2012 Abridged Formulary

Asuris Medicare Script™ Enhanced (PDP)
Asuris Medicare Script™ Basic (PDP)

Medicare Prescription Drug Plan
(**Partial List** of Covered Drugs)

This booklet contains information about some of the prescription drugs covered by this plan. This is not a complete list of covered drugs.

ASURIS
MEDICARE PLANS

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Welcome!

This document includes our **partial formulary** as of December 1, 2012. For a complete, updated formulary, please visit our website at www.asuris.com/medicareScript or call our Customer Service Department at 1-800-541-8981, our telephone hours are 8:00 a.m. to 8:00 p.m. Monday through Friday. From October 1 through February 14, Customer Service is available from 8:00 a.m. to 8:00 p.m., seven days a week. (TTY/TDD users should call 711.)

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013. **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.

What is the Formulary?

A formulary is a list of covered drugs selected by our plan 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs we cover. For a complete listing of all prescription drugs covered by our plan, please visit our website at www.asuris.com/medicareScript or contact our Customer Service Department.

Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 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 on a drug and/or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the date that 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. Periodically our formulary may change including medications changing tiers. When this results in a medication you may have been receiving moving to a higher cost share, we will send you an update outlining this change.

To get updated information about the drugs we cover, please visit our website at www.asuris.com/medicareScript or call our Customer Service Department at 1-800-541-8981, our telephone hours are 8:00 a.m. to 8:00 p.m. Monday through Friday. From October 1 through February 14, Customer Service is available from 8:00 a.m. to 8:00 p.m., seven days a week. (TTY/TDD users should call 711.)

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 52. 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?

We provide coverage for 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 other restrictions on coverage?

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

- **Prior Authorization:** Certain drugs require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

- **Quantity Limits:** For certain drugs, there is a limit on the amount of the drug we will cover. For example, we provide coverage for 12 tablets per a 30-day prescription for Imitrex. This may be in addition to a standard one month or three month supply.

You can find out if your drug has any additional requirements or limits by looking in the Notes column of the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.asuris.com/medicareScript.

You can ask us to make an exception to these restrictions or limits. See the section, "How do I request an exception to the formulary?" on page III for more information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this list of covered drugs, you should first contact Customer Service and ask if your drug is covered. **This document only includes a partial list of covered drugs**, so we may cover your drug. You can contact our Customer Service Department at 1-800-541-8981, our telephone hours are 8:00 a.m. to 8:00 p.m. Monday through Friday. From October 1 through February 14, Customer Service is available from 8:00 a.m. to 8:00 p.m., seven days a week. (TTY/TDD users should call 711.)

If you learn that we don't cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.
- You can ask us 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 Formulary?

You can ask us 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, we 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. For example, if your drug is usually considered a non-preferred brand drug, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred brand 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. Also, you may not ask us to provide a higher level of coverage for drugs that are in Tier 5 (Specialty) or Tier 3 (Preferred Brand Medications).

Generally, we will only approve your request for an exception if the alternative drugs included on our formulary, or additional utilization restrictions would not be as effective in treating your condition and/or 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 allow you to refill your prescription until we have provided you with a 93 day transition supply, consistent with dispensing increment, (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.

If you are a **current member** and have a change in treatment setting due to a change in the level of care you require, you can ask us to make an exception for these types of unplanned transitions.

Such transitions include:

- Discharge from a hospital to home;
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan;
- Changing from Hospice Status and reverting back to standard Medicare Part A and B coverage;
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens,

For these unplanned transitions, you can ask us to make an exception or appeal for continued coverage of your drug. In addition we will review requests for continuation of therapy on a case-by-case basis for members that have had a change in their level of care and are stabilized on drug regimens that if altered, are known to have risks.

For more information

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

If you have questions about our plan, please call our Customer Service Department at 1-800-541-8981, our telephone hours are 8:00 a.m. to 8:00 p.m. Monday through Friday. From October 1 through February 14, Customer Service is available from 8:00 a.m. to 8:00 p.m., seven days a week. (TTY/TDD users should call 711.) Or, visit our website at www.asuris.com/medicareScript.

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.

Tier Level Definitions

Asuris Medicare Script Basic (PDP) – Plan Benefits			
Tier Name	Tier Level	[2]Retail Cost-Sharing (1-30 day supplies)	[2]Mail Order Cost-Sharing (1-30 day supplies)
Preferred Generic	1	$7.50	$7.50
Non-Preferred Generic	2	$33	$33
Preferred Brand	3	$40	$40
Non-Preferred Brand	4	$85	$85
[1]Specialty	5	28%	28%
[1]Injectable drugs	6	28%	28%

Asuris Medicare Script Enhanced (PDP) – Plan Benefits			
Tier Name	Tier Level	[2]Retail Cost-Sharing (1-30 day supplies)	[2]Mail Order Cost-Sharing (1-30 day supplies)
[3]Preferred Generic	1	$5	$5
Non-Preferred Generic	2	$33	$33
Preferred Brand	3	$40	$40
Non-Preferred Brand	4	$85	$85
[1]Specialty	5	33%	33%
[1]Injectable drugs	6	33%	33%

[1]Note – These tiers may contain generic products and are limited to a 30 day supply for retail and mail order (31 day supply for Long-Term care residents).

[2]Up to a 90 day supply of medication is available on most products at network retail pharmacies that agree to dispense up to a 90 day supply and mail order. Cost-sharing for these larger quantities is 2 to 3 times the cost-sharing shown for Tiers 1 through 4.

For example for Asuris Medicare Script Enhanced (PDP):

- 1-30 day supply of a generic product in Tier 1 would be $5;
- 31-60 day supply of a generic product in Tier 1 would be $10;
- 61-90 day supply of a generic product in Tier 1 would be $15.

To locate a network retail pharmacy that can dispense up to a 90 day supply of medications or for more information regarding our mail order pharmacies, please refer to our pharmacy directory or visit our website at www.asuris.com/medicareScript.

[3]For Asuris Medicare Script Enhanced (PDP) members, we provide coverage for Generic medications in Tier 1 during the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Our Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs we cover. If you have trouble finding your drug in the list, turn to the index that begins on page 52. Remember: **This is only a partial list of the drugs we cover.** If your prescription is not in this partial formulary, please visit our website at www.asuris.com/medicareScript, or call Customer Service at 1-800-541-8981, our telephone hours are 8:00 a.m. to 8:00 p.m. Monday through Friday. From October 1 through February 14, Customer Service is available from 8:00 a.m. to 8:00 p.m., seven days a week. (TTY/TDD users should call 711.)

The first column of the chart lists the drug name. Brand name drugs are capitalized (for example VYTORIN) and generic drugs are listed in lower-case italics (for example *captopril*).

The information in the "Notes" column tells you if there are any special requirements for coverage of your drug.

Formulary Legend

GC Gap Coverage Medications
For our members on Asuris Medicare Script Enhanced (PDP), we provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

HI Home Infusion Therapy Medications
For members on our plans that cover both medical and Rx, this prescription drug may be covered under your medical benefit. For more information, call Customer Service at 1-800-541-8981. (TTY/TDD users should call 711.)

LA Limited Access Medications
This prescription drug may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-541-8981. (TTY/TDD users should call 711.)

MO Mail Order Medication
This prescription drug is available through our mail order pharmacy services.

PA Prior Authorization Medications
Prior Authorization required for coverage. Refer to the Notes section under your prescription drug for additional information.

PA B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

QL Quantity Level Limit Medications
Quantity Level limits apply. Refer to the Notes section under your prescription drug for additional information.

