline hcl cap 10 mg caps oral	1	PRISTIQ TAB 50MG TB24 ORAL	2	risperidone orally disintegrating tab 4 mg tbdp oral	1
nortriptyline hcl cap 25 mg caps oral	1	prochlorperazine edisylate inj 5 mg/ml soln injection	1	risperidone soln 1 mg/ml soln oral	1
nortriptyline hcl cap 50 mg caps oral	1	Prior Authorization		risperidone tab 0.25 mg tabs oral	1
nortriptyline hcl cap 75 mg caps oral	1	prochlorperazine maleate tab 10 mg tabs oral	1	risperidone tab 0.5 mg tabs oral	1
nortriptyline hcl soln 10 mg/5ml soln oral	1	prochlorperazine maleate tab 5 mg tabs oral	1	risperidone tab 1 mg tabs oral	1
ORAP TAB 1MG TABS ORAL	2	protriptyline hcl tab 10 mg tabs oral	1	risperidone tab 2 mg tabs oral	1
ORAP TAB 2MG TABS ORAL	2	protriptyline hcl tab 5 mg tabs oral	1	risperidone tab 3 mg tabs oral	1
paroxetine hcl oral susp 10 mg/5ml (base equiv) susp oral	1	RISPERDAL INJ 12.5MG SUSR INTRAMUSCULAR	4	risperidone tab 4 mg tabs oral	1
paroxetine hcl tab 10 mg tabs oral	1	Qty: 2, Days: 28, Prior Authorization		SAPHRIS SUB 10MG SUBL SUBLINGUAL	4
paroxetine hcl tab 20 mg tabs oral	1	RISPERDAL INJ 25MG SUSR INTRAMUSCULAR	4	SAPHRIS SUB 5MG SUBL SUBLINGUAL	4
paroxetine hcl tab 30 mg tabs oral	1	Qty: 2, Days: 28, Prior Authorization		SAVELLA MIS TTTR PAK MISC ORAL	2
paroxetine hcl tab 40 mg tabs oral	1	RISPERDAL INJ 37.5MG SUSR INTRAMUSCULAR	4	Qty: 60, Days: 30	
paroxetine hcl tab sr 24hr 12.5 mg tb24 oral	1	Qty: 2, Days: 28, Prior Authorization		SAVELLA TAB 100MG TABS ORAL	2
paroxetine hcl tab sr 24hr 25 mg tb24 oral	1	RISPERDAL INJ 50MG SUSR INTRAMUSCULAR	4	Qty: 60, Days: 30	
perphenazine tab 16 mg tabs oral	1	Qty: 2, Days: 28, Prior Authorization		SAVELLA TAB 12.5MG TABS ORAL	2
perphenazine tab 2 mg tabs oral	1	RISPERDAL M TAB 1MG TBDP ORAL	4	Qty: 60, Days: 30	
perphenazine tab 4 mg tabs oral	1	Prior Authorization		SAVELLA TAB 25MG TABS ORAL	2
		RISPERIDONE TAB 0.25 ODT TBDP ORAL	1	Qty: 60, Days: 30	
		risperidone orally disintegrating tab 0.5 mg tbdp oral	1	SAVELLA TAB 50MG TABS ORAL	2
				Qty: 60, Days: 30	
				SEROQUEL TAB 100MG TABS ORAL	2

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
SEROQUEL TAB 200MG TABS ORAL	2	SYMBYAX CAP 6-50MG CAPS ORAL	4	VENLAFAXINE TAB 225MG ER TB24 ORAL	4
SEROQUEL TAB 25MG TABS ORAL	2	thioridazine hcl tab 10 mg tabs oral	1	VENLAFAXINE TAB 37.5 ER TB24 ORAL	4
SEROQUEL TAB 300MG TABS ORAL	2	thioridazine hcl tab 100 mg tabs oral	1	VENLAFAXINE TAB 75MG ER TB24 ORAL	4
SEROQUEL TAB 400MG TABS ORAL	2	thioridazine hcl tab 25 mg tabs oral	1	venlafaxine hcl tab 100 mg tabs oral	1
SEROQUEL TAB 50MG TABS ORAL	2	thioridazine hcl tab 50 mg tabs oral	1	venlafaxine hcl tab 25 mg tabs oral	1
SEROQUEL XR TAB 150MG TB24 ORAL	2	thiothixene cap 1 mg caps oral	1	venlafaxine hcl tab 37.5 mg tabs oral	1
SEROQUEL XR TAB 200MG TB24 ORAL	2	thiothixene cap 10 mg caps oral	1	venlafaxine hcl tab 50 mg tabs oral	1
SEROQUEL XR TAB 300MG TB24 ORAL	2	thiothixene cap 2 mg caps oral	1	venlafaxine hcl tab 75 mg tabs oral	1
SEROQUEL XR TAB 400MG TB24 ORAL	2	thiothixene cap 5 mg caps oral	1	ZYPREXA INJ 10MG SOLR INTRAMUSCULAR	4
SEROQUEL XR TAB 50MG TB24 ORAL	2	tranylcypromine sulfate tab 10 mg tabs oral	1	Prior Authorization	
sertraline hcl oral conc 20 mg/ml conc oral	1	trazodone hcl tab 100 mg tabs oral	1	ZYPREXA TAB 10MG TABS ORAL	4
sertraline hcl tab 100 mg tabs oral	1	trazodone hcl tab 150 mg tabs oral	1	ZYPREXA TAB 15MG TABS ORAL	4
sertraline hcl tab 25 mg tabs oral	1	trazodone hcl tab 300 mg tabs oral	4	ZYPREXA TAB 2.5MG TABS ORAL	4
sertraline hcl tab 50 mg tabs oral	1	trazodone hcl tab 50 mg tabs oral	1	ZYPREXA TAB 20MG TABS ORAL	4
SURMONTIL CAP 100MG CAPS ORAL	2	trifluoperazine hcl tab 1 mg tabs oral	1	ZYPREXA TAB 5MG TABS ORAL	4
SYMBYAX CAP 12- 25MG CAPS ORAL	4	trifluoperazine hcl tab 10 mg tabs oral	1	ZYPREXA TAB 7.5MG TABS ORAL	4
SYMBYAX CAP 12- 50MG CAPS ORAL	4	trifluoperazine hcl tab 2 mg tabs oral	1	ZYPREXA ZYDI TAB 10MG TBDP ORAL	4
SYMBYAX CAP 3-25MG CAPS ORAL	4	trifluoperazine hcl tab 5 mg tabs oral	1	Prior Authorization	
SYMBYAX CAP 6-25MG CAPS ORAL	4	trimipramine maleate cap 25 mg caps oral	1	ZYPREXA ZYDI TAB 15MG TBDP ORAL	4
		trimipramine maleate cap 50 mg caps oral	1	Prior Authorization	
		VENLAFAXINE TAB 150MG ER TB24 ORAL	4	ZYPREXA ZYDI TAB 20MG TBDP ORAL	4
				Prior Authorization	

