Key Terms

Massachusetts Commercial Tier 3 Formulary

Tufts Health Plan Drug List

Formulary
A formulary is a list of prescription medications developed by a committee of practicing physicians and practicing pharmacists who represent a variety of specialty areas and who are knowledgeable in the diagnosis and treatment of disease.

Brand-Name Drugs
Brand-name drugs are typically the first products to gain U.S. Food and Drug Administration (FDA) approval.

Generic Drugs
Generic drugs have the same active ingredients and come in the same strengths and dosage forms as the equivalent brand-name drug. Multiple manufacturers may produce the same generic drug and the product may differ from its brand name counterpart in color, size or shape, but the differences do not alter the effectiveness. Generic versions of brand-name drugs are reviewed and approved by the FDA. The FDA works closely with all pharmaceutical companies to make sure that all drugs sold in the U.S. meet appropriate standards for strength, quality, and purity.

3-Tier Pharmacy Copayment Program (3-Tier Program)

To help maintain affordability in the pharmacy benefit, we encourage the use of cost-effective drugs and preferred brand names through the three-tier program. This program gives you and your doctor the opportunity to work together to find a prescription medication that's affordable and appropriate for you.

All covered drugs are placed into one of three tiers. Your physician may have the option to write you a prescription for a Tier 1, Tier 2, or Tier 3 drug (as defined below); however, there may be instances when only a Tier 3 drug is appropriate, which will require a higher copayment.

• Tier 1: Medications on this tier have the lowest copayment. This tier includes many generic drugs.
• Tier 2: Medications on this tier are subject to the middle copayment. This tier includes some generics and brand-name drugs.
• Tier 3: This is the highest copayment tier and includes some generics and brand-name covered drugs not selected for Tier 2.

Copayment
A copayment is the fee a member pays for certain covered drugs. A member pays the copayment directly to the provider when he/she receives a covered drug, unless the provider arranges otherwise.

Coinsurance
Coinsurance requires the member to pay a percentage of the total cost for certain covered drugs.

<table>
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<tr>
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Tier 1 - Lowest Copayment  | Tier 2 - Middle Copayment/Coinsurance  | Tier 3 - Highest Copayment/Coinsurance
Medical Review Process

Tufts Health Plan has pharmacy programs in place to help manage the pharmacy benefit. Requests for medically necessary review for coverage of drugs included in the New-to-Market Drug Evaluation Process (NTM), Prior Authorization Program (PA), Step Therapy Prior Authorization Program (STPA), Quantity Limitations Program (QL), Non-Covered Drugs (NC) With Suggested Alternatives Program should be completed by the physician and sent to Tufts Health Plan. Drugs excluded under your pharmacy benefit will not be covered through this process. The request must include clinical information that supports why the drug is medically necessary for you. Tufts Health Plan will approve the request if it meets coverage guidelines. If Tufts Health Plan does not approve the request, you have the right to appeal. The appeal process is described in your benefit document.

Note: Drugs approved through the Medical Review Process will be subject to a Tier 3 copayment.

Quantity Limitation (QL) Program

Because of potential safety and utilization concerns, Tufts Health Plan has placed quantity limitations on some prescription drugs. You are covered for up to the amount posted in our list of covered drugs. These quantities are based on recognized standards of care as well as from FDA-approved dosing guidelines. If your provider believes it is necessary for you to take more than the QL amount posted on the list, he or she may submit a request for coverage under the Medical Review Process.

New-To-Market Drug Evaluation Process (NTM)

In an effort to make sure the new-to-market prescription drugs we cover are safe, effective and affordable, we delay coverage of many new drug products until the Plan’s Pharmacy and Therapeutics Committee and physician specialists have reviewed them. This review process is usually completed within six months after a drug becomes available.

The review process enables us to learn a great deal about these new drugs, including how a physician can safely prescribe these new drugs and how physicians can choose the most appropriate patients for the new therapy. During the review process, if your physician believes you have a medical need for the New-To-Market drug, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

If your plan includes the 3-Tier Copayment Program, then you will pay the Tier-3 (highest) copayment if the medication is approved for coverage.

Non-Covered Drugs (NC)

There are thousands of drugs listed on the Tufts Health Plan covered drug list. In fact, most drugs are covered. There is, however, a list of drugs that Tufts Health Plan currently does not cover.

In many cases, these drugs are not covered by Tufts Health Plan because there are safe, comparably effective, and cost effective alternatives available. Our goal is to keep pharmacy benefits as affordable as possible.

If your doctor feels that one of the non-covered drugs is needed, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Prior Authorization (PA) Program

In order to ensure safety and affordability for everyone, some medications require prior authorization. This helps us work with your doctor to ensure that medications are prescribed appropriately.

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Step Therapy is an automated form of Prior Authorization. It encourages the use of therapies that should be tried first, before other treatments are covered, based on clinical practice guidelines and cost-effectiveness. Some types of Step Therapy include requiring the use of generics before brand name drugs, preferred before non-preferred brand name drugs, and first-line before second-line therapies.