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This document may be available in other formats. Please call 1 (800) 541-8981.
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Drug Name	Drug Tier	Notes
Analgesics		
Opioid Analgesics, Long-Acting		
morphine er tablet,extended release	Tier 1	MO; GC
tramadol er tablet,extended release 24 hr	Tier 1	MO; GC
Opioid Analgesics, Short-Acting		
acetaminophen-codeine elixir	Tier 1	MO; GC
acetaminophen-codeine tablet	Tier 1	MO; GC
ascomp w/codeine capsule	Tier 1	MO; GC
butalbital-acetaminophen-caffeine-codeine cap	Tier 1	MO; GC
butorphanol tartrate nasal spray	Tier 1	MO; GC
co-gesic tablet	Tier 1	MO; GC
codeine tablet	Tier 1	MO; GC
dihydrocode-acetaminophen-caffeine tablet	Tier 1	MO; GC
endocet tablet	Tier 1	MO; GC
endodan tablet	Tier 1	MO; GC
hydrocodone-acetaminophen oral soln	Tier 1	MO; GC
hydrocodone-acetaminophen tablet	Tier 1	MO; GC
hydrocodone-ibuprofen tablet	Tier 1	MO; GC
hydromorphone tablet	Tier 1	MO; GC
ibuprofen-oxycodone tablet	Tier 1	MO; GC
levorphanol tartrate tablet	Tier 1	MO; GC
meperidine oral soln	Tier 1	MO; GC
meperidine tablet	Tier 1	MO; GC
methadone oral concentrate	Tier 1	MO; GC
methadone oral soln	Tier 1	MO; GC
methadone tablet	Tier 1	MO; GC
methadose tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
morphine oral soln	Tier 1	MO; GC
morphine tablet	Tier 1	MO; GC
morphine concentrate oral	Tier 1	MO; GC
oxycodone capsule	Tier 1	MO; GC
oxycodone oral concentrate	Tier 1	MO; GC
oxycodone tablet	Tier 1	MO; GC
oxycodone hcl-oxycodone ter-aspirin tablet	Tier 1	MO; GC
oxycodone-acetaminophen capsule	Tier 1	MO; GC
oxycodone-acetaminophen tablet	Tier 1	MO; GC
oxycodone-aspirin tablet	Tier 1	MO; GC
oxymorphone tablet	Tier 1	MO; GC
pentazocine-acetaminophen tablet	Tier 1	MO; GC
pentazocine-naloxone tablet	Tier 1	MO; GC
roxicet oral soln	Tier 1	MO; GC
roxicet tablet	Tier 1	MO; GC
stagesic capsule	Tier 1	MO; GC
SUBOXONE SUBLINGUAL FILM	Tier 3	MO
SUBOXONE SUBLINGUAL TABLET	Tier 3	MO
tramadol er tablet,extended release 24hr mphase	Tier 1	MO; GC
tramadol tablet	Tier 1	MO; GC
tramadol-acetaminophen tablet	Tier 1	MO; GC
zerlor tablet	Tier 1	MO; GC
Anesthetics		
Local Anesthetics		
lidocaine ointment	Tier 1	MO; GC
lidocaine mucosal gel	Tier 1	MO; GC
lidocaine mucosal soln	Tier 1	MO; GC
lidocaine mucous membrane jelly in applicator	Tier 1	MO; GC
lidocaine-prilocaine topical cream	Tier 1	PA BvsD; MO; GC
LIDODERM ADHESIVE PATCH	Tier 4	MO
Anti-Inflammatory Agents		
Nonsteroidal Anti-Inflammatory Drugs		
diclofenac potassium tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
diclofenac er tablet,extended release 24 hr	Tier 1	MO; GC
diclofenac sodium tablet,delayed release	Tier 1	MO; GC
diflunisal tablet	Tier 1	MO; GC
etodolac capsule	Tier 1	MO; GC
etodolac er tablet,extended release 24 hr	Tier 1	MO; GC
etodolac tablet	Tier 1	MO; GC
fenoprofen tablet	Tier 1	MO; GC
flurbiprofen tablet	Tier 1	MO; GC
ibuprofen oral susp	Tier 1	MO; GC
ibuprofen tablet	Tier 1	MO; GC
indomethacin capsule	Tier 1	MO; GC
indomethacin er capsule,extended release	Tier 1	MO; GC
ketoprofen capsule	Tier 1	MO; GC
ketoprofen er 24 hr capsule,extended release	Tier 1	MO; GC
ketorolac tablet	Tier 1	MO; GC
meclofenamate capsule	Tier 1	MO; GC
mefenamic acid capsule	Tier 1	MO; GC
meloxicam oral susp	Tier 1	MO; GC
meloxicam tablet	Tier 1	MO; GC
nabumetone tablet	Tier 1	MO; GC
naproxen oral susp	Tier 1	MO; GC
naproxen tablet	Tier 1	MO; GC
naproxen tablet,delayed release	Tier 1	MO; GC
naproxen sodium tablet	Tier 1	MO; GC
oxaprozin tablet	Tier 1	MO; GC
piroxicam capsule	Tier 1	MO; GC
sulindac tablet	Tier 1	MO; GC
tolmetin capsule	Tier 1	MO; GC
tolmetin tablet	Tier 1	MO; GC
Antibacterials		
Amino Derivative Penicillins		
amoxicillin capsule	Tier 1	MO; GC
amoxicillin chewable tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
amoxicillin oral susp	Tier 1	MO; GC
amoxicillin tablet	Tier 1	MO; GC
amoxicillin-potassium clavulanate chewable tablet	Tier 1	MO; GC
amoxicillin-potassium clavulanate er tab,ext.rel 12h	Tier 1	MO; GC
amoxicillin-potassium clavulanate oral susp	Tier 1	MO; GC
amoxicillin-potassium clavulanate tablet	Tier 1	MO; GC
ampicillin capsule	Tier 1	MO; GC
ampicillin oral susp	Tier 1	MO; GC
Aminoglycosides		
gentamicin eye drops	Tier 1	MO; GC
gentamicin ointment	Tier 1	MO; GC
gentamicin topical cream	Tier 1	MO; GC
neomycin tablet	Tier 1	MO; GC
TOBI NEB SOLUTION	Tier 3	PA BvsD; MO
tobramycin eye drops	Tier 1	MO; GC
Antifolate Antibacterials		
trimethoprim tablet	Tier 1	MO; GC
Beta-Lactam, Other		
CAYSTON NEB SOLUTION	Tier 3	MO
Cephalosporin Antibacterials, 1St Generation		
cefadroxil capsule	Tier 1	MO; GC
cefadroxil oral susp	Tier 1	MO; GC
cefadroxil tablet	Tier 1	MO; GC
cephalexin capsule	Tier 1	MO; GC
cephalexin oral susp	Tier 1	MO; GC
cephalexin tablet	Tier 1	MO; GC
Cephalosporin Antibacterials, 2Nd Generation		
cefaclor capsule	Tier 1	MO; GC
cefaclor er tablet,extended release,12 hr	Tier 1	MO; GC
cefprozil oral susp	Tier 1	MO; GC
cefprozil tablet	Tier 1	MO; GC
cefuroxime axetil oral susp	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
cefuroxime axetil tablet	Tier 1	MO; GC
Cephalosporin Antibacterials, 3Rd Generation		
cefdinir capsule	Tier 1	MO; GC
cefdinir oral susp	Tier 1	MO; GC
cefpodoxime oral susp	Tier 1	MO; GC
cefpodoxime tablet	Tier 1	MO; GC
Glycopeptide Antibacterials		
vancomycin capsule	Tier 1	MO; GC
Lincomycin Antibacterials		
clindamycin capsule	Tier 1	MO; GC
clindamycin vaginal cream	Tier 1	MO; GC
Macrolides		
azithromycin oral susp	Tier 1	MO; GC
azithromycin tablet	Tier 1	MO; GC
clarithromycin er tablet,extended release 24 hr	Tier 1	MO; GC
clarithromycin oral susp	Tier 1	MO; GC
clarithromycin tablet	Tier 1	MO; GC
e.e.s. 400 tablet	Tier 1	MO; GC
ery-tab tablet,delayed release	Tier 1	MO; GC
erythrocin stearate tablet	Tier 1	MO; GC
erythromycin eye ointment	Tier 1	MO; GC
erythromycin tablet	Tier 1	MO; GC
erythromycin ethylsuccinate tablet	Tier 1	MO; GC
erythromycin-sulfisoxazole oral susp	Tier 1	MO; GC
Miscellaneous Antibacterials		
ALCOHOL SWABS	Tier 3	MO
BACTROBAN NASAL OINTMENT	Tier 3	MO
methenamine hippurate tablet	Tier 1	MO; GC
METROGEL TOPICAL	Tier 3	MO
metronidazole capsule	Tier 1	MO; GC
metronidazole lotion	Tier 1	MO; GC
metronidazole tablet	Tier 1	MO; GC
metronidazole topical cream	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
metronidazole topical gel	Tier 1	MO; GC
metronidazole vaginal gel	Tier 1	MO; GC
mupirocin ointment	Tier 1	MO; GC
neomycin-polymyxin b gu irrigation soln	Tier 1	MO; GC
neomycin-polymyxin-hc ear drops, susp	Tier 1	MO; GC
neomycin-polymyxin-hc ear soln	Tier 1	MO; GC
NORITATE TOPICAL CREAM	Tier 3	MO
PREVPAC ORAL PACK	Tier 3	MO
silver sulfadiazine topical cream	Tier 1	MO; GC
ssd topical cream	Tier 1	MO; GC
Natural Penicillins		
penicillin v potassium oral solution	Tier 1	MO; GC
penicillin v potassium tablet	Tier 1	MO; GC
Nitrofuran Antibacterials		
nitrofurantoin oral susp	Tier 1	MO; GC
nitrofurantoin macrocrystal capsule	Tier 1	MO; GC
nitrofurantoin monohydrate/macrocrystals capsule	Tier 1	MO; GC
Oxazolidinone Antibacterials		
ZYVOX ORAL SUSP	Tier 3	MO
ZYVOX TABLET	Tier 3	MO
Penicillinase-Resistant Penicillins		
dicloxacillin capsule	Tier 1	MO; GC
Quinolones		
AVELOX TABLET	Tier 3	MO
AVELOX ABC PACK TABLET	Tier 3	MO
CIPRO HC EAR DROPS, SUSP	Tier 3	MO
CIPRODEX EAR DROPS, SUSP	Tier 3	MO
ciprofloxacin eye drops	Tier 1	MO; GC
ciprofloxacin tablet	Tier 1	MO; GC
ciprofloxacin er tablet,extended release 24hr mphase	Tier 1	MO; GC
levofloxacin oral soln	Tier 1	MO; GC
levofloxacin tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
ofloxacin ear drops	Tier 1	MO; GC
ofloxacin eye drops	Tier 1	MO; GC
ofloxacin tablet	Tier 1	MO; GC
Sulfonamides		
sulfacetamide sodium (acne) topical susp	Tier 1	MO; GC
sulfacetamide-prednisolone eye drops	Tier 1	MO; GC
sulfadiazine tablet	Tier 1	MO; GC
sulfamethoxazole-trimethoprim oral susp	Tier 1	MO; GC
sulfamethoxazole-trimethoprim tablet	Tier 1	MO; GC
Tetracyclines		
demeclocycline tablet	Tier 1	MO; GC
doxycycline hyclate capsule	Tier 1	MO; GC
doxycycline hyclate capsule,delayed release	Tier 1	MO; GC
doxycycline hyclate tablet	Tier 1	MO; GC
doxycycline monohydrate capsule	Tier 1	MO; GC
doxycycline monohydrate tablet	Tier 1	MO; GC
minocycline capsule	Tier 1	MO; GC
minocycline tablet	Tier 1	MO; GC
tetracycline capsule	Tier 1	MO; GC
Anticonvulsants		
Anticonvulsants, Other		
levetiracetam oral soln	Tier 1	MO; GC
levetiracetam tablet	Tier 1	MO; GC
Calcium Channel Modifying Agents		
CELONTIN CAPSULE	Tier 3	MO
ethosuximide capsule	Tier 1	MO; GC
ethosuximide oral soln	Tier 1	MO; GC
LYRICA CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; MO; QL (90 EA per 30 day(s))
LYRICA CAPSULE 300 MG	Tier 4	PA; MO; QL (60 EA per 30 day(s))
zonisamide capsule	Tier 1	MO; GC
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
divalproex er tablet,extended release 24 hr	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
divalproex sprinkle capsule	Tier 1	MO; GC
divalproex tablet,delayed release	Tier 1	MO; GC
gabapentin capsule	Tier 1	MO; GC
gabapentin oral soln	Tier 1	MO; GC
gabapentin tablet	Tier 1	MO; GC
GABITRIL TABLET	Tier 3	MO
primidone tablet	Tier 1	MO; GC
valproic acid capsule	Tier 1	MO; GC
valproic acid (as sodium salt) oral soln	Tier 1	MO; GC
Glutamate Reducing Agents		
lamotrigine chewable dispersible tablet	Tier 1	MO; GC
lamotrigine tablet	Tier 1	MO; GC
topiramate sprinkle capsule	Tier 1	MO; GC
topiramate tablet	Tier 1	MO; GC
Sodium Channel Inhibitors		
carbamazepine chewable tablet	Tier 1	MO; GC
carbamazepine oral susp	Tier 1	MO; GC
carbamazepine tablet	Tier 1	MO; GC
DILANTIN CAPSULE	Tier 3	MO
DILANTIN EXTENDED CAPSULE	Tier 3	MO
DILANTIN INFATABS CHEWABLE TABLET	Tier 3	MO
DILANTIN-125 ORAL SUSP	Tier 3	MO
epitol tablet	Tier 1	MO; GC
PHENYTEK CAPSULE	Tier 3	MO
phenytoin oral susp	Tier 1	MO; GC
phenytoin sodium extended capsule	Tier 1	MO; GC
Antidementia Agents		
Antidementia Agents, Other		
ergoloid tablet	Tier 1	MO; GC
Cholinesterase Inhibitors		
ARICEPT TABLET 23 MG	Tier 3	MO
donepezil disintegrating tablet	Tier 1	MO; GC
donepezil tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
EXELON ORAL SOLN	Tier 3	MO
EXELON TRANSDERM 24 HR PATCH	Tier 3	MO
Glutamate Pathway Modifiers		
NAMENDA ORAL SOLN	Tier 4	PA; MO
NAMENDA TABLET	Tier 4	PA; MO
NAMENDA TITRATION PAK TABLETS IN A DOSE PACK	Tier 4	PA; MO
Antidepressants		
Antidepressants, Other		
budeprion sr tablet,extended release	Tier 1	MO; GC
budeprion xl 24 hr tablet, extended release	Tier 1	MO; GC
buproban tablet,extended release	Tier 1	MO; GC
bupropion hcl sr tablet,sustained-release	Tier 1	MO; GC
bupropion hcl tablet	Tier 1	MO; GC
maprotiline tablet	Tier 1	MO; GC
mirtazapine disintegrating tablet	Tier 1	MO; GC
mirtazapine tablet	Tier 1	MO; GC
nefazodone tablet	Tier 1	MO; GC
trazodone tablet	Tier 1	MO; GC
Monoamine Oxidase Inhibitors		
phenelzine tablet	Tier 1	MO; GC
tranylcypromine tablet	Tier 1	MO; GC
Serotonin/ Norepinephrine Reuptake Inhibitors		
CYMBALTA CAPSULE,DELAYED RELEASE	Tier 4	PA; MO
venlafaxine er capsule,extended release 24 hr	Tier 1	MO; GC
venlafaxine er tablet,24 hr extended release	Tier 1	MO; GC
venlafaxine tablet	Tier 1	MO; GC
Tricyclics		
amitriptyline tablet	Tier 1	MO; GC
amoxapine tablet	Tier 1	MO; GC
clomipramine capsule	Tier 1	MO; GC
desipramine tablet	Tier 1	MO; GC
doxepin capsule	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
doxepin oral concentrate	Tier 1	MO; GC
imipramine tablet	Tier 1	MO; GC
imipramine pamoate capsule	Tier 1	MO; GC
nortriptyline capsule	Tier 1	MO; GC
nortriptyline oral soln	Tier 1	MO; GC
perphenazine-amitriptyline tablet	Tier 1	MO; GC
protriptyline tablet	Tier 1	MO; GC
trimipramine capsule	Tier 1	MO; GC
Antidotes, Deterrents, And Toxicologic Agents		
Alcohol Deterrents		
disulfiram tablet	Tier 1	MO; GC
Antidotes		
CHEMET CAPSULE	Tier 3	MO
kionex oral powder	Tier 1	MO; GC
leucovorin calcium tablet	Tier 1	MO; GC
MESNEX TABLET	Tier 3	MO
sodium polystyrene sulfonate (sorbitol free) oral susp	Tier 1	MO; GC
SYPRINE CAPSULE	Tier 3	MO
Opioid Antagonists		
depade tablet	Tier 1	MO; GC
naltrexone tablet	Tier 1	MO; GC
Antiemetics		
5-Hydroxytryptamine 3 (5-Ht3) Antagonists		
granisetron tablet	Tier 1	PA BvsD; MO; GC
ondansetron disintegrating tablet	Tier 1	PA BvsD; MO; GC
ondansetron hcl oral soln	Tier 1	PA BvsD; MO; GC
ondansetron hcl tablet	Tier 1	PA BvsD; MO; GC
Antiemetics, Other		
compro rectal suppository	Tier 1	MO; GC
meclizine tablet	Tier 1	MO; GC
metoclopramide oral soln	Tier 1	MO; GC
metoclopramide tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
phenadoz rectal suppository	Tier 1	MO; GC
prochlorperazine rectal suppository	Tier 1	MO; GC
prochlorperazine maleate tablet	Tier 1	MO; GC
promethazine rectal suppository	Tier 1	MO; GC
promethazine syrup	Tier 1	MO; GC
promethazine tablet	Tier 1	MO; GC
promethegan rectal suppository	Tier 1	MO; GC
trimethobenzamide capsule	Tier 1	MO; GC
Neurokinin 1 (Nk1) Receptor Antagonists		
EMEND CAPSULE 125 MG, 80 MG	Tier 3	PA BvsD; MO
EMEND CAPSULES IN A DOSE PACK	Tier 3	PA BvsD; MO
Antifungals		
Allylamine Antifungals		
terbinafine tablet	Tier 1	MO; GC
Antifungals (Other)		
ciclopirox shampoo	Tier 1	MO; GC
ciclopirox topical cream	Tier 1	MO; GC
ciclopirox topical gel	Tier 1	MO; GC
ciclopirox topical soln	Tier 1	MO; GC
ciclopirox topical susp	Tier 1	MO; GC
grifulvin v tablet	Tier 1	MO; GC
GRIS-PEG TABLET	Tier 3	MO
griseofulvin microsize oral susp	Tier 1	MO; GC
Azole Antifungals		
clotrimazole topical cream	Tier 1	MO; GC
clotrimazole topical soln	Tier 1	MO; GC
clotrimazole troche	Tier 1	MO; GC
clotrimazole-betamethasone lotion	Tier 1	MO; GC
clotrimazole-betamethasone topical cream	Tier 1	MO; GC
econazole topical cream	Tier 1	MO; GC
fluconazole oral susp	Tier 1	MO; GC
fluconazole tablet	Tier 1	MO; GC
itraconazole capsule	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
ketoconazole shampoo	Tier 1	MO; GC
ketoconazole tablet	Tier 1	MO; GC
ketoconazole topical cream	Tier 1	MO; GC
miconazole-3 vaginal suppository	Tier 1	MO; GC
SPORANOX ORAL SOLN	Tier 3	MO
terconazole vaginal cream	Tier 1	MO; GC
terconazole vaginal suppository	Tier 1	MO; GC
VFEND ORAL SUSP	Tier 3	MO
zazole vaginal cream	Tier 1	MO; GC
Polyene Antifungals		
NATACYN EYE DROPS	Tier 3	MO
nyamyc topical powder	Tier 1	MO; GC
nystatin ointment	Tier 1	MO; GC
nystatin oral susp	Tier 1	MO; GC
nystatin tablet	Tier 1	MO; GC
nystatin topical cream	Tier 1	MO; GC
nystatin topical powder	Tier 1	MO; GC
nystatin-triamcinolone ointment	Tier 1	MO; GC
nystatin-triamcinolone topical cream	Tier 1	MO; GC
nystop topical powder	Tier 1	MO; GC
Antigout Agents		
Antigout Agents (Non-Renal Tubular Blocking Agents And Non-Xanthine Inhibitors)		
COLCRYS TABLET	Tier 3	MO
Renal Tubular Blocking Agents		
colchicine-probenecid tablet	Tier 1	MO; GC
probenecid tablet	Tier 1	MO; GC
Xanthine Oxidase Inhibitors		
allopurinol tablet	Tier 1	MO; GC
ULORIC TABLET	Tier 3	MO
Antimigraine Agents		
Ergot Alkaloids		
ERGOMAR SUBLINGUAL TABLET	Tier 3	MO
ergotamine-caffeine tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
methylergonovine tablet	Tier 1	MO; GC
migergot rectal suppository	Tier 1	MO; GC
MIGRANAL NASAL SPRAY	Tier 3	MO
Triptans		
MAXALT TABLET	Tier 3	PA; MO; QL (12 EA per 30 day(s))
MAXALT-MLT DISINTEGRATING TABLET	Tier 3	PA; MO; QL (12 EA per 30 day(s))
RELPAX TABLET	Tier 3	PA; MO; QL (12 EA per 30 day(s))
sumatriptan nasal spray	Tier 1	MO; GC; QL (6 EA per 30 day(s))
sumatriptan sub-q 4 mg/0.5 ml	Tier 1	MO; GC; QL (4 ML per 30 day(s))
sumatriptan sub-q 6 mg/0.5 ml	Tier 1	MO; GC; QL (3 ML per 30 day(s))
sumatriptan sub-q pen injector	Tier 1	MO; GC; QL (3 ML per 30 day(s))
sumatriptan tablet	Tier 1	MO; GC; QL (12 EA per 30 day(s))
Antimyasthenic Agents		
Parasympathomimetics		
guanidine tablet	Tier 1	MO; GC
pyridostigmine bromide tablet	Tier 1	MO; GC
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet	Tier 1	MO; GC
MYCOBUTIN CAPSULE	Tier 3	MO
Antituberculars		
ethambutol tablet	Tier 1	MO; GC
isonarif capsule	Tier 1	MO; GC
isoniazid syrup	Tier 1	MO; GC
isoniazid tablet	Tier 1	MO; GC
pyrazinamide tablet	Tier 1	MO; GC
rifampin capsule	Tier 1	MO; GC
SEROMYCIN CAPSULE	Tier 3	MO