Drug Name	Tier
ZYPREXA ZYDI TAB 5MG TBDP ORAL Prior Authorization	4
RENNIN-ANGIOTENSIN- ALDOSTERONE SYS INHIB	
(qnapril/hctz tab 10-12.5) - quinapril-hydrochlorothiazide tab 10-12.5 mg TABS ORAL	1
(qnapril/hctz tab 20-12.5) - quinapril-hydrochlorothiazide tab 20-12.5 mg TABS ORAL	1
(qnapril/hctz tab 20-25mg) - quinapril-hydrochlorothiazide tab 20-25 mg TABS ORAL	1
(quinaretic tab 10-12.5) - quinapril-hydrochlorothiazide tab 10-12.5 mg TABS ORAL	1
(quinaretic tab 20-12.5) - quinapril-hydrochlorothiazide tab 20-12.5 mg TABS ORAL	1
(quinaretic tab 20-25mg) - quinapril-hydrochlorothiazide tab 20-25 mg TABS ORAL	1
ALDACTAZIDE TAB 50/50 TABS ORAL	2
benazepril & hydrochlorothiazide tab 10- 12.5 mg tabs oral	1
benazepril & hydrochlorothiazide tab 20- 12.5 mg tabs oral	1
benazepril & hydrochlorothiazide tab 20- 25 mg tabs oral	1
benazepril & hydrochlorothiazide tab 5- 6.25 mg tabs oral	1
benazepril hcl tab 10 mg tabs oral	1

Drug Name	Tier
benazepril hcl tab 20 mg tabs oral	1
benazepril hcl tab 40 mg tabs oral	1
benazepril hcl tab 5 mg tabs oral	1
captopril & hydrochlorothiazide tab 25- 25 mg tabs oral	1
captopril & hydrochlorothiazide tab 50- 15 mg tabs oral	1
captopril & hydrochlorothiazide tab 50- 25 mg tabs oral	1
captopril tab 100 mg tabs oral	1
captopril tab 12.5 mg tabs oral	1
captopril tab 25 mg tabs oral	1
captopril tab 50 mg tabs oral	1
DIOVAN TAB 160MG TABS ORAL	2
DIOVAN TAB 320MG TABS ORAL	2
DIOVAN TAB 40MG TABS ORAL	2
DIOVAN TAB 80MG TABS ORAL	2
DIOVAN HCT TAB 160/12.5 TABS ORAL	2
DIOVAN HCT TAB 160/25MG TABS ORAL	2
DIOVAN HCT TAB 320/12.5 TABS ORAL	2
DIOVAN HCT TAB 320/25MG TABS ORAL	2
DIOVAN HCT TAB 80/12.5 TABS ORAL	2

Drug Name	Tier
enalapril maleate & hydrochlorothiazide tab 10- 25 mg tabs oral	1
enalapril maleate & hydrochlorothiazide tab 5- 12.5 mg tabs oral	1
enalapril maleate tab 10 mg tabs oral	1
enalapril maleate tab 2.5 mg tabs oral	1
enalapril maleate tab 20 mg tabs oral	1
enalapril maleate tab 5 mg tabs oral	1
epplerenone tab 25 mg tabs oral Prior Authorization	1
epplerenone tab 50 mg tabs oral Prior Authorization	1
fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg tabs oral	1
fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg tabs oral	1
fosinopril sodium tab 10 mg tabs oral	1
fosinopril sodium tab 20 mg tabs oral	1
fosinopril sodium tab 40 mg tabs oral	1
lisinopril & hydrochlorothiazide tab 10- 12.5 mg tabs oral	1
lisinopril & hydrochlorothiazide tab 20- 12.5 mg tabs oral	1
lisinopril & hydrochlorothiazide tab 20- 25 mg tabs oral	1

