

**Senior Dimensions Southern Nevada (HMO-POS)  
Senior Dimensions Greater Nevada (HMO)  
Senior Dimensions Northern Nevada (HMO-POS)**

**2010 Formulary  
(List of Covered Drugs)**

**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.

Formulary and/or co-payments/co-insurance may change on January 1, 2011.

Effective September 1, 2010

## **What is the Senior Dimensions Formulary?**

A formulary is a list of covered drugs selected by Senior Dimensions 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. Senior Dimensions will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Senior Dimensions 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, 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 1, 2010. To get updated information about the drugs covered by Senior Dimensions, please visit our Web site at [www.seniordimensions.com](http://www.seniordimensions.com) or call Member Services at 702-242-7301 or 1-800-650-6232 November 15, 2009 through March 1, 2010, seven days a week from 8 a.m. to 8 p.m. and March 2, 2010 through November 14, 2010, Monday through Friday from 8 a.m. to 8 p.m. Calls on Saturday, Sunday and holidays will be received by our automated phone system (where you can leave a detailed message, and a representative will return your call as soon as possible. TTY/TDD users should call 702-242-9214 or 1-800-349-3538. In the event of a mid-year non-maintenance change to the formulary, you will be mailed a list of corrections documenting any change(s) to the drug coverage.

## **How do I use the Formulary?**

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

### **Medical Condition:**

The formulary begins on page 7. 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 below. 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 55. 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?**

Senior Dimensions 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:** Senior Dimensions requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Senior Dimensions before you fill your prescriptions. If you don't get approval, Senior Dimensions may not cover the drug.
- **Quantity Limits:** For certain drugs, Senior Dimensions limits the amount of the drug that Senior Dimensions will cover. For example, Senior Dimensions provides 30 tablets per prescription for Benicar. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Senior Dimensions 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, Senior Dimensions may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Senior Dimensions 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.seniordimensions.com](http://www.seniordimensions.com).

You can ask Senior Dimensions to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Senior Dimensions’ formulary?” on page 3 for information about how to request an exception.

## 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 Senior Dimensions does not cover your drug, you have two options:

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

## How do I request an exception to the Senior Dimensions' Formulary?

You can ask Senior Dimensions 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, Senior Dimensions 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. Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier designated as the high-cost tier.

Generally, Senior Dimensions will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower tiered drug 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.

If you are a member who has had a level-of-care change (for example, you have recently been discharged from a long-term care facility and are now back at home), we will cover a temporary 30-day transition 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.

### **For more information**

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

If you have questions about Senior Dimensions, please call:

### **Member Services at 702-242-7301 or 1-800-650-6232**

- From November 15, 2009 through March 1, 2010 – 7 days/week from 8 a.m. to 8 p.m.
- From March 2, 2010 through November 14, 2010 – Monday through Friday from 8 a.m. to 8 p.m. Calls on Saturday, Sunday and holidays will be received by our automated phone system (where you can leave a detailed message, and a representative will return your call as soon as possible).
- Or visit [www.seniordimensions.com](http://www.seniordimensions.com)

## **TDD users should call 702-242-9214 or 1-800-349-3538.**

Si usted habla Español y necesita asistencia con este sumario o tiene alguna pregunta acerca de su cobertura con Senior Dimensions tenemos representantes disponibles para asistirle. Puede llamarnos al servicio del cliente de Senior Dimensions al 702-242-7301

- De noviembre 15, 2009 hasta marzo 1, 2010 – 7 días de la semana de 8:00 a.m.- 8:00 p.m.
- Comenzando en marzo 2, 2010 hasta noviembre 14, 2010 – lunes a viernes de 8:00 a.m.- 8:00 p.m.

Llamadas recibidas los sábados, domingos y los días festivos serán contestadas por nuestro sistema de teléfono automatizado (donde usted podrá dejar un mensaje detallado, y un representante le regresará su llamada lo más pronto posible.)

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](http://www.medicare.gov).

## **Senior Dimensions' Formulary**

The formulary below provides coverage information about some of the drugs covered by Senior Dimensions. If you have trouble finding your drug in the list, turn to the Index that begins on page 55.

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

The information in the Notes column tells you if Senior Dimensions has any special requirements for coverage of your drug.

### **List of Abbreviations**

- **QL:** Quantity Limit. See “Are there any restrictions on my coverage?” on Page 2 for more information.
- **ST:** Step Therapy. See “Are there any restrictions on my coverage?” on Page 2 for more information.
- **PA:** Prior Authorization. See “Are there any restrictions on my coverage?” on Page 2 for more information.
- **B/D:** This prescription drug has a Part B versus D administrative prior authorization requirement. 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.

- **ED:** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- **CB:** This prescription drug has a capped benefit limit.
- **GC:** Gap Coverage. We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
- **LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 702-242-7301 or 1-800-650-6232 November 15, 2009 through March 1, 2010, seven days a week from 8 a.m. to 8 p.m. and March 2, 2010 through November 14, 2010, Monday through Friday from 8 a.m. to 8 p.m. Calls on Saturday, Sunday and holidays will be received by our automated phone system (where you can leave a detailed message, and a representative will return your call as soon as possible. TTY/TDD users should call 702-242-9214 or 1-800-349-3538.
- **MO:** Mail Order drugs. This drug is available through both the retail pharmacy benefit, and through the mail-order pharmacy benefit

| Drug Name  | Drug Tier                  | Notes                            |
|--|----------------------------|----------------------------------|
| <b>Analgesics</b>  |                            |                                  |
| <i>Analgesics</i>  |                            |                                  |
| <i>butalbital /acetaminophen /caffeine</i>                     | special coverage - generic | QL (120 per 30 days) MO GC ED CB |
| <i>butalbital /aspirin /caffeine</i>                           | special coverage - generic | QL (120 per 30 days) MO GC ED CB |
| <i>butalbital/apap/caffeine</i>                                | special coverage - generic | QL (120 per 30 days) MO GC ED CB |
| <b>Nonsteroidal Anti-inflammatory Drugs</b>                    |                            |                                  |
| <i>endodan</i>   | generic                    | QL (360 per 30 days) MO          |
| <i>ibuprofen</i>   | generic                    | MO                               |
| <i>meloxicam</i>   | generic                    | QL (30 per 30 days) MO           |
| <i>naproxen sodium</i>   | generic                    | MO                               |
| <b>Opioid Analgesics</b>                                       |                            |                                  |
| <i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>        | generic                    | QL (150 per 30 days) MO          |
| <i>acetaminophen/codeine #3</i>                                | generic                    | QL (390 per 30 days) MO          |
| <i>acetaminophen/codeine #4</i>                                | generic                    | QL (390 per 30 days) MO          |
| <i>acetaminophen/codeine tablet</i>                            | generic                    | QL (390 per 30 days) MO          |
| <i>acetaminophen/codeine solution</i>                          | generic                    | QL (5000 per 30 days) MO         |
| <i>ascomp/codeine</i>  | generic                    | QL (360 per 30 days) MO          |
| <i>astramorph</i>  | generic                    | PA MO                            |
| AVINZA CAPSULE EXTENDED RELEASE 24 HOUR 30MG, 45MG, 60MG, 75MG | non-preferred              | QL (30 per 30 days) ST           |
| AVINZA CAPSULE EXTENDED RELEASE 24 HOUR 90MG                   | non-preferred              | QL (60 per 30 days) ST           |
| AVINZA CAPSULE EXTENDED RELEASE 24 HOUR 120MG                  | non-preferred              | QL (90 per 30 days) ST           |
| <i>buprenorphine hcl tablet sublingual 2mg</i>                 | non-preferred              | QL (360 per 30 days)             |
| <i>buprenorphine hcl tablet sublingual 8mg</i>                 | non-preferred              | QL (90 per 30 days)              |
| <i>butalbital /apap /caffeine /codeine</i>                     | generic                    | QL (240 per 30 days) MO          |
| <i>butorphanol tartrate solution</i>                           | non-preferred              | QL (10 per 30 days)              |
| <i>co-gesic</i>  | generic                    | QL (240 per 30 days) MO          |
| CODEINE SULFATE TABLET 15MG, 30MG                              | generic                    | MO                               |
| <i>codeine sulfate tablet 60mg</i>                             | generic                    | MO                               |
| <i>duramorph</i>   | generic                    | PA MO                            |
| EMBEDA   | non-preferred              | QL (60 per 30 days) ST           |
| <i>endocet tablet 650mg; 10mg</i>                              | generic                    | QL (180 per 30 days) MO          |
| <i>endocet tablet 500mg; 7.5mg</i>                             | generic                    | QL (240 per 30 days) MO          |
| <i>endocet tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>    | generic                    | QL (360 per 30 days) MO          |
| <i>fentanyl</i>  | non-preferred              | QL (20 per 30 days) ST           |
| <i>fentanyl citrate</i>  | generic                    | PA MO                            |

| Drug Name   | Drug Tier     | Notes                      |
|---|---------------|----------------------------|
| FENTANYL CITRATE ORAL TRANSMUCOSAL  | specialty     | QL (120 per 30 days) PA MO |
| FENTORA   | specialty     | PA MO                      |
| <i>hydrocodone /acetaminophen-hs</i>  | generic       | QL (240 per 30 days) MO    |
| <i>hydrocodone /acetaminophen solution 500mg/15ml; 7.5mg/15ml</i>               | generic       | QL (3600 per 30 days) MO   |
| <i>hydrocodone /acetaminophen solution 325mg/15ml; 10mg/15ml</i>                | generic       | QL (5400 per 30 days) MO   |
| <i>hydrocodone /acetaminophen tablet 750mg; 7.5mg</i>                           | generic       | QL (150 per 30 days) MO    |
| <i>hydrocodone /acetaminophen tablet 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg</i> | generic       | QL (180 per 30 days) MO    |
| <i>hydrocodone /acetaminophen tablet 500mg; 10mg, 500mg; 5mg, 500mg; 7.5mg</i>  | generic       | QL (240 per 30 days) MO    |
| <i>hydrocodone /acetaminophen tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>  | generic       | QL (360 per 30 days) MO    |
| <i>hydrocodone /ibuprofen</i>   | generic       | QL (480 per 30 days) MO    |
| <i>hydrocodone bitartrate/acetaminophen</i>                                     | generic       | QL (150 per 30 days) MO    |
| <i>hydromorphone hcl tablet 2mg</i>   | generic       | QL (330 per 30 days) MO    |
| <i>hydromorphone hcl tablet 4mg, 8mg</i>  | generic       | QL (360 per 30 days) MO    |
| KADIAN  | non-preferred | QL (60 per 30 days) ST     |
| <i>levorphanol tartrate</i>   | generic       | MO                         |
| <i>margesic-h</i>   | generic       | QL (150 per 30 days) MO    |
| <i>meperidine hcl tablet</i>  | generic       | QL (360 per 30 days) MO    |
| <i>methadone hcl concentrate, solution</i>                                      | generic       | MO                         |
| <i>methadone hcl tablet 5mg</i>   | generic       | MO                         |
| <i>methadone hcl tablet 10mg</i>  | generic       | QL (270 per 30 days) MO    |
| <i>methadose tablet 5mg</i>   | generic       | MO                         |
| <i>methadose tablet 10mg</i>  | generic       | QL (270 per 30 days) MO    |
| <i>morphine sulfate er</i>  | generic       | MO                         |
| <i>morphine sulfate injection</i>   | generic       | PA MO                      |
| <i>morphine sulfate oral solution 20mg/ml</i>                                   | generic       |                            |
| <i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>                        | generic       | MO                         |
| <i>morphine sulfate tablet 30mg</i>   | generic       | QL (270 per 30 days) MO    |
| <i>morphine sulfate tablet 15mg</i>   | generic       | QL (330 per 30 days) MO    |
| NUCYNTA   | non-preferred | QL (180 per 30 days)       |
| ONSOLIS   | specialty     | QL (120 per 30 days) PA MO |
| OPANA ER  | brand         | QL (60 per 30 days) MO     |
| OPANA TABLET 5MG  | non-preferred | QL (330 per 30 days)       |
| OPANA TABLET 10MG   | non-preferred | QL (360 per 30 days)       |
| <i>oxycodone /acetaminophen capsule</i>   | generic       | QL (240 per 30 days) MO    |
| <i>oxycodone /acetaminophen tablet 650mg; 10mg</i>                              | generic       | QL (180 per 30 days) MO    |
| <i>oxycodone /acetaminophen tablet 325mg; 2.5mg, 325mg; 5mg</i>                 | generic       | QL (360 per 30 days) MO    |
| <i>oxycodone /apap</i>  | generic       | QL (240 per 30 days) MO    |
| <i>oxycodone /aspirin</i>   | generic       | QL (360 per 30 days) MO    |
| <i>oxycodone /ibuprofen</i>   | generic       | QL (240 per 30 days) MO    |
| OXYCODONE HCL ER  | non-preferred | QL (60 per 30 days) ST     |

| Drug Name  | Drug Tier     | Notes                      |
|--|---------------|----------------------------|
| <i>oxycodone hcl tablet 15mg, 30mg</i>                     | generic       | QL (270 per 30 days) MO    |
| <i>oxycodone hcl tablet 5mg</i>                            | generic       | QL (360 per 30 days) MO    |
| <i>oxycodone-apap</i>                                      | generic       | QL (360 per 30 days) MO    |
| OXYCONTIN TABLET EXTENDED RELEASE 12 HOUR 15MG, 30MG, 60MG | non-preferred | QL (60 per 30 days) ST     |
| <i>pentazocine /acetaminophen</i>                          | generic       | QL (180 per 30 days) MO    |
| <i>pentazocine/naloxone hcl</i>                            | generic       | MO                         |
| <i>propoxyphene /acetaminophen</i>                         | generic       | QL (180 per 30 days) PA MO |
| <i>propoxyphene hcl</i>                                    | generic       | QL (180 per 30 days) PA MO |
| <i>propoxyphene-n /acetaminophen tablet 650mg; 100mg</i>   | generic       | QL (180 per 30 days) PA MO |
| <i>propoxyphene-n /acetaminophen tablet 500mg; 100mg</i>   | generic       | QL (240 per 30 days) PA MO |
| <i>propoxyphene-n /acetaminophen tablet 325mg; 50mg</i>    | generic       | QL (360 per 30 days) PA MO |
| REPREXAIN TABLET 2.5MG; 200MG, 5MG; 200MG                  | non-preferred | QL (360 per 30 days) ST    |
| <i>roxicet tablet 500mg; 5mg</i>                           | generic       | QL (240 per 30 days) MO    |
| <i>roxicet tablet 325mg; 5mg</i>                           | generic       | QL (360 per 30 days) MO    |
| RYZOLT   | non-preferred | QL (30 per 30 days)        |
| <i>stagesic</i>  | generic       | QL (240 per 30 days) MO    |
| SUBOXONE   | non-preferred | QL (90 per 30 days)        |
| SUBUTEX TABLET SUBLINGUAL 2MG                              | non-preferred | QL (360 per 30 days)       |
| SUBUTEX TABLET SUBLINGUAL 8MG                              | non-preferred | QL (90 per 30 days)        |
| <i>tramadol hcl</i>  | generic       | QL (240 per 30 days) MO    |
| <i>tramadol hcl er</i>                                     | non-preferred | QL (30 per 30 days)        |
| <i>tramadol hydrochloride/acetaminophen</i>                | generic       | QL (240 per 30 days) MO    |
| <i>vanacet</i>   | generic       | QL (240 per 30 days) MO    |
| <i>zerlor</i>  | generic       | QL (150 per 30 days) MO    |
| ZYDONE   | non-preferred | QL (240 per 30 days) ST    |
| <b>Anesthetics</b>   |               |                            |
| <b>Local Anesthetics</b>                                   |               |                            |
| <i>anestacon</i>   | generic       | MO                         |
| <i>lidocaine</i>   | generic       | MO                         |
| <i>lidocaine hcl</i>                                       | generic       | MO                         |
| <i>lidocaine hcl jelly</i>                                 | generic       | MO                         |
| <i>lidocaine viscous</i>                                   | generic       | MO                         |
| <i>lidocaine/prilocaine</i>                                | generic       | MO                         |
| LIDODERM   | non-preferred | QL (90 per 30 days) PA     |
| SYNERA   | non-preferred | QL (4 per 30 days)         |
| <b>Anti-inflammatory Agents</b>                            |               |                            |
| <b>Nonsteroidal Anti-inflammatory Drugs</b>                |               |                            |
| ARTHROTEC 50   | non-preferred |                            |
| ARTHROTEC 75   | non-preferred |                            |
| CELEBREX CAPSULE 200MG                                     | brand         | QL (120 per 30 days) ST MO |
| CELEBREX CAPSULE 100MG                                     | brand         | QL (240 per 30 days) ST MO |
| CELEBREX CAPSULE 400MG, 50MG                               | brand         | QL (60 per 30 days) ST MO  |
| <i>diclofenac potassium</i>                                | generic       | MO                         |

| Drug Name                                | Drug Tier     | Notes                   |  |  |  |  |
|--|---------------|-------------------------|--|--|--|--|
| <i>diclofenac sodium</i>                 | generic       | MO                      |  |  |  |  |
| <i>diclofenac sodium ec</i>              | generic       | MO                      |  |  |  |  |
| <i>diclofenac sodium xr</i>              | generic       | MO                      |  |  |  |  |
| <i>diflunisal</i>                        | non-preferred |                         |  |  |  |  |
| <i>etodolac</i>                          | generic       | MO                      |  |  |  |  |
| <i>etodolac er</i>                       | generic       | MO                      |  |  |  |  |
| <i>fenoprofen calcium</i>                | generic       | MO                      |  |  |  |  |
| <i>flurbiprofen</i>                      | generic       | MO                      |  |  |  |  |
| <i>ibuprofen</i>                         | generic       | MO                      |  |  |  |  |
| <i>indomethacin</i>                      | generic       | MO                      |  |  |  |  |
| <i>indomethacin er</i>                   | generic       | MO                      |  |  |  |  |
| <i>ketoprofen</i>                        | generic       | QL (120 per 30 days) MO |  |  |  |  |
| <i>ketoprofen er</i>                     | generic       | QL (30 per 30 days) MO  |  |  |  |  |
| <i>ketorolac tromethamine tablet</i>     | generic       | QL (20 per 30 days)     |  |  |  |  |
| <i>meclofenamate sodium</i>              | generic       | MO                      |  |  |  |  |
| <i>meloxicam tablet</i>                  | generic       | QL (30 per 30 days) MO  |  |  |  |  |
| <i>meloxicam suspension</i>              | non-preferred | QL (300 per 3 days)     |  |  |  |  |
| <i>nabumetone</i>                        | generic       | MO                      |  |  |  |  |
| <i>naproxen</i>                          | generic       | MO                      |  |  |  |  |
| <i>naproxen dr</i>                       | generic       | MO                      |  |  |  |  |
| <i>oxaprozin</i>                         | generic       | MO                      |  |  |  |  |
| <i>piroxicam</i>                         | generic       | MO                      |  |  |  |  |
| PREVACID NAPRAPAC                        | non-preferred | QL (84 per 30 days) ST  |  |  |  |  |
| <i>sulindac</i>                          | generic       | MO                      |  |  |  |  |
| <i>tolmetin sodium</i>                   | generic       | MO                      |  |  |  |  |
| <b>Antibacterials</b>                    |               |                         |  |  |  |  |
| <b><i>Aminoglycosides</i></b>            |               |                         |  |  |  |  |
| <i>ak-tob</i>                            | generic       | MO                      |  |  |  |  |
| <i>genoptic</i>                          | generic       | MO                      |  |  |  |  |
| <i>gentak</i>                            | generic       | MO                      |  |  |  |  |
| <i>gentamicin sulfate</i>                | generic       | MO                      |  |  |  |  |
| <i>gentasol</i>                          | generic       | MO                      |  |  |  |  |
| <i>neomycin sulfate</i>                  | generic       | MO                      |  |  |  |  |
| <i>paromomycin sulfate</i>               | generic       | MO                      |  |  |  |  |
| STREPTOMYCIN SULFATE                     | non-preferred | PA                      |  |  |  |  |
| TOBI                                     | specialty     | PA MO                   |  |  |  |  |
| <i>tobramycin sulfate solution</i>       | generic       | MO                      |  |  |  |  |
| <i>tobrasol</i>                          | generic       | MO                      |  |  |  |  |
| <b><i>Antibacterials, Other</i></b>      |               |                         |  |  |  |  |
| BACTROBAN NASAL                          | non-preferred |                         |  |  |  |  |
| BACTROBAN CREAM                          | non-preferred |                         |  |  |  |  |
| CLEOCIN PEDIATRIC GRANULES               | non-preferred |                         |  |  |  |  |
| CLEOCIN SUPPOSITORY                      | non-preferred |                         |  |  |  |  |
| <i>clindamycin hcl</i>                   | generic       | MO                      |  |  |  |  |
| <i>clindamycin phosphate add-vantage</i> | generic       | PA MO                   |  |  |  |  |