Drug Name	Drug Tier	Notes
Antineoplastics		
Alkylating Agents, Other		
cyclophosphamide tablet	Tier 1	PA BvsD; MO; GC
MATULANE CAPSULE	Tier 3	MO
Antiangiogenic Agents		
REVLIMID CAPSULE	Tier 5	PA; LA; QL (30 EA per 30 day(s))
THALOMID CAPSULE	Tier 5	MO
Antimetabolites, Other		
DROXIA CAPSULE	Tier 3	MO
hydroxyurea capsule	Tier 1	MO; GC
Antineoplastics, Other		
LYSODREN TABLET	Tier 3	MO
Aromatase Inhibitors, 3Rd Generation		
anastrozole tablet	Tier 1	MO; GC
AROMASIN TABLET	Tier 4	MO
letrozole tablet	Tier 1	MO; GC
Epidermal Growth Factor Receptor Tyrosine Kinase Inhibitors		
TARCEVA TABLET	Tier 5	PA; MO; QL (30 EA per 30 day(s))
Estrogen-Nitrosoureas		
EMCYT CAPSULE	Tier 3	MO
Ethylenimines/ Methylmelamines		
HEXALEN CAPSULE	Tier 3	MO
Multitargeted Kinase Inhibitors, Bcr-Abl/C-Kit Receptor Tyrosine Kinase Inhibitors		
GLEEVEC TABLET	Tier 5	PA; MO; QL (60 EA per 30 day(s))
SPRYCEL TABLET	Tier 5	PA; MO; QL (60 EA per 30 day(s))
Multitargeted Kinase Inhibitors, Vascular Endothelial Growth Factor Receptor Tyrosine Kinase Inhib.		
SUTENT CAPSULE 12.5 MG, 25 MG	Tier 5	PA; MO; QL (60 EA per 30 day(s))
SUTENT CAPSULE 50 MG	Tier 5	PA; MO; QL (30 EA per 30 day(s))
Nitrogen Mustards		
LEUKERAN TABLET	Tier 3	MO

Drug Name	Drug Tier	Notes
Nitrosoureas		
CEENU CAPSULE	Tier 3	MO
Purine Analogs And Related Inhibitors		
mercaptopurine tablet	Tier 1	MO; GC
TABLOID TABLET	Tier 3	MO
Retinoids		
tretinoin (chemotherapy) capsule	Tier 1	MO; GC
Selective Estrogen Receptor Modulators, 1St Generation		
FARESTON TABLET	Tier 3	MO
tamoxifen tablet	Tier 1	MO; GC
Antiparasitics		
Anthelmintics		
ALBENZA TABLET	Tier 3	MO
BILTRICIDE TABLET	Tier 3	MO
mebendazole chewable tablet	Tier 1	MO; GC
STROMECTOL TABLET	Tier 3	MO
Antimalarials		
atovaquone-proguanil tablet	Tier 1	MO; GC
chloroquine tablet	Tier 1	MO; GC
COARTEM TABLET	Tier 3	MO
DARAPRIM TABLET	Tier 3	MO
hydroxychloroquine tablet	Tier 1	MO; GC
mefloquine tablet	Tier 1	MO; GC
PRIMAQUINE TABLET	Tier 3	MO
Antiprotozoals (Non-Antimalarials)		
ALINIA ORAL SUSP	Tier 3	MO
ALINIA TABLET	Tier 3	MO
MEPRON ORAL SUSP	Tier 3	MO
NEBUPENT SOLUTION FOR INHALATION	Tier 3	PA BvsD; MO
tinidazole tablet	Tier 1	MO; GC
Pediculicides/ Scabicides		
acticin topical cream	Tier 1	MO; GC
EURAX LOTION	Tier 3	MO

Drug Name	Drug Tier	Notes
EURAX TOPICAL CREAM	Tier 3	MO
lindane lotion	Tier 1	MO; GC
lindane shampoo	Tier 1	MO; GC
malathion lotion	Tier 1	MO; GC
NATROBA TOPICAL SUSP	Tier 3	MO
permethrin topical cream	Tier 1	MO; GC
ULESFIA LOTION	Tier 3	MO
Antiparkinson Agents		
Anticholinergics		
benztropine tablet	Tier 1	MO; GC
trihexyphenidyl elixir	Tier 1	MO; GC
trihexyphenidyl tablet	Tier 1	MO; GC
Antiparkinson Agents, Other		
amantadine capsule	Tier 1	MO; GC
amantadine syrup	Tier 1	MO; GC
amantadine tablet	Tier 1	MO; GC
APOKYN SUBQ CARTRIDGE	Tier 5	MO
Catechol O-Methyltransferase (Comt) Inhibitors		
COMTAN TABLET	Tier 3	MO
Dopamine Agonists, Ergot		
bromocriptine capsule	Tier 1	MO; GC
bromocriptine tablet	Tier 1	MO; GC
cabergoline tablet	Tier 1	MO; GC
Dopamine Agonists, Nonergot		
pramipexole tablet	Tier 1	MO; GC
ropinirole tablet	Tier 1	MO; GC
Dopamine Precursors		
carbidopa-levodopa disintegrating tablet	Tier 1	MO; GC
carbidopa-levodopa er tablet,extended release	Tier 1	MO; GC
carbidopa-levodopa tablet	Tier 1	MO; GC
STALEVO 100 TABLET	Tier 3	MO
STALEVO 125 TABLET	Tier 3	MO
STALEVO 150 TABLET	Tier 3	MO