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
lisinopril tab 10 mg tabs oral	1	ramipril cap 1.25 mg caps oral	1	D10W/NACL INJ 0.2% SOLN INTRAVENOUS	1
lisinopril tab 2.5 mg tabs oral	1	ramipril cap 10 mg caps oral	1	Prior Authorization	
lisinopril tab 20 mg tabs oral	1	ramipril cap 2.5 mg caps oral	1	D2.5W/NACL INJ 0.45% SOLN INTRAVENOUS	1
lisinopril tab 30 mg tabs oral	1	ramipril cap 5 mg caps oral	1	Prior Authorization	
lisinopril tab 40 mg tabs oral	1	spironolactone & hydrochlorothiazide tab 25- 25 mg tabs oral	1	D5W/LYTES INJ #48 SOLN INTRAVENOUS	2
lisinopril tab 5 mg tabs oral	1	spironolactone tab 100 mg tabs oral	1	Prior Authorization	
MICARDIS TAB 20MG TABS ORAL	2	spironolactone tab 25 mg tabs oral	1	D5W/NACL INJ 0.2% SOLN INTRAVENOUS	1
MICARDIS TAB 40MG TABS ORAL	2	spironolactone tab 50 mg tabs oral	1	Prior Authorization	
MICARDIS TAB 80MG TABS ORAL	2	trandolapril tab 1 mg tabs oral	1	D5W/NACL INJ 0.225% SOLN INTRAVENOUS	2
MICARDIS HCT TAB 40/12.5 TABS ORAL	2	trandolapril tab 2 mg tabs oral	1	Prior Authorization	
MICARDIS HCT TAB 80/12.5 TABS ORAL	2	trandolapril tab 4 mg tabs oral	1	D5W/NACL INJ 0.33% SOLN INTRAVENOUS	1
MICARDIS HCT TAB 80/25MG TABS ORAL	2			Prior Authorization	
moexipril hcl tab 15 mg tabs oral	1	REPLACEMENT PREPARATIONS		D5W/NACL INJ 0.45% SOLN INTRAVENOUS	1
moexipril hcl tab 7.5 mg tabs oral	1	(ed k+10 tab 10meq cr) - potassium chloride tab cr 10 meq TBCR ORAL	1	Prior Authorization	
moexipril- hydrochlorothiazide tab 15- 12.5 mg tabs oral	1	(klor-con m20 tab 20meq cr) - potassium chloride microencapsulated crys cr tab 20 meq TBCR ORAL	1	D5W/NACL INJ 0.9% SOLN INTRAVENOUS	1
moexipril- hydrochlorothiazide tab 15- 25 mg tabs oral	1	(lactated rin inj) - lactated ringer's solution SOLN INTRAVENOUS	1	Prior Authorization	
moexipril- hydrochlorothiazide tab 7.5- 12.5 mg tabs oral	1	Prior Authorization		dextrose 5% in lactated ringers soln intravenous	1
quinapril hcl tab 10 mg tabs oral	1	(pot chloride tab 10meq cr) - potassium chloride tab cr 10 meq TBCR ORAL	1	Prior Authorization	
quinapril hcl tab 20 mg tabs oral	1	(pot chloride tab 8meq sr) - potassium chloride tab cr 8 meq (600 mg) TBCR ORAL	1	ELIPHOS TAB 667MG TABS ORAL	1
quinapril hcl tab 40 mg tabs oral	1	(pot cl micro tab 20meq er) - potassium chloride microencapsulated crys cr tab 20 meq TBCR ORAL	1	ISOLYTE-H INJ /D5W SOLN INTRAVENOUS	4
quinapril hcl tab 5 mg tabs oral	1			Prior Authorization	
				KAON-CL-10 TAB 10MEQ CR TBCR ORAL	1
				KLOR-CON 10 TAB 10MEQ ER TBCR ORAL	1
				KLOR-CON 8 TAB 8MEQ ER TBCR ORAL	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
LACTATED RIN INJ SOLN INTRAVENOUS Prior Authorization	1	RESPIRATORY SMOOTH MUSCLE RELAXANTS		THEO-24 CAP 300MG CR CP24 ORAL	2
NORMOSOL-R INJ PH 7.4 SOLN INTRAVENOUS Prior Authorization	2	(theochron tab 100mg cr) - theophylline tab sr 12hr 100 mg TB12 ORAL	1	THEO-24 CAP 400MG ER CP24 ORAL	2
POT CHLORIDE CAP 10MEQ ER CPCR ORAL	1	(theochron tab 200mg cr) - theophylline tab sr 12hr 200 mg TB12 ORAL	1	theophylline tab sr 12hr 450 mg tb12 oral	1
potassium chloride 0.3% in d5w lactated ringers soln intravenous Prior Authorization	1	(theochron tab 300mg cr) - theophylline tab sr 12hr 300 mg TB12 ORAL	1	theophylline tab sr 24hr 400 mg tb24 oral	1
potassium chloride cap cr 8 meq cpcr oral	1	(theochron tab 300mg cr) - theophylline tab sr 12hr 300 mg TB12 ORAL	1	theophylline tab sr 24hr 600 mg tb24 oral	1
potassium chloride inj 10 meq/100 ml soln intravenous Prior Authorization	1	(theophylline tab 100mg er) - theophylline tab sr 12hr 100 mg TB12 ORAL	1	RESPIRATORY TRACT AGENTS, MISCELLANEOUS	