| Drug Name                                       | Drug Tier     | Notes                 |
|---|---------------|-----------------------|
| <i>clindamycin phosphate cream</i>              | generic       | MO                    |
| <i>clindamycin phosphate foam</i>               | non-preferred |                       |
| <i>colistimethate sodium</i>                    | specialty     | MO                    |
| CUBICIN   | specialty     | PA MO                 |
| FURADANTIN                                      | brand         | MO                    |
| HELIDAC   | non-preferred | QL (56 per 60 days)   |
| LINCOCIN  | non-preferred | PA                    |
| MACRODANTIN CAPSULE 25MG                        | non-preferred |                       |
| <i>methenamine hippurate</i>                    | generic       | MO                    |
| <i>metronidazole</i>                            | generic       | MO                    |
| <i>metronidazole vaginal</i>                    | generic       | MO                    |
| <i>mupirocin</i>                                | generic       | MO                    |
| <i>neomycin /bacitracin /polymyxin</i>          | generic       | MO                    |
| <i>neomycin/polymyxin b sulfates</i>            | generic       | MO                    |
| NEUTREXIN                                       | specialty     | PA MO                 |
| <i>nitrofurantoin macrocrystalline</i>          | generic       | MO                    |
| <i>nitrofurantoin monohydrate</i>               | generic       | MO                    |
| <i>polycin b</i>                                | generic       | MO                    |
| PRIMSOL   | brand         | MO                    |
| PYLERA  | non-preferred | QL (360 per 365 days) |
| <i>silver sulfadiazine</i>                      | generic       | MO                    |
| <i>ssd</i>                                      | generic       | MO                    |
| <i>thermazene</i>                               | generic       | MO                    |
| <i>trimethoprim</i>                             | generic       | MO                    |
| TYGACIL   | specialty     | PA MO                 |
| VANCOCIN HCL                                    | specialty     | PA MO                 |
| <i>vancomycin hcl</i>                           | generic       | PA MO                 |
| <i>vancomycin hcl iso-osmotic dextrose</i>      | generic       | PA MO                 |
| <i>vandazole</i>                                | generic       | MO                    |
| VIBATIV   | specialty     | PA                    |
| XIFAXAN 200MG                                   | non-preferred | QL (9 per 30 days)    |
| ZYVOX   | non-preferred | PA                    |
| <b><i>Beta-lactam, Cephalosporins</i></b>       |               |                       |
| CEDAX   | non-preferred | ST                    |
| <i>cefactor</i>                                 | generic       | MO                    |
| <i>cefactor er</i>                              | generic       | MO                    |
| <i>cefadroxil</i>                               | generic       | MO                    |
| <i>cefazolin sodium injection 1gm</i>           | generic       | MO                    |
| <i>cefdinir</i>                                 | generic       | MO                    |
| <i>cefepime</i>                                 | generic       | PA MO                 |
| <i>cefpodoxime proxetil</i>                     | generic       | MO                    |
| <i>cefprozil</i>                                | generic       | MO                    |
| <i>cefuroxime axetil</i>                        | generic       | MO                    |
| <i>cefuroxime sodium injection 1.5gm, 750mg</i> | generic       | MO                    |
| <i>cephalexin</i>                               | generic       | MO                    |

| Drug Name  | Drug Tier     | Notes                  |
|--|---------------|------------------------|
| RANICLOR   | non-preferred | ST                     |
| SPECTRACEF                                       | non-preferred | ST                     |
| SUPRAX SUSPENSION RECONSTITUTED                  | non-preferred | ST                     |
| <i>tazicef injection 1gm</i>                     | generic       | MO                     |
| <b>Beta-lactam, Other</b>                        |               |                        |
| AZACTAM  | brand         | MO                     |
| INVANZ   | non-preferred | PA                     |
| MERREM   | specialty     | PA MO                  |
| PRIMAXIN I.M.                                    | specialty     | PA MO                  |
| PRIMAXIN IV INJECTION 250MG; 250MG               | non-preferred | PA                     |
| PRIMAXIN IV INJECTION 500MG; 500MG               | specialty     | PA MO                  |
| <b>Beta-lactam, Penicillins</b>                  |               |                        |
| <i>amoclan</i>                                   | generic       | MO                     |
| <i>amoxicillin</i>                               | generic       | MO                     |
| <i>amoxicillin/clavulanate potassium</i>         | generic       | MO                     |
| <i>amoxicillin/clavulanate potassium er</i>      | non-preferred | QL (40 per 30 days)    |
| <i>amoxicillin/potassium clavulanate</i>         | generic       | MO                     |
| <i>amoxil capsule</i>                            | generic       | MO                     |
| <i>amoxil suspension reconstituted 250mg/5ml</i> | generic       | MO                     |
| <i>ampicillin</i>                                | generic       | MO                     |
| <i>ampicillin sodium injection 10gm, 1gm</i>     | generic       | MO                     |
| BICILLIN L-A                                     | non-preferred |                        |
| <i>dicloxacillin sodium</i>                      | generic       | MO                     |
| MOXATAG  | non-preferred | ST                     |
| <i>nafcillin sodium</i>                          | generic       | MO                     |
| <i>oxacillin sodium injection 1gm</i>            | non-preferred | PA                     |
| <i>oxacillin sodium injection 10gm</i>           | specialty     | PA MO                  |
| <i>penicillin g potassium</i>                    | non-preferred |                        |
| <i>penicillin v potassium</i>                    | generic       | MO                     |
| <i>piperacillin sodium/ tazobactam sodium</i>    | non-preferred | PA                     |
| TIMENTIN   | non-preferred | PA                     |
| <i>trimox</i>                                    | generic       | MO                     |
| <i>veetids</i>                                   | generic       | MO                     |
| <b>Macrolides</b>                                |               |                        |
| <i>azithromycin suspension reconstituted</i>     | generic       | MO                     |
| <i>azithromycin tablet 250mg</i>                 | generic       | QL (12 per 30 days) MO |
| <i>azithromycin tablet 600mg</i>                 | generic       | QL (14 per 30 days) MO |
| <i>azithromycin tablet 500mg</i>                 | generic       | QL (6 per 30 days) MO  |
| <i>clarithromycin</i>                            | generic       | MO                     |
| <i>clarithromycin er</i>                         | generic       | MO                     |
| <i>e.e.s. 400</i>                                | generic       | MO                     |
| <i>ery</i>                                       | generic       | MO                     |
| ERY-TAB  | brand         | MO                     |
| ERYTHROCIN LACTOBIONATE                          | brand         | MO                     |
| <i>erythromycin</i>                              | generic       | MO                     |

| Drug Name   | Drug Tier     | Notes                     |
|---|---------------|---------------------------|
| <i>erythromycin /sulfisoxazole</i>  | generic       | MO                        |
| ERYTHROMYCIN BASE   | brand         | MO                        |
| KETEK   | non-preferred | QL (28 per 30 days) ST    |
| PCE   | non-preferred | ST                        |
| <i>romycin</i>  | generic       | MO                        |
| <b>Quinolones</b>   |               |                           |
| AVELOX TABLET   | brand         | QL (21 per 30 days) ST MO |
| BESIVANCE   | non-preferred | QL (5 per 30 days)        |
| CIPRO SUSPENSION RECONSTITUTED  | non-preferred | ST                        |
| <i>ciprofloxacin er</i>   | non-preferred |                           |
| <i>ciprofloxacin extended-release</i>   | non-preferred |                           |
| <i>ciprofloxacin hcl</i>  | generic       | MO                        |
| FACTIVE   | non-preferred | QL (7 per 30 days) ST     |
| LEVAQUIN INJECTION 5%; 750MG/150ML  | non-preferred | PA                        |
| LEVAQUIN TABLET 750MG   | non-preferred | QL (14 per 30 days) ST    |
| LEVAQUIN TABLET 500MG   | non-preferred | QL (28 per 30 days) ST    |
| LEVAQUIN TABLET 250MG   | non-preferred | QL (42 per 30 days) ST    |
| NOROXIN   | non-preferred | ST                        |
| <i>ofloxacin otic solution</i>  | generic       | MO                        |
| <i>ofloxacin tablet</i>   | non-preferred |                           |
| QUIXIN  | non-preferred |                           |
| ZYMAXID   | non-preferred | QL (5 per 30 days)        |
| <b>Sulfonamides</b>   |               |                           |
| GANTRISIN PEDIATRIC   | non-preferred |                           |
| <i>ocusulf-10</i>   | generic       | MO                        |
| <i>sodium sulfacetamide</i>   | generic       | MO                        |
| <i>sulfadiazine</i>   | generic       | MO                        |
| <i>sulfamethoxazole /trimethoprim suspension, tablet</i>                      | generic       | MO                        |
| <i>sulfamethoxazole /trimethoprim injection</i>                               | non-preferred |                           |
| <i>sulfamethoxazole/trimethoprim ds</i>                                       | generic       | MO                        |
| <i>sulfatrim</i>  | generic       | MO                        |
| <b>Tetracyclines</b>  |               |                           |
| ADOXA TABLET 100MG  | non-preferred | ST                        |
| <i>demeclocycline hcl</i>   | generic       | MO                        |
| DORYX   | non-preferred | ST                        |
| <i>doxy-caps</i>  | generic       | MO                        |
| <i>doxycycline hyclate capsule, capsule delayed release particles, tablet</i> | generic       | MO                        |
| <i>doxycycline hyclate injection 100mg</i>                                    | generic       | MO                        |
| <i>doxycycline hyclate injection 100mg</i>                                    | non-preferred |                           |
| <i>doxycycline monohydrate</i>  | generic       | MO                        |
| <i>minocycline hcl er</i>   | non-preferred | PA                        |
| <i>minocycline hcl capsule</i>  | generic       | MO                        |
| <i>minocycline hcl tablet 75mg</i>  | non-preferred |                           |
| <i>minocycline hcl tablet 50mg</i>  | generic       | MO                        |

| Drug Name   | Drug Tier                  | Notes                         |
|---|----------------------------|-------------------------------|
| <i>minocycline hcl tablet 75mg</i>                      | generic                    | MO                            |
| <i>minocycline hcl tablet 100mg</i>                     | generic                    | MO                            |
| <i>minocycline hcl tablet 50mg</i>                      | non-preferred              |                               |
| <i>minocycline hcl tablet 100mg</i>                     | non-preferred              |                               |
| ORACEA  | non-preferred              | PA                            |
| SOLODYN TABLET EXTENDED RELEASE 24 HOUR 115MG, 65MG     | non-preferred              | PA                            |
| <i>tetracycline hcl</i>                                 | generic                    | MO                            |
| VIBRAMYCIN SYRUP  | non-preferred              | ST                            |
| <b>Anticonvulsants</b>                                  |                            |                               |
| <i>Anticonvulsants, Other</i>                           |                            |                               |
| BANZEL  | non-preferred              | ST                            |
| <i>clonazepam</i>                                       | special coverage - generic | QL (120 per 30 days) MO GC ED |
| KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500MG         | non-preferred              | QL (180 per 30 days)          |
| KEPPRA INJECTION  | brand                      | PA MO                         |
| <i>levetiracetam</i>                                    | generic                    | MO                            |
| <i>phenobarbital</i>                                    | special coverage - generic | MO GC ED                      |
| VIMPAT ORAL SOLUTION                                    | non-preferred              |                               |
| VIMPAT INJECTION  | non-preferred              | PA                            |
| VIMPAT TABLET 50MG                                      | non-preferred              | QL (120 per 30 days)          |
| VIMPAT TABLET 100MG, 150MG, 200MG                       | non-preferred              | QL (60 per 30 days)           |
| <i>Calcium Channel Modifying Agents</i>                 |                            |                               |
| CELONTIN  | non-preferred              |                               |
| <i>ethosuximide</i>                                     | generic                    | MO                            |
| LYRICA CAPSULE 225MG, 300MG                             | non-preferred              | QL (60 per 30 days) PA        |
| LYRICA CAPSULE 100MG, 150MG, 200MG, 25MG, 50MG, 75MG    | non-preferred              | QL (90 per 30 days) PA        |
| <i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i> |                            |                               |
| <i>divalproex sodium</i>                                | generic                    | MO                            |
| <i>divalproex sodium er</i>                             | generic                    | MO                            |
| <i>gabapentin capsule 100mg</i>                         | generic                    | QL (120 per 30 days) MO       |
| <i>gabapentin capsule 400mg</i>                         | generic                    | QL (270 per 30 days) MO       |
| <i>gabapentin capsule 300mg</i>                         | generic                    | QL (360 per 30 days) MO       |
| <i>gabapentin tablet</i>                                | generic                    | QL (120 per 30 days) MO       |
| GABITRIL TABLET 4MG                                     | non-preferred              |                               |
| GABITRIL TABLET 12MG, 2MG                               | non-preferred              | QL (120 per 30 days)          |
| GABITRIL TABLET 16MG                                    | non-preferred              | QL (90 per 30 days)           |
| NEURONTIN SOLUTION                                      | non-preferred              | QL (2160 per 30 days)         |
| <i>primidone</i>  | generic                    | MO                            |
| SABRIL PACKET   | specialty                  | LA MO                         |
| SABRIL TABLET   | specialty                  | QL (180 per 30 days) LA MO    |

| Drug Name   | Drug Tier     | Notes                    |
|---|---------------|--------------------------|
| STAVZOR   | non-preferred |                          |
| <i>valproate sodium</i>                                       | non-preferred |                          |
| <i>valproic acid</i>  | generic       | MO                       |
| <i>zonisamide</i>   | generic       | MO                       |
| <b>Glutamate Reducing Agents</b>                              |               |                          |
| FELBATOL  | non-preferred |                          |
| LAMICTAL STARTER/NOT TAKING<br>CARBAMAZEPINE                  | non-preferred |                          |
| LAMICTAL STARTER/TAKING<br>CARBAMAZEPINE/NOT TAKING VALPROATE | non-preferred |                          |
| LAMICTAL STARTER/TAKING VALPROATE                             | non-preferred |                          |
| <i>lamotrigine tablet chewable</i>                            | generic       | MO                       |
| <i>lamotrigine tablet 25mg</i>                                | generic       | MO                       |
| <i>lamotrigine tablet 100mg</i>                               | generic       | QL (150 per 30 days) MO  |
| <i>lamotrigine tablet 200mg</i>                               | generic       | QL (60 per 30 days) MO   |
| <i>lamotrigine tablet 150mg</i>                               | generic       | QL (90 per 30 days) MO   |
| <i>topiramate</i>   | generic       | MO                       |
| <b>Sodium Channel Inhibitors</b>                              |               |                          |
| <i>carbamazepine</i>  | generic       | MO                       |
| <i>carbamazepine er</i>                                       | generic       | MO                       |
| CARBATROL   | non-preferred |                          |
| DILANTIN  | brand         | MO                       |
| DILANTIN INFATABS   | brand         | MO                       |
| <i>epitol</i>   | generic       | MO                       |
| <i>fosphenytoin sodium</i>                                    | generic       | PA MO                    |
| <i>oxcarbazepine suspension</i>                               | generic       | QL (1200 per 30 days) MO |
| <i>oxcarbazepine tablet 600mg</i>                             | generic       | QL (120 per 30 days) MO  |
| <i>oxcarbazepine tablet 150mg</i>                             | generic       | QL (60 per 30 days) MO   |
| <i>oxcarbazepine tablet 300mg</i>                             | generic       | QL (90 per 30 days) MO   |
| PEGANONE  | non-preferred |                          |
| PHENYTEK  | brand         | MO                       |
| <i>phenytoin</i>  | generic       | MO                       |
| <i>phenytoin sodium extended capsule 100mg</i>                | generic       | MO                       |
| TEGRETOL  | brand         | MO                       |
| TEGRETOL-XR TABLET EXTENDED RELEASE<br>12 HOUR 100MG          | non-preferred |                          |
| <b>Antidementia Agents</b>                                    |               |                          |
| <b>Antidementia Agents, Other</b>                             |               |                          |
| <i>ergoloid mesylates</i>                                     | generic       | MO                       |
| <b>Cholinesterase Inhibitors</b>                              |               |                          |
| ARICEPT   | brand         | QL (30 per 30 days) MO   |
| ARICEPT ODT   | brand         | QL (30 per 30 days) MO   |
| COGNEX  | non-preferred |                          |
| EXELON PATCH 24 HOUR  | brand         | QL (30 per 30 days) MO   |
| EXELON CAPSULE  | brand         | QL (60 per 30 days) MO   |

| Drug Name  | Drug Tier     | Notes                   |
|--|---------------|-------------------------|
| EXELON SOLUTION  | brand         | QL (720 per 30 days) MO |
| <i>galantamine hydrobromide solution</i>                             | generic       | QL (265 per 30 days) MO |
| <i>galantamine hydrobromide capsule extended release 24 hour</i>     | generic       | QL (30 per 30 days) MO  |
| <i>galantamine hydrobromide tablet</i>                               | generic       | QL (60 per 30 days) MO  |
| RAZADYNE SOLUTION  | brand         | QL (265 per 30 days) MO |
| <b>Glutamate Pathway Modifiers</b>                                   |               |                         |
| NAMENDA TITRATION PAK  | brand         | QL (49 per 365 days) MO |
| NAMENDA SOLUTION   | brand         | QL (300 per 30 days) MO |
| NAMENDA TABLET   | brand         | QL (60 per 30 days) MO  |
| <b>Antidepressants</b>   |               |                         |
| <b>Antidepressants, Other</b>  |               |                         |
| <i>budeprion sr tablet extended release 12 hour 100mg</i>            | generic       | QL (60 per 30 days) MO  |
| <i>budeprion sr tablet extended release 12 hour 150mg</i>            | generic       | QL (90 per 30 days) MO  |
| <i>budeprion xl tablet extended release 24 hour 300mg</i>            | generic       | QL (30 per 30 days) MO  |
| <i>budeprion xl tablet extended release 24 hour 150mg</i>            | generic       | QL (90 per 30 days) MO  |
| <i>buproban</i>  | generic       | QL (60 per 30 days) MO  |
| <i>bupropion hcl sr tablet extended release 12 hour 100mg, 200mg</i> | generic       | QL (60 per 30 days) MO  |
| <i>bupropion hcl sr tablet extended release 12 hour 150mg</i>        | generic       | QL (90 per 30 days) MO  |
| <i>bupropion hcl tablet 100mg</i>                                    | generic       | QL (120 per 30 days) MO |
| <i>bupropion hcl tablet 75mg</i>                                     | generic       | QL (180 per 30 days) MO |
| EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG                    | non-preferred | QL (60 per 30 days)     |
| EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5MG, 75MG             | non-preferred | QL (90 per 30 days)     |
| <i>mirtazapine</i>   | generic       | QL (30 per 30 days) MO  |
| <i>mirtazapine odt</i>   | generic       | QL (30 per 30 days) MO  |
| <i>nefazodone hcl</i>  | generic       | MO                      |
| <i>trazodone hcl</i>   | generic       | MO                      |
| <i>venlafaxine hcl tablet 25mg</i>                                   | generic       | MO                      |
| <i>venlafaxine hcl tablet 75mg</i>                                   | generic       | QL (150 per 30 days) MO |
| <i>venlafaxine hcl tablet 50mg</i>                                   | generic       | QL (210 per 30 days) MO |
| <i>venlafaxine hcl tablet 37.5mg</i>                                 | generic       | QL (300 per 30 days) MO |
| <i>venlafaxine hcl tablet 100mg</i>                                  | generic       | QL (90 per 30 days) MO  |
| <b>Monoamine Oxidase Inhibitors</b>                                  |               |                         |
| EMSAM  | non-preferred | QL (30 per 30 days)     |
| MARPLAN  | non-preferred |                         |
| NARDIL   | non-preferred |                         |
| <i>tranylcypromine sulfate</i>                                       | generic       | MO                      |
| <b>Serotonin/ Norepinephrine Reuptake Inhibitors</b>                 |               |                         |
| <i>citalopram hydrobromide solution</i>                              | generic       | QL (600 per 30 days) MO |
| <i>citalopram hydrobromide tablet 10mg</i>                           | generic       | QL (30 per 30 days) MO  |
| <i>citalopram hydrobromide tablet 40mg</i>                           | generic       | QL (45 per 30 days) MO  |
| <i>citalopram hydrobromide tablet 20mg</i>                           | generic       | QL (90 per 30 days) MO  |