Drug Name	Drug Tier	Notes
STALEVO 200 TABLET	Tier 3	MO
STALEVO 50 TABLET	Tier 3	MO
STALEVO 75 TABLET	Tier 3	MO
Monoamine Oxidase B (Mao-B) Inhibitors		
AZILECT TABLET	Tier 3	MO
selegiline capsule	Tier 1	MO; GC
selegiline tablet	Tier 1	MO; GC
Antipsychotics		
Atypicals		
clozapine tablet	Tier 1	MO; GC
GEODON CAPSULE	Tier 3	PA; MO
Geodon IM	Tier 6	MO
risperidone disintegrating tablet	Tier 1	MO; GC
risperidone oral soln	Tier 1	MO; GC
risperidone tablet	Tier 1	MO; GC
SEROQUEL XR TABLET,EXTENDED RELEASE	Tier 3	MO
Zyprexa IM	Tier 6	MO
Conventional		
chlorpromazine tablet	Tier 1	MO; GC
fluphenazine elixir	Tier 1	MO; GC
fluphenazine oral concentrate	Tier 1	MO; GC
fluphenazine tablet	Tier 1	MO; GC
haloperidol tablet	Tier 1	MO; GC
haloperidol oral concentrate	Tier 1	MO; GC
loxapine capsule	Tier 1	MO; GC
ORAP TABLET	Tier 3	MO
perphenazine tablet	Tier 1	MO; GC
thioridazine tablet	Tier 1	MO; GC
thiothixene capsule	Tier 1	MO; GC
trifluoperazine tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
Antispasticity Agents		
Antispasticity Agents		
baclofen tablet	Tier 1	MO; GC
dantrolene capsule	Tier 1	MO; GC
tizanidine tablet	Tier 1	MO; GC
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
ganciclovir capsule	Tier 1	MO; GC
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors		
ATRIPLA TABLET	Tier 5	MO
COMPLERA TABLET	Tier 5	MO
INTELENCE TABLET 100 MG	Tier 5	MO
RESCRIPTOR DISPERSIBLE TABLET	Tier 3	MO
RESCRIPTOR TABLET	Tier 3	MO
SUSTIVA CAPSULE	Tier 3	MO
SUSTIVA TABLET	Tier 3	MO
VIRAMUNE ORAL SUSP	Tier 3	MO
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors		
COMBIVIR TABLET	Tier 5	MO
didanosine capsule,delayed release	Tier 1	MO; GC
EMTRIVA CAPSULE	Tier 3	MO
EMTRIVA ORAL SOLN	Tier 3	MO
EPIVIR ORAL SOLN	Tier 3	MO
EPIVIR HBV ORAL SOLN	Tier 3	MO
EPIVIR HBV TABLET	Tier 3	MO
EPZICOM TABLET	Tier 5	MO
stavudine capsule	Tier 1	MO; GC
stavudine oral solution	Tier 1	MO; GC
TRIZIVIR TABLET	Tier 5	MO
TRUVADA TABLET	Tier 5	MO
VIDEX 2 GRAM PEDIATRIC ORAL SOLUTION	Tier 3	MO
VIREAD ORAL POWDER	Tier 3	MO

Drug Name	Drug Tier	Notes
VIREAD TABLET	Tier 3	MO
ZIAGEN ORAL SOLN	Tier 3	MO
zidovudine capsule	Tier 1	MO; GC
zidovudine syrup	Tier 1	MO; GC
zidovudine tablet	Tier 1	MO; GC
Anti-Hiv Agents, Other		
FUZEON SUB-Q KIT	Tier 5	MO
ISENTRESS CHEWABLE TABLET	Tier 3	MO
ISENTRESS TABLET	Tier 5	MO
SELZENTRY TABLET	Tier 5	MO
Anti-Hiv Agents, Protease Inhibitors		
CRIXIVAN CAPSULE	Tier 3	MO
INVIRASE CAPSULE	Tier 3	MO
INVIRASE TABLET	Tier 3	MO
KALETRA ORAL SOLN	Tier 3	MO
KALETRA TABLET	Tier 3	MO
LEXIVA ORAL SUSP	Tier 3	MO
LEXIVA TABLET	Tier 5	MO
NORVIR CAPSULE	Tier 3	MO
NORVIR ORAL SOLN	Tier 3	MO
NORVIR TABLET	Tier 3	MO
PREZISTA TABLET 150 MG, 400 MG, 600 MG, 800 MG	Tier 5	MO
PREZISTA TABLET 75 MG	Tier 3	MO
REYATAZ CAPSULE 100 MG, 150 MG	Tier 3	MO
REYATAZ CAPSULE 200 MG, 300 MG	Tier 5	MO
VIRACEPT ORAL POWDER	Tier 3	MO
VIRACEPT TABLET	Tier 5	MO
Anti-Influenza Agents		
rimantadine tablet	Tier 1	MO; GC
TAMIFLU CAPSULE	Tier 3	MO
TAMIFLU ORAL SUSP	Tier 3	MO

Drug Name	Drug Tier	Notes
Antihepatitis Agents		
BARACLUDE ORAL SOLN	Tier 3	MO
BARACLUDE TABLET	Tier 3	MO
HEPSERA TABLET	Tier 3	MO
ribapak dose pack tablets	Tier 1	MO; GC
ribasphere capsule	Tier 1	MO; GC
ribasphere tablet	Tier 1	MO; GC
ribavirin capsule	Tier 1	MO; GC
ribavirin tablet	Tier 1	MO; GC
Antiherpetic Agents		
acyclovir capsule	Tier 1	MO; GC
acyclovir oral susp	Tier 1	MO; GC
acyclovir tablet	Tier 1	MO; GC
VALCYTE ORAL SOLUTION	Tier 3	MO
VALCYTE TABLET	Tier 3	MO
Anxiolytics		
Antidepressants		
citalopram oral soln	Tier 1	MO; GC
citalopram tablet	Tier 1	MO; GC
fluoxetine capsule	Tier 1	MO; GC
fluoxetine oral soln	Tier 1	MO; GC
fluoxetine tablet	Tier 1	MO; GC
fluvoxamine tablet	Tier 1	MO; GC
paroxetine er tablet,extended release 24 hr	Tier 1	MO; GC
paroxetine oral susp	Tier 1	MO; GC
paroxetine tablet	Tier 1	MO; GC
selfemra capsule	Tier 1	MO; GC
sertraline oral concentrate	Tier 1	MO; GC
sertraline tablet	Tier 1	MO; GC
Anxiolytics, Other		
amitriptyline-chlordiazepoxide tablet	Tier 1	MO; GC
buspirone tablet	Tier 1	MO; GC
meprobamate tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
Bipolar Agents		
Bipolar Agents		
lithium carbonate capsule	Tier 1	MO; GC
lithium carbonate er tablet,extended release	Tier 1	MO; GC
lithium carbonate tablet	Tier 1	MO; GC
lithium citrate oral soln	Tier 1	MO; GC
Blood Glucose Regulators		
Alpha Glucosidase Inhibitors		
acarbose tablet	Tier 1	MO; GC
Biguanides		
JANUMET XR TABLET,EXTENDED RELEASE	Tier 3	PA; MO
metformin er tablet,extended release 24 hr	Tier 1	MO; GC
metformin tablet	Tier 1	MO; GC
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
JANUMET TABLET	Tier 3	PA; MO; QL (60 EA per 30 day(s))
JANUVIA TABLET	Tier 3	PA; MO; QL (30 EA per 30 day(s))
Glycemic Agents		
GLUCAGEN HYPOKIT INJECTION	Tier 3	MO
GLUCAGON EMERGENCY INJECTION KIT	Tier 3	MO
Incretin Mimetics		
BYDUREON SUBQ SUSPENSION,EXTENDED RELEASE	Tier 3	PA; MO; QL (2.6 EA per 28 day(s))
BYETTA SUB-Q PEN INJECTOR 10 MCG/0.04 ML	Tier 3	PA; MO; QL (2.4 ML per 30 day(s))
BYETTA SUB-Q PEN INJECTOR 5 MCG/0.02 ML	Tier 3	PA; MO; QL (1.2 ML per 30 day(s))
Insulin Mixtures, Analogs		
CURITY GAUZE BANDAGE	Tier 3	MO
HUMALOG MIX 50-50 SUSP, SUB-Q INJ	Tier 3	MO
HUMALOG MIX 50-50 KWIKPEN SUB-Q PEN	Tier 3	MO
HUMALOG MIX 75-25 SUSP, SUB-Q INJ	Tier 3	MO
HUMALOG MIX 75-25 KWIKPEN SUB-Q PEN	Tier 3	MO

Drug Name	Drug Tier	Notes
INSULIN PEN NEEDLE	Tier 3	MO
INSULIN SYRINGE-NEEDLE U-100	Tier 3	MO
NOVOLOG MIX 70-30 SUB-Q	Tier 3	MO
NOVOLOG MIX 70-30 FLEXPEN SUB-Q	Tier 3	MO
SAFETY NEEDLES	Tier 3	MO
Insulin Mixtures, Short-Acting And Intermediate-Acting		
HUMULIN 70/30 SUSP, SUB-Q INJ	Tier 3	MO
HUMULIN 70/30 PEN SUBQ	Tier 3	MO
NOVOLIN 70/30 SUSP, SUB-Q INJ	Tier 3	MO
Insulin, Intermediate-Acting		
HUMULIN N SUSP, SUB-Q INJ	Tier 3	MO
HUMULIN N PEN SUBQ	Tier 3	MO
NOVOLIN N SUSP, SUB-Q INJ	Tier 3	MO
Insulin, Long-Acting		
LANTUS SUB-Q	Tier 3	MO
LANTUS SOLOSTAR SUB-Q INSULIN PEN	Tier 3	MO
LEVEMIR SUB-Q	Tier 3	MO
LEVEMIR FLEXPEN SUB-Q INSULIN PEN	Tier 3	MO
Insulin, Rapid-Acting		
HUMALOG SUB-Q	Tier 3	MO
HUMALOG KWIKPEN SUB-Q PEN	Tier 3	MO
NOVOLOG SUB-Q	Tier 3	MO
NOVOLOG FLEXPEN SUB-Q	Tier 3	MO
Insulin, Short-Acting		
HUMULIN R INJECTION	Tier 3	MO
HUMULIN R U-500 "CONCENTRATED" INSULIN INJECTION	Tier 3	MO
NOVOLIN R INJECTION	Tier 3	MO
Meglitinides		
nateglinide tablet	Tier 1	MO; GC
PRANDIN TABLET	Tier 3	MO
Sulfonylureas		
chlorpropamide tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
glimepiride tablet	Tier 1	MO; GC
glipizide er tablet, extended release 24 hr	Tier 1	MO; GC
glipizide tablet	Tier 1	MO; GC
glipizide-metformin tablet	Tier 1	MO; GC
glyburide tablet	Tier 1	MO; GC
glyburide micronized tablet	Tier 1	MO; GC
glyburide-metformin tablet	Tier 1	MO; GC
glycron tablet	Tier 1	MO; GC
tolazamide tablet	Tier 1	MO; GC
tolbutamide tablet	Tier 1	MO; GC
Thiazolidinediones		
ACTOPLUS MET TABLET	Tier 3	PA; MO
ACTOS TABLET	Tier 3	PA; MO
DUETACT TABLET	Tier 3	PA; MO
Blood Products/Modifiers/ Volume Expanders		
Adenosine Diphosphate P2y12 Inhibitors		
clopidogrel tablet 75 mg	Tier 1	MO; GC
ticlopidine tablet	Tier 1	MO; GC
Anticoagulants, Oral		
jantoven tablet	Tier 1	MO; GC
PRADAXA CAPSULE	Tier 3	MO
warfarin tablet	Tier 1	MO; GC
XARELTO TABLET	Tier 3	MO
Coagulants		
aminocaproic acid oral soln	Tier 1	MO; GC
aminocaproic acid tablet 500 mg	Tier 1	MO; GC
Colony Stimulating Factors		
LEUKINE INJECTION	Tier 5	MO; HI
LEUKINE SOLUTION FOR INJECTION	Tier 5	MO; HI
NEUPOGEN INJECTION	Tier 5	MO
NEUPOGEN SYRINGE	Tier 5	MO
Cyclic Adenosine Monophosphate Reuptake Inhibitors		
anagrelide capsule	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
dipyridamole tablet	Tier 1	MO; GC
Erythropoietins		
Aranesp (polysorbate) Injection 100 mcg/mL, 25 mcg/mL, 40 mcg/mL, 60 mcg/mL	Tier 6	PA BvsD; MO
ARANESP (POLYSORBATE) INJECTION 200 MCG/ML, 300 MCG/ML	Tier 5	PA BvsD; MO
ARANESP (POLYSORBATE) SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 5	PA BvsD; MO
Aranesp (polysorbate) Syringe 25 mcg/0.42 mL, 40 mcg/0.4 mL	Tier 6	PA BvsD; MO
Epogen Injection	Tier 6	PA BvsD; MO
Procrit Injection 10,000 unit/mL, 2,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	Tier 6	PA BvsD; MO
PROCRIT INJECTION 20,000 UNIT/ML, 40,000 UNIT/ML	Tier 5	PA BvsD; MO
Factor Xa Inhibitors, Indirect		
ARIXTRA SUB-Q SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	Tier 5	MO
Arixtra Sub-Q Syringe 2.5 mg/0.5 mL	Tier 6	MO
Low Molecular Weight Heparins		
Fragmin Sub-Q	Tier 6	MO
FRAGMIN SUB-Q SYRINGE 10,000 UNIT/ML, 7,500 UNIT/0.3 ML	Tier 5	MO
Fragmin Sub-Q Syringe 2,500 unit/0.2 mL, 5,000 unit/0.2 mL	Tier 6	MO
heparin (porcine) Injection 1,000 unit/mL	Tier 6	MO; HI
heparin (porcine) Injection 10,000 unit/mL, 20,000 unit/mL, 5,000 unit/mL	Tier 6	MO
heparin, porcine (PF) IV	Tier 6	MO; HI
Lovenox Sub-Q	Tier 6	MO
LOVENOX SUB-Q SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 80 MG/0.8 ML	Tier 5	MO
Lovenox Sub-Q Syringe 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL	Tier 6	MO
Phosphodiesterase Iii/Adenosine Uptake Inhibitors		
cilostazol tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
Protease Inhibitors		
LYSTEDA TABLET	Tier 3	MO
Cardiovascular Agents		
3-Hydroxy-3-Methylglutaryl Coenzyme A (Hmg Coa) Reductase Inhibitors		
CRESTOR TABLET	Tier 3	PA; MO
fluvastatin capsule	Tier 1	MO; GC
JUVISYNC TABLET	Tier 3	PA; MO; QL (30 EA per 30 day(s))
lovastatin tablet	Tier 1	MO; GC
pravastatin tablet	Tier 1	MO; GC
simvastatin tablet	Tier 1	MO; GC
Alpha-Adrenergic Agonists		
clonidine tablet	Tier 1	MO; GC
clonidine weekly transderm patch	Tier 1	MO; GC
clorpres tablet	Tier 1	MO; GC
guanabenz tablet	Tier 1	MO; GC
guanfacine tablet	Tier 1	MO; GC
methyldopa tablet	Tier 1	MO; GC
methyldopa-hydrochlorothiazide tablet	Tier 1	MO; GC
midodrine tablet	Tier 1	MO; GC
Alpha-Adrenergic Blocking Agents		
doxazosin tablet	Tier 1	MO; GC
prazosin capsule	Tier 1	MO; GC
terazosin capsule	Tier 1	MO; GC
Angiotensin Ii Receptor Antagonists		
BENICAR TABLET	Tier 3	PA; MO
BENICAR HCT TABLET	Tier 3	PA; MO
eprosartan tablet	Tier 1	MO; GC
irbesartan tablet	Tier 1	MO; GC
irbesartan-hydrochlorothiazide tablet	Tier 1	MO; GC
losartan tablet	Tier 1	MO; GC
losartan-hydrochlorothiazide tablet	Tier 1	MO; GC
MICARDIS TABLET	Tier 3	PA; MO