potassium chloride inj 2 meq/ml soln intravenous Prior Authorization	1	(theophylline tab 200mg cr) - theophylline tab sr 12hr 200 mg TB12 ORAL	1	XOLAIR SOL 150MG SOLR SUBCUTANEOUS Prior Authorization, Limited Access	2
potassium chloride inj 20 meq/50 ml soln intravenous Prior Authorization	1	(theophylline tab 200mg er) - theophylline tab sr 12hr 200 mg TB12 ORAL	1	SECOND GENERATION ANTI-HISTAMINES	
potassium chloride microencapsulated crys cr tab 15 meq tbcr oral	1	(theophylline tab 300mg cr) - theophylline tab sr 12hr 300 mg TB12 ORAL	1	ALLEGRA-D TAB 12 HOUR TB12 ORAL Qty: 60, Days: 30, Step Therapy	2
sodium chloride inj 0.45% soln intravenous Prior Authorization	1	(theophylline tab 300mg er) - theophylline tab sr 12hr 300 mg TB12 ORAL	1	ALLEGRA-D TAB 24 HOUR TB24 ORAL Qty: 30, Days: 30, Step Therapy	2
sodium chloride inj 3% soln intravenous Prior Authorization	1	AMINOPHYLLIN TAB 100MG TABS ORAL	1	cetirizine hcl syrup 1 mg/ml (5 mg/5ml) syrpr oral Step Therapy	1
sodium chloride inj 5% soln intravenous Prior Authorization	1	aminophylline inj 25 mg/ml soln intravenous Prior Authorization	1	fexofenadine hcl tab 180 mg tabs oral Step Therapy	1
sodium chloride iv soln 0.9% soln intravenous Prior Authorization	1	aminophylline tab 200 mg tabs oral	1	fexofenadine hcl tab 30 mg tabs oral Step Therapy	1
TPN ELECTROL INJ SOLN INTRAVENOUS Prior Authorization	1	ELIXOPHYLLIN ELX 80/15ML ELIX ORAL	2	fexofenadine hcl tab 60 mg tabs oral Step Therapy	1
		THEO-24 CAP 100MG CR CP24 ORAL	2		
		THEO-24 CAP 200MG CR CP24 ORAL	2		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
SEMPREX-D CAP 8-60MG CAPS ORAL	2	SKELETAL MUSCLE RELAXANTS		(amnesteem cap 40mg) - isotretinoin cap 40 mg CAPS ORAL	4
Step Therapy		baclofen tab 10 mg tabs oral	1	Prior Authorization	
XYZAL SOL SOLN ORAL	4	baclofen tab 20 mg tabs oral	1	(claravis cap 10mg) - isotretinoin cap 10 mg CAPS ORAL	4
Step Therapy		carisoprodol tab 350 mg tabs oral	1	Prior Authorization	
XYZAL TAB 5MG TABS ORAL	4	cyclobenzaprine hcl tab 10 mg tabs oral	1	(claravis cap 20mg) - isotretinoin cap 20 mg CAPS ORAL	4
Step Therapy		dantrolene sodium cap 100 mg caps oral	1	Prior Authorization	
SERUMS		dantrolene sodium cap 25 mg caps oral	1	(claravis cap 40mg) - isotretinoin cap 40 mg CAPS ORAL	4
CARIMUNE NF INJ 3GM SOLR INTRAVENOUS	3	dantrolene sodium cap 50 mg caps oral	1	Prior Authorization	
Prior Authorization		methocarbamol tab 500 mg tabs oral	1	(sotret cap 10mg) - isotretinoin cap 10 mg CAPS ORAL	4
FLEBOGAMMA INJ 5% SOLN INTRAVENOUS	3	methocarbamol tab 750 mg tabs oral	1	Prior Authorization	
Prior Authorization		orphenadrine citrate tab sr 12hr 100 mg tb12 oral	1	(sotret cap 20mg) - isotretinoin cap 20 mg CAPS ORAL	4
GAMASTAN S/D INJ INJ INTRAMUSCULAR	4	ROBAXIN INJ 100MG/ML SOLN INJECTION	2	Prior Authorization	
Prior Authorization		Prior Authorization		(sotret cap 40mg) - isotretinoin cap 40 mg CAPS ORAL	4
GAMMAGARD INJ 2.5GM/25 SOLN INTRAVENOUS	3	tizanidine hcl tab 2 mg tabs oral	1	Prior Authorization	
Prior Authorization		tizanidine hcl tab 4 mg tabs oral	1	ALDARA CRE 5% CREA EXTERNAL	2
GAMUNEX INJ 10% SOLN INTRAVENOUS	3			calcipotriene soln 0.005% (50 mcg/ml) soln external	1
Prior Authorization		SKIN AND MUCOUS MEMBRANE AGENTS, MISC		CARAC CRE 0.5% CREA EXTERNAL	2
OCTAGAM INJ 5GM SOLN INTRAVENOUS	3	(amnesteem cap 10mg) - isotretinoin cap 10 mg CAPS ORAL	4	CONDYLOX GEL 0.5% GEL EXTERNAL	2
Prior Authorization		Prior Authorization		DOVONEX CRE 0.005% CREA EXTERNAL	2
POLYGAM S/D SOL 10GM SOLR INTRAVENOUS	4	(amnesteem cap 20mg) - isotretinoin cap 20 mg CAPS ORAL	4	ELIDEL CRE 1% CREA EXTERNAL	2
Prior Authorization		Prior Authorization		Prior Authorization	
VIVAGLOBIN SOL 160MG/ML SOLN SUBCUTANEOUS	2				
Prior Authorization					