| Drug Name   | Drug Tier     | Notes                     |
|---|---------------|---------------------------|
| CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 60MG                 | non-preferred | QL (30 per 30 days) ST PA |
| CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG, 30MG           | non-preferred | QL (60 per 30 days) ST PA |
| <i>fluoxetine dr</i>  | non-preferred | QL (4 per 28 days)        |
| <i>fluoxetine hcl capsule 20mg</i>                              | generic       | QL (120 per 30 days) MO   |
| <i>fluoxetine hcl capsule 10mg, 40mg</i>                        | generic       | QL (90 per 30 days) MO    |
| <i>fluoxetine hcl solution</i>                                  | generic       | QL (600 per 30 days) MO   |
| <i>fluoxetine hcl tablet 20mg</i>                               | generic       | QL (120 per 30 days) MO   |
| <i>fluoxetine hcl tablet 10mg</i>                               | generic       | QL (240 per 30 days) MO   |
| <i>fluvoxamine maleate</i>                                      | generic       | QL (90 per 30 days) MO    |
| LEXAPRO TABLET  | non-preferred | QL (30 per 30 days) ST    |
| LEXAPRO SOLUTION  | non-preferred | QL (600 per 30 days) ST   |
| <i>paroxetine hcl er tablet extended release 24 hour 12.5mg</i> | generic       | MO                        |
| <i>paroxetine hcl er tablet extended release 24 hour 25mg</i>   | generic       | QL (90 per 30 days) MO    |
| <i>paroxetine hcl suspension</i>                                | generic       | QL (900 per 30 days) MO   |
| <i>paroxetine hcl tablet 10mg</i>                               | generic       | QL (30 per 30 days) MO    |
| <i>paroxetine hcl tablet 40mg</i>                               | generic       | QL (45 per 30 days) MO    |
| <i>paroxetine hcl tablet 30mg</i>                               | generic       | QL (60 per 30 days) MO    |
| <i>paroxetine hcl tablet 20mg</i>                               | generic       | QL (90 per 30 days) MO    |
| PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5MG                 | non-preferred | QL (60 per 30 days) ST    |
| PEXEVA TABLET 10MG, 20MG  | non-preferred | QL (30 per 30 days) ST    |
| PEXEVA TABLET 40MG  | non-preferred | QL (45 per 30 days) ST    |
| PEXEVA TABLET 30MG  | non-preferred | QL (60 per 30 days) ST    |
| PRISTIQ   | non-preferred | QL (30 per 30 days)       |
| SAVELLA   | non-preferred |                           |
| <i>sertraline hcl concentrate</i>                               | generic       | QL (300 per 30 days) MO   |
| <i>sertraline hcl tablet 50mg</i>                               | generic       | QL (30 per 30 days) MO    |
| <i>sertraline hcl tablet 25mg</i>                               | generic       | QL (45 per 30 days) MO    |
| <i>sertraline hcl tablet 100mg</i>                              | generic       | QL (60 per 30 days) MO    |
| VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 225MG        | non-preferred | QL (30 per 30 days) ST    |
| VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 150MG        | non-preferred | QL (60 per 30 days) ST    |
| VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 37.5MG, 75MG | non-preferred | QL (90 per 30 days) ST    |
| <b>Tricyclics</b>   |               |                           |
| <i>amitriptyline hcl</i>  | generic       | MO                        |
| <i>amoxapine</i>  | generic       | MO                        |
| <i>chlordiazepoxide /amitriptyline</i>                          | generic       | MO                        |
| <i>clomipramine hcl</i>   | generic       | MO                        |
| <i>desipramine hcl</i>  | generic       | MO                        |
| <i>doxepin hcl</i>  | generic       | MO                        |
| <i>imipramine hcl</i>   | generic       | MO                        |

| Drug Name  | Drug Tier     | Notes                     |  |  |  |  |
|--|---------------|---------------------------|--|--|--|--|
| <i>imipramine pamoate</i>                            | non-preferred |                           |  |  |  |  |
| <i>maprotiline hcl</i>                               | generic       | MO                        |  |  |  |  |
| <i>nortriptyline hcl</i>                             | generic       | MO                        |  |  |  |  |
| <i>perphenazine /amitriptyline</i>                   | generic       | MO                        |  |  |  |  |
| <i>protriptyline hcl</i>                             | generic       | MO                        |  |  |  |  |
| <i>trimipramine maleate</i>                          | non-preferred |                           |  |  |  |  |
| <b>Antidotes, Deterrents, and Toxicologic Agents</b> |               |                           |  |  |  |  |
| <b>Antidotes</b>                                     |               |                           |  |  |  |  |
| CUPRIMINE  | brand         | MO                        |  |  |  |  |
| EXJADE   | specialty     | PA MO                     |  |  |  |  |
| FOMEPIZOLE   | specialty     | PA MO                     |  |  |  |  |
| <i>kionex</i>  | generic       | MO                        |  |  |  |  |
| <i>sodium polystyrene sulfonate</i>                  | generic       | MO                        |  |  |  |  |
| SYPRINE  | brand         | ST MO                     |  |  |  |  |
| <b>Deterrents</b>                                    |               |                           |  |  |  |  |
| ANTABUSE   | non-preferred |                           |  |  |  |  |
| CAMPRAL  | non-preferred | QL (180 per 30 days) ST   |  |  |  |  |
| CHANTIX TABLET 0                                     | non-preferred | QL (106 per 365 days) PA  |  |  |  |  |
| CHANTIX TABLET 0.5MG, 1MG                            | non-preferred | QL (360 per 365 days) PA  |  |  |  |  |
| NICOTROL INHALER                                     | brand         | MO                        |  |  |  |  |
| NICOTROL NS  | brand         | MO                        |  |  |  |  |
| VIVITROL   | non-preferred | PA                        |  |  |  |  |
| <b>Toxicologic Agents</b>                            |               |                           |  |  |  |  |
| <i>depade</i>  | generic       | MO                        |  |  |  |  |
| <i>naloxone hcl</i>                                  | generic       | MO                        |  |  |  |  |
| <i>naltrexone hcl</i>                                | generic       | MO                        |  |  |  |  |
| SUBOXONE   | non-preferred | QL (360 per 30 days)      |  |  |  |  |
| <b>Antiemetics</b>                                   |               |                           |  |  |  |  |
| <b>Antiemetics</b>                                   |               |                           |  |  |  |  |
| <i>compro</i>  | generic       | MO                        |  |  |  |  |
| <i>dronabinol capsule 2.5mg</i>                      | non-preferred | QL (60 per 30 days) PA    |  |  |  |  |
| <i>dronabinol capsule 10mg</i>                       | specialty     | QL (60 per 30 days) PA MO |  |  |  |  |
| <i>dronabinol capsule 5mg</i>                        | specialty     | QL (90 per 30 days) PA MO |  |  |  |  |
| EMEND  | brand         | PA MO                     |  |  |  |  |
| <i>meclizine hcl</i>                                 | generic       | MO                        |  |  |  |  |
| <i>metoclopramide hcl tablet</i>                     | generic       | QL (180 per 30 days) MO   |  |  |  |  |
| <i>ondansetron hcl</i>                               | generic       | PA MO                     |  |  |  |  |
| <i>ondansetron odt</i>                               | generic       | PA MO                     |  |  |  |  |
| <i>prochlorperazine edisylate</i>                    | generic       | MO                        |  |  |  |  |
| <i>prochlorperazine maleate</i>                      | generic       | MO                        |  |  |  |  |
| <i>promethazine hcl</i>                              | generic       | MO                        |  |  |  |  |
| <i>promethegan</i>                                   | generic       | MO                        |  |  |  |  |
| SANCUSO  | non-preferred | QL (2 per 30 days) PA     |  |  |  |  |
| TRANSDERM-SCOP                                       | brand         | QL (10 per 30 days) MO    |  |  |  |  |
| <i>trimethobenzamide hcl capsule</i>                 | generic       | MO                        |  |  |  |  |

| Drug Name                                      | Drug Tier     | Notes                   |  |  |  |  |
|--|---------------|-------------------------|--|--|--|--|
| <b>Antifungals</b>                             |               |                         |  |  |  |  |
| <i>Antifungals</i>                             |               |                         |  |  |  |  |
| ANCOBON  | non-preferred |                         |  |  |  |  |
| <i>ciclopirox nail lacquer</i>                 | generic       | QL (6.6 per 30 days) MO |  |  |  |  |
| <i>ciclopirox olamine</i>                      | generic       | MO                      |  |  |  |  |
| CICLOPIROX SHAMPOO                             | non-preferred |                         |  |  |  |  |
| <i>ciclopirox suspension</i>                   | generic       | MO                      |  |  |  |  |
| <i>ciclopirox gel</i>                          | non-preferred |                         |  |  |  |  |
| <i>clotrimazole</i>                            | generic       | MO                      |  |  |  |  |
| <i>clotrimazole/betamethasone dipropionate</i> | generic       | MO                      |  |  |  |  |
| <i>econazole nitrate</i>                       | generic       | MO                      |  |  |  |  |
| ERAXIS   | non-preferred | PA                      |  |  |  |  |
| EXELDERM                                       | non-preferred |                         |  |  |  |  |
| <i>fluconazole</i>                             | generic       | MO                      |  |  |  |  |
| <i>fluconazole in dextrose</i>                 | generic       | PA MO                   |  |  |  |  |
| GRIS-PEG                                       | non-preferred |                         |  |  |  |  |
| <i>griseofulvin microsize</i>                  | generic       | MO                      |  |  |  |  |
| GYNAZOLE-1                                     | non-preferred |                         |  |  |  |  |
| <i>itraconazole</i>                            | generic       | QL (120 per 30 days) MO |  |  |  |  |
| <i>ketoconazole</i>                            | generic       | MO                      |  |  |  |  |
| <i>kuric</i>                                   | generic       | MO                      |  |  |  |  |
| <i>miconazole 3</i>                            | generic       | MO                      |  |  |  |  |
| MYCAMINE                                       | specialty     | PA MO                   |  |  |  |  |
| NAFTIN CREAM                                   | non-preferred |                         |  |  |  |  |
| NAFTIN GEL                                     | non-preferred | QL (40 per 30 days)     |  |  |  |  |
| NOXAFIL  | non-preferred | PA                      |  |  |  |  |
| <i>nyamyc</i>                                  | generic       | MO                      |  |  |  |  |
| <i>nystatin</i>                                | generic       | MO                      |  |  |  |  |
| <i>nystatin/triamcinolone</i>                  | generic       | MO                      |  |  |  |  |
| <i>nystop</i>                                  | generic       | MO                      |  |  |  |  |
| OXISTAT  | non-preferred |                         |  |  |  |  |
| <i>pedi-dri</i>                                | generic       | MO                      |  |  |  |  |
| <i>selenium sulfide</i>                        | generic       | MO                      |  |  |  |  |
| SPORANOX SOLUTION                              | non-preferred | QL (1200 per 30 days)   |  |  |  |  |
| <i>terbinafine hcl</i>                         | generic       | QL (90 per 365 days) MO |  |  |  |  |
| <i>terconazole</i>                             | generic       | MO                      |  |  |  |  |
| VFEND  | non-preferred | PA                      |  |  |  |  |
| XOLEGEL  | non-preferred |                         |  |  |  |  |
| <i>zazole</i>                                  | generic       | MO                      |  |  |  |  |
| <b>Antigout Agents</b>                         |               |                         |  |  |  |  |
| <i>Antigout Agents</i>                         |               |                         |  |  |  |  |
| <i>allopurinol</i>                             | generic       | MO                      |  |  |  |  |
| <i>probenecid</i>                              | generic       | MO                      |  |  |  |  |
| <i>probenecid/colchicine</i>                   | generic       | MO                      |  |  |  |  |
| ULORIC   | non-preferred | QL (30 per 30 days) ST  |  |  |  |  |

| Drug Name                                 | Drug Tier     | Notes                  |  |  |  |  |
|---|---------------|------------------------|--|--|--|--|
| <b>Antimigraine Agents</b>                |               |                        |  |  |  |  |
| <i>Abortive</i>                           |               |                        |  |  |  |  |
| AMERGE                                    | non-preferred | QL (9 per 30 days)     |  |  |  |  |
| AXERT                                     | non-preferred | QL (8 per 30 days)     |  |  |  |  |
| <i>dihydroergotamine mesylate</i>         | generic       | MO                     |  |  |  |  |
| <i>ergotamine tartrate/caffeine</i>       | generic       | QL (40 per 30 days) MO |  |  |  |  |
| FROVA                                     | non-preferred | QL (12 per 30 days)    |  |  |  |  |
| IMITREX SOLUTION                          | brand         | QL (8 per 30 days) MO  |  |  |  |  |
| MAXALT                                    | non-preferred | QL (12 per 30 days)    |  |  |  |  |
| MAXALT-MLT                                | non-preferred | QL (12 per 30 days)    |  |  |  |  |
| MIGRANAL                                  | non-preferred |                        |  |  |  |  |
| RELPAK                                    | brand         | QL (12 per 30 days) MO |  |  |  |  |
| <i>sumatriptan succinate injection</i>    | generic       | QL (4 per 30 days) MO  |  |  |  |  |
| <i>sumatriptan succinate tablet 50mg</i>  | generic       | QL (16 per 30 days) MO |  |  |  |  |
| <i>sumatriptan succinate tablet 25mg</i>  | generic       | QL (32 per 30 days) MO |  |  |  |  |
| <i>sumatriptan succinate tablet 100mg</i> | generic       | QL (8 per 30 days) MO  |  |  |  |  |
| SUMAVEL DOSEPRO                           | non-preferred | QL (4 per 30 days)     |  |  |  |  |
| ZOMIG                                     | non-preferred | QL (6 per 30 days)     |  |  |  |  |
| ZOMIG ZMT                                 | non-preferred | QL (6 per 30 days)     |  |  |  |  |
| <b>Antimyasthenic Agents</b>              |               |                        |  |  |  |  |
| <i>Parasympathomimetics</i>               |               |                        |  |  |  |  |
| <i>bethanechol chloride</i>               | generic       | MO                     |  |  |  |  |
| <i>guanidine hcl</i>                      | generic       | MO                     |  |  |  |  |
| MESTINON TIMESPAN                         | non-preferred |                        |  |  |  |  |
| MESTINON SYRUP                            | non-preferred |                        |  |  |  |  |
| <i>pyridostigmine bromide</i>             | generic       | MO                     |  |  |  |  |
| <b>Antimycobacterials</b>                 |               |                        |  |  |  |  |
| <i>Antimycobacterials, Other</i>          |               |                        |  |  |  |  |
| DAPSONE                                   | brand         | MO                     |  |  |  |  |
| MYCOBUTIN                                 | non-preferred |                        |  |  |  |  |
| <i>Antituberculars</i>                    |               |                        |  |  |  |  |
| CAPASTAT SULFATE                          | non-preferred | PA                     |  |  |  |  |
| <i>ethambutol hcl</i>                     | generic       | MO                     |  |  |  |  |
| <i>isonarif</i>                           | generic       | MO                     |  |  |  |  |
| <i>isoniazid syrup, tablet</i>            | generic       | MO                     |  |  |  |  |
| PASER                                     | non-preferred |                        |  |  |  |  |
| PRIFTIN                                   | brand         | MO                     |  |  |  |  |
| <i>pyrazinamide</i>                       | generic       | MO                     |  |  |  |  |
| <i>rifampin capsule</i>                   | generic       | MO                     |  |  |  |  |
| RIFATER                                   | non-preferred |                        |  |  |  |  |
| SEROMYCIN                                 | non-preferred |                        |  |  |  |  |
| TRECTOR                                   | non-preferred |                        |  |  |  |  |
| <b>Antineoplastics</b>                    |               |                        |  |  |  |  |
| <i>Alkylating Agents</i>                  |               |                        |  |  |  |  |
| CEENU                                     | brand         | MO                     |  |  |  |  |

| Drug Name                                   | Drug Tier     | Notes                  |
|---|---------------|------------------------|
| <i>cyclophosphamide tablet</i>              | generic       | B/D MO                 |
| HEXALEN                                     | specialty     | PA MO                  |
| LEUKERAN                                    | non-preferred |                        |
| MATULANE                                    | specialty     | PA MO                  |
| <b>Antiangiogenic Agents</b>                |               |                        |
| REVLIMID                                    | specialty     | PA LA MO               |
| THALOMID                                    | specialty     | PA MO                  |
| VOTRIENT                                    | specialty     | PA                     |
| <b>Antiestrogens/Modifiers</b>              |               |                        |
| EMCYT                                       | non-preferred | PA                     |
| FARESTON                                    | non-preferred | PA                     |
| <i>tamoxifen citrate</i>                    | generic       | MO                     |
| <b>Antimetabolites</b>                      |               |                        |
| DROXIA                                      | non-preferred |                        |
| ELITEK                                      | specialty     | PA MO                  |
| <i>hydroxyurea</i>                          | generic       | MO                     |
| <i>mercaptopurine</i>                       | generic       | MO                     |
| TABLOID                                     | non-preferred | PA                     |
| <b>Antineoplastics, Other</b>               |               |                        |
| BLEOMYCIN SULFATE                           | specialty     | PA MO                  |
| FIRMAGON INJECTION 80MG                     | non-preferred | QL (1 per 28 days)     |
| FIRMAGON INJECTION 120MG                    | specialty     | QL (2 per 365 days) MO |
| MESNEX TABLET                               | specialty     | PA MO                  |
| <i>mitoxantrone hcl</i>                     | non-preferred |                        |
| ONTAK                                       | specialty     | PA MO                  |
| PROLEUKIN                                   | specialty     | PA MO                  |
| TRISENOX                                    | non-preferred | PA                     |
| TYKERB                                      | specialty     | PA MO                  |
| VELCADE                                     | specialty     | PA MO                  |
| VIDAZA                                      | specialty     | PA MO                  |
| ZOLINZA                                     | specialty     | PA MO                  |
| <b>Aromatase Inhibitors, 3rd Generation</b> |               |                        |
| ARIMIDEX                                    | brand         | QL (30 per 30 days) MO |
| AROMASIN                                    | brand         | MO                     |
| FEMARA                                      | brand         | QL (30 per 30 days) MO |
| <b>Molecular Target Inhibitors</b>          |               |                        |
| AFINITOR                                    | specialty     | PA MO                  |
| GLEEVEC                                     | specialty     | PA MO                  |
| IRESSA                                      | specialty     | MO                     |
| NEXAVAR                                     | specialty     | PA MO                  |
| SPRYCEL                                     | specialty     | PA MO                  |
| SUTENT                                      | specialty     | PA MO                  |
| TARCEVA                                     | specialty     | PA MO                  |
| TASIGNA                                     | specialty     | PA MO                  |
| <b>Monoclonal Antibodies</b>                |               |                        |

| Drug Name                          | Drug Tier     | Notes                        |
|------------------------------------|---------------|------------------------------|
| CAMPATH                            | specialty     | PA LA MO                     |
| RITUXAN                            | specialty     | PA LA MO                     |
| VECTIBIX                           | specialty     | PA MO                        |
| <b>Retinoids</b>                   |               |                              |
| PANRETIN                           | specialty     | PA MO                        |
| TARGRETIN GEL                      | non-preferred | PA                           |
| TARGRETIN CAPSULE                  | specialty     | PA MO                        |
| <i>tretinoin</i>                   | generic       | MO                           |
| VESANOID                           | specialty     | MO                           |
| <b>Antiparasitics</b>              |               |                              |
| <b>Anthelmintics</b>               |               |                              |
| ALBENZA                            | non-preferred |                              |
| BILTRICIDE                         | brand         | MO                           |
| <i>mebendazole</i>                 | generic       | MO                           |
| STROMEKTOL                         | non-preferred |                              |
| <b>Antiprotozoals</b>              |               |                              |
| ALINIA                             | non-preferred |                              |
| <i>chloroquine phosphate</i>       | generic       | MO                           |
| COARTEM                            | non-preferred | QL (24 per 60 days)          |
| DARAPRIM                           | non-preferred |                              |
| FANSIDAR                           | non-preferred |                              |
| <i>hydroxychloroquine sulfate</i>  | generic       | MO                           |
| MALARONE                           | non-preferred |                              |
| <i>mefloquine hcl</i>              | generic       | MO                           |
| MEPRON                             | specialty     | QL (300 per 30 days) PA MO   |
| NEBUPENT                           | non-preferred | PA                           |
| <i>primaquine phosphate</i>        | generic       | MO                           |
| TINDAMAX                           | non-preferred |                              |
| <b>Pediculicides/ Scabicides</b>   |               |                              |
| <i>acticin</i>                     | generic       | MO                           |
| <i>lindane</i>                     | generic       | MO                           |
| <i>malathion</i>                   | generic       | MO                           |
| <i>permethrin</i>                  | generic       | MO                           |
| <b>Antiparkinson Agents</b>        |               |                              |
| <b>Antiparkinson Agents</b>        |               |                              |
| <i>amantadine hcl</i>              | generic       | MO                           |
| APOKYN                             | specialty     | QL (60 per 30 days) PA LA MO |
| <i>atamet</i>                      | generic       | MO                           |
| AZILECT                            | non-preferred | QL (30 per 30 days)          |
| <i>benztropine mesylate tablet</i> | generic       | MO                           |
| <i>bromocriptine mesylate</i>      | generic       | MO                           |
| <i>carbidopa/levodopa</i>          | generic       | MO                           |
| <i>carbidopa/levodopa cr</i>       | generic       | MO                           |
| <i>carbidopa/levodopa odt</i>      | generic       | MO                           |
| <i>carbidopa/levodopa sr</i>       | generic       | MO                           |