Drug Name	Drug Tier	Notes
MICARDIS HCT TABLET	Tier 3	PA; MO
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril tablet	Tier 1	MO; GC
benazepril-hydrochlorothiazide tablet	Tier 1	MO; GC
captopril tablet	Tier 1	MO; GC
captopril-hydrochlorothiazide tablet	Tier 1	MO; GC
enalapril maleate tablet	Tier 1	MO; GC
enalapril-hydrochlorothiazide tablet	Tier 1	MO; GC
fosinopril tablet	Tier 1	MO; GC
fosinopril-hydrochlorothiazide tablet	Tier 1	MO; GC
lisinopril tablet	Tier 1	MO; GC
lisinopril-hydrochlorothiazide tablet	Tier 1	MO; GC
moexipril tablet	Tier 1	MO; GC
moexipril-hydrochlorothiazide tablet	Tier 1	MO; GC
perindopril erbumine tablet	Tier 1	MO; GC
quinapril tablet	Tier 1	MO; GC
quinapril-hydrochlorothiazide tablet	Tier 1	MO; GC
ramipril capsule	Tier 1	MO; GC
trandolapril tablet	Tier 1	MO; GC
Antiarrhythmics - Class Ia/Ii/Iii/Iv		
amiodarone tablet	Tier 1	MO; GC
pacerone tablet 200 mg, 400 mg	Tier 1	MO; GC
Antiarrhythmics - Class Ii/Iii		
sotalol tablet	Tier 1	MO; GC
Antiarrhythmics - Class Iv		
diltiazem IV powder for Solution	Tier 6	MO; HI
verapamil IV	Tier 6	MO; HI
Antiarrhythmics - Classes Ia, B, And C		
disopyramide capsule	Tier 1	MO; GC
flecainide tablet	Tier 1	MO; GC
mexiletine capsule	Tier 1	MO; GC
propafenone er capsule,extended release 12 hr	Tier 1	MO; GC
propafenone tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
quinidine er tablet,extended release	Tier 1	MO; GC
quinidine sulfate er tablet,extended release	Tier 1	MO; GC
quinidine tablet	Tier 1	MO; GC
Beta-Adrenergic Blocking Agents With Vasodilating Properties		
carvedilol tablet	Tier 1	MO; GC
labetalol tablet	Tier 1	MO; GC
Bile Acid Sequestrants		
cholestyramine light packet	Tier 1	MO; GC
colestipol oral granules	Tier 1	MO; GC
colestipol tablet	Tier 1	MO; GC
prevalite oral powder	Tier 1	MO; GC
Calcium Channel Blocking Agents (Non-Dihydropyridines)		
cartia xt capsule,extended release	Tier 1	MO; GC
dilt-cd capsule,extended release	Tier 1	MO; GC
dilt-xr capsule, extended release	Tier 1	MO; GC
diltiazem cd capsule,extended release 24 hr	Tier 1	MO; GC
diltiazem er capsule,extended release	Tier 1	MO; GC
diltiazem er capsule,extended release 12 hr	Tier 1	MO; GC
diltiazem tablet	Tier 1	MO; GC
diltzac er capsule,extended release	Tier 1	MO; GC
matzim la tablet,extended release	Tier 1	MO; GC
taztia xt capsule,extended release	Tier 1	MO; GC
verapamil er (pm) capsule 24hr pellet ct,ext.release	Tier 1	MO; GC
verapamil er (sr) tablet,extended release 120 mg, 180 mg	Tier 1	MO; GC
verapamil er 24 hr capsule,extended release 120 mg, 180 mg	Tier 1	MO; GC
verapamil tablet	Tier 1	MO; GC
Carbonic Anhydrase Inhibitors		
acetazolamide er capsule,extended release	Tier 1	MO; GC
acetazolamide tablet	Tier 1	MO; GC
methazolamide tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
Cardioselective Beta-Adrenergic Blocking Agents		
acebutolol capsule	Tier 1	MO; GC
atenolol tablet	Tier 1	MO; GC
atenolol-chlorthalidone tablet	Tier 1	MO; GC
betaxolol tablet	Tier 1	MO; GC
bisoprolol fumarate tablet	Tier 1	MO; GC
bisoprolol-hydrochlorothiazide tablet	Tier 1	MO; GC
metoprolol succinate er tablet,extended release 24 hr	Tier 1	MO; GC
metoprolol tartrate-hydrochlorothiazide tablet	Tier 1	MO; GC
metoprolol tartrate tablet	Tier 1	MO; GC
Cardiovascular Agents, Other		
digoxin oral soln	Tier 1	MO; GC
digoxin tablet	Tier 1	MO; GC
reserpine tablet	Tier 1	MO; GC
Dihydropyridines		
afeditab cr tablet,extended release	Tier 1	MO; GC
amlodipine tablet	Tier 1	MO; GC
felodipine er tablet,extended release 24 hr	Tier 1	MO; GC
nicardipine capsule	Tier 1	MO; GC
nifediac cc tablet,extended release	Tier 1	MO; GC
nifedical xl tablet,extended release	Tier 1	MO; GC
nifedipine capsule	Tier 1	MO; GC
nifedipine er tablet,24 hr extended release	Tier 1	MO; GC
nimodipine capsule	Tier 1	MO; GC
Fibrates		
fenofibrate tablet	Tier 1	MO; GC
fenofibrate micronized capsule	Tier 1	MO; GC
gemfibrozil tablet	Tier 1	MO; GC
lofibra capsule	Tier 1	MO; GC
lofibra tablet	Tier 1	MO; GC
Loop Diuretics		
bumetanide tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
furosemide oral soln	Tier 1	MO; GC
furosemide tablet	Tier 1	MO; GC
torsemide tablet	Tier 1	MO; GC
Nicotinic Acid		
NIASPAN EXTENDED-RELEASE TABLET,EXTENDED RELEASE	Tier 3	MO
Nonselective Beta-Adrenergic Blocking Agents		
nadolol tablet	Tier 1	MO; GC
nadolol-bendroflumethiazide tablet	Tier 1	MO; GC
pindolol tablet	Tier 1	MO; GC
propranolol er capsule,24 hr,extended release	Tier 1	MO; GC
propranolol oral soln	Tier 1	MO; GC
propranolol tablet	Tier 1	MO; GC
propranolol-hydrochlorothiazide tablet	Tier 1	MO; GC
sorine tablet	Tier 1	MO; GC
timolol tablet	Tier 1	MO; GC
Potassium-Sparing Diuretics		
amiloride tablet	Tier 1	MO; GC
amiloride-hydrochlorothiazide tablet	Tier 1	MO; GC
eplerenone tablet	Tier 1	MO; GC
spironolactone-hydrochlorothiazide tablet	Tier 1	MO; GC
spironolactone tablet	Tier 1	MO; GC
triamterene-hydrochlorothiazide capsule	Tier 1	MO; GC
triamterene-hydrochlorothiazide tablet	Tier 1	MO; GC
Thiazide Diuretics		
chlorothiazide tablet	Tier 1	MO; GC
chlorthalidone tablet	Tier 1	MO; GC
hydrochlorothiazide capsule	Tier 1	MO; GC
hydrochlorothiazide tablet	Tier 1	MO; GC
indapamide tablet	Tier 1	MO; GC
methyclothiazide tablet	Tier 1	MO; GC
metolazone tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
Vasodilators, Direct-Acting Arterial		
hydralazine tablet	Tier 1	MO; GC
minoxidil tablet	Tier 1	MO; GC
Vasodilators, Direct-Acting Arterial/Venous		
isosorbide dinitrate er tablet,extended release	Tier 1	MO; GC
isosorbide dinitrate sublingual tablet	Tier 1	MO; GC
isosorbide dinitrate tablet	Tier 1	MO; GC
isosorbide mononitrate er tablet,extended release 24 hr	Tier 1	MO; GC
isosorbide mononitrate tablet	Tier 1	MO; GC
minitran transderm 24 hr patch	Tier 1	MO; GC
nitroglycerin transderm 24 hr patch	Tier 1	MO; GC
pentoxifylline er tablet,extended release	Tier 1	MO; GC
PROGLYCEM ORAL SUSP	Tier 3	MO
Central Nervous System Agents		
Amphetamines, Adhd		
amphetamine salt combo tablet	Tier 1	MO; GC
dextroamphetamine er capsule,extended release	Tier 1	MO; GC
dextroamphetamine tablet	Tier 1	MO; GC
VYVANSE CAPSULE	Tier 3	MO
Non-Amphetamines, Adhd		
dexmethylphenidate tablet	Tier 1	MO; GC
METADATE CD CAPSULE,EXTENDED RELEASE	Tier 3	MO
methamphetamine tablet	Tier 1	MO; GC
methylin chewable tablet	Tier 1	MO; GC
methylin oral soln	Tier 1	MO; GC
methylin tablet	Tier 1	MO; GC
methylin er tablet,extended release	Tier 1	MO; GC
methylphenidate er tablet,extended release	Tier 1	MO; GC
methylphenidate oral soln	Tier 1	MO; GC
methylphenidate tablet	Tier 1	MO; GC
Non-Amphetamines, Other		
RILUTEK TABLET	Tier 3	MO