Drug Name	Tier
FLUOROPLEX CRE 1% CREA EXTERNAL	2
fluorouracil cream 5% crea external	1
fluorouracil soln 2% soln external	1
fluorouracil soln 5% soln external	1
PANRETIN GEL 0.1% GEL EXTERNAL	2
podofilox soln 0.5% soln external	1
REGRANEX GEL 0.01% GEL EXTERNAL Prior Authorization	2
SANTYL OIN 250/GM OINT EXTERNAL	2
SOLARAZE GEL 3% W/W GEL TRANSDERMAL	2
TARGRETIN GEL 1% GEL EXTERNAL Prior Authorization	2
SOMATOTROPIN AGONISTS AND ANTAGONISTS	
INCRELEX INJ 40MG/4ML SOLN SUBCUTANEOUS Prior Authorization, Limited Access	2
NORDITROPIN INJ 10/1.5ML SOLN SUBCUTANEOUS Prior Authorization	3
NORDITROPIN INJ 15/1.5ML SOLN SUBCUTANEOUS Prior Authorization	3

Drug Name	Tier
NORDITROPIN INJ 5/1.5ML SOLN SUBCUTANEOUS Prior Authorization	3
SAIZEN INJ 5MG SOLR INJECTION Prior Authorization	3
SAIZEN INJ 8.8MG SOLR INJECTION Prior Authorization	3
SOMAVERT INJ 10MG SOLR SUBCUTANEOUS Prior Authorization, Limited Access	2
SOMAVERT INJ 15MG SOLR SUBCUTANEOUS Prior Authorization, Limited Access	2
SOMAVERT INJ 20MG SOLR SUBCUTANEOUS Prior Authorization, Limited Access	2
TEV-TROPIN INJ 5MG SOLR SUBCUTANEOUS Prior Authorization	3
SYMPATHOLYTIC (ADRENERGIC BLOCK) AGENTS	
DIBENZYLINE CAP 10MG CAPS ORAL	2
ergoloid mesylates tab 1 mg tabs oral	1
SYMPATHOMIMETIC (ADRENERGIC) AGENTS	
ADVAIR DISKU MIS 100/50 MISC INHALANT Qty: 60, Days: 30	2