| Drug Name  | Drug Tier     | Notes                    |
|--|---------------|--------------------------|
| COMTAN   | non-preferred | QL (240 per 30 days)     |
| MIRAPEX ER   | non-preferred | QL (60 per 30 days)      |
| <i>pramipexole dihydrochloride</i>                           | specialty     | QL (90 per 30 days)      |
| REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 12MG               | non-preferred | QL (60 per 30 days)      |
| REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 2MG, 4MG, 6MG, 8MG | non-preferred | QL (90 per 30 days)      |
| <i>ropinirole hcl</i>  | generic       | MO                       |
| <i>selegiline hcl</i>  | generic       | MO                       |
| STALEVO 100  | brand         | MO                       |
| STALEVO 125  | brand         | MO                       |
| STALEVO 150  | brand         | MO                       |
| STALEVO 200  | brand         | MO                       |
| STALEVO 50   | brand         | MO                       |
| STALEVO 75   | brand         | MO                       |
| TASMAR   | non-preferred |                          |
| <i>trihexyphenidyl hcl</i>                                   | generic       | MO                       |
| <b>Antipsychotics</b>  |               |                          |
| <i>Atypicals</i>   |               |                          |
| ABILIFY DISCMELT TABLET DISPERSIBLE 15MG                     | non-preferred | QL (60 per 30 days) ST   |
| ABILIFY DISCMELT TABLET DISPERSIBLE 10MG                     | non-preferred | QL (90 per 30 days) ST   |
| ABILIFY INJECTION  | non-preferred | PA                       |
| ABILIFY ORAL SOLUTION  | non-preferred | QL (900 per 30 days) ST  |
| ABILIFY TABLET 20MG, 30MG                                    | non-preferred | QL (30 per 30 days) ST   |
| ABILIFY TABLET 15MG  | non-preferred | QL (60 per 30 days) ST   |
| ABILIFY TABLET 10MG, 2MG, 5MG                                | non-preferred | QL (90 per 30 days) ST   |
| <i>clozapine</i>   | generic       |                          |
| CLOZARIL   | non-preferred | ST                       |
| FANAPT   | non-preferred | QL (60 per 30 days) ST   |
| FANAPT TITRATION PACK  | non-preferred | QL (8 per 365 days) ST   |
| FAZACLO TABLET DISPERSIBLE 25MG                              | non-preferred | QL (270 per 30 days) ST  |
| FAZACLO TABLET DISPERSIBLE 100MG                             | non-preferred | QL (90 per 30 days) ST   |
| FAZACLO TABLET DISPERSIBLE 12.5MG                            | non-preferred | ST                       |
| GEODON INJECTION   | non-preferred | QL (6 per 30 days) PA    |
| GEODON CAPSULE   | non-preferred | QL (60 per 30 days) ST   |
| INVEGA SUSTENNA INJECTION 39MG/0.25ML                        | non-preferred | QL (0.25 per 30 days)    |
| INVEGA SUSTENNA INJECTION 78MG/0.5ML                         | non-preferred | QL (0.5 per 30 days)     |
| INVEGA SUSTENNA INJECTION 117MG/0.75ML                       | specialty     | QL (0.75 per 30 days) MO |
| INVEGA SUSTENNA INJECTION 156MG/ML                           | specialty     | QL (1 per 30 days) MO    |
| INVEGA SUSTENNA INJECTION 234MG/1.5ML                        | specialty     | QL (1.5 per 30 days) MO  |
| INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5MG, 3MG, 9MG       | non-preferred | QL (30 per 30 days) ST   |
| INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG                   | non-preferred | QL (60 per 30 days) ST   |

| Drug Name   | Drug Tier     | Notes                   |
|---|---------------|-------------------------|
| RISPERDAL CONSTA INJECTION 12.5MG, 25MG                                 | non-preferred | QL (2 per 30 days)      |
| RISPERDAL CONSTA INJECTION 37.5MG, 50MG                                 | specialty     | QL (2 per 30 days) MO   |
| RISPERDAL M-TAB TABLET DISPERSIBLE 1MG                                  | brand         | MO                      |
| <i>risperidone</i>  | generic       | MO                      |
| <i>risperidone odt</i>  | generic       | MO                      |
| SAPHRIS TABLET SUBLINGUAL 5MG   | non-preferred | QL (120 per 30 days) ST |
| SAPHRIS TABLET SUBLINGUAL 10MG  | non-preferred | QL (60 per 30 days) ST  |
| SEROQUEL XR   | brand         | QL (60 per 30 days) MO  |
| SEROQUEL TABLET 200MG   | brand         | QL (120 per 30 days) MO |
| SEROQUEL TABLET 100MG, 25MG, 300MG, 400MG, 50MG                         | brand         | QL (90 per 30 days) MO  |
| SYMBYAX   | non-preferred | QL (30 per 30 days)     |
| ZYPREXA RELPREVV  | specialty     | QL (2 per 28 days)      |
| ZYPREXA ZYDIS   | non-preferred | QL (90 per 30 days) ST  |
| ZYPREXA INJECTION   | non-preferred | QL (9 per 30 days) PA   |
| ZYPREXA TABLET  | non-preferred | QL (90 per 30 days) ST  |
| <b>Conventional</b>   |               |                         |
| <i>chlorpromazine hcl</i>   | generic       | MO                      |
| <i>fluphenazine decanoate</i>   | generic       | MO                      |
| <i>fluphenazine hcl</i>   | generic       | MO                      |
| <i>haloperidol</i>  | generic       | MO                      |
| <i>haloperidol decanoate</i>  | generic       | MO                      |
| <i>haloperidol lactate</i>  | non-preferred |                         |
| <i>loxapine succinate</i>   | generic       | MO                      |
| MOBAN   | non-preferred |                         |
| ORAP  | non-preferred |                         |
| <i>perphenazine</i>   | generic       | MO                      |
| <i>prochlorperazine</i>   | generic       | MO                      |
| <i>thioridazine hcl</i>   | generic       | MO                      |
| <i>thiothixene</i>  | generic       | MO                      |
| <i>trifluoperazine hcl</i>  | generic       | MO                      |
| <b>Antispasticity Agents</b>  |               |                         |
| <b>Antispasticity Agents</b>  |               |                         |
| <i>baclofen</i>   | generic       | MO                      |
| <i>dantrolene sodium</i>  | generic       | MO                      |
| <i>tizanidine hcl</i>   | generic       | MO                      |
| <b>Antivirals</b>   |               |                         |
| <b>Anti-cytomegalovirus (CMV) Agents</b>                                |               |                         |
| <i>ganciclovir</i>  | generic       | MO                      |
| VALCYTE   | specialty     | PA MO                   |
| ZIRGAN  | non-preferred | QL (5 per 30 days)      |
| <b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</b> |               |                         |
| INTELENCE   | specialty     | QL (120 per 30 days) MO |
| RESCRIPTOR  | brand         | MO                      |

| Drug Name   | Drug Tier     | Notes                   |
|---|---------------|-------------------------|
| SUSTIVA   | non-preferred |                         |
| VIRAMUNE  | brand         | MO                      |
| <b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors</i></b> |               |                         |
| ATRIPLA   | specialty     | QL (30 per 30 days) MO  |
| COMBIVIR  | specialty     | MO                      |
| <i>didanosine</i>   | generic       | MO                      |
| EMTRIVA   | non-preferred |                         |
| EPIVIR  | non-preferred |                         |
| EPIVIR HBV  | non-preferred |                         |
| EPZICOM   | non-preferred |                         |
| RETROVIR IV INFUSION  | non-preferred |                         |
| <i>stavudine</i>  | non-preferred |                         |
| TRIZIVIR  | specialty     | MO                      |
| TRUVADA   | specialty     | MO                      |
| VIDEX PEDIATRIC   | brand         | MO                      |
| VIREAD  | non-preferred |                         |
| ZIAGEN  | non-preferred |                         |
| <i>zidovudine</i>   | non-preferred |                         |
| <b><i>Anti-HIV Agents, Other</i></b>  |               |                         |
| FUZEON  | specialty     | QL (60 per 30 days) MO  |
| ISENTRESS   | specialty     | QL (60 per 30 days) MO  |
| SELZENTRY TABLET 300MG  | specialty     | QL (120 per 30 days) MO |
| SELZENTRY TABLET 150MG  | specialty     | QL (60 per 30 days) MO  |
| <b><i>Anti-HIV Agents, Protease Inhibitors</i></b>  |               |                         |
| APTIVUS   | specialty     | MO                      |
| CRIXIVAN  | non-preferred |                         |
| INVIRASE  | specialty     | MO                      |
| KALETRA   | brand         | MO                      |
| LEXIVA SUSPENSION   | non-preferred |                         |
| LEXIVA TABLET   | specialty     | MO                      |
| NORVIR CAPSULE, TABLET  | non-preferred |                         |
| NORVIR SOLUTION   | specialty     | MO                      |
| PREZISTA TABLET 75MG  | non-preferred |                         |
| PREZISTA TABLET 400MG, 600MG  | specialty     | MO                      |
| REYATAZ CAPSULE 100MG, 150MG, 200MG   | specialty     | MO                      |
| REYATAZ CAPSULE 300MG   | specialty     | QL (30 per 30 days) MO  |
| VIRACEPT POWDER   | non-preferred |                         |
| VIRACEPT TABLET   | specialty     | MO                      |
| <b><i>Anti-influenza Agents</i></b>   |               |                         |
| <i>amantadine hcl</i>   | generic       |                         |
| RELENZA DISKHALER   | non-preferred | QL (56 per 30 days)     |
| <i>rimantadine hcl</i>  | generic       | MO                      |
| TAMIFLU SUSPENSION RECONSTITUTED  | brand         | QL (100 per 60 days) MO |
| TAMIFLU CAPSULE   | brand         | QL (28 per 30 days) MO  |

| Drug Name                             | Drug Tier                  | Notes                            |
|---------------------------------------|----------------------------|----------------------------------|
| <b>Antihepatitis Agents</b>           |                            |                                  |
| BARACLUDE SOLUTION                    | non-preferred              | QL (600 per 30 days)             |
| BARACLUDE TABLET                      | specialty                  | QL (30 per 30 days) MO           |
| HEPSERA                               | specialty                  | QL (30 per 30 days) MO           |
| REBETOL SOLUTION                      | non-preferred              | PA                               |
| <i>ribapak tablet 400mg, 600mg</i>    | generic                    | PA MO                            |
| <i>ribasphere</i>                     | generic                    | PA MO                            |
| <i>ribavirin capsule</i>              | generic                    | PA MO                            |
| <i>ribavirin tablet 200mg</i>         | generic                    | PA MO                            |
| <i>ribavirin tablet 400mg, 600mg</i>  | generic                    | QL (60 per 30 days) PA MO        |
| TYZEKA                                | non-preferred              | QL (30 per 30 days) PA           |
| <b>Antiherpetic Agents</b>            |                            |                                  |
| <i>acyclovir</i>                      | generic                    | MO                               |
| DENAVIR                               | non-preferred              |                                  |
| <i>famciclovir</i>                    | non-preferred              |                                  |
| <i>valacyclovir hcl tablet 1000mg</i> | non-preferred              | QL (30 per 30 days)              |
| <i>valacyclovir hcl tablet 500mg</i>  | non-preferred              | QL (60 per 30 days)              |
| ZOVIRAX CREAM, OINTMENT               | brand                      | MO                               |
| <b>Anxiolytics</b>                    |                            |                                  |
| <b>Anxiolytics, Other</b>             |                            |                                  |
| <i>alprazolam</i>                     | special coverage - generic | QL (120 per 30 days) MO GC ED CB |
| <i>bupirone hcl</i>                   | generic                    | MO                               |
| <i>lorazepam</i>                      | special coverage - generic | QL (120 per 30 days) MO GC ED CB |
| <i>meprobamate</i>                    | generic                    | QL (180 per 30 days) PA MO       |
| <b>Bipolar Agents</b>                 |                            |                                  |
| <b>Bipolar Agents</b>                 |                            |                                  |
| <i>lithium carbonate</i>              | generic                    | MO                               |
| <i>lithium carbonate er</i>           | generic                    | MO                               |
| <i>lithium citrate</i>                | generic                    | MO                               |
| <i>risperidone odt</i>                | generic                    | MO                               |
| SYMBYAX                               | non-preferred              | QL (30 per 30 days)              |
| <b>Blood Glucose Regulators</b>       |                            |                                  |
| <b>Antidiabetic Agents</b>            |                            |                                  |
| <i>acarbose</i>                       | generic                    | QL (90 per 30 days) MO           |
| ACTOPLUS MET                          | generic                    | QL (90 per 30 days) MO           |
| ACTOPLUS MET XR                       | non-preferred              | QL (60 per 30 days) ST           |
| ACTOS                                 | generic                    | QL (30 per 30 days) MO           |
| AVANDAMET                             | non-preferred              | QL (60 per 30 days) ST           |
| AVANDARYL                             | non-preferred              | QL (30 per 30 days) ST           |
| AVANDIA                               | non-preferred              | QL (30 per 30 days) ST           |
| BYETTA                                | non-preferred              | PA                               |

| Drug Name   | Drug Tier     | Notes                     |
|---|---------------|---------------------------|
| <i>chlorpropamide</i>   | generic       | MO                        |
| DUETACT   | generic       | QL (30 per 30 days) MO    |
| FORTAMET TABLET EXTENDED RELEASE 24 HOUR 500MG                | non-preferred | QL (120 per 30 days)      |
| FORTAMET TABLET EXTENDED RELEASE 24 HOUR 1000MG               | non-preferred | QL (75 per 30 days)       |
| <i>glimepiride tablet 1mg, 2mg</i>                            | generic       | QL (30 per 30 days) MO    |
| <i>glimepiride tablet 4mg</i>                                 | generic       | QL (60 per 30 days) MO    |
| <i>glipizide er</i>   | generic       | QL (90 per 30 days) MO    |
| <i>glipizide xl tablet extended release 24 hour 10mg</i>      | generic       | QL (60 per 30 days) MO    |
| <i>glipizide xl tablet extended release 24 hour 5mg</i>       | generic       | QL (90 per 30 days) MO    |
| <i>glipizide/metformin hcl</i>                                | generic       | QL (120 per 30 days) MO   |
| <i>glipizide tablet 10mg</i>                                  | generic       | QL (120 per 30 days) MO   |
| <i>glipizide tablet 5mg</i>                                   | generic       | QL (90 per 30 days) MO    |
| GLUMETZA  | brand         | QL (120 per 30 days) MO   |
| <i>glyburide</i>  | generic       | MO                        |
| <i>glyburide micronized tablet 1.5mg, 3mg</i>                 | generic       | QL (120 per 30 days) MO   |
| <i>glyburide micronized tablet 6mg</i>                        | generic       | QL (60 per 30 days) MO    |
| <i>glyburide/metformin hcl</i>                                | generic       | QL (120 per 30 days) MO   |
| <i>glycron tablet 1.5mg, 3mg</i>                              | generic       | QL (120 per 30 days) MO   |
| <i>glycron tablet 6mg</i>                                     | generic       | QL (60 per 30 days) MO    |
| GLYSET  | non-preferred | QL (120 per 30 days)      |
| JANUMET   | non-preferred | QL (60 per 30 days) PA    |
| JANUVIA   | non-preferred | QL (30 per 30 days) PA    |
| <i>metformin hcl er tablet extended release 24 hour 500mg</i> | generic       | QL (120 per 30 days) MO   |
| <i>metformin hcl er tablet extended release 24 hour 750mg</i> | generic       | QL (60 per 30 days) MO    |
| <i>metformin hcl tablet 500mg</i>                             | generic       | QL (150 per 30 days) MO   |
| <i>metformin hcl tablet 1000mg</i>                            | generic       | QL (60 per 30 days) MO    |
| <i>metformin hcl tablet 850mg</i>                             | generic       | QL (90 per 30 days) MO    |
| <i>nateglinide</i>  | generic       | QL (90 per 30 days)       |
| ONGLYZA   | non-preferred | QL (30 per 30 days) PA    |
| PRANDIMET   | generic       | QL (150 per 30 days) MO   |
| PRANDIN TABLET 0.5MG, 1MG                                     | generic       | QL (120 per 30 days) MO   |
| PRANDIN TABLET 2MG  | generic       | QL (240 per 30 days) MO   |
| RIOMET  | non-preferred |                           |
| SYMLIN  | generic       | QL (20 per 30 days) ST MO |
| SYMLINPEN 120   | generic       | QL (12 per 30 days) ST MO |
| SYMLINPEN 60  | generic       | QL (12 per 30 days) ST MO |
| <i>tolazamide</i>   | generic       | MO                        |
| <i>tolbutamide</i>  | generic       | MO                        |
| VICTOZA   | non-preferred | QL (6 per 30 days) PA     |
| <b>Glycemic Agents</b>  |               |                           |
| <i>glucagon emergency kit</i>                                 | generic       | QL (2 per 30 days) MO     |

| Drug Name  | Drug Tier     | Notes |
|--|---------------|-------|
| PROGLYCEM  | non-preferred |       |
| <i>Insulins</i>  |               |       |
| APIDRA   | non-preferred |       |
| HUMALOG  | non-preferred |       |
| HUMALOG MIX 50/50  | non-preferred |       |
| HUMALOG MIX 50/50 PEN  | non-preferred |       |
| HUMALOG MIX 75/25  | non-preferred |       |
| HUMALOG MIX 75/25 PEN  | non-preferred |       |
| HUMALOG PEN  | non-preferred |       |
| HUMULIN 50/50  | non-preferred |       |
| HUMULIN 70/30  | non-preferred |       |
| HUMULIN 70/30 PEN  | non-preferred |       |
| HUMULIN N  | non-preferred |       |
| HUMULIN N U-100 PEN  | non-preferred |       |
| HUMULIN R  | non-preferred |       |
| HUMULIN R U-500 (CONCENTRATED)                               | non-preferred | B/D   |
| LANTUS   | generic       | MO    |
| LANTUS SOLOSTAR  | generic       | MO    |
| LEVEMIR  | generic       | MO    |
| LEVEMIR FLEXPEN  | generic       | MO    |
| NOVOLIN 70/30  | generic       | MO    |
| NOVOLIN 70/30 INNOLET  | generic       | MO    |
| NOVOLIN N  | generic       | MO    |
| NOVOLIN N INNOLET  | generic       | MO    |
| NOVOLIN R  | generic       | MO    |
| NOVOLIN R INNOLET  | generic       | MO    |
| NOVOLOG  | generic       | MO    |
| NOVOLOG FLEXPEN  | generic       | MO    |
| NOVOLOG MIX 70/30  | generic       | MO    |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN                          | generic       | MO    |
| RELION 70/30   | non-preferred |       |
| RELION N   | non-preferred |       |
| RELION R   | non-preferred |       |
| <b>Blood Products/Modifiers/ Volume Expanders</b>            |               |       |
| <i>Anticoagulants</i>  |               |       |
| ARIXTRA INJECTION 2.5MG/0.5ML                                | non-preferred | PA    |
| ARIXTRA INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML         | specialty     | PA MO |
| COUMADIN TABLET  | brand         | MO    |
| FRAGMIN INJECTION 2500UNIT/0.2ML, 5000UNIT/0.2ML             | non-preferred | PA    |
| FRAGMIN INJECTION 10000UNIT/ML, 25000UNIT/ML, 7500UNIT/0.3ML | specialty     | PA MO |
| <i>heparin sodium/nacl 0.9%</i>                              | generic       | MO    |
| <i>heparin sodium/sodium chloride 0.9% premix</i>            | generic       | MO    |

| Drug Name  | Drug Tier     | Notes                     |
|--|---------------|---------------------------|
| <i>heparin sodium injection 10000unit/ml, 1000unit/ml, 5000unit/ml</i>   | generic       | MO                        |
| <i>jantoven</i>  | generic       | MO                        |
| LOVENOX INJECTION 100MG/ML,<br>120MG/0.8ML, 150MG/ML, 60MG/0.6ML,<br>80MG/0.8ML  | specialty     | PA MO                     |
| <i>warfarin sodium</i>   | generic       | MO                        |
| <b>Blood Formation Products</b>  |               |                           |
| ARANESP ALBUMIN FREE INJECTION<br>25MCG/0.42ML, 25MCG/ML   | brand         | PA MO                     |
| ARANESP ALBUMIN FREE INJECTION<br>40MCG/0.4ML  | non-preferred | PA                        |
| ARANESP ALBUMIN FREE INJECTION<br>100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML,<br>200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML,<br>300MCG/ML, 40MCG/ML, 500MCG/ML,<br>60MCG/0.3ML, 60MCG/ML | specialty     | PA MO                     |
| EPOGEN INJECTION 10000UNIT/ML,<br>20000UNIT/ML, 40000UNIT/ML   | specialty     | PA MO                     |
| LEUKINE  | specialty     | PA MO                     |
| NEULASTA   | specialty     | PA MO                     |
| NEUMEGA  | specialty     | PA MO                     |
| NEUPOGEN   | specialty     | PA MO                     |
| PROCRIT INJECTION 10000UNIT/ML,<br>20000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML   | specialty     | PA MO                     |
| <b>Blood Products/Modifiers/ Volume Expanders</b>  |               |                           |
| <i>pentoxil</i>  | generic       | MO                        |
| PROMACTA TABLET 50MG   | specialty     | QL (30 per 30 days) PA MO |
| PROMACTA TABLET 25MG   | specialty     | QL (90 per 30 days) PA MO |
| <b>Coagulants</b>  |               |                           |
| CYKLOKAPRON  | brand         | MO                        |
| <b>Platelet Aggregation Inhibitors</b>   |               |                           |
| AGGRENOX   | brand         | QL (60 per 30 days) MO    |
| <i>cilostazol</i>  | generic       | QL (60 per 30 days) MO    |
| <i>dipyridamole</i>  | generic       | MO                        |
| EFFIENT  | non-preferred |                           |
| PLAVIX TABLET 75MG   | brand         | QL (30 per 30 days) MO    |
| <i>ticlopidine hcl</i>   | generic       | QL (60 per 30 days) MO    |
| <b>Cardiovascular Agents</b>   |               |                           |
| <b>Alpha-adrenergic Agonists</b>   |               |                           |
| <i>clonidine hcl patch weekly</i>  | generic       |                           |
| <i>clonidine hcl tablet</i>  | generic       | MO                        |
| CLORPRES   | non-preferred |                           |
| <i>guanabenz acetate</i>   | generic       | MO                        |
| <i>guanfacine hcl</i>  | generic       | MO                        |
| INTUNIV  | non-preferred | QL (30 per 30 days)       |