Drug Name	Drug Tier	Notes
Dental And Oral Agents		
Dental And Oral Agents		
chlorhexidine gluconate mouthwash	Tier 1	MO; GC
EVOXAC CAPSULE	Tier 3	MO
periogard mouthwash	Tier 1	MO; GC
pilocarpine tablet	Tier 1	MO; GC
triamcinolone acetonide dental paste	Tier 1	MO; GC
Dermatological Agents		
Dermatological Acne Agents		
adapalene topical cream	Tier 1	MO; GC
adapalene topical gel	Tier 1	MO; GC
amnesteem capsule	Tier 1	MO; GC
AZELEX TOPICAL CREAM	Tier 3	MO
claravis capsule	Tier 1	MO; GC
clindacin pac topical kit	Tier 1	MO; GC
clindamycin lotion	Tier 1	MO; GC
clindamycin phosphate topical swab	Tier 1	MO; GC
clindamycin topical foam	Tier 1	MO; GC
clindamycin topical gel	Tier 1	MO; GC
clindamycin topical soln	Tier 1	MO; GC
clindamycin-benzoyl peroxide topical gel	Tier 1	MO; GC
DIFFERIN LOTION	Tier 3	MO
DIFFERIN TOPICAL GEL 0.3 %	Tier 3	MO
ery pads topical swab	Tier 1	MO; GC
erythromycin with ethanol topical gel	Tier 1	MO; GC
erythromycin with ethanol topical soln	Tier 1	MO; GC
erythromycin-benzoyl peroxide topical gel	Tier 1	MO; GC
RETIN-A MICRO TOPICAL GEL	Tier 3	PA; MO
sotret capsule	Tier 1	MO; GC
TAZORAC TOPICAL CREAM	Tier 3	MO
TAZORAC TOPICAL GEL	Tier 3	MO
tretinoin topical cream	Tier 1	PA; MO; GC
tretinoin topical gel	Tier 1	PA; MO; GC

Drug Name	Drug Tier	Notes
Dermatological Antipruritic Agents		
fluticasone lotion	Tier 1	MO; GC
Dermatological Calcineurin Inhibitors		
PROTOPIC OINTMENT	Tier 3	MO
Dermatological Caustic Agents		
podofilox topical soln	Tier 1	MO; GC
Dermatological Emollients		
ammonium lactate lotion	Tier 1	MO; GC
ammonium lactate topical cream	Tier 1	MO; GC
Dermatological Genital Wart Agents		
imiquimod topical cream packet	Tier 1	MO; GC
Dermatological Mitotic Inhibitors		
selenium sulfide topical susp	Tier 1	MO; GC
Dermatological Non-Melanoma Skin Cancer Agents		
CARAC TOPICAL CREAM	Tier 3	MO
FLUOROPLEX TOPICAL CREAM	Tier 3	MO
fluorouracil topical cream	Tier 1	MO; GC
fluorouracil topical soln	Tier 1	MO; GC
Dermatological Photochemotherapy Agents		
8-MOP CAPSULE	Tier 3	MO
OXSORALEN LOTION	Tier 3	MO
OXSORALEN ULTRA CAPSULE	Tier 3	MO
Dermatological Psoriasis Agents		
calcipotriene ointment	Tier 1	MO; GC
calcipotriene topical soln	Tier 1	MO; GC
DOVONEX TOPICAL CREAM	Tier 3	MO
Dermatological Wound Care Agents		
water for irrigation, sterile solution	Tier 1	MO; GC
Enzyme Replacements/ Modifiers		
Pancrelipase Replacement		
CREON CAPSULE,DELAYED RELEASE	Tier 3	MO
PANCREAZE CAPSULE,DELAYED RELEASE	Tier 3	MO
ZENPEP CAPSULE,DELAYED RELEASE	Tier 3	MO

Drug Name	Drug Tier	Notes
Urea Cycle Disorder Treatment		
BUPHENYL ORAL POWDER	Tier 3	MO
BUPHENYL TABLET	Tier 3	MO
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine capsule	Tier 1	MO; GC
dicyclomine syrup	Tier 1	MO; GC
dicyclomine tablet	Tier 1	MO; GC
glycopyrrolate tablet	Tier 1	MO; GC
methscopolamine tablet	Tier 1	MO; GC
propantheline tablet	Tier 1	MO; GC
Gastrointestinal Agents, Other		
DIPENTUM CAPSULE	Tier 3	MO
diphenoxylate-atropine oral liquid	Tier 1	MO; GC
diphenoxylate-atropine tablet	Tier 1	MO; GC
gavilyte-c oral solution	Tier 1	MO; GC
gavilyte-g oral solution	Tier 1	MO; GC
gavilyte-n oral solution	Tier 1	MO; GC
HELIDAC ORAL PACK	Tier 3	MO
KRISTALOSE ORAL PACKET	Tier 3	MO
lactulose oral soln	Tier 1	MO; GC
loperamide capsule	Tier 1	MO; GC
polyethylene glycol 3350 oral powder	Tier 1	MO; GC
trilyte with flavor packets oral solution	Tier 1	MO; GC
ursodiol capsule	Tier 1	MO; GC
ursodiol tablet	Tier 1	MO; GC
Histamine2 (H2) Blocking Agents		
cimetidine oral soln	Tier 1	MO; GC
cimetidine tablet	Tier 1	MO; GC
famotidine oral susp	Tier 1	MO; GC
famotidine tablet	Tier 1	MO; GC
nizatidine capsule	Tier 1	MO; GC
nizatidine oral soln	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
ranitidine capsule	Tier 1	MO; GC
ranitidine syrup	Tier 1	MO; GC
ranitidine tablet	Tier 1	MO; GC
Irritable Bowel Syndrome Agents		
LOTRONEX TABLET	Tier 4	MO
Protectants		
misoprostol tablet	Tier 1	MO; GC
sucralfate tablet	Tier 1	MO; GC
Proton Pump Inhibitors		
DEXILANT CAPSULE, DELAYED RELEASE	Tier 3	PA; MO
omeprazole capsule,delayed release	Tier 1	MO; GC
pantoprazole tablet,delayed release	Tier 1	MO; GC
Genitourinary Agents		
5 Alpha-Reductase Inhibitors		
AVODART CAPSULE	Tier 3	MO
finasteride tablet	Tier 1	MO; GC
JALYN CAPSULE, EXTENDED RELEASE	Tier 3	MO
Alpha 1-Adrenergic Blocking Agents		
tamsulosin er capsule,extended release 24 hr	Tier 1	MO; GC
Antispasmodics, Urinary		
DETROL TABLET	Tier 3	MO
DETROL LA CAPSULE,EXTENDED RELEASE	Tier 3	MO
flavoxate tablet	Tier 1	MO; GC
oxybutynin chloride er tablet,24 hr extended release	Tier 1	MO; GC
oxybutynin chloride syrup	Tier 1	MO; GC
oxybutynin chloride tablet	Tier 1	MO; GC
TOVIAZ TABLET,EXTENDED RELEASE	Tier 3	MO
Genitourinary Agents, Other		
bethanechol chloride tablet	Tier 1	MO; GC
ELMIRON CAPSULE	Tier 3	MO
Phosphate Binders		
calcium acetate capsule	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
calcium acetate tablet	Tier 1	MO; GC
ELIPHOS TABLET	Tier 3	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Glucocorticoids-Systemic		
cortisone tablet	Tier 1	MO; GC
dexamethasone elixir	Tier 1	MO; GC
dexamethasone tablet	Tier 1	MO; GC
DEXAMETHASONE INTENSOL DROPS (CONCENTRATE)	Tier 3	MO
hydrocortisone tablet	Tier 1	MO; GC
methylprednisolone tablet	Tier 1	MO; GC
methylprednisolone tablets in a dose pack	Tier 1	MO; GC
PEDIAPRED ORAL SOLN	Tier 3	MO
prednisolone sodium phosphate oral soln	Tier 1	MO; GC
prednisone oral soln	Tier 1	MO; GC
prednisone tablet	Tier 1	MO; GC
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier 3	MO
Glucocorticoids-Topical-High Potency		
amcinonide lotion	Tier 1	MO; GC
amcinonide ointment	Tier 1	MO; GC
amcinonide topical cream	Tier 1	MO; GC
betamethasone valerate ointment	Tier 1	MO; GC
desoximetasone topical cream	Tier 1	MO; GC
desoximetasone topical gel	Tier 1	MO; GC
fluocinolone ointment	Tier 1	MO; GC
fluocinolone topical cream	Tier 1	MO; GC
fluocinonide ointment	Tier 1	MO; GC
fluocinonide topical gel	Tier 1	MO; GC
fluocinonide topical soln	Tier 1	MO; GC
LUXIQ TOPICAL FOAM	Tier 3	MO
triamcinolone acetonide ointment	Tier 1	MO; GC
triamcinolone acetonide topical cream	Tier 1	MO; GC
triderm topical cream	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
Glucocorticoids-Topical-Low Potency		
ala-cort lotion	Tier 1	MO; GC
ala-cort topical cream	Tier 1	MO; GC
alclometasone ointment	Tier 1	MO; GC
alclometasone topical cream	Tier 1	MO; GC
CLODERM TOPICAL CREAM	Tier 3	MO
colocort enema	Tier 1	MO; GC
desonide lotion	Tier 1	MO; GC
desonide ointment	Tier 1	MO; GC
desonide topical cream	Tier 1	MO; GC
hydrocortisone enema	Tier 1	MO; GC
hydrocortisone lotion	Tier 1	MO; GC
hydrocortisone ointment	Tier 1	MO; GC
hydrocortisone topical cream	Tier 1	MO; GC
procto-pak rectal cream	Tier 1	MO; GC
proctocream-hc rectal	Tier 1	MO; GC
proctosol hc rectal cream	Tier 1	MO; GC
proctozone-hc rectal cream	Tier 1	MO; GC
Glucocorticoids-Topical-Medium Potency		
betamethasone dipropionate lotion	Tier 1	MO; GC
betamethasone valerate lotion	Tier 1	MO; GC
betamethasone valerate topical cream	Tier 1	MO; GC
CAPEX SHAMPOO	Tier 3	MO
CORDRAN LOTION	Tier 3	MO
CORDRAN TAPE	Tier 3	MO
CORDRAN SP TOPICAL CREAM	Tier 3	MO
desoximetasone ointment	Tier 1	MO; GC
desoximetasone topical cream	Tier 1	MO; GC
fluocinolone topical body oil	Tier 1	MO; GC
fluocinolone topical cream	Tier 1	MO; GC
fluocinolone topical soln	Tier 1	MO; GC
fluticasone ointment	Tier 1	MO; GC
fluticasone topical cream	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
hydrocortisone butyrate ointment	Tier 1	MO; GC
hydrocortisone butyrate topical cream	Tier 1	MO; GC
hydrocortisone butyrate topical soln	Tier 1	MO; GC
hydrocortisone valerate ointment	Tier 1	MO; GC
hydrocortisone valerate topical cream	Tier 1	MO; GC
mometasone lotion	Tier 1	MO; GC
mometasone ointment	Tier 1	MO; GC
mometasone topical cream	Tier 1	MO; GC
prednicarbate ointment	Tier 1	MO; GC
prednicarbate topical cream	Tier 1	MO; GC
triamcinolone acetonide lotion	Tier 1	MO; GC
triamcinolone acetonide ointment	Tier 1	MO; GC
triamcinolone acetonide topical cream	Tier 1	MO; GC
Glucocorticoids-Topical-Very High Potency		
betamethasone dipropionate ointment	Tier 1	MO; GC
betamethasone dipropionate topical cream	Tier 1	MO; GC
betamethasone, augmented lotion	Tier 1	MO; GC
betamethasone, augmented ointment	Tier 1	MO; GC
betamethasone, augmented topical cream	Tier 1	MO; GC
clobetasol ointment	Tier 1	MO; GC
clobetasol topical gel	Tier 1	MO; GC
clobetasol topical soln	Tier 1	MO; GC
clobetasol-emollient topical cream	Tier 1	MO; GC
diflorasone ointment	Tier 1	MO; GC
diflorasone topical cream	Tier 1	MO; GC
fluocinonide-e topical cream	Tier 1	MO; GC
halobetasol propionate ointment	Tier 1	MO; GC
halobetasol propionate topical cream	Tier 1	MO; GC
Mineralocorticoids		
fludrocortisone tablet	Tier 1	MO; GC
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Growth Hormone Analogs		
NUTROPIN SUB-Q SOLN	Tier 5	PA; MO