Drug Name	Tier
ADVAIR DISKU MIS 250/50 MISC INHALANT Qty: 60, Days: 30	2
ADVAIR DISKU MIS 500/50 MISC INHALANT Qty: 60, Days: 30	2
ADVAIR HFA AER 115/21 AERO INHALANT Qty: 12, Days: 30	2
ADVAIR HFA AER 230/21 AERO INHALANT Qty: 12, Days: 30	2
ADVAIR HFA AER 45/21 AERO INHALANT Qty: 12, Days: 30	2
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) nebu inhalant Prior Authorization	1
albuterol sulfate soln nebu 0.5% (5 mg/ml) nebu inhalant Prior Authorization	1
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) nebu inhalant Prior Authorization	1
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) nebu inhalant Prior Authorization	1
albuterol sulfate syrup 2 mg/5ml syr oral	1
albuterol sulfate tab 2 mg tabs oral	1
albuterol sulfate tab 4 mg tabs oral	1
albuterol sulfate tab sr 12hr 4 mg tb12 oral	1
albuterol sulfate tab sr 12hr 8 mg tb12 oral	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
COMBIVENT AER AERO INHALANT	2	THYROID AND ANTITHYROID AGENTS		(levothyroxin tab 112mcg) -	1
epinephrine hcl inj 0.1 mg/ml soln injection	1	(levothroid tab 100mcg) -	1	levothyroxine sodium tab 112 mcg TABS ORAL	
EPIPEN 2-PAK INJ 0.3MG DEVI INTRAMUSCULAR	2	levothyroxine sodium tab 100 mcg TABS ORAL		(levothyroxin tab 125mcg) -	1
EPIPEN-JR INJ 2-PAK DEVI INTRAMUSCULAR	2	(levothroid tab 112mcg) -	1	levothyroxine sodium tab 125 mcg TABS ORAL	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml soln inhalant	1	levothyroxine sodium tab 112 mcg TABS ORAL		(levothyroxin tab 137mcg) -	1
Prior Authorization		(levothroid tab 125mcg) -	1	levothyroxine sodium tab 137 mcg TABS ORAL	
metaproterenol sulfate syrup 10 mg/5ml syrpr oral	1	levothyroxine sodium tab 125 mcg TABS ORAL		(levothroid tab 137mcg) -	1
midodrine hcl tab 10 mg tabs oral	1	(levothroid tab 137mcg) -	1	levothyroxine sodium tab 137 mcg TABS ORAL	
midodrine hcl tab 2.5 mg tabs oral	1	levothyroxine sodium tab 137 mcg TABS ORAL		(levothroid tab 150mcg) -	1
midodrine hcl tab 5 mg tabs oral	1	(levothroid tab 150mcg) -	1	levothyroxine sodium tab 150 mcg TABS ORAL	
PROAIR HFA AER AERS INHALANT	2	levothyroxine sodium tab 150 mcg TABS ORAL		(levothroid tab 175mcg) -	1
SEREVENT DIS AER 50MCG AEPB INHALANT Qty: 60, Days: 30	2	(levothroid tab 175mcg) -	1	levothyroxine sodium tab 175 mcg TABS ORAL	
terbutaline sulfate inj 1 mg/ml soln injection	1	levothyroxine sodium tab 175 mcg TABS ORAL		(levothroid tab 200mcg) -	1
Prior Authorization		(levothroid tab 200mcg) -	1	levothyroxine sodium tab 200 mcg TABS ORAL	
terbutaline sulfate tab 2.5 mg tabs oral	1	levothyroxine sodium tab 200 mcg TABS ORAL		(levothroid tab 25mcg) -	1
terbutaline sulfate tab 5 mg tabs oral	1	(levothroid tab 25mcg) -	1	levothyroxine sodium tab 25 mcg TABS ORAL	
VENTOLIN HFA AER AERS INHALANT	2	levothyroxine sodium tab 25 mcg TABS ORAL		(levothroid tab 300mcg) -	1
TETRACYCLINES		(levothroid tab 300mcg) -	1	levothyroxine sodium tab 300 mcg TABS ORAL	
DOXYCYCL HYC CAP 100MG CPEP ORAL	1	levothyroxine sodium tab 300 mcg TABS ORAL		(levothroid tab 50mcg) -	1
		(levothroid tab 50mcg) -	1	levothyroxine sodium tab 50 mcg TABS ORAL	
		levothyroxine sodium tab 50 mcg TABS ORAL		(levothroid tab 75mcg) -	1
		(levothroid tab 75mcg) -	1	levothyroxine sodium tab 75 mcg TABS ORAL	
		levothyroxine sodium tab 75 mcg TABS ORAL		(levothroid tab 88mcg) -	1
		(levothroid tab 88mcg) -	1	levothyroxine sodium tab 88 mcg TABS ORAL	
		levothyroxine sodium tab 88 mcg TABS ORAL		(levothroid tab 100mcg) -	1
		(levothroid tab 100mcg) -	1	levothyroxine sodium tab 100 mcg TABS ORAL	
		levothyroxine sodium tab 100 mcg TABS ORAL		(levothroid tab 112mcg) -	1
		(levothroid tab 112mcg) -	1	levothyroxine sodium tab 112 mcg TABS ORAL	
		levothyroxine sodium tab 112 mcg TABS ORAL		(levothroid tab 125mcg) -	1
		(levothroid tab 125mcg) -	1	levothyroxine sodium tab 125 mcg TABS ORAL	
		levothyroxine sodium tab 125 mcg TABS ORAL			

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(levoxyll tab 137mcg) - levothyroxine sodium tab 137 mcg TABS ORAL	1	(unithroid tab 200mcg) - levothyroxine sodium tab 200 mcg TABS ORAL	1	SYNTHROID TAB 175MCG TABS ORAL	2
(levoxyll tab 150mcg) - levothyroxine sodium tab 150 mcg TABS ORAL	1	(unithroid tab 25mcg) - levothyroxine sodium tab 25 mcg TABS ORAL	1	SYNTHROID TAB 200MCG TABS ORAL	2
(levoxyll tab 175mcg) - levothyroxine sodium tab 175 mcg TABS ORAL	1	(unithroid tab 300mcg) - levothyroxine sodium tab 300 mcg TABS ORAL	1	SYNTHROID TAB 25MCG TABS ORAL	2
(levoxyll tab 200mcg) - levothyroxine sodium tab 200 mcg TABS ORAL	1	(unithroid tab 50mcg) - levothyroxine sodium tab 50 mcg TABS ORAL	1	SYNTHROID TAB 300MCG TABS ORAL	2
(levoxyll tab 25mcg) - levothyroxine sodium tab 25 mcg TABS ORAL	1	(unithroid tab 75mcg) - levothyroxine sodium tab 75 mcg TABS ORAL	1	SYNTHROID TAB 50MCG TABS ORAL	2
(levoxyll tab 50mcg) - levothyroxine sodium tab 50 mcg TABS ORAL	1	(unithroid tab 88mcg) - levothyroxine sodium tab 88 mcg TABS ORAL	1	SYNTHROID TAB 75MCG TABS ORAL	2
(levoxyll tab 75mcg) - levothyroxine sodium tab 75 mcg TABS ORAL	1	liothyronine sodium tab 25 mcg tabs oral	1	SYNTHROID TAB 88MCG TABS ORAL	2
(levoxyll tab 88mcg) - levothyroxine sodium tab 88 mcg TABS ORAL	1	liothyronine sodium tab 5 mcg tabs oral	1	TOXOIDS	
(unithroid tab 100mcg) - levothyroxine sodium tab 100 mcg TABS ORAL	1	liothyronine sodium tab 50 mcg tabs oral	1	ADACEL INJ SUSP INTRAMUSCULAR	2
(unithroid tab 112mcg) - levothyroxine sodium tab 112 mcg TABS ORAL	1	methimazole tab 10 mg tabs oral	1	BOOSTRIX INJ SUSP INTRAMUSCULAR	2
(unithroid tab 125mcg) - levothyroxine sodium tab 125 mcg TABS ORAL	1	methimazole tab 5 mg tabs oral	1	DAPTACEL INJ SUSP INTRAMUSCULAR	2
(unithroid tab 137mcg) - levothyroxine sodium tab 137 mcg TABS ORAL	1	propylthiouracil tab 50 mg tabs oral	1	DECAVAC INJ 5-2LF INJ INTRAMUSCULAR	2
(unithroid tab 150mcg) - levothyroxine sodium tab 150 mcg TABS ORAL	1	SYNTHROID TAB 100MCG TABS ORAL	2	diphtheria-tetanus toxoids (dt) inj 6.7-5 lfu/0.5ml inj intramuscular	2
(unithroid tab 175mcg) - levothyroxine sodium tab 175 mcg TABS ORAL	1	SYNTHROID TAB 112MCG TABS ORAL	2	INFANRIX INJ SUSP INTRAMUSCULAR	2
		SYNTHROID TAB 125MCG TABS ORAL	2	tetanus toxoid adsorbed inj 5 lf soln intramuscular	2
		SYNTHROID TAB 137MCG TABS ORAL	2	tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml susp intramuscular	2
		SYNTHROID TAB 150MCG TABS ORAL	2	TRIHIBIT KIT P/F KIT INTRAMUSCULAR	2
				TRIPEDIA SUS P/F SUSP INTRAMUSCULAR	2