| Drug Name   | Drug Tier     | Notes                   |
|---|---------------|-------------------------|
| <i>methyldopa</i>   | generic       | MO                      |
| <i>methyldopa /hydrochlorothiazide</i>                                    | generic       | MO                      |
| <i>midodrine hcl</i>  | generic       | MO                      |
| <b>Alpha-adrenergic Blocking Agents</b>                                   |               |                         |
| <i>doxazosin mesylate</i>   | generic       | QL (60 per 30 days) MO  |
| <i>prazosin hcl</i>   | generic       | MO                      |
| <i>reserpine</i>  | generic       | MO                      |
| <b>Antiarrhythmics</b>  |               |                         |
| <i>amiodarone hcl tablet</i>  | generic       | MO                      |
| <i>disopyramide phosphate</i>   | generic       | MO                      |
| <i>flecainide acetate</i>   | generic       | MO                      |
| <i>mexiletine hcl</i>   | generic       | MO                      |
| MULTAQ  | non-preferred |                         |
| NORPACE CR  | non-preferred |                         |
| PACERONE TABLET 100MG, 300MG, 400MG                                       | non-preferred |                         |
| <i>pacerone tablet 200mg</i>  | generic       | MO                      |
| <i>propafenone hcl</i>  | generic       | MO                      |
| <i>quinidine gluconate cr</i>   | generic       | MO                      |
| <i>quinidine sulfate</i>  | generic       | MO                      |
| <i>quinidine sulfate er</i>   | generic       | MO                      |
| RYTHMOL SR  | brand         | MO                      |
| <i>sorine</i>   | generic       | MO                      |
| <i>sotalol hcl</i>  | generic       | MO                      |
| TIKOSYN   | non-preferred |                         |
| <b>Beta-adrenergic Blocking Agents</b>                                    |               |                         |
| <i>acebutolol hcl</i>   | generic       | MO                      |
| <i>atenolol</i>   | generic       | MO                      |
| <i>atenolol/chlorthalidone</i>  | generic       | MO                      |
| <i>betaxolol hcl</i>  | generic       | MO                      |
| <i>bisoprolol fumarate</i>  | generic       | MO                      |
| <i>bisoprolol fumarate/hydrochlorothiazide</i>                            | generic       | MO                      |
| BYSTOLIC TABLET 10MG  | brand         | QL (120 per 30 days) MO |
| BYSTOLIC TABLET 5MG   | brand         | QL (240 per 30 days) MO |
| BYSTOLIC TABLET 2.5MG   | brand         | QL (480 per 30 days) MO |
| BYSTOLIC TABLET 20MG  | brand         | QL (60 per 30 days) MO  |
| CARTROL   | non-preferred |                         |
| <i>carvedilol tablet 25mg</i>   | generic       | QL (120 per 30 days) MO |
| <i>carvedilol tablet 12.5mg, 3.125mg, 6.25mg</i>                          | generic       | QL (60 per 30 days) MO  |
| COREG CR  | non-preferred | QL (30 per 30 days)     |
| INNOPRAN XL   | non-preferred | QL (30 per 30 days)     |
| <i>labetalol hcl tablet</i>   | generic       | MO                      |
| LEVATOL   | non-preferred |                         |
| <i>metoprolol /hydrochlorothiazide</i>                                    | generic       | MO                      |
| <i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i> | generic       | MO                      |

| Drug Name  | Drug Tier     | Notes                   |
|--|---------------|-------------------------|
| <i>metoprolol succinate er tablet extended release 24 hour 100mg</i> | generic       | QL (120 per 30 days) MO |
| <i>metoprolol succinate er tablet extended release 24 hour 200mg</i> | generic       | QL (60 per 30 days) MO  |
| <i>metoprolol tartrate tablet</i>                                    | generic       | MO                      |
| <i>nadolol</i>   | generic       | MO                      |
| <i>nadolol /bendroflumethiazide</i>                                  | generic       | MO                      |
| <i>pindolol</i>  | generic       | MO                      |
| <i>propranolol /hydrochlorothiazide</i>                              | generic       | MO                      |
| <i>propranolol hcl er</i>  | generic       | MO                      |
| <i>propranolol hcl tablet</i>  | generic       | MO                      |
| <i>timolol maleate</i>   | generic       | MO                      |
| <b>Calcium Channel Blocking Agents</b>                               |               |                         |
| <i>afeditab cr tablet extended release 24 hour 30mg</i>              | generic       | QL (180 per 30 days) MO |
| <i>afeditab cr tablet extended release 24 hour 60mg</i>              | generic       | QL (90 per 30 days) MO  |
| <i>amlodipine besylate</i>   | generic       | QL (30 per 30 days) MO  |
| AZOR   | non-preferred | QL (30 per 30 days)     |
| CARDENE SR   | non-preferred |                         |
| <i>cartia xt</i>   | generic       | MO                      |
| COVERA-HS  | non-preferred | QL (60 per 30 days)     |
| DILACOR XR CAPSULE EXTENDED RELEASE 24 HOUR 120MG                    | non-preferred | QL (30 per 30 days)     |
| DILACOR XR CAPSULE EXTENDED RELEASE 24 HOUR 240MG                    | non-preferred | QL (60 per 30 days)     |
| <i>dilt-cd</i>   | generic       | MO                      |
| <i>dilt-xr</i>   | generic       | MO                      |
| <i>diltiazem cd</i>  | generic       | MO                      |
| <i>diltiazem hcl er</i>  | generic       | MO                      |
| <i>diltiazem hcl capsule extended release 24 hour, tablet</i>        | generic       | MO                      |
| <i>diltzac</i>   | generic       | MO                      |
| <i>felodipine er</i>   | generic       | QL (30 per 30 days) MO  |
| <i>isradipine</i>  | generic       | MO                      |
| <i>nicardipine hcl capsule</i>                                       | generic       | MO                      |
| <i>nifediac cc</i>   | generic       | QL (30 per 30 days) MO  |
| <i>nifedical xl tablet extended release 24 hour 30mg</i>             | generic       | QL (120 per 30 days) MO |
| <i>nifedical xl tablet extended release 24 hour 60mg</i>             | generic       | QL (60 per 30 days) MO  |
| <i>nifedipine er tablet extended release 24 hour 30mg</i>            | generic       | QL (120 per 30 days) MO |
| <i>nifedipine er tablet extended release 24 hour 60mg, 90mg</i>      | generic       | QL (30 per 30 days) MO  |
| <i>nimodipine</i>  | generic       | MO                      |
| <i>nisoldipine</i>   | non-preferred | QL (30 per 30 days)     |
| SULAR  | non-preferred | QL (30 per 30 days)     |
| <i>taztia xt</i>   | generic       | MO                      |
| <i>verapamil hcl er</i>  | generic       | MO                      |
| <i>verapamil hcl tablet</i>  | generic       | MO                      |
| VERELAN PM   | non-preferred |                         |

| Drug Name   | Drug Tier     | Notes                   |
|---|---------------|-------------------------|
| <b>Cardiovascular Agents, Other</b>   |               |                         |
| <i>digoxin</i>  | generic       | MO                      |
| LANOXIN TABLET  | brand         | MO                      |
| RANEXA TABLET EXTENDED RELEASE 12 HOUR 500MG                                    | brand         | QL (120 per 30 days) MO |
| RANEXA TABLET EXTENDED RELEASE 12 HOUR 1000MG                                   | brand         | QL (60 per 30 days) MO  |
| <b>Diuretics</b>  |               |                         |
| <i>acetazolamide tablet</i>   | generic       | MO                      |
| <i>acetazolamide capsule extended release 12 hour</i>                           | non-preferred |                         |
| <i>amiloride /hydrochlorothiazide</i>   | generic       | MO                      |
| <i>amiloride hcl</i>  | generic       | MO                      |
| <i>bumetanide</i>   | generic       | MO                      |
| <i>chlorothiazide</i>   | generic       | MO                      |
| <i>chlorthalidone</i>   | generic       | MO                      |
| DYRENIUM  | non-preferred |                         |
| <i>furosemide</i>   | generic       | MO                      |
| <i>hydrochlorothiazide</i>  | generic       | MO                      |
| <i>indapamide</i>   | generic       | MO                      |
| <i>methyclothiazide</i>   | generic       | MO                      |
| <i>metolazone</i>   | generic       | MO                      |
| SAMSCA  | specialty     | PA MO                   |
| <i>toremide tablet</i>  | generic       | MO                      |
| <i>triamterene /hydrochlorothiazide</i>   | generic       | MO                      |
| <b>Dyslipidemics</b>  |               |                         |
| ADVICOR TABLET EXTENDED RELEASE 24 HOUR 20MG; 500MG                             | non-preferred | QL (120 per 30 days)    |
| ADVICOR TABLET EXTENDED RELEASE 24 HOUR 20MG; 1000MG, 20MG; 750MG, 40MG; 1000MG | non-preferred | QL (60 per 30 days)     |
| ANTARA  | non-preferred | QL (30 per 30 days)     |
| CADUET  | non-preferred | QL (30 per 30 days)     |
| <i>cholestyramine</i>   | generic       | MO                      |
| <i>cholestyramine light</i>   | generic       | MO                      |
| <i>colestipol hcl</i>   | generic       | MO                      |
| CRESTOR   | non-preferred | QL (30 per 30 days)     |
| <i>fenofibrate</i>  | non-preferred | QL (30 per 30 days)     |
| <i>fenofibrate micronized</i>   | non-preferred | QL (30 per 30 days)     |
| <i>gemfibrozil</i>  | generic       | QL (60 per 30 days) MO  |
| LESCOL XL   | non-preferred | QL (30 per 30 days)     |
| LESCOL CAPSULE 40MG   | non-preferred | QL (60 per 30 days)     |
| LESCOL CAPSULE 20MG   | non-preferred | QL (90 per 30 days)     |
| LIPITOR   | brand         | QL (30 per 30 days) MO  |
| <i>lovastatin tablet 10mg, 20mg</i>   | generic       | QL (30 per 30 days) MO  |
| <i>lovastatin tablet 40mg</i>   | generic       | QL (60 per 30 days) MO  |
| LOVAZA  | brand         | QL (120 per 30 days) MO |

| Drug Name   | Drug Tier     | Notes                  |
|---|---------------|------------------------|
| <i>niacor</i>   | generic       | MO                     |
| NIASPAN TABLET EXTENDED RELEASE 1000MG, 750MG                   | brand         | QL (60 per 30 days) MO |
| NIASPAN TABLET EXTENDED RELEASE 500MG                           | brand         | QL (90 per 30 days) MO |
| <i>pravastatin sodium tablet 10mg, 20mg, 80mg</i>               | generic       | QL (30 per 30 days) MO |
| <i>pravastatin sodium tablet 40mg</i>                           | generic       | QL (60 per 30 days) MO |
| <i>prevalite</i>  | generic       | MO                     |
| SIMCOR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 20MG             | non-preferred | QL (60 per 30 days)    |
| SIMCOR TABLET EXTENDED RELEASE 24 HOUR 500MG; 20MG, 750MG; 20MG | non-preferred | QL (90 per 30 days)    |
| <i>simvastatin</i>  | generic       | QL (30 per 30 days) MO |
| TRICOR TABLET 145MG   | brand         | QL (30 per 30 days) MO |
| TRICOR TABLET 48MG  | brand         | QL (60 per 30 days) MO |
| TRIGLIDE  | non-preferred | QL (30 per 30 days)    |
| TRILIPIX  | non-preferred | QL (30 per 30 days)    |
| VYTORIN   | brand         | QL (30 per 30 days) MO |
| WELCHOL PACKET  | non-preferred | QL (113 per 30 days)   |
| WELCHOL TABLET  | non-preferred | QL (210 per 30 days)   |
| ZETIA   | non-preferred | QL (30 per 30 days)    |
| <b><i>Renin-angiotensin-aldosterone System Inhibitors</i></b>   |               |                        |
| ACEON   | non-preferred | QL (60 per 30 days)    |
| ALDACTAZIDE   | non-preferred |                        |
| <i>amlodipine besylate/benazepril hydrochloride</i>             | generic       | QL (30 per 30 days) MO |
| ATACAND HCT TABLET 32MG; 12.5MG, 32MG; 25MG                     | non-preferred | QL (30 per 30 days)    |
| ATACAND HCT TABLET 16MG; 12.5MG                                 | non-preferred | QL (60 per 30 days)    |
| ATACAND TABLET 32MG   | non-preferred | QL (30 per 30 days)    |
| ATACAND TABLET 16MG, 4MG, 8MG                                   | non-preferred | QL (60 per 30 days)    |
| AVALIDE   | brand         | QL (30 per 30 days) MO |
| AVAPRO  | brand         | QL (30 per 30 days) MO |
| <i>benazepril hcl</i>   | generic       | QL (60 per 30 days) MO |
| <i>benazepril hcl/hydrochlorothiazide</i>                       | generic       | QL (60 per 30 days) MO |
| BENICAR   | brand         | QL (30 per 30 days) MO |
| BENICAR HCT   | brand         | QL (30 per 30 days) MO |
| <i>captopril</i>  | generic       | MO                     |
| <i>captopril /hydrochlorothiazide</i>                           | generic       | QL (90 per 30 days) MO |
| DIOVAN HCT TABLET 12.5MG; 320MG, 25MG; 320MG                    | non-preferred | QL (30 per 30 days)    |
| DIOVAN HCT TABLET 12.5MG; 160MG, 12.5MG; 80MG, 25MG; 160MG      | non-preferred | QL (60 per 30 days)    |
| DIOVAN TABLET 320MG   | non-preferred | QL (30 per 30 days)    |
| DIOVAN TABLET 160MG, 40MG, 80MG                                 | non-preferred | QL (60 per 30 days)    |
| <i>enalapril maleate/hydrochlorothiazide</i>                    | generic       | QL (60 per 30 days) MO |
| <i>enalapril maleate tablet 20mg</i>                            | generic       | MO                     |
| <i>enalapril maleate tablet 10mg, 2.5mg, 5mg</i>                | generic       | QL (60 per 30 days) MO |

| Drug Name                                     | Drug Tier     | Notes                   |
|---|---------------|-------------------------|
| <i>eplerenone tablet 25mg</i>                 | generic       | QL (120 per 30 days) MO |
| <i>eplerenone tablet 50mg</i>                 | generic       | QL (60 per 30 days) MO  |
| EXFORGE                                       | non-preferred | QL (30 per 30 days)     |
| <i>fosinopril sodium</i>                      | generic       | QL (60 per 30 days) MO  |
| <i>fosinopril sodium/hydrochlorothiazide</i>  | generic       | MO                      |
| <i>lisinopril</i>                             | generic       | QL (60 per 30 days) MO  |
| <i>lisinopril /hydrochlorothiazide</i>        | generic       | QL (60 per 30 days) MO  |
| <i>losartan potassium</i>                     | non-preferred | QL (30 per 30 days)     |
| <i>losartan potassium/hydrochlorothiazide</i> | non-preferred | QL (30 per 30 days)     |
| MICARDIS                                      | non-preferred | QL (30 per 30 days)     |
| MICARDIS HCT                                  | non-preferred | QL (30 per 30 days)     |
| <i>moexipril /hydrochlorothiazide</i>         | generic       | QL (60 per 30 days) MO  |
| <i>moexipril hcl tablet 15mg</i>              | generic       | QL (120 per 30 days) MO |
| <i>moexipril hcl tablet 7.5mg</i>             | generic       | QL (60 per 30 days) MO  |
| <i>perindopril erbumine</i>                   | non-preferred | QL (60 per 30 days)     |
| <i>quinapril /hydrochlorothiazide</i>         | generic       | QL (60 per 30 days) MO  |
| <i>quinapril hcl</i>                          | generic       | QL (60 per 30 days) MO  |
| <i>quinaretic</i>                             | generic       | QL (60 per 30 days) MO  |
| <i>ramipril</i>                               | generic       | QL (60 per 30 days) MO  |
| <i>spironolactone</i>                         | generic       | MO                      |
| <i>spironolactone /hydrochlorothiazide</i>    | generic       | MO                      |
| TARKA   | non-preferred | QL (60 per 30 days)     |
| TEKTURNA                                      | non-preferred | QL (30 per 30 days)     |
| TEKTURNA HCT                                  | non-preferred | QL (30 per 30 days)     |
| TEVETEN                                       | non-preferred |                         |
| TEVETEN HCT                                   | non-preferred |                         |
| <i>trandolapril</i>                           | generic       | QL (60 per 30 days) MO  |
| <i>trandolapril/verapamil hcl</i>             | non-preferred | QL (60 per 30 days)     |
| VALTURNA                                      | non-preferred | QL (30 per 30 days)     |
| <b>Vasodilators</b>                           |               |                         |
| BIDIL   | non-preferred | PA                      |
| <i>hydralazine hcl tablet</i>                 | generic       | MO                      |
| <i>isochron</i>                               | generic       | MO                      |
| <i>isosorbide dinitrate</i>                   | generic       | MO                      |
| <i>isosorbide dinitrate er</i>                | generic       | MO                      |
| <i>isosorbide mononitrate</i>                 | generic       | MO                      |
| <i>isosorbide mononitrate er</i>              | generic       | MO                      |
| <i>minitran</i>                               | generic       | QL (30 per 30 days) MO  |
| <i>minoxidil</i>                              | generic       | MO                      |
| NITRO-DUR PATCH 24 HOUR 0.3MG/HR,<br>0.8MG/HR | brand         | QL (30 per 30 days) MO  |
| <i>nitroglycerin transdermal</i>              | generic       | MO                      |
| <i>nitroglycerin patch 24 hour</i>            | generic       | MO                      |
| NITROLINGUAL PUMPSPRAY                        | brand         | MO                      |
| NITROSTAT                                     | brand         | MO                      |

| Drug Name   | Drug Tier     | Notes                   |
|---|---------------|-------------------------|
| <b>Central Nervous System Agents</b>  |               |                         |
| <b>Amphetamines, ADHD</b>   |               |                         |
| ADDERALL XR   | brand         | QL (60 per 30 days) MO  |
| <i>amphetamine /dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>    | generic       | QL (120 per 30 days) MO |
| <i>amphetamine /dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg</i>                                    | generic       | QL (240 per 30 days) MO |
| <i>amphetamine /dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg</i>                                       | generic       | QL (360 per 30 days) MO |
| <i>amphetamine /dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg</i> | generic       | QL (60 per 30 days) MO  |
| <i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>                                 | generic       | QL (120 per 30 days) MO |
| <i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>                                 | generic       | QL (180 per 30 days) MO |
| <i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>                                  | generic       | QL (360 per 30 days) MO |
| <i>dextroamphetamine sulfate tablet 10mg</i>  | generic       | QL (180 per 30 days) MO |
| <i>dextroamphetamine sulfate tablet 5mg</i>   | generic       | QL (360 per 30 days) MO |
| <i>methamphetamine hcl</i>  | generic       | QL (150 per 30 days)    |
| VYVANSE CAPSULE 30MG, 50MG, 70MG  | non-preferred |                         |
| <b>Non-amphetamines, ADHD</b>   |               |                         |
| DAYTRANA  | non-preferred | QL (30 per 30 days)     |
| <i>dexmethylphenidate hcl</i>   | generic       | QL (60 per 30 days)     |
| FOCALIN XR  | non-preferred | QL (30 per 30 days)     |
| METADATE CD   | non-preferred | QL (30 per 30 days)     |
| <i>methylin er tablet extended release 10mg</i>   | generic       | QL (30 per 30 days) MO  |
| <i>methylin er tablet extended release 20mg</i>   | generic       | QL (90 per 30 days) MO  |
| METHYLIN SOLUTION   | non-preferred |                         |
| METHYLIN TABLET CHEWABLE 10MG   | non-preferred | QL (270 per 30 days)    |
| METHYLIN TABLET CHEWABLE 2.5MG, 5MG   | non-preferred | QL (540 per 30 days)    |
| <i>methylin tablet 5mg</i>  | generic       | QL (30 per 30 days) MO  |
| <i>methylin tablet 10mg, 20mg</i>   | generic       | QL (90 per 30 days) MO  |
| <i>methylphenidate hcl</i>  | generic       | QL (90 per 30 days) MO  |
| <i>methylphenidate hcl sr</i>   | generic       | QL (90 per 30 days) MO  |
| RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 40MG  | non-preferred | QL (30 per 30 days)     |
| RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30MG  | non-preferred | QL (60 per 30 days)     |
| STRATTERA   | non-preferred | QL (30 per 30 days) ST  |
| <b>Non-amphetamines, Other</b>  |               |                         |
| AMPYRA  | specialty     | PA                      |
| NUVIGIL   | non-preferred | QL (30 per 30 days) PA  |
| PROVIGIL TABLET 100MG   | non-preferred | QL (30 per 30 days) PA  |