Drug Name	Drug Tier	Notes
NUTROPIN AQ SUBQ CARTRIDGE	Tier 5	PA; MO
NUTROPIN AQ NUSPIN SUBQ CARTRIDGE	Tier 5	PA; MO
OMNITROPE SUB-Q SOLN	Tier 5	PA; MO
Omnitrope SubQ Cartridge	Tier 6	PA; MO
Vasopressin Analogs		
desmopressin nasal soln	Tier 1	MO; GC
desmopressin nasal spray	Tier 1	MO; GC
desmopressin tablet	Tier 1	MO; GC
STIMATE NASAL SPRAY	Tier 3	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Androgens		
ANDROGEL TRANSDERMAL GEL PUMP	Tier 3	MO
ANDROGEL TRANSDERMAL PACKET	Tier 3	MO
danazol capsule	Tier 1	MO; GC
METHITEST TABLET	Tier 3	MO
TESTRED CAPSULE	Tier 3	MO
Estrogens		
ALORA TRANSDERM PATCH	Tier 3	MO
amethia tablets,3 month dose pack	Tier 1	MO; GC
amethia lo tablets,3 month dose pack	Tier 1	MO; GC
amethyst tablet	Tier 1	MO; GC
apri tablet	Tier 1	MO; GC
briellyn tablet	Tier 1	MO; GC
cesia tablet	Tier 1	MO; GC
cryselle (28) tablet	Tier 1	MO; GC
DESOGEN TABLET	Tier 3	MO
DIVIGEL TRANSDERMAL GEL PACKET	Tier 3	MO
emoquette tablet	Tier 1	MO; GC
ESTRADERM TRANSDERM PATCH	Tier 3	MO
estradiol tablet	Tier 1	MO; GC
estradiol weekly transderm patch	Tier 1	MO; GC
estradiol-norethindrone acet tablet	Tier 1	MO; GC
estropipate tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
FEMHRT LOW DOSE TABLET	Tier 3	MO
gianvi tablet	Tier 1	MO; GC
introvale tablets,3 month dose pack	Tier 1	MO; GC
jinteli tablet	Tier 1	MO; GC
kariva tablet	Tier 1	MO; GC
kelnor 1/35 (28) tablet	Tier 1	MO; GC
kurvelo tablet	Tier 1	MO; GC
levonorgestrel-ethinyl estradiol tablets,3 month pack	Tier 1	MO; GC
marlissa tablet	Tier 1	MO; GC
menest tablet	Tier 1	MO; GC
mononessa (28) tablet	Tier 1	MO; GC
ocella tablet	Tier 1	MO; GC
ogestrel (28) tablet	Tier 1	MO; GC
orsythia tablet	Tier 1	MO; GC
ORTHO TRI-CYCLEN (28) TABLET	Tier 3	MO
ORTHO TRI-CYCLEN LO (28) TABLET	Tier 3	MO
ORTHO-CEPT (28) TABLET	Tier 3	MO
PREMARIN TABLET	Tier 3	MO
PREMARIN VAGINAL CREAM	Tier 3	MO
PREMPHASE TABLET	Tier 3	MO
PREMPRO TABLET	Tier 3	MO
previfem tablet	Tier 1	MO; GC
reclipsen (28) tablet	Tier 1	MO; GC
solia tablet	Tier 1	MO; GC
sprintec (28) tablet	Tier 1	MO; GC
tri-previfem (28) tablet	Tier 1	MO; GC
tri-sprintec (28) tablet	Tier 1	MO; GC
trinessa (28) tablet	Tier 1	MO; GC
VAGIFEM VAGINAL TABLET	Tier 3	MO
velivet tablet	Tier 1	MO; GC
vestura tablet	Tier 1	MO; GC
VIVELLE-DOT TRANSDERM PATCH	Tier 3	MO

Drug Name	Drug Tier	Notes
zovia 1/35e (28) tablet	Tier 1	MO; GC
zovia 1/50e (28) tablet	Tier 1	MO; GC
Progestins		
aranelle (28) tablet	Tier 1	MO; GC
aviane tablet	Tier 1	MO; GC
brevicon (28) tablet	Tier 1	MO; GC
camila tablet	Tier 1	MO; GC
cyclafem 1/35 (28) tablet	Tier 1	MO; GC
cyclafem 7/7/7 (28) tablet	Tier 1	MO; GC
errin tablet	Tier 1	MO; GC
jolivette tablet	Tier 1	MO; GC
junel 1.5/30 (21) tablet	Tier 1	MO; GC
junel 1/20 (21) tablet	Tier 1	MO; GC
junel fe 1.5/30 (28) tablet	Tier 1	MO; GC
junel fe 1/20 (28) tablet	Tier 1	MO; GC
leena 28 tablet	Tier 1	MO; GC
lessina tablet	Tier 1	MO; GC
levora-28 tablet	Tier 1	MO; GC
LO-OVRAL (28) TABLET	Tier 3	MO
LOESTRIN 1.5/30 (21) TABLET	Tier 3	MO
LOESTRIN 1/20 (21) TABLET	Tier 3	MO
LOESTRIN 24 FE TABLET	Tier 3	MO
LOESTRIN FE 1.5/30 (28) TABLET	Tier 3	MO
LOESTRIN FE 1/20 (28) TABLET	Tier 3	MO
LOSEASONIQUE TABLETS,3 MONTH DOSE PACK	Tier 3	MO
low-ogestrel (28) tablet	Tier 1	MO; GC
lutera (28) tablet	Tier 1	MO; GC
medroxyprogesterone tablet	Tier 1	MO; GC
megestrol oral susp	Tier 1	MO; GC
megestrol tablet	Tier 1	MO; GC
microgestin 1.5/30 (21) tablet	Tier 1	MO; GC
microgestin 1/20 (21) tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
microgestin fe 1.5/30 (28) tablet	Tier 1	MO; GC
microgestin fe 1/20 (28) tablet	Tier 1	MO; GC
MODICON (28) TABLET	Tier 3	MO
necon 0.5/35 (28) tablet	Tier 1	MO; GC
necon 1/35 (28) tablet	Tier 1	MO; GC
necon 10/11 (28) tablet	Tier 1	MO; GC
necon 7/7/7 (28) tablet	Tier 1	MO; GC
next choice tablet	Tier 1	MO; GC
NOR-QD TABLET	Tier 3	MO
nora-be tablet	Tier 1	MO; GC
norethindrone acetate tablet	Tier 1	MO; GC
NORINYL 1+35 (28) TABLET	Tier 3	MO
nortrel 0.5/35 (28) tablet	Tier 1	MO; GC
nortrel 1/35 (21) tablet	Tier 1	MO; GC
nortrel 1/35 (28) tablet	Tier 1	MO; GC
nortrel 7/7/7 (28) tablet	Tier 1	MO; GC
ORTHO EVRA TRANSDERM PATCH	Tier 3	MO
ORTHO MICRONOR TABLET	Tier 3	MO
ORTHO-CYCLEN (28) TABLET	Tier 3	MO
ORTHO-NOVUM 7/7/7 (28) TABLET	Tier 3	MO
portia tablet	Tier 1	MO; GC
progesterone micronized capsule	Tier 1	MO; GC
quasense tablets,3 month dose pack	Tier 1	MO; GC
sronyx tablet	Tier 1	MO; GC
tri-legest fe tablet	Tier 1	MO; GC
TRI-NORINYL (28) TABLET	Tier 3	MO
trivora (28) tablet	Tier 1	MO; GC
Selective Estrogen Receptor Modifying Agents		
EVISTA TABLET	Tier 3	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVOTHROID TABLET	Tier 3	MO
levothyroxine tablet	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
LEVOXYL TABLET	Tier 3	MO
liothyronine tablet	Tier 1	MO; GC
SYNTHROID TABLET	Tier 3	MO
THYROLAR-1 TABLET	Tier 3	MO
THYROLAR-1/4 TABLET	Tier 3	MO
THYROLAR-2 TABLET	Tier 3	MO
THYROLAR-3 TABLET	Tier 3	MO
unithroid tablet	Tier 1	MO; GC
Hormonal Agents, Suppressant (Parathyroid)		
Calcimimetics		
SENSIPAR TABLET	Tier 3	MO
Hormonal Agents, Suppressant (Pituitary)		
Gonadotropin-Releasing Hormone Analogs		
leuprolide Sub-Q Kit	Tier 6	MO
Somatostatin Analogs		
octreotide acetate injection 1,000 mcg/ml, 500 mcg/ml	Tier 5	MO
octreotide acetate Injection 100 mcg/mL, 200 mcg/mL, 50 mcg/mL	Tier 6	MO
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
Antiandrogens		
bicalutamide tablet	Tier 1	MO; GC
flutamide capsule	Tier 1	MO; GC
NILANDRON TABLET	Tier 3	MO
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet	Tier 1	MO; GC
propylthiouracil tablet	Tier 1	MO; GC
Immunological Agents		
Immune Suppressants (Non-Tnf Inhibitors)		
azathioprine tablet	Tier 1	PA BvsD; MO; GC
CELLCEPT ORAL SUSP	Tier 3	PA BvsD; MO
CUPRIMINE CAPSULE	Tier 3	MO
cyclosporine capsule	Tier 1	PA BvsD; MO; GC

Drug Name	Drug Tier	Notes
cyclosporine modified capsule	Tier 1	PA BvsD; MO; GC
cyclosporine modified oral soln	Tier 1	PA BvsD; MO; GC
DEPEN TITRATABS TABLET	Tier 3	MO
gengraf capsule	Tier 1	PA BvsD; MO; GC
gengraf oral soln	Tier 1	PA BvsD; MO; GC
methotrexate sodium tablet	Tier 1	MO; GC
mycophenolate mofetil capsule	Tier 1	PA BvsD; MO; GC
mycophenolate mofetil tablet	Tier 1	PA BvsD; MO; GC
MYFORTIC TABLET,DELAYED RELEASE	Tier 3	PA BvsD; MO
RAPAMUNE ORAL SOLN	Tier 3	PA BvsD; MO
RAPAMUNE TABLET	Tier 3	PA BvsD; MO
tacrolimus capsule	Tier 1	PA BvsD; MO; GC
Immunoglobulins		
HIZENTRA SUB-Q	Tier 5	PA; MO; HI
Immunomodulators, Other		
COPAXONE SUB-Q KIT	Tier 5	MO
leflunomide tablet	Tier 1	MO; GC
RIDAURA CAPSULE	Tier 3	MO
Interferons, Alfa		
Intron A Injection	Tier 6	MO
Intron A Solution for Injection	Tier 6	MO
INTRON A SUBQ PEN KIT 10 MILLION UNIT/0.2 ML, 5 MILLION UNIT/0.2 ML	Tier 5	MO
Intron A SubQ Pen Kit 3 million unit /0.2 mL-6 doses	Tier 6	MO
PEGASYS CONVENIENCE PACK SUB-Q KIT	Tier 5	PA; MO; QL (2 EA per 30 day(s))
PEGINTRON SUB-Q KIT	Tier 5	PA; MO; QL (2 EA per 30 day(s))
PEGINTRON REDIPEN SUBQ KIT	Tier 5	PA; MO; QL (2 EA per 30 day(s))
Interferons, Beta		
AVONEX IM KIT	Tier 5	MO
AVONEX ADMINISTRATION PACK IM KIT	Tier 5	MO
REBIF SUB-Q SYRINGE	Tier 5	MO
REBIF TITRATION PACK SUB-Q SYRINGE	Tier 5	MO

Drug Name	Drug Tier	Notes
Tumor Necrosis Factor (Tnf) Inhibitors		
ENBREL SUB-Q SYRINGE	Tier 5	PA; MO; QL (4 ML per 30 day(s))
HUMIRA SUB-Q KIT	Tier 5	PA; MO; QL (1.6 EA per 30 day(s))
HUMIRA CROHN'S DISEASE STARTER PACK SUBQ PEN KIT	Tier 5	PA; MO; QL (4.8 EA per 30 day(s))
REMICADE IV SOLUTION	Tier 5	PA; MO; HI
Vaccines To Prevent Hepatitis A		
Havrix (PF) IM Susp	Tier 6	MO
Havrix (PF) IM Syringe	Tier 6	MO
Vaccines To Prevent Hepatitis B		
Recombivax HB (PF) IM Susp	Tier 6	PA BvsD; MO
Inflammatory Bowel Disease Agents		
Salicylates		
ASACOL TABLET,DELAYED RELEASE	Tier 3	MO
ASACOL HD TABLET,DELAYED RELEASE	Tier 3	MO
balsalazide capsule	Tier 1	MO; GC
CANASA RECTAL SUPPOSITORY	Tier 3	MO
mesalamine enema	Tier 1	MO; GC
PENTASA CAPSULE,EXTENDED RELEASE	Tier 3	MO
Sulfonamides		
sulfasalazine tablet	Tier 1	MO; GC
sulfazine ec tablet,delayed release	Tier 1	MO; GC
Metabolic Bone Disease Agents		
Bisphosphonates, Oral		
ACTONEL TABLET	Tier 3	PA; MO
alendronate tablet	Tier 1	MO; GC
ATELVIA TABLET,DELAYED RELEASE	Tier 3	PA; MO
etidronate disodium tablet	Tier 1	MO; GC
Calcium Regulating Hormones		
Miacalcin Injection	Tier 6	PA BvsD; MO
Vitamin D–Related Agents/Metabolic Bone Disease Agents		
calcitriol capsule	Tier 1	PA BvsD; MO; GC
calcitriol oral soln	Tier 1	PA BvsD; MO; GC