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
URICOSURIC AGENTS					
colchicine w/ probenecid tab 0.5-500 mg tabs oral	1	HAVRIX INJ 720UNIT SUSP INTRAMUSCULAR	2	TYPHIM VI INJ SOLN INTRAMUSCULAR	2
probenecid tab 500 mg tabs oral	1	IMOVAX RABIE INJ 2.5/ML INJ INTRAMUSCULAR	2	VAQTA INJ 25/0.5ML SUSP INTRAMUSCULAR	2
URINARY ANTI-INFECTIVES					
MACRODANTIN CAP 25MG CAPS ORAL	2	IPOL INJ INACTIVE INJ SUBCUTANEOUS	2	VIVOTIF BERN CAP EC CPDR ORAL	2
nitrofurantoin macrocrystalline cap 50 mg caps oral	1	JE-VAX INJ SOLR SUBCUTANEOUS	2	YF-VAX INJ INJ SUBCUTANEOUS	2
nitrofurantoin monohydrate macrocrystalline cap 100 mg caps oral	1	MENACTRA INJ INJ INTRAMUSCULAR	2	ZOSTAVAX INJ SOLR SUBCUTANEOUS	2
trimethoprim tab 100 mg tabs oral	1	MENOMUNE INJ A/C/Y/W INJ SUBCUTANEOUS	2	Qty: 1, Days: 999	
VACCINES				VASOCONSTRICTORS	
ACTHIB INJ SOLR INTRAMUSCULAR	2	MERUVAX II INJ LIVE INJ SUBCUTANEOUS	2	(ak-con sol 0.1% op) - naphazoline hcl ophth soln 0.1% SOLN OPHTHALMIC	1
ATTENUVAX INJ LIVE INJ SUBCUTANEOUS	2	M-M-R II INJ LIVE INJ SUBCUTANEOUS	2	(naphazoline sol 0.1% op) - naphazoline hcl ophth soln 0.1% SOLN OPHTHALMIC	1
COMVAX INJ SUSP INTRAMUSCULAR	2	PEDIARIX INJ 0.5ML SUSP INTRAMUSCULAR	2	TYZINE SOL 0.1% SOLN NASAL	2
Prior Authorization		Prior Authorization		TYZINE PED DRO 0.05% SOLN NASAL	2
ENGERIX-B INJ 10/0.5ML SUSP INJECTION	2	PEDVAX HIB INJ SOLN INTRAMUSCULAR	2	VASODILATING AGENTS	
Prior Authorization		PROQUAD INJ INJ SUBCUTANEOUS	2	(isochron tab 40mg cr) - isosorbide dinitrate tab cr 40 mg TBCR ORAL	1
ENGERIX-B INJ 20MCG/ML SUSP INJECTION	2	RABAVERT INJ SUSP INTRAMUSCULAR	2	(isosorb din tab 40mg er) - isosorbide dinitrate tab cr 40 mg TBCR ORAL	1
Prior Authorization		RECOMBIVA-HB INJ 10MCG/ML SUSP INJECTION	2	(minitrans dis 0.1mg/hr) - nitroglycerin td patch 24hr 0.1 mg/hr PT24 TRANSDERMAL	1
GARDASIL INJ SUSP INTRAMUSCULAR	2	Prior Authorization			
HAVRIX INJ 1440UNIT SUSP INTRAMUSCULAR	2	ROTATEQ SUS SUSP ORAL	2		
		Prior Authorization			
		TWINRIX INJ SUSP INTRAMUSCULAR	2		
		Prior Authorization			