| Drug Name                                 | Drug Tier     | Notes                     |
|---|---------------|---------------------------|
| PROVIGIL TABLET 200MG                     | non-preferred | QL (60 per 30 days) PA    |
| RILUTEK                                   | brand         | MO                        |
| XYREM                                     | specialty     | PA LA MO                  |
| <b>Dental and Oral Agents</b>             |               |                           |
| <i>Dental and Oral Agents</i>             |               |                           |
| APHTHASOL                                 | non-preferred |                           |
| <i>chlorhexidine gluconate oral rinse</i> | generic       | MO                        |
| EVOXAC                                    | non-preferred |                           |
| <i>periogard</i>                          | generic       | MO                        |
| <i>pilocarpine hcl</i>                    | generic       | MO                        |
| <i>pilocarpine hydrochloride</i>          | generic       | MO                        |
| <i>triamcinolone in orabase</i>           | generic       | MO                        |
| <b>Dermatological Agents</b>              |               |                           |
| <i>Dermatological Agents</i>              |               |                           |
| AMEVIVE                                   | specialty     | PA MO                     |
| <i>ammonium lactate</i>                   | generic       | MO                        |
| <i>avita</i>                              | generic       | QL (45 per 60 days) PA MO |
| AZELEX                                    | non-preferred |                           |
| <i>calcipotriene</i>                      | generic       | QL (60 per 30 days) MO    |
| CARAC                                     | non-preferred |                           |
| <i>clindamycin phosphate</i>              | generic       | MO                        |
| <i>clindamycin/benzoyl peroxide</i>       | generic       | MO                        |
| DIFFERIN                                  | non-preferred |                           |
| DOVONEX CREAM                             | non-preferred | QL (100 per 30 days)      |
| <i>doxepin hcl</i>                        | generic       | MO                        |
| ELIDEL                                    | non-preferred | QL (100 per 30 days)      |
| EPIDUO                                    | non-preferred | QL (45 per 30 days)       |
| <i>erythromycin/benzoyl peroxide</i>      | generic       | MO                        |
| FINACEA                                   | non-preferred |                           |
| <i>fluorouracil solution</i>              | generic       | MO                        |
| <i>imiquimod</i>                          | generic       | QL (12 per 30 days)       |
| <i>laclotion</i>                          | generic       | MO                        |
| OXSORALEN                                 | non-preferred | PA                        |
| OXSORALEN ULTRA                           | non-preferred | PA                        |
| <i>podofilox</i>                          | generic       | MO                        |
| PROTOPIC                                  | non-preferred | QL (30 per 30 days)       |
| REGRANEX                                  | non-preferred | PA                        |
| SANTYL                                    | non-preferred | QL (60 per 30 days)       |
| SOLARAZE                                  | brand         | MO                        |
| SORIATANE                                 | specialty     | QL (30 per 30 days) PA MO |
| SORIATANE CK                              | specialty     | PA MO                     |
| STELARA                                   | specialty     | PA MO                     |
| TACLONEX                                  | non-preferred | QL (60 per 30 days) ST    |
| TAZORAC                                   | non-preferred | PA                        |
| <i>tretinoin</i>                          | generic       | QL (45 per 60 days) PA MO |

| Drug Name  | Drug Tier     | Notes                  |
|--|---------------|------------------------|
| VECTICAL   | non-preferred |                        |
| ZIANA  | non-preferred | QL (60 per 30 days) PA |
| <b>Enzyme Replacements/ Modifiers</b>            |               |                        |
| <i>Enzyme Replacements/ Modifiers</i>            |               |                        |
| ADAGEN   | specialty     | PA LA MO               |
| ALDURAZYME                                       | specialty     | PA LA MO               |
| BUPHENYL   | specialty     | PA MO                  |
| CEREDASE   | specialty     | PA LA MO               |
| CEREZYME   | specialty     | PA MO                  |
| CREON  | non-preferred |                        |
| CYSTADANE  | non-preferred | PA                     |
| CYSTAGON   | non-preferred | PA                     |
| ELAPRASE   | specialty     | PA LA MO               |
| FABRAZYME  | specialty     | PA LA MO               |
| KUVAN  | specialty     | PA MO                  |
| MYOZYME  | specialty     | PA MO                  |
| NAGLAZYME  | specialty     | PA LA MO               |
| ORFADIN  | specialty     | PA MO                  |
| PANCREAZE  | non-preferred |                        |
| PULMOZYME  | specialty     | PA MO                  |
| SUCRAID  | specialty     | PA MO                  |
| VPRIV  | specialty     | PA                     |
| ZAVESCA  | specialty     | PA MO                  |
| ZENPEP   | non-preferred |                        |
| <b>Gastrointestinal Agents</b>                   |               |                        |
| <i>Antispasmodics, Gastrointestinal</i>          |               |                        |
| <i>dicyclomine hcl capsule, solution, tablet</i> | generic       | MO                     |
| <i>glycopyrrolate tablet</i>                     | non-preferred |                        |
| <i>methscopolamine bromide</i>                   | generic       | MO                     |
| <i>propantheline bromide</i>                     | generic       | MO                     |
| <i>Gastrointestinal Agents, Other</i>            |               |                        |
| AMITIZA  | non-preferred | QL (60 per 30 days)    |
| <i>constulose</i>                                | generic       | MO                     |
| <i>diphenoxylate/atropine</i>                    | generic       | MO                     |
| <i>enulose</i>                                   | generic       | MO                     |
| GASTROCROM                                       | non-preferred |                        |
| <i>gavilyte-c</i>                                | generic       | MO                     |
| <i>gavilyte-g</i>                                | generic       | MO                     |
| <i>gavilyte-n/flower pack</i>                    | generic       | MO                     |
| <i>generlac</i>                                  | generic       | MO                     |
| KRISTALOSE                                       | non-preferred |                        |
| <i>lactulose</i>                                 | generic       | MO                     |
| <i>lonox</i>                                     | generic       | MO                     |
| <i>loperamide hcl</i>                            | generic       | MO                     |
| <i>metoclopramide hcl</i>                        | generic       | MO                     |

| Drug Name   | Drug Tier     | Notes                     |
|---|---------------|---------------------------|
| <i>peg 3350/electrolytes</i>  | generic       | QL (4000 per 30 days) MO  |
| <i>polyethylene glycol 3350</i>   | generic       | MO                        |
| <i>trilyte</i>  | generic       | QL (4000 per 30 days) MO  |
| <i>ursodiol</i>   | generic       | MO                        |
| <b>Histamine2 (H2) Blocking Agents</b>                                  |               |                           |
| <i>cimetidine</i>   | generic       | MO                        |
| <i>cimetidine hcl</i>   | generic       | MO                        |
| <i>famotidine</i>   | generic       | MO                        |
| <i>famotidine premixed</i>  | generic       | MO                        |
| <i>nizatidine solution</i>  | generic       |                           |
| <i>nizatidine capsule</i>   | generic       | MO                        |
| <i>ranitidine hcl</i>   | generic       | MO                        |
| ZANTAC PACKET, TABLET EFFERVESCENT                                      | non-preferred |                           |
| <b>Irritable Bowel Syndrome Agents</b>                                  |               |                           |
| LOTRONEX  | brand         | QL (60 per 30 days) PA MO |
| <b>Protectants</b>  |               |                           |
| CARAFATE SUSPENSION   | non-preferred | QL (1200 per 30 days)     |
| <i>misoprostol</i>  | generic       | MO                        |
| <i>sucralfate</i>   | generic       | MO                        |
| <b>Proton Pump Inhibitors</b>   |               |                           |
| ACIPHEX   | brand         | QL (30 per 30 days) MO    |
| DEXILANT  | non-preferred | QL (30 per 30 days) ST    |
| KAPIDEX   | non-preferred | QL (30 per 30 days) ST    |
| <i>lansoprazole</i>   | non-preferred | ST                        |
| NEXIUM  | non-preferred | QL (30 per 30 days) ST    |
| <i>omeprazole capsule delayed release 40mg</i>                          | generic       | QL (30 per 30 days) MO    |
| <i>omeprazole capsule delayed release 10mg, 20mg</i>                    | generic       | QL (60 per 30 days) MO    |
| <i>pantoprazole sodium</i>  | non-preferred | QL (30 per 30 days) ST    |
| PREVACID  | non-preferred | ST                        |
| PREVACID SOLUTAB  | non-preferred | ST                        |
| PROTONIX INJECTION  | non-preferred | PA                        |
| ZEGERID   | brand         | QL (30 per 30 days) MO    |
| <b>Genitourinary Agents</b>   |               |                           |
| <b>Antispasmodics, Urinary</b>  |               |                           |
| DETROL  | brand         | QL (60 per 30 days) MO    |
| DETROL LA   | brand         | QL (30 per 30 days) MO    |
| ENABLEX   | non-preferred | QL (30 per 30 days)       |
| <i>flavoxate hcl</i>  | generic       | MO                        |
| GELNIQUE  | non-preferred | QL (30 per 30 days)       |
| <i>oxybutynin chloride</i>  | generic       | MO                        |
| <i>oxybutynin chloride er tablet extended release 24 hour 10mg, 5mg</i> | generic       | QL (30 per 30 days) MO    |
| <i>oxybutynin chloride er tablet extended release 24 hour 15mg</i>      | generic       | QL (60 per 30 days) MO    |
| OXYTROL   | non-preferred | QL (8 per 28 days)        |

| Drug Name   | Drug Tier     | Notes                  |
|---|---------------|------------------------|
| SANCTURA  | non-preferred | QL (60 per 30 days)    |
| SANCTURA XR   | non-preferred | QL (30 per 30 days)    |
| TOVIAZ  | brand         | QL (30 per 30 days) MO |
| VESICARE  | non-preferred | QL (30 per 30 days)    |
| <b>Benign Prostatic Hypertrophy Agents</b>                          |               |                        |
| AVODART   | non-preferred | QL (30 per 30 days)    |
| CARDURA XL  | non-preferred | QL (30 per 30 days)    |
| <i>doxazosin mesylate</i>   | generic       | QL (60 per 30 days) MO |
| <i>finasteride</i>  | generic       | QL (30 per 30 days) MO |
| RAPAFLO   | non-preferred | QL (30 per 30 days)    |
| <i>tamsulosin hcl</i>   | generic       | QL (60 per 30 days)    |
| <i>terazosin hcl capsule 1mg, 2mg, 5mg</i>                          | generic       | QL (30 per 30 days) MO |
| <i>terazosin hcl capsule 10mg</i>                                   | generic       | QL (60 per 30 days) MO |
| UROXATRAL   | non-preferred | QL (30 per 30 days)    |
| <b>Genitourinary Agents, Other</b>                                  |               |                        |
| CLINDESSE   | non-preferred |                        |
| ELMIRON   | non-preferred |                        |
| THIOLA  | non-preferred |                        |
| <b>Phosphate Binders</b>  |               |                        |
| <i>calcium acetate</i>  | generic       | MO                     |
| FOSRENOL  | brand         | MO                     |
| RENAGEL   | brand         | MO                     |
| REVELA  | brand         | MO                     |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b> |               |                        |
| <b>Glucocorticoids/ Mineralocorticoids</b>                          |               |                        |
| <i>a-methapred</i>  | generic       | MO                     |
| <i>ala cort</i>   | generic       | MO                     |
| <i>ala-cort</i>   | generic       | MO                     |
| <i>alclometasone dipropionate</i>                                   | generic       | MO                     |
| <i>amcinonide</i>   | generic       | MO                     |
| <i>augmented betamethasone dipropionate</i>                         | generic       | MO                     |
| <i>beta-val</i>   | generic       | MO                     |
| <i>betamethasone dipropionate</i>                                   | generic       | MO                     |
| <i>betamethasone valerate</i>                                       | generic       | MO                     |
| CAPEX   | non-preferred |                        |
| CELESTONE   | non-preferred |                        |
| <i>clobetasol propionate e</i>                                      | generic       | MO                     |
| <i>clobetasol propionate gel, ointment, solution</i>                | generic       | MO                     |
| <i>clobetasol propionate foam</i>                                   | non-preferred |                        |
| CLOBEX  | non-preferred |                        |
| CLODERM   | non-preferred |                        |
| CORDRAN   | non-preferred |                        |
| CORDRAN SP  | non-preferred |                        |
| <i>cormax</i>   | generic       | MO                     |

| Drug Name   | Drug Tier     | Notes                |
|---|---------------|----------------------|
| CORTIFOAM   | non-preferred |                      |
| <i>cortisone acetate</i>  | generic       | MO                   |
| <i>del-beta</i>   | generic       | MO                   |
| <i>desonide</i>   | generic       | MO                   |
| <i>desoximetasone</i>   | generic       | MO                   |
| <i>dexamethasone</i>  | generic       | MO                   |
| <i>diflorasone diacetate</i>  | generic       | MO                   |
| <i>fludrocortisone acetate</i>  | generic       | MO                   |
| <i>fluocinolone acetonide</i>   | generic       | MO                   |
| <i>fluocinonide</i>   | generic       | MO                   |
| <i>fluocinonide emollient base</i>                                    | generic       | MO                   |
| <i>fluticasone propionate</i>   | generic       | MO                   |
| <i>halobetasol propionate</i>   | generic       | MO                   |
| HALOG   | non-preferred |                      |
| <i>hydrocortisone</i>   | generic       | MO                   |
| <i>hydrocortisone butyrate</i>  | generic       | MO                   |
| <i>hydrocortisone in absorbase</i>                                    | generic       | MO                   |
| <i>hydrocortisone valerate</i>  | generic       | MO                   |
| <i>isovate</i>  | generic       | MO                   |
| <i>lokara</i>   | generic       | MO                   |
| LUXIQ   | non-preferred |                      |
| <i>methylprednisolone</i>   | generic       | MO                   |
| <i>methylprednisolone sodiumsuccinate</i>                             | generic       | MO                   |
| <i>mometasone furoate</i>   | generic       | MO                   |
| <i>prednicarbate</i>  | generic       | MO                   |
| <i>prednisolone</i>   | generic       | MO                   |
| <i>prednisolone sodium phosphate</i>                                  | generic       | MO                   |
| <i>prednisone tablet</i>  | generic       | B/D MO               |
| <i>procto-pak</i>   | generic       | MO                   |
| <i>proctocream-hc</i>   | generic       | MO                   |
| <i>proctosol hc</i>   | generic       | MO                   |
| <i>proctozone-hc</i>  | generic       | MO                   |
| TOPICORT LP   | non-preferred |                      |
| <i>triamcinolone acetonide</i>  | generic       | MO                   |
| <i>triamcinolone acetonide in absorbase</i>                           | generic       | MO                   |
| <i>triderm</i>  | generic       | MO                   |
| <i>u-cort</i>   | non-preferred |                      |
| VANOS   | non-preferred |                      |
| VERDESO   | non-preferred | QL (100 per 30 days) |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b> |               |                      |
| <i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i> |               |                      |
| <i>chorionic gonadotropin</i>   | non-preferred | PA                   |
| <i>desmopressin acetate injection, tablet</i>                         | generic       | MO                   |

| Drug Name   | Drug Tier     | Notes                      |
|---|---------------|----------------------------|
| <i>desmopressin acetate nasal solution 0.01%</i>                                    | generic       | MO                         |
| <i>desmopressin acetate nasal solution 0.01%</i>                                    | generic       | QL (15 per 30 days) MO     |
| GENOTROPIN  | specialty     | PA MO                      |
| GENOTROPIN MINIQUICK  | specialty     | PA MO                      |
| HUMATROPE   | specialty     | PA MO                      |
| HUMATROPE COMBO PACK  | specialty     | PA MO                      |
| INCRELEX  | specialty     | PA LA MO                   |
| NORDITROPIN CARTRIDGE   | specialty     | PA MO                      |
| NORDITROPIN NORDIFLEX PEN   | specialty     | PA MO                      |
| NUTROPIN  | specialty     | PA MO                      |
| NUTROPIN AQ   | specialty     | PA MO                      |
| NUTROPIN AQ PEN   | specialty     | PA MO                      |
| OMNITROPE   | specialty     | PA MO                      |
| SAIZEN  | specialty     | PA MO                      |
| SAIZEN CLICK.EASY   | specialty     | PA MO                      |
| SEROSTIM  | specialty     | PA MO                      |
| STIMATE   | non-preferred |                            |
| TEV-TROPIN  | specialty     | PA MO                      |
| ZORBTIVE  | specialty     | PA MO                      |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b> |               |                            |
| <i>Anabolic Steroids</i>  |               |                            |
| ANADROL-50  | specialty     | PA MO                      |
| <i>oxandrolone tablet 2.5mg</i>   | generic       | QL (120 per 30 days) PA MO |
| <i>oxandrolone tablet 10mg</i>  | specialty     | QL (60 per 30 days) PA MO  |
| <i>Androgens</i>  |               |                            |
| ANDRODERM   | non-preferred | QL (30 per 30 days) PA     |
| ANDROGEL  | brand         | QL (300 per 30 days) MO    |
| ANDROXY   | non-preferred |                            |
| <i>danazol</i>  | generic       | MO                         |
| METHITEST   | non-preferred |                            |
| TESTIM  | non-preferred | QL (300 per 30 days) PA    |
| <i>testosterone cypionate</i>   | generic       | MO                         |
| <i>testosterone enanthate</i>   | generic       | MO                         |
| TESTRED   | non-preferred |                            |
| <i>Estrogens</i>  |               |                            |
| CENESTIN  | non-preferred | QL (30 per 30 days)        |
| DIVIGEL   | brand         | QL (30 per 30 days) MO     |
| ELESTRIN  | non-preferred | QL (144 per 30 days)       |
| ESTRACE CREAM   | non-preferred |                            |
| <i>estradiol valerate</i>   | generic       | MO                         |
| <i>estradiol/norethindrone acetate</i>  | generic       | QL (28 per 28 days) MO     |
| <i>estradiol tablet</i>   | generic       | MO                         |
| <i>estradiol patch weekly</i>   | generic       | QL (4 per 28 days) MO      |
| ESTRASORB   | non-preferred | QL (104 per 30 days)       |

| Drug Name                              | Drug Tier     | Notes                  |
|--|---------------|------------------------|
| ESTRING                                | non-preferred |                        |
| ESTROGEL                               | non-preferred |                        |
| <i>estropipate</i>                     | generic       | MO                     |
| EVAMIST                                | non-preferred | QL (16.2 per 30 days)  |
| FEMRING                                | non-preferred | QL (1 per 90 days)     |
| <i>gynodiol tablet 0.5mg, 1mg, 2mg</i> | generic       | MO                     |
| <i>kelnor 1/35</i>                     | generic       | QL (28 per 28 days) MO |
| LOSEASONIQUE                           | brand         | QL (91 per 91 days)    |
| LYBREL                                 | non-preferred | QL (28 per 28 days)    |
| MENEST                                 | non-preferred | QL (30 per 30 days)    |
| MENOSTAR                               | non-preferred | QL (4 per 28 days)     |
| <i>mononessa</i>                       | generic       | QL (28 per 28 days) MO |
| <i>necon 10/11-28</i>                  | generic       | QL (28 per 28 days) MO |
| <i>ocella</i>                          | generic       | QL (28 per 28 days) MO |
| <i>ortho-est</i>                       | generic       | MO                     |
| PREMARIN W/APPLICATOR                  | brand         | QL (45 per 30 days) MO |
| PREMARIN TABLET                        | brand         | QL (30 per 30 days) MO |
| <i>previfem</i>                        | generic       | QL (28 per 28 days) MO |
| <i>quasense</i>                        | generic       | QL (28 per 28 days) MO |
| <i>tri-legest fe</i>                   | generic       | QL (28 per 28 days) MO |
| <i>tri-previfem</i>                    | generic       | QL (28 per 28 days) MO |
| <i>tri-sprintec</i>                    | generic       | QL (28 per 28 days) MO |
| VAGIFEM                                | non-preferred |                        |
| VIVELLE-DOT                            | non-preferred | QL (8 per 28 days)     |
| <b>Progestins</b>                      |               |                        |
| ANGELIQ                                | non-preferred | QL (28 per 28 days)    |
| <i>apri</i>                            | generic       | QL (28 per 28 days) MO |
| <i>aranelle</i>                        | generic       | QL (28 per 28 days) MO |
| <i>aviane</i>                          | generic       | QL (28 per 28 days) MO |
| <i>balziva</i>                         | generic       | QL (28 per 28 days) MO |
| <i>camila</i>                          | generic       | QL (28 per 28 days) MO |
| <i>cesia</i>                           | generic       | QL (28 per 28 days) MO |
| CLIMARA PRO                            | non-preferred | QL (28 per 28 days)    |
| COMBIPATCH                             | non-preferred | QL (8 per 28 days)     |
| CRINONE                                | non-preferred |                        |
| <i>cryselle-28</i>                     | generic       | QL (28 per 28 days) MO |
| DEPO-PROVERA                           | non-preferred | PA                     |
| DEPO-SUBQ PROVERA 104                  | non-preferred | PA                     |
| <i>enpresse-28</i>                     | generic       | QL (28 per 28 days) MO |
| <i>errin</i>                           | generic       | QL (28 per 28 days) MO |
| FEMHRT 1/5                             | non-preferred | QL (28 per 28 days)    |
| FEMHRT LOW DOSE                        | non-preferred | QL (28 per 28 days)    |
| <i>jolivette</i>                       | generic       | QL (28 per 28 days) MO |
| <i>junel 1.5/30</i>                    | generic       | QL (28 per 28 days) MO |
| <i>junel 1/20</i>                      | generic       | QL (28 per 28 days) MO |