Drug Name	Drug Tier	Notes
CYSTADANE ORAL POWDER	Tier 3	MO
Ophthalmic Agents		
Alpha-Adrenergic Agonists, Ophthalmic		
ALPHAGAN P EYE DROPS	Tier 3	MO
apraclonidine eye drops	Tier 1	MO; GC
BRIMONIDINE EYE DROPS 0.15 %	Tier 3	MO
brimonidine eye drops 0.2 %	Tier 1	MO; GC
PROPINE EYE DROPS	Tier 3	MO
Beta-Adrenergic Blocking Agents, Ophthalmic		
betaxolol eye drops	Tier 1	MO; GC
BETIMOL EYE DROPS	Tier 3	MO
BETOPTIC S EYE DROPS	Tier 3	MO
carteolol eye drops	Tier 1	MO; GC
dorzolamide-timolol eye drops	Tier 1	MO; GC
levobunolol eye drops	Tier 1	MO; GC
metipranolol eye drops	Tier 1	MO; GC
timolol eye gel forming soln	Tier 1	MO; GC
timolol maleate eye drops	Tier 1	MO; GC
Carbonic Anhydrase Inhibitors, Ophthalmic		
AZOPT EYE DROPS	Tier 3	MO
dorzolamide eye drops	Tier 1	MO; GC
Cholinergic Agonists, Ophthalmic		
ISOPTO CARPINE EYE DROPS	Tier 3	MO
PILOPINE HS EYE GEL	Tier 3	MO
Glucocorticoids, Ophthalmic		
dexamethasone eye drops	Tier 1	MO; GC
fluorometholone eye drops, susp	Tier 1	MO; GC
FML S.O.P. EYE OINTMENT	Tier 3	MO
LOTEMAX EYE DROPS	Tier 3	MO
PRED MILD EYE DROPS	Tier 3	MO
prednisolone acetate eye drops, susp	Tier 1	MO; GC
prednisolone sodium phosphate eye drops	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
Nonsteroidal Anti-Inflammatory Drugs, Ophthalmic		
diclofenac eye drops	Tier 1	MO; GC
flurbiprofen eye drops	Tier 1	MO; GC
ketorolac eye drops	Tier 1	MO; GC
NEVANAC EYE DROPS	Tier 3	MO
Ophthalmic Agents, Other		
ak-con eye drops	Tier 1	MO; GC
bacitracin eye ointment	Tier 1	MO; GC
bacitracin-polymyxin b eye ointment	Tier 1	MO; GC
bleph-10 eye drops	Tier 1	MO; GC
BLEPHAMIDE S.O.P. EYE OINTMENT	Tier 3	MO
CILOXAN EYE OINTMENT	Tier 3	MO
gentak eye ointment	Tier 1	MO; GC
gentasol eye drops	Tier 1	MO; GC
levofloxacin eye drops	Tier 1	MO; GC
LOTEMAX EYE OINTMENT	Tier 3	MO
neomycin-bacitracin-poly-hc eye ointment	Tier 1	MO; GC
neomycin-bacitracin-polymyxin eye oint	Tier 1	MO; GC
neomycin-polymyxin-dexameth eye drops	Tier 1	MO; GC
neomycin-polymyxin-dexameth eye ointment	Tier 1	MO; GC
neomycin-polymyxin-gramicidin eye drops	Tier 1	MO; GC
neomycin-polymyxin-hc eye drops, susp	Tier 1	MO; GC
poly-dex eye drops	Tier 1	MO; GC
poly-dex eye ointment	Tier 1	MO; GC
proparacaine eye drops	Tier 1	MO; GC
romycin eye ointment	Tier 1	MO; GC
sulfacetamide sodium eye drops	Tier 1	MO; GC
sulfacetamide sodium eye ointment	Tier 1	MO; GC
TOBRADEX EYE OINTMENT	Tier 3	MO
tobramycin eye drops	Tier 1	MO; GC
tobramycin-dexamethasone eye drops, susp	Tier 1	MO; GC
tobrasol eye drops	Tier 1	MO; GC
trifluridine eye drops	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
trimethoprim-polymyxin b eye drops	Tier 1	MO; GC
tropicamide eye drops	Tier 1	MO; GC
VIGAMOX EYE DROPS	Tier 4	MO
Ophthalmic Anti-Allergy Agents		
ALOCRIL EYE DROPS	Tier 3	MO
ALREX EYE DROPS	Tier 3	MO
azelastine eye drops	Tier 1	MO; GC
cromolyn eye drops	Tier 1	MO; GC
PATADAY EYE DROPS	Tier 3	MO
PATANOL EYE DROPS	Tier 3	MO
Ophthalmic Prostaglandin And Prostamide Analogs		
latanoprost eye drops	Tier 1	MO; GC
TRAVATAN Z EYE DROPS	Tier 3	MO
Otic Agents		
Otic Anti-Inflammatories		
acetasol hc ear drops	Tier 1	MO; GC
acetic acid ear soln	Tier 1	MO; GC
cortomycin ear drops, susp	Tier 1	MO; GC
cortomycin ear soln	Tier 1	MO; GC
fluocinolone acetonide oil ear drops	Tier 1	MO; GC
hydrocortisone-acetic acid ear drops	Tier 1	MO; GC
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS FOR INHALATION	Tier 3	MO
ADVAIR HFA AEROSOL INHALER	Tier 3	MO
ALVESCO AEROSOL INHALER	Tier 3	MO
ASMANEX TWISTHALER BREATH ACTIVATED	Tier 3	MO
budesonide neb suspension	Tier 1	PA BvsD; MO; GC
COMBIVENT RESPIMAT AEROSOL INHALER	Tier 3	MO
DULERA HFA AEROSOL INHALER	Tier 3	MO
FLOVENT DISKUS FOR INHALATION	Tier 3	MO
FLOVENT HFA AEROSOL INHALER	Tier 3	MO

Drug Name	Drug Tier	Notes
flunisolide nasal spray	Tier 1	MO; GC
fluticasone nasal spray, susp	Tier 1	MO; GC
PULMICORT NEB SUSPENSION	Tier 3	PA BvsD; MO
PULMICORT FLEXHALER BREATH ACTIVATED	Tier 3	MO
QVAR AEROSOL INHALER	Tier 3	MO
SYMBICORT HFA AEROSOL INHALER	Tier 3	MO
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL INHALER	Tier 3	MO
COMBIVENT AEROSOL INHALER	Tier 3	MO
ipratropium bromide nasal spray	Tier 1	MO; GC
SPIRIVA WITH HANDIHALER & INHALATION CAPSULES	Tier 3	MO
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
aminophylline tablet	Tier 1	MO; GC
elixophyllin	Tier 1	MO; GC
theochron tablet,extended release	Tier 1	MO; GC
theophylline er tablet,extended release	Tier 1	MO; GC
theophylline er tablet,extended release,12 hr	Tier 1	MO; GC
Bronchodilators, Sympathomimetic		
albuterol sulfate er tablet,extended release,12 hr	Tier 1	MO; GC
albuterol sulfate syrup	Tier 1	MO; GC
albuterol sulfate tablet	Tier 1	MO; GC
EPIPEN IM INJECTOR	Tier 3	MO
EPIPEN JR IM INJECTOR	Tier 3	MO
FORADIL AEROLIZER CAPSULE WITH INHALATION DEVICE	Tier 3	MO
metaproterenol syrup	Tier 1	MO; GC
metaproterenol tablet	Tier 1	MO; GC
PROAIR HFA AEROSOL INHALER	Tier 3	MO
SEREVENT DISKUS FOR INHALATION	Tier 3	MO
terbutaline tablet	Tier 1	MO; GC
VENTOLIN HFA AEROSOL INHALER	Tier 3	MO

Drug Name	Drug Tier	Notes
H1 Blocking Agents, Sedating		
carbinoxamine oral liquid	Tier 1	MO; GC
carbinoxamine tablet	Tier 1	MO; GC
clemastine syrup	Tier 1	MO; GC
clemastine tablet	Tier 1	MO; GC
cyproheptadine syrup	Tier 1	MO; GC
cyproheptadine tablet	Tier 1	MO; GC
dexchlorpheniramine maleate syrup	Tier 1	MO; GC
diphenhydramine capsule	Tier 1	MO; GC
diphenhydramine elixir	Tier 1	MO; GC
hydroxyzine syrup	Tier 1	MO; GC
hydroxyzine tablet	Tier 1	MO; GC
hydroxyzine pamoate capsule	Tier 1	MO; GC
Histamine1 (H1) Blocking Agents, Mildly/Non-Sedating		
azelastine nasal spray aerosol	Tier 1	MO; GC
cetirizine oral soln	Tier 1	MO; GC
levocetirizine oral soln	Tier 1	MO; GC
levocetirizine tablet	Tier 1	MO; GC
Mast Cell Stabilizers		
cromolyn neb solution	Tier 1	PA BvsD; MO; GC
Pulmonary Antihypertensives		
LETAIRIS TABLET	Tier 5	PA; LA; QL (30 EA per 30 day(s))
REVATIO TABLET	Tier 5	PA; MO; QL (90 EA per 30 day(s))
sildenafil tablet	Tier 5	PA; MO; QL (90 EA per 30 Day(s))
TRACLEER TABLET	Tier 5	PA; LA; QL (60 EA per 30 day(s))
Receptor Antagonists		
montelukast chewable tablet	Tier 1	MO; GC
montelukast tablet	Tier 1	MO; GC
SINGULAIR CHEWABLE TABLET	Tier 3	MO
SINGULAIR ORAL GRANULES IN PACKET	Tier 3	MO
SINGULAIR TABLET	Tier 3	MO

Drug Name	Drug Tier	Notes
Respiratory Tract Agents, Other		
PULMOZYME SOLN FOR INHALATION	Tier 3	PA BvsD; MO
Sedatives/Hypnotics		
Sedatives/Hypnotics		
zaleplon capsule	Tier 1	MO; GC
zolpidem tablet	Tier 1	MO; GC
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
carisoprodol tablet	Tier 1	MO; GC
carisoprodol-asa-codeine tablet	Tier 1	MO; GC
carisoprodol-aspirin tablet	Tier 1	MO; GC
chlorzoxazone tablet	Tier 1	MO; GC
cyclobenzaprine tablet	Tier 1	MO; GC
methocarbamol tablet	Tier 1	MO; GC
orphenadrine citrate er tablet,extended release	Tier 1	MO; GC
orphenadrine compound tablet	Tier 1	MO; GC
orphenadrine compound-ds tablet	Tier 1	MO; GC
Therapeutic Nutrients/Minerals/ Electrolytes		
Electrolytes/Minerals		
ed k+10 tablet,extended release	Tier 1	MO; GC
klor-con tablet,extended release	Tier 1	MO; GC
klor-con 10 tablet,extended release	Tier 1	MO; GC
klor-con m15 tablet,extended release	Tier 1	MO; GC
klor-con m20 tablet,extended release	Tier 1	MO; GC
lactated ringers irrigation soln	Tier 1	MO; GC
levocarnitine IV	Tier 6	PA BvsD; MO; HI
levocarnitine tablet	Tier 1	PA BvsD; MO; GC
levocarnitine (with sugar) oral soln	Tier 1	PA BvsD; MO; GC
physiolyte irrigation soln	Tier 1	MO; GC
potassium chloride er capsule,extended release	Tier 1	MO; GC
potassium chloride er tablet,extended release(part/cryst)	Tier 1	MO; GC
potassium citrate er tablet,extended release	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
ringers irrigation soln	Tier 1	MO; GC
sodium chloride irrigation soln	Tier 1	MO; GC
sodium fluoride tablet	Tier 1	MO; GC

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