Drug Name	Tier
(minitran dis 0.2mg/hr) - nitroglycerin td patch 24hr 0.2 mg/hr PT24 TRANSDERMAL	1
(minitran dis 0.4mg/hr) - nitroglycerin td patch 24hr 0.4 mg/hr PT24 TRANSDERMAL	1
(minitran dis 0.6mg/hr) - nitroglycerin td patch 24hr 0.6 mg/hr PT24 TRANSDERMAL	1
(nitroglycer dis 0.1mg/hr) - nitroglycerin td patch 24hr 0.1 mg/hr PT24 TRANSDERMAL	1
(nitroglycer dis 0.2mg/hr) - nitroglycerin td patch 24hr 0.2 mg/hr PT24 TRANSDERMAL	1
(nitroglycer dis 0.4mg/hr) - nitroglycerin td patch 24hr 0.4 mg/hr PT24 TRANSDERMAL	1
(nitroglyceri dis 0.6mg/hr) - nitroglycerin td patch 24hr 0.6 mg/hr PT24 TRANSDERMAL	1
ADCIRCA TAB 20MG TABS ORAL Prior Authorization	4
DILATRATE SR CAP 40MG CPCR ORAL	2
dipyridamole tab 25 mg tabs oral	1
dipyridamole tab 50 mg tabs oral	1
ISORDIL TAB 40MG TABS ORAL	2
isosorbide dinitrate sl tab 2.5 mg subl sublingual	1

Drug Name	Tier
isosorbide dinitrate sl tab 5 mg subl sublingual	1
isosorbide dinitrate tab 10 mg tabs oral	1
isosorbide dinitrate tab 20 mg tabs oral	1
isosorbide dinitrate tab 30 mg tabs oral	1
isosorbide dinitrate tab 5 mg tabs oral	1
isosorbide mononitrate tab 10 mg tabs oral	1
isosorbide mononitrate tab 20 mg tabs oral	1
isosorbide mononitrate tab sr 24hr 120 mg tb24 oral	1
isosorbide mononitrate tab sr 24hr 30 mg tb24 oral	1
isosorbide mononitrate tab sr 24hr 60 mg tb24 oral	1
LETAIRIS TAB 10MG TABS ORAL Prior Authorization	2
LETAIRIS TAB 5MG TABS ORAL Prior Authorization	2
NITRO-DUR DIS 0.3MG/HR PT24 TRANSDERMAL	2
NITRO-DUR DIS 0.8MG/HR PT24 TRANSDERMAL	2
nitroglycerin iv soln 5 mg/ml soln intravenous Prior Authorization	1
NITROLINGUAL SPR PUMPSRA SOLN TRANSLINGUAL	2
NITROSTAT SUB 0.3MG SUBL SUBLINGUAL	2

Drug Name	Tier
NITROSTAT SUB 0.4MG SUBL SUBLINGUAL	2
NITROSTAT SUB 0.6MG SUBL SUBLINGUAL	2
REMODULIN INJ 10MG/ML SOLN INJECTION Prior Authorization, Limited Access	3
REMODULIN INJ 1MG/ML SOLN INJECTION Prior Authorization, Limited Access	3
REMODULIN INJ 2.5MG/ML SOLN INJECTION Prior Authorization, Limited Access	3
REMODULIN INJ 5MG/ML SOLN INJECTION Prior Authorization, Limited Access	3
REVATIO TAB 20MG TABS ORAL Prior Authorization	2
TRACLEER TAB 125MG TABS ORAL Prior Authorization, Limited Access	2
TRACLEER TAB 62.5MG TABS ORAL Prior Authorization, Limited Access	2
VENTAVIS SOL 10MCG/ML SOLN INHALANT Prior Authorization, Limited Access	3

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
VITAMIN D					
calcitriol cap 0.25 mcg caps oral	1				
calcitriol cap 0.5 mcg caps oral	1				
calcitriol inj 1 mcg/ml soln intravenous	1				
Prior Authorization					
HECTOROL CAP 0.5MCG CAPS ORAL	2				
HECTOROL CAP 1MCG CAPS ORAL	2				
HECTOROL CAP 2.5MCG CAPS ORAL	2				
HECTOROL INJ 4MCG/2ML SOLN INTRAVENOUS	2				
Prior Authorization					
ZEMPLAR CAP 1MCG CAPS ORAL	2				
Prior Authorization					
ZEMPLAR CAP 2MCG CAPS ORAL	2				
Prior Authorization					
ZEMPLAR CAP 4MCG CAPS ORAL	2				
Prior Authorization					
ZEMPLAR INJ 2MCG/ML SOLN INTRAVENOUS	2				
Prior Authorization					
ZEMPLAR INJ 5MCG/ML SOLN INTRAVENOUS	2				
Prior Authorization					

A			
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acetylcysteine.....	52	amoxapine.....	54
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ACTOS.....	18	ampicillin.....	13
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		AVODART.....	50
		AVONEX.....	50
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Puget Sound Health Partners Important Phone Numbers

PSHP Member Services

November 15th - March 31st
1-866-789-PSHP (7747)
8am-8pm, 7 days a week

April 1st - November 14th
1-866-789-PSHP (7747)
8am-5pm, Monday-Friday

TTY / TDD users call
1-866-264-4141

PSHP Mailing Address

PO Box 4537
Federal Way, WA 98063

PSHP Website

www.OurPSHP.com

Medicare

1-800-MEDICARE (633-4227)
24 hrs a day, 7 days a week

TTY/TTD users call
1-877-486-2048

Social Security Office

1-800-772-1213
7am-7pm, Monday-Friday

TTY/TTD users call
1-800-325-0778

Other Important Phone Numbers:



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