| Drug Name   | Drug Tier     | Notes                  |
|---|---------------|------------------------|
| <i>junel fe 1.5/30</i>                              | generic       | QL (28 per 28 days) MO |
| <i>junel fe 1/20</i>                                | generic       | QL (28 per 28 days) MO |
| <i>kariva</i>                                       | generic       | QL (28 per 28 days) MO |
| <i>leena</i>  | generic       | QL (28 per 28 days) MO |
| <i>lessina-28</i>                                   | generic       | QL (28 per 28 days) MO |
| <i>levora 0.15/30-28</i>                            | generic       | QL (28 per 28 days) MO |
| <i>low-ogestrel</i>                                 | generic       | QL (28 per 28 days) MO |
| <i>lutera</i>                                       | generic       | QL (28 per 28 days) MO |
| <i>medroxyprogesterone acetate tablet</i>           | generic       | MO                     |
| <i>medroxyprogesterone acetate injection</i>        | generic       | QL (1 per 90 days) MO  |
| MEGACE ES   | non-preferred | ST                     |
| <i>megestrol acetate</i>                            | generic       | MO                     |
| <i>microgestin 1.5/30</i>                           | generic       | QL (28 per 28 days) MO |
| <i>microgestin 1/20</i>                             | generic       | QL (28 per 28 days) MO |
| <i>microgestin fe</i>                               | generic       | QL (28 per 28 days) MO |
| <i>microgestin fe 1.5/30</i>                        | generic       | QL (28 per 28 days) MO |
| <i>necon 0.5/35-28</i>                              | generic       | QL (28 per 28 days) MO |
| <i>necon 1/35-28</i>                                | generic       | QL (28 per 28 days) MO |
| <i>necon 1/50-28</i>                                | generic       | QL (28 per 28 days) MO |
| <i>necon 7/7/7</i>                                  | generic       | QL (28 per 28 days) MO |
| <i>next choice</i>                                  | generic       | MO                     |
| <i>nora-be</i>                                      | generic       | QL (28 per 28 days) MO |
| <i>norethindrone acetate</i>                        | generic       | MO                     |
| <i>nortrel 0.5/35 (28)</i>                          | generic       | QL (28 per 28 days) MO |
| <i>nortrel 1/35 (21)</i>                            | generic       | QL (28 per 28 days) MO |
| <i>nortrel 1/35 (28)</i>                            | generic       | QL (28 per 28 days) MO |
| <i>nortrel 7/7/7</i>                                | generic       | QL (28 per 28 days) MO |
| OGESTREL  | non-preferred | QL (28 per 28 days)    |
| <i>portia-28</i>                                    | generic       | QL (28 per 28 days) MO |
| PREMPHASE   | brand         | QL (28 per 28 days) MO |
| PREMPRO   | brand         | QL (28 per 28 days) MO |
| PROCHIEVE GEL 4%                                    | non-preferred |                        |
| PROMETRIUM  | non-preferred |                        |
| <i>reclipsen</i>                                    | generic       | QL (28 per 28 days) MO |
| SEASONIQUE  | non-preferred | QL (28 per 28 days)    |
| <i>solia</i>  | generic       | QL (28 per 28 days) MO |
| <i>sprintec 28</i>                                  | generic       | QL (28 per 28 days) MO |
| <i>sronyx</i>                                       | generic       | QL (28 per 28 days) MO |
| TRI-NORINYL 28                                      | non-preferred | QL (28 per 28 days)    |
| <i>trinessa</i>                                     | generic       | QL (28 per 28 days) MO |
| <i>trivora-28</i>                                   | generic       | QL (28 per 28 days) MO |
| <i>velivet</i>                                      | generic       | QL (28 per 28 days) MO |
| <i>zovia 1/35e</i>                                  | generic       | QL (28 per 28 days) MO |
| <i>zovia 1/50e</i>                                  | generic       | QL (28 per 28 days) MO |
| <b>Selective Estrogen Receptor Modifying Agents</b> |               |                        |

| Drug Name   | Drug Tier     | Notes                   |
|---|---------------|-------------------------|
| EVISTA  | brand         | QL (30 per 30 days) MO  |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>             |               |                         |
| <i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</i>             |               |                         |
| <i>levothroid</i>   | generic       | MO                      |
| <i>levothyroxine sodium</i>   | generic       | MO                      |
| <i>levoxyl</i>  | generic       | MO                      |
| <i>liothyronine sodium tablet</i>   | generic       | MO                      |
| SYNTHROID   | brand         | MO                      |
| THYROLAR-1  | non-preferred |                         |
| THYROLAR-1/2  | non-preferred |                         |
| THYROLAR-1/4  | non-preferred |                         |
| THYROLAR-2  | non-preferred |                         |
| THYROLAR-3  | non-preferred |                         |
| <i>unithroid</i>  | generic       | MO                      |
| <b>Hormonal Agents, Suppressant (Adrenal)</b>                                   |               |                         |
| <i>Hormonal Agents, Suppressant (Adrenal)</i>                                   |               |                         |
| LYSODREN  | brand         | MO                      |
| <b>Hormonal Agents, Suppressant (Parathyroid)</b>                               |               |                         |
| <i>Hormonal Agents, Suppressant (Parathyroid)</i>                               |               |                         |
| SENSIPAR TABLET 90MG  | brand         | QL (120 per 30 days) MO |
| SENSIPAR TABLET 30MG, 60MG  | brand         | QL (60 per 30 days) MO  |
| <b>Hormonal Agents, Suppressant (Pituitary)</b>                                 |               |                         |
| <i>Hormonal Agents, Suppressant (Pituitary)</i>                                 |               |                         |
| <i>cabergoline</i>  | generic       | MO                      |
| <i>leuprolide acetate</i>   | non-preferred | PA                      |
| LUPRON DEPOT INJECTION 22.5MG, 30MG, 7.5MG                                      | specialty     | PA MO                   |
| <i>octreotide acetate injection 50mcg/ml</i>                                    | non-preferred | PA                      |
| <i>octreotide acetate injection 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml</i> | specialty     | PA MO                   |
| SANDOSTATIN LAR DEPOT   | specialty     | PA MO                   |
| SOMATULINE DEPOT  | specialty     | PA MO                   |
| SOMAVERT  | specialty     | PA LA MO                |
| SYNAREL   | specialty     | PA MO                   |
| <b>Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)</b>                   |               |                         |
| <i>Antiandrogens</i>  |               |                         |
| <i>bicalutamide</i>   | generic       | QL (30 per 30 days) MO  |
| <i>flutamide</i>  | generic       | MO                      |
| NILANDRON   | non-preferred |                         |
| <b>Hormonal Agents, Suppressant (Thyroid)</b>                                   |               |                         |
| <i>Antithyroid Agents</i>   |               |                         |
| <i>methimazole</i>  | generic       | MO                      |
| <i>propylthiouracil</i>   | generic       | MO                      |

| Drug Name                                    | Drug Tier     | Notes                     |  |  |  |  |
|--|---------------|---------------------------|--|--|--|--|
| <b>Immunological Agents</b>                  |               |                           |  |  |  |  |
| <i>Immune Suppressants</i>                   |               |                           |  |  |  |  |
| ACTEMRA                                      | specialty     | PA                        |  |  |  |  |
| AZASAN                                       | non-preferred | B/D                       |  |  |  |  |
| <i>azathioprine</i>                          | generic       | B/D MO                    |  |  |  |  |
| CELLCEPT SUSPENSION RECONSTITUTED            | brand         | B/D MO                    |  |  |  |  |
| CIMZIA INJECTION 200MG/ML                    | specialty     | PA                        |  |  |  |  |
| CIMZIA INJECTION 200MG                       | specialty     | PA MO                     |  |  |  |  |
| CYCLOSPORINE MODIFIED CAPSULE 50MG           | generic       | B/D MO                    |  |  |  |  |
| <i>cyclosporine modified capsule 100mg</i>   | generic       | B/D MO                    |  |  |  |  |
| <i>cyclosporine modified solution</i>        | generic       | B/D MO                    |  |  |  |  |
| <i>cyclosporine capsule</i>                  | generic       | B/D MO                    |  |  |  |  |
| <i>cyclosporine injection</i>                | non-preferred | B/D                       |  |  |  |  |
| ENBREL                                       | specialty     | PA MO                     |  |  |  |  |
| ENBREL SURECLICK                             | specialty     | PA MO                     |  |  |  |  |
| <i>gengraf</i>                               | generic       | B/D MO                    |  |  |  |  |
| HUMIRA                                       | specialty     | QL (4 per 30 days) PA MO  |  |  |  |  |
| HUMIRA PEN-CROHNS DISEASESTARTER             | specialty     | QL (6 per 365 days) PA MO |  |  |  |  |
| <i>methotrexate</i>                          | generic       | MO                        |  |  |  |  |
| <i>methotrexate sodium injection 25mg/ml</i> | generic       | MO                        |  |  |  |  |
| <i>mycophenolate mofetil</i>                 | generic       | B/D MO                    |  |  |  |  |
| MYFORTIC                                     | non-preferred | B/D                       |  |  |  |  |
| NEORAL                                       | non-preferred | B/D                       |  |  |  |  |
| ORENCIA                                      | specialty     | PA MO                     |  |  |  |  |
| PROGRAF INJECTION                            | non-preferred | B/D                       |  |  |  |  |
| RAPAMUNE                                     | brand         | B/D MO                    |  |  |  |  |
| REMICADE                                     | specialty     | PA MO                     |  |  |  |  |
| SANDIMMUNE CAPSULE, SOLUTION                 | non-preferred | B/D                       |  |  |  |  |
| SIMPONI                                      | specialty     | QL (1 per 28 days) PA MO  |  |  |  |  |
| <i>tacrolimus</i>                            | generic       | B/D MO                    |  |  |  |  |
| TREXALL                                      | non-preferred |                           |  |  |  |  |
| <i>Immunizing Agents, Passive</i>            |               |                           |  |  |  |  |
| CARIMUNE NANOFILTERED                        | specialty     | PA MO                     |  |  |  |  |
| FLEBOGAMMA                                   | specialty     | PA MO                     |  |  |  |  |
| GAMASTAN S/D                                 | non-preferred | PA                        |  |  |  |  |
| GAMMAGARD LIQUID                             | specialty     | PA MO                     |  |  |  |  |
| GAMUNEX                                      | specialty     | PA MO                     |  |  |  |  |
| OCTAGAM                                      | specialty     | PA MO                     |  |  |  |  |
| POLYGAM S/D                                  | specialty     | PA MO                     |  |  |  |  |
| PRIVIGEN                                     | specialty     | PA                        |  |  |  |  |
| THYMOGLOBULIN                                | specialty     | PA MO                     |  |  |  |  |
| VIVAGLOBIN                                   | specialty     | PA MO                     |  |  |  |  |
| <i>Immunomodulators</i>                      |               |                           |  |  |  |  |
| ACTIMMUNE                                    | specialty     | PA LA MO                  |  |  |  |  |
| ALFERON N                                    | specialty     | PA MO                     |  |  |  |  |

| Drug Name                                | Drug Tier     | Notes                      |
|--|---------------|----------------------------|
| AVONEX INJECTION 30MCG/0.5ML             | specialty     | QL (2 per 30 days) PA MO   |
| AVONEX INJECTION 30MCG/VIAL              | specialty     | QL (4 per 30 days) PA MO   |
| BETASERON                                | specialty     | QL (15 per 30 days) PA MO  |
| COPAXONE                                 | specialty     | QL (30 per 30 days) PA MO  |
| EXTAVIA                                  | specialty     | QL PA MO                   |
| INFERGEN                                 | specialty     | QL (12 per 30 days) PA MO  |
| INTRON-A W/DILUENT                       | non-preferred | PA                         |
| INTRON-A INJECTION 3MU/0.2ML             | non-preferred | PA                         |
| INTRON-A INJECTION 10MU/0.2ML, 5MU/0.2ML | specialty     | PA MO                      |
| KINERET                                  | specialty     | PA MO                      |
| <i>leflunomide</i>                       | generic       | QL (30 per 30 days) MO     |
| PEG-INTRON                               | specialty     | QL (2 per 28 days) PA MO   |
| PEG-INTRON REDIPEN                       | specialty     | QL (2 per 28 days) PA MO   |
| PEG-INTRON REDIPEN PAK 4                 | specialty     | QL (2 per 28 days) PA MO   |
| PEGASYS                                  | specialty     | QL (2 per 30 days) PA MO   |
| REBIF                                    | specialty     | QL (12 per 30 days) PA MO  |
| REBIF TITRATION PACK                     | specialty     | QL (12 per 365 days) PA MO |
| TYSABRI                                  | specialty     | PA LA MO                   |
| <b>Vaccines</b>                          |               |                            |
| ACTHIB                                   | brand         | MO                         |
| ADACEL                                   | non-preferred |                            |
| ATTENUVAX                                | brand         | MO                         |
| BOOSTRIX                                 | non-preferred |                            |
| CERVARIX                                 | non-preferred |                            |
| COMVAX                                   | non-preferred |                            |
| DAPTACEL                                 | brand         | MO                         |
| DECAVAC                                  | non-preferred |                            |
| DIPHThERIA/TETANUS TOXOID PEDIATRIC      | brand         | MO                         |
| ENGERIX-B                                | brand         | B/D MO                     |
| GARDASIL                                 | brand         | PA MO                      |
| HAVRIX                                   | non-preferred |                            |
| IMOVAX RABIES (H.D.C.V.)                 | brand         | B/D MO                     |
| INFANRIX                                 | brand         | MO                         |
| IPOL INACTIVATED IPV                     | brand         | MO                         |
| IXIARO                                   | brand         |                            |
| JE-VAX                                   | brand         | MO                         |
| M-M-R II W/DILUENT 10 DOSE               | brand         | MO                         |
| MENACTRA                                 | non-preferred |                            |
| MENOMUNE-A/C/Y/W-135                     | brand         | MO                         |
| MERUVAX II W/DILUENT 10 DOSE             | brand         | MO                         |
| PEDIARIX                                 | non-preferred |                            |
| PEDVAX HIB                               | brand         | MO                         |
| PROQUAD                                  | non-preferred |                            |
| RABAVERT                                 | non-preferred |                            |
| RECOMBIVAX HB                            | non-preferred |                            |

| Drug Name                                   | Drug Tier     | Notes                    |
|---|---------------|--------------------------|
| ROTATEQ                                     | brand         | MO                       |
| TETANUS TOXOID ADSORBED                     | brand         | MO                       |
| TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT   | brand         | MO                       |
| TRIHIBIT                                    | non-preferred |                          |
| TRIPEDIA                                    | non-preferred |                          |
| TWINRIX                                     | non-preferred |                          |
| TYPHIM VI                                   | brand         | MO                       |
| VAQTA                                       | brand         | MO                       |
| VARIVAX                                     | brand         | MO                       |
| VIVOTIF BERNA                               | non-preferred |                          |
| YF-VAX                                      | brand         | MO                       |
| ZOSTAVAX                                    | non-preferred | PA                       |
| <b>Inflammatory Bowel Disease Agents</b>    |               |                          |
| <i>Glucocorticoids</i>                      |               |                          |
| <i>colocort</i>                             | generic       | MO                       |
| ENTOCORT EC                                 | non-preferred |                          |
| <i>hydrocortisone</i>                       | generic       | MO                       |
| <i>Salicylates</i>                          |               |                          |
| ASACOL                                      | brand         | QL (360 per 30 days) MO  |
| ASACOL HD                                   | brand         | QL (180 per 30 days) MO  |
| <i>balsalazide disodium</i>                 | generic       | MO                       |
| CANASA                                      | non-preferred |                          |
| LIALDA                                      | non-preferred | QL (120 per 30 days)     |
| <i>mesalamine</i>                           | generic       | MO                       |
| PENTASA                                     | non-preferred | QL (270 per 30 days)     |
| <i>Sulfonamides</i>                         |               |                          |
| <i>sulfasalazine</i>                        | generic       | MO                       |
| <i>sulfazine</i>                            | generic       | MO                       |
| <i>sulfazine ec</i>                         | generic       | MO                       |
| <b>Metabolic Bone Disease Agents</b>        |               |                          |
| <i>Metabolic Bone Disease Agents</i>        |               |                          |
| ACTONEL WITH CALCIUM                        | non-preferred | QL (28 per 28 days)      |
| ACTONEL TABLET 150MG                        | non-preferred | QL (1 per 28 days)       |
| ACTONEL TABLET 75MG                         | non-preferred | QL (2 per 30 days)       |
| ACTONEL TABLET 5MG                          | non-preferred | QL (30 per 30 days)      |
| ACTONEL TABLET 30MG                         | non-preferred | QL (30 per 30 days) PA   |
| ACTONEL TABLET 35MG                         | non-preferred | QL (4 per 28 days)       |
| <i>alendronate sodium tablet 40mg</i>       | generic       | PA MO                    |
| <i>alendronate sodium tablet 10mg, 5mg</i>  | generic       | QL (30 per 30 days) MO   |
| <i>alendronate sodium tablet 35mg, 70mg</i> | generic       | QL (4 per 28 days) MO    |
| BONIVA INJECTION                            | brand         | QL (3 per 90 days) PA MO |
| BONIVA TABLET 150MG                         | non-preferred | QL (1 per 30 days)       |
| BONIVA TABLET 2.5MG                         | non-preferred | QL (30 per 30 days)      |
| <i>calcitonin-salmon</i>                    | generic       | QL (3.7 per 30 days) MO  |

| Drug Name  | Drug Tier     | Notes                   |
|--|---------------|-------------------------|
| <i>calcitriol capsule, solution</i>                    | generic       | MO                      |
| FORTEO   | specialty     | PA MO                   |
| <i>fortical</i>  | generic       | QL (3.7 per 30 days) MO |
| FOSAMAX PLUS D   | non-preferred | QL (4 per 28 days)      |
| HECTOROL   | brand         | MO                      |
| MIACALCIN SOLUTION                                     | non-preferred | QL (3.7 per 30 days)    |
| SKELID   | non-preferred | PA                      |
| ZEMPLAR  | brand         | MO                      |
| <b>Miscellaneous Therapeutic Agents</b>                |               |                         |
| <i>Miscellaneous Therapeutic Agents</i>                |               |                         |
| <i>alcohol 5%/dextrose 5%</i>                          | generic       | MO                      |
| ALCOHOL PREPS  | generic       | MO                      |
| <i>anagrelide hydrochloride</i>                        | generic       | MO                      |
| BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"          | generic       | MO                      |
| BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"         | generic       | MO                      |
| BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"          | generic       | MO                      |
| BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"           | generic       | MO                      |
| <i>curity gauze pads 2"x2"</i>                         | generic       | MO                      |
| <i>dextrose 10% flex container</i>                     | generic       | MO                      |
| <i>intralipid injection 2.25%; 20%</i>                 | generic       | MO                      |
| <i>levocarnitine tablet</i>                            | generic       | MO                      |
| <i>pentopak</i>  | generic       | MO                      |
| <i>pentoxifylline er</i>                               | generic       | MO                      |
| <i>sterile water irrigation</i>                        | generic       | MO                      |
| XENAZINE   | specialty     | MO                      |
| <b>Ophthalmic Agents</b>                               |               |                         |
| <i>Ophthalmic Agents, Other</i>                        |               |                         |
| <i>ak-con</i>  | generic       | MO                      |
| <i>ak-poly-bac</i>                                     | generic       | MO                      |
| AZASITE  | brand         | QL (5 per 30 days) MO   |
| <i>bacitracin</i>                                      | generic       | MO                      |
| <i>bacitracin/polymyxin b</i>                          | generic       | MO                      |
| CILOXAN  | non-preferred | QL (3.5 per 30 days)    |
| <i>gentak</i>  | generic       | MO                      |
| LACRISERT  | non-preferred | QL (60 per 30 days)     |
| <i>mydral</i>  | generic       | MO                      |
| <i>naphazoline hcl</i>                                 | generic       | MO                      |
| NATACYN  | brand         | MO                      |
| <i>neomycin /polymyxin /bacitracin /hydrocortisone</i> | generic       | MO                      |
| <i>neomycin /polymyxin /gramicidin</i>                 | generic       | MO                      |
| <i>ofloxacin</i>                                       | generic       | QL (10 per 30 days) MO  |

| Drug Name                                       | Drug Tier     | Notes                    |
|---|---------------|--------------------------|
| <i>parcaine</i>                                 | generic       | MO                       |
| <i>proparacaine hcl</i>                         | generic       | MO                       |
| RESTASIS  | non-preferred | QL (64 per 30 days)      |
| TOBREX OINTMENT                                 | brand         | MO                       |
| <i>trifluridine</i>                             | generic       | MO                       |
| <i>trimethoprim sulfate/polymyxin b sulfate</i> | generic       | MO                       |
| <i>tropicacyl</i>                               | generic       | MO                       |
| <i>tropicamide</i>                              | generic       | MO                       |
| VIGAMOX   | brand         | QL (3 per 30 days) MO    |
| <b>Ophthalmic Anti-allergy Agents</b>           |               |                          |
| ALAMAST   | non-preferred |                          |
| ALOCRIL   | non-preferred |                          |
| ALOMIDE   | non-preferred |                          |
| <i>azelastine hcl</i>                           | non-preferred | QL (6 per 30 days)       |
| BEPREVE   | non-preferred | QL (10 per 30 days)      |
| <i>cromolyn sodium</i>                          | generic       | MO                       |
| ELESTAT   | brand         | QL (10 per 30 days) MO   |
| EMADINE   | non-preferred | QL (10 per 30 days)      |
| OPTIVAR   | non-preferred | QL (6 per 30 days)       |
| PATADAY   | non-preferred | QL (2.5 per 30 days)     |
| PATANASE  | non-preferred | QL (30.5 per 30 days) ST |
| PATANOL   | non-preferred | QL (15 per 30 days)      |
| <b>Ophthalmic Anti-inflammatories</b>           |               |                          |
| ACULAR  | brand         | QL (10 per 30 days) MO   |
| ACULAR LS                                       | brand         | QL (10 per 30 days) MO   |
| ACUVAIL   | non-preferred | QL (30 per 30 days)      |
| ALREX   | non-preferred | QL (20 per 30 days)      |
| BLEPHAMIDE                                      | brand         | MO                       |
| BLEPHAMIDE S.O.P.                               | brand         | MO                       |
| <i>dexamethasone sodium phosphate</i>           | generic       | MO                       |
| <i>dexasporin</i>                               | generic       | MO                       |
| <i>diclofenac sodium</i>                        | non-preferred |                          |
| DUREZOL   | non-preferred | QL (10 per 30 days)      |
| FLAREX  | non-preferred |                          |
| <i>fluor-op</i>                                 | generic       | MO                       |
| <i>fluorometholone</i>                          | generic       | MO                       |
| <i>flurbiprofen sodium</i>                      | generic       | MO                       |
| FML FORTE                                       | brand         | MO                       |
| FML LIQUIFILM                                   | brand         | MO                       |
| <i>ketorolac tromethamine</i>                   | generic       | QL (10 per 30 days) MO   |
| LOTEMAX   | non-preferred | QL (20 per 30 days)      |
| <i>neomycin /polymyxin /dexamethasone</i>       | generic       | MO                       |
| NEVANAC   | brand         | QL (3 per 30 days) MO    |
| <i>poly-dex</i>                                 | generic       | MO                       |
| PRED MILD                                       | non-preferred |                          |

| Drug Name   | Drug Tier     | Notes                  |
|---|---------------|------------------------|
| PRED-G S.O.P.   | non-preferred |                        |
| <i>prednisolone acetate</i>                               | generic       | MO                     |
| <i>prednisolone sodium phosphate</i>                      | generic       | MO                     |
| <i>sulfacetamide sodium/prednisolone sodium phosphate</i> | generic       | MO                     |
| TOBRADEX OINTMENT   | brand         | MO                     |
| <i>tobramycin /dexamethasone</i>                          | generic       | MO                     |
| VEXOL   | non-preferred |                        |
| XIBROM  | non-preferred | QL (5 per 30 days)     |
| ZYLET   | non-preferred | QL (20 per 30 days)    |
| <b>Ophthalmic Antiglaucoma Agents</b>                     |               |                        |
| ALPHAGAN P SOLUTION 0.15%                                 | brand         | QL (15 per 30 days)    |
| ALPHAGAN P SOLUTION 0.1%                                  | non-preferred | QL (15 per 30 days)    |
| <i>apraclonidine</i>                                      | generic       | MO                     |
| AZOPT   | non-preferred | QL (15 per 30 days)    |
| <i>betaxolol hcl</i>                                      | generic       | MO                     |
| <i>brimonidine tartrate</i>                               | generic       | QL (15 per 30 days) MO |
| <i>carteolol hcl</i>                                      | generic       | MO                     |
| COMBIGAN  | brand         | QL (5 per 30 days)     |
| <i>dipivefrin hcl</i>                                     | generic       | MO                     |
| <i>dorzolamide hcl</i>                                    | generic       | QL (10 per 30 days) MO |
| <i>dorzolamide hcl/timolol maleate</i>                    | generic       | QL (10 per 30 days) MO |
| IOPIDINE SOLUTION 1%                                      | brand         | MO                     |
| <i>levobunolol hcl</i>                                    | generic       | MO                     |
| <i>methazolamide</i>                                      | generic       | MO                     |
| <i>metipranolol</i>                                       | generic       | MO                     |
| PHOSPHOLINE IODIDE  | non-preferred |                        |
| PILOPINE HS   | non-preferred |                        |
| <i>timolol maleate</i>                                    | generic       | MO                     |
| <i>timolol maleate ophthalmic gel forming</i>             | generic       | MO                     |
| <b>Ophthalmic Prostaglandin and Prostamide Analogs</b>    |               |                        |
| LUMIGAN   | brand         | QL (5 per 30 days) MO  |
| TRAVATAN Z  | brand         | QL (5 per 30 days) MO  |
| XALATAN   | non-preferred | QL (7.5 per 30 days)   |
| <b>Otic Agents</b>  |               |                        |
| <b>Otic Agents</b>  |               |                        |
| <i>acetic acid</i>  | generic       | MO                     |
| <i>acetic acid/aluminum acetate</i>                       | generic       | MO                     |
| <i>acetic acid/hydrocortisone</i>                         | generic       | MO                     |
| <i>borofair</i>   | generic       | MO                     |
| CIPRO HC  | non-preferred |                        |
| CIPRODEX  | non-preferred |                        |
| <i>cortomycin</i>   | generic       | MO                     |
| DERMOTIC  | brand         | MO                     |
| FLOXIN OTIC   | non-preferred |                        |
| <i>neomycin /polymyxin /hc</i>                            | generic       | MO                     |

| Drug Name  | Drug Tier     | Notes                       |
|--|---------------|-----------------------------|
| <i>neomycin /polymyxin /hydrocortisone</i>                             | generic       | MO                          |
| <b>Respiratory Tract Agents</b>  |               |                             |
| <i>Anti-inflammatories, Inhaled Corticosteroids</i>                    |               |                             |
| ADVAIR DISKUS  | non-preferred | QL (60 per 30 days) ST      |
| ADVAIR HFA AEROSOL 230MCG/ACT;<br>21MCG/ACT                            | non-preferred | QL (12 per 30 days) ST      |
| ADVAIR HFA AEROSOL 115MCG/ACT;<br>21MCG/ACT, 45MCG/ACT; 21MCG/ACT      | non-preferred | QL ST                       |
| AEROBID-M  | non-preferred | QL (21 per 30 days)         |
| ALVESCO  | non-preferred | QL (12.2 per 30 days)       |
| ASMANEX 120 METERED DOSES  | brand         | QL (120 per 30 days) MO     |
| ASMANEX 14 METERED DOSES   | brand         | QL (56 per 30 days) MO      |
| ASMANEX 30 METERED DOSES AEROSOL<br>POWDER BREATH ACTIVATED 110MCG/INH | brand         | QL (30 per 30 days)         |
| ASMANEX 30 METERED DOSES AEROSOL<br>POWDER BREATH ACTIVATED 220MCG/INH | brand         | QL (60 per 30 days) MO      |
| ASMANEX 60 METERED DOSES   | brand         | QL (60 per 30 days) MO      |
| AZMACORT   | non-preferred | QL (40 per 30 days)         |
| BECONASE AQ  | non-preferred | QL (50 per 30 days)         |
| <i>budesonide</i>  | generic       | QL (120 per 30 days) B/D MO |
| FLOVENT HFA AEROSOL 44MCG/ACT  | non-preferred | QL (21.2 per 30 days)       |
| FLOVENT HFA AEROSOL 110MCG/ACT,<br>220MCG/ACT                          | non-preferred | QL (24 per 30 days)         |
| <i>fluticasone propionate</i>  | generic       | QL (16 per 30 days) MO      |
| NASACORT AQ  | non-preferred | QL (16.5 per 30 days)       |
| OMNARIS  | non-preferred | QL (12.5 per 30 days)       |
| PULMICORT FLEXHALER  | non-preferred | QL (2 per 30 days)          |
| PULMICORT SUSPENSION 0.25MG/2ML,<br>1MG/2ML                            | brand         | QL (120 per 30 days) B/D MO |
| QVAR AEROSOL SOLUTION 40MCG/ACT  | brand         | QL (14.6 per 25 days) MO    |
| QVAR AEROSOL SOLUTION 80MCG/ACT  | brand         | QL (21.9 per 25 days) MO    |
| RHINOCORT AQUA   | non-preferred | QL (17.2 per 30 days)       |
| SYMBICORT  | brand         | QL (10.2 per 30 days) ST MO |
| VERAMYST   | non-preferred | QL (10 per 30 days)         |
| <i>Antihistamines</i>  |               |                             |
| ASTELIN  | non-preferred | QL (30 per 30 days)         |
| ASTEPRO  | brand         | QL (30 per 25 days) MO      |
| <i>azelastine hcl</i>  | generic       | QL (30 per 25 days)         |
| <i>carbinoxamine maleate</i>   | generic       | MO                          |
| CLARINEX REDITABS  | non-preferred | QL (30 per 30 days) ST      |
| CLARINEX-D 12 HOUR   | non-preferred | QL (60 per 30 days) ST      |
| CLARINEX-D 24 HOUR   | non-preferred | QL (30 per 30 days) ST      |
| CLARINEX TABLET  | non-preferred | QL (30 per 30 days) ST      |
| CLARINEX SYRUP   | non-preferred | QL (300 per 30 days) ST     |
| <i>clemastine fumarate</i>   | generic       | MO                          |
| <i>cyproheptadine hcl</i>  | generic       | MO                          |

| Drug Name   | Drug Tier     | Notes                       |
|---|---------------|-----------------------------|
| <i>dexchlorpheniramine maleate</i>                                    | generic       | MO                          |
| <i>diphenhydramine hcl</i>  | generic       | MO                          |
| <i>fexofenadine hcl tablet 180mg</i>                                  | generic       | QL (30 per 30 days) MO      |
| <i>fexofenadine hcl tablet 30mg, 60mg</i>                             | generic       | QL (60 per 30 days) MO      |
| <i>hydroxyzine hcl syrup, tablet</i>                                  | generic       | MO                          |
| <i>hydroxyzine pamoate</i>  | generic       | MO                          |
| <i>promethazine hcl</i>   | generic       | QL (180 per 30 days) MO     |
| <i>promethazine vc</i>  | generic       | MO                          |
| XYZAL TABLET  | non-preferred | QL (30 per 30 days)         |
| XYZAL SOLUTION  | non-preferred | QL (300 per 30 days)        |
| <b>Antileukotrienes</b>   |               |                             |
| ACCOLATE  | brand         | QL (60 per 30 days) MO      |
| SINGULAIR   | non-preferred | QL (30 per 30 days) ST PA   |
| ZYFLO CR  | non-preferred | QL (120 per 30 days) PA     |
| <b>Bronchodilators, Anticholinergic</b>                               |               |                             |
| ATROVENT HFA  | brand         | QL (25.8 per 30 days) MO    |
| <i>ipratropium bromide nasal solution</i>                             | generic       | MO                          |
| <i>ipratropium bromide inhalation solution</i>                        | generic       | QL (450 per 30 days) B/D MO |
| SPIRIVA HANDIHALER  | brand         | QL (30 per 30 days) MO      |
| <b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)</b>      |               |                             |
| <i>aminophylline tablet</i>   | generic       | MO                          |
| THEO-24   | non-preferred |                             |
| <i>theochron</i>  | generic       | MO                          |
| <i>theophylline cr</i>  | generic       | MO                          |
| <i>theophylline er</i>  | generic       | MO                          |
| <b>Bronchodilators, Sympathomimetic</b>                               |               |                             |
| <i>albuterol sulfate er</i>   | generic       | MO                          |
| <i>albuterol sulfate syrup, tablet</i>                                | generic       | MO                          |
| <i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i> | generic       | QL (375 per 30 days) B/D    |
| <i>albuterol sulfate nebulization solution 0.083%, 0.5%</i>           | generic       | QL (525 per 30 days) B/D MO |
| COMBIVENT   | non-preferred | QL (29.4 per 30 days)       |
| EPIPEN 2-PAK  | non-preferred | QL (8 per 30 days)          |
| EPIPEN-JR 2-PAK   | non-preferred | QL (8 per 30 days)          |
| FORADIL AEROLIZER   | brand         | QL (60 per 30 days) MO      |
| <i>ipratropium bromide/albuterol sulfate</i>                          | generic       | QL (375 per 30 days) B/D MO |
| LEVALBUTEROL  | non-preferred | PA                          |
| MAXAIR AUTOHALER  | brand         | QL (14 per 30 days) MO      |
| <i>metaproterenol sulfate</i>   | generic       | MO                          |
| PROAIR HFA  | non-preferred | QL (25.5 per 30 days)       |
| PROVENTIL HFA   | non-preferred | QL (25.5 per 30 days)       |
| SEREVENT DISKUS   | non-preferred | QL (60 per 30 days)         |
| <i>terbutaline sulfate tablet</i>                                     | generic       | MO                          |
| TWINJECT  | brand         | MO                          |

| Drug Name                              | Drug Tier                  | Notes                           |
|--|----------------------------|---------------------------------|
| UNIPHYL                                | non-preferred              |                                 |
| VENTOLIN HFA                           | generic                    | QL (54 per 30 days) MO          |
| XOPENEX                                | non-preferred              | PA                              |
| XOPENEX HFA                            | non-preferred              | QL (30 per 30 days) PA          |
| <b>Mast Cell Stabilizers</b>           |                            |                                 |
| <i>cromolyn sodium</i>                 | generic                    | B/D MO                          |
| <b>Pulmonary Antihypertensives</b>     |                            |                                 |
| ADCIRCA                                | specialty                  | QL (60 per 30 days) PA MO       |
| LETAIRIS                               | specialty                  | QL (30 per 30 days) PA MO       |
| REMODULIN                              | specialty                  | PA                              |
| REVATIO INJECTION                      | specialty                  | PA                              |
| REVATIO TABLET                         | specialty                  | QL (90 per 30 days) PA MO       |
| TRACLEER                               | specialty                  | QL (60 per 30 days) PA LA MO    |
| VENTAVIS                               | specialty                  | PA MO                           |
| <b>Respiratory Tract Agents, Other</b> |                            |                                 |
| <i>acetylcysteine</i>                  | generic                    | MO                              |
| ARALAST NP                             | specialty                  | PA MO                           |
| <i>benzonatate</i>                     | special coverage - generic | QL (90 per 30 days) MO GC ED CB |
| <i>flunisolide</i>                     | generic                    | MO                              |
| <i>ipratropium bromide</i>             | generic                    | MO                              |
| NASONEX                                | brand                      | QL (34 per 30 days) MO          |
| PROLASTIN                              | specialty                  | PA MO                           |
| TYZINE                                 | brand                      | MO                              |
| XOLAIR                                 | specialty                  | PA LA MO                        |
| ZEMAIRA                                | specialty                  | PA MO                           |
| <b>Sedatives/Hypnotics</b>             |                            |                                 |
| <b>Sedatives/Hypnotics</b>             |                            |                                 |
| AMBIEN CR                              | non-preferred              | QL (30 per 30 days)             |
| LUNESTA                                | non-preferred              | QL (30 per 30 days) ST          |
| ROZEREM                                | non-preferred              | QL (30 per 30 days) ST          |
| TEMAZEPAM CAPSULE 22.5MG, 7.5MG        | Specialty Coverage - brand | QL (30 per 30 days) MO GC ED CB |
| <i>temazepam capsule 15mg, 30mg</i>    | special coverage - generic | QL (30 per 30 days) MO GC ED CB |
| <i>zaleplon</i>                        | generic                    | QL (30 per 30 days) MO          |
| <i>zolpidem tartrate</i>               | generic                    | QL (30 per 30 days) MO          |
| <b>Skeletal Muscle Relaxants</b>       |                            |                                 |
| <b>Skeletal Muscle Relaxants</b>       |                            |                                 |
| AMRIX                                  | non-preferred              | QL (30 per 30 days) ST PA       |
| <i>carisoprodol</i>                    | generic                    | QL (120 per 30 days) PA MO      |
| <i>carisoprodol /aspirin</i>           | generic                    | QL (360 per 30 days) PA MO      |
| <i>carisoprodol /aspirin /codeine</i>  | generic                    | QL (360 per 30 days) MO         |

| Drug Name   | Drug Tier     | Notes                      |
|---|---------------|----------------------------|
| <i>chlorzoxazone</i>                                | generic       | MO                         |
| <i>cyclobenzaprine hcl</i>                          | generic       | QL (90 per 30 days) PA MO  |
| FEXMID  | non-preferred | QL (90 per 30 days) ST PA  |
| <i>metaxalone</i>                                   | non-preferred | QL (240 per 30 days) PA    |
| <i>methocarbamol tablet 750mg</i>                   | generic       | QL (180 per 30 days) PA MO |
| <i>methocarbamol tablet 500mg</i>                   | generic       | QL (240 per 30 days) PA MO |
| <i>orphenadrine /asa /caffeine</i>                  | generic       | MO                         |
| <i>orphenadrine citrate</i>                         | non-preferred |                            |
| <i>orphenadrine citrate er</i>                      | generic       | MO                         |
| <i>orphenadrine compound ds</i>                     | generic       | MO                         |
| SOMA TABLET 250MG                                   | non-preferred | QL (120 per 30 days) ST    |
| <b>Therapeutic Nutrients/Minerals/ Electrolytes</b> |               |                            |
| <b><i>Electrolytes/Minerals</i></b>                 |               |                            |
| AMINOSYN II M 3.5%/DEXTROSE 5%                      | brand         | MO                         |
| AMMONIUM CHLORIDE                                   | generic       | PA MO                      |
| <i>dextrose 10%/nacl 0.45%</i>                      | generic       | MO                         |
| <i>dextrose 10%/nacl 0.2%</i>                       | generic       | MO                         |
| <i>dextrose 2.5%/sodium chloride 0.45%</i>          | generic       | MO                         |
| <i>dextrose 5%</i>                                  | generic       | MO                         |
| <i>dextrose 5%/nacl 0.2%</i>                        | generic       | MO                         |
| <i>dextrose 5%/nacl 0.225%</i>                      | generic       | MO                         |
| <i>dextrose 5%/nacl 0.33%</i>                       | generic       | MO                         |
| <i>dextrose 5%/nacl 0.45%</i>                       | generic       | MO                         |
| <i>dextrose 5%/nacl 0.9%</i>                        | generic       | MO                         |
| <i>dextrose 5%/potassium chloride 0.075%</i>        | generic       | MO                         |
| <i>ed k+10</i>                                      | generic       | MO                         |
| <i>isolyte-m/dextrose 5%</i>                        | generic       | MO                         |
| <i>kaon-cl-10</i>                                   | generic       | MO                         |
| <i>kcl 0.075%/d5w/nacl 0.45%</i>                    | generic       | MO                         |
| <i>kcl 0.15%/d10w/nacl 0.2%</i>                     | generic       | MO                         |
| KCL 0.15%/D5W/LR                                    | brand         | MO                         |
| <i>kcl 0.15%/d5w/nacl 0.2%</i>                      | generic       | MO                         |
| <i>kcl 0.15%/d5w/nacl 0.225%</i>                    | generic       | MO                         |
| <i>kcl 0.15%/d5w/nacl 0.9%</i>                      | generic       | MO                         |
| <i>kcl 0.224%/d5w/nacl 0.2%</i>                     | generic       | MO                         |
| KCL 0.3%/D5W/LR IV LAC RING                         | brand         | MO                         |
| <i>kcl 0.3%/d5w/nacl 0.2%</i>                       | generic       | MO                         |
| <i>kcl 0.3%/d5w/nacl 0.45%</i>                      | generic       | MO                         |
| <i>kcl 0.3%/d5w/nacl 0.9%</i>                       | generic       | MO                         |
| <i>klor-con 10</i>                                  | generic       | MO                         |
| <i>klor-con 8</i>                                   | generic       | MO                         |
| KLOR-CON M15  | brand         | MO                         |
| <i>klor-con m20</i>                                 | generic       | MO                         |
| <i>lactated ringers irrigation</i>                  | generic       | MO                         |
| <i>lactated ringers viaflex</i>                     | generic       | MO                         |

| Drug Name  | Drug Tier                  | Notes                           |
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| <i>leucovorin calcium</i>  | generic                    | MO                              |
| <i>normosol-m in d5w</i>   | generic                    | MO                              |
| <i>normosol-r in d5w</i>   | generic                    | MO                              |
| <i>plasma-lyte-r</i>   | generic                    | MO                              |
| <i>potassium chloride 0.075%/d5w/nacl 0.225%</i>                                 | generic                    | MO                              |
| <i>potassium chloride 0.15% /nacl 0.45% viaflex</i>                              | generic                    | MO                              |
| <i>potassium chloride 0.15% d5w/nacl 0.33%</i>                                   | generic                    | MO                              |
| <i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>                           | generic                    | MO                              |
| <i>potassium chloride 0.15% nacl 0.9%</i>  | generic                    | MO                              |
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| <i>potassium chloride 0.22% d5w/nacl 0.45%</i>                                   | generic                    | MO                              |
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| <i>potassium chloride injection 0.4meq/ml, 10meq/100ml, 2meq/ml, 30meq/100ml</i> | generic                    | MO                              |
| <i>potassium citrate extended-release</i>  | generic                    | MO                              |
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| <i>sodium chloride injection 0.9%, 2.5meq/ml, 5%</i>                             | generic                    | MO                              |
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| <i>folic acid</i>  | special coverage - generic | QL (30 per 30 days) MO GC ED CB |
| MEPHYTON   | Special Coverage - brand   | MO GC ED                        |
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