Medications included on step 1- the lowest step-are usually covered without authorization. We have noted the few exceptions, which may require your physician to submit a request to Tufts Health Plan for coverage. Medications on Step 2 or higher are automatically authorized at the point-of-sale if you have taken the required prerequisite drugs. However, if your physician prescribes a medication on a higher step, and you have not yet taken the required medication(s) on a lower step, or if you are a new Tufts Health Plan member and do not have any prescription drug claims history, the prescription will deny at the point-of-sale with a message indicating that a Prior Authorization (PA) is required. Physicians may submit requests for coverage to Tufts Health Plan for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review Process.

Designated Specialty Pharmacy Program (SP)

Tufts Health Plan's goal is to offer you the most clinically appropriate and cost-effective services.

As a result, we have designated special pharmacies to supply a select number of medications used in the treatment of complex diseases. These pharmacies are specialized in providing these medications and are staffed with nurses, coordinators and pharmacists to provide support services for members.

Medications include, but are not limited to, those used in the treatment of infertility, multiple sclerosis, hemophilia, hepatitis C and growth hormone deficiency. You can obtain up to a 30-day supply of these medications at a time.

Other special designated pharmacies and medications may be identified and added to this program from time to time.

Benefits vary; some members may not participate in this program. Please see your benefit document for complete information.

Physicians may obtain a select number of specialty medications through a designated SP for administration in the office as an alternative to direct purchase. These medications are covered under the medical benefit, and will be shipped directly to and administered in the office by the member’s provider. The designated pharmacy will bill Tufts Health Plan directly for the medication.

For the most current listing of special designated pharmacies or to find out if your plan includes this program, please call us at the number listed on the back of your member identification card.

Designated Specialty Infusion Program for Drugs Covered Under the Medical Benefit (SI)

Tufts Health Plan has designated home infusion providers for a select number of specialized pharmacy products and drug administration services.

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The designated specialty infusion provider offers clinical management of drug therapies, nursing support, and care coordination to members with acute and chronic conditions. Place of service may be in the home or alternate infusion site based on availability of infusion centers and determination of the most clinically appropriate site for treatment. These medications are covered under the medical benefit (not the pharmacy benefit) and generally require support services, medication dose management, and special handling in addition to the drug administration services. Medications include, but are not limited to, medications used in the treatment of hemophilia, pulmonary arterial hypertension, and immune deficiency. Other specialty infusion providers and medications may be identified and added to this program from time to time.

**Generic Focused Formulary**

The Generic Focused Formulary, which is the formulary used in our Select Network and/or Connector Plans differs from other Tufts Health Plan formularies. Most generic drugs are covered, and only select brand name drugs that have no generic drug equivalent are covered. Brand name drugs with generic equivalents are not covered under this formulary. If the patent of a brand name drug listed expires and a generic version becomes available, the brand will no longer be covered. This change will happen automatically and without notification to members or providers. **GFF Formulary**

**Managed Mail (MM) Program**

Our Managed Mail (MM) Program applies to certain plans. It requires that in order to be covered, prescriptions for most maintenance medications must be filled by our mail order pharmacy. Maintenance medications are those you refill monthly for chronic conditions like asthma, high blood pressure, or diabetes. Under this program, you are allowed an initial fill at a retail pharmacy and a limited number of refills. After that, in order to be covered, you must fill your maintenance prescription through the mail order program offered by CVS Caremark, our pharmacy benefits manager. You may obtain up to a 90-day supply for these maintenance medications at mail order. Please note that some medications may not be appropriate for mail order. These include medications with quantity limitations (QL) of less than 84 or 90 days.

If you have questions about this program, please contact us at the number listed on the back of your member identification card.

**Over-The-Counter Drugs (OTC)**

When a medication with the same active ingredient or a modified version of an active ingredient that is therapeutically equivalent, becomes available over-the-counter, Tufts Health Plan may exclude coverage of the specific medication or all of the prescription drugs in the class. For more information, please call our Member Services Department at the number listed on the back of your member identification card.
ANTI-INFECTIVES AND INFECTIOUS DISEASES

ANTI-INFECTIVES, MISCELLANEOUS

Tier 1
metronidazole (Flagyl)
nitrofurantoin ext-rel (Macrobid)
nitrofurantoin macrocrystals (Macrodantin)
nitrofurantoin suspension (Furadantin suspension 25 mg/5 mL)
tinidazole (Tindamax)
trimethoprim
vancomycin (Vancocin)

Tier 2
Zyvox

Tier 3
Alinia
Monorol
Primsol
Xifaxan PA QL

ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL

Tier 1
clotrimazole troches
fluconazole (Diflucan)
griseofulvin microsize (Grifulvin V tablets)
griseofulvin microsize suspension
griseofulvin ultramicrosize (Gris-Peg)
itraconazole capsules (Sporanox capsules) PA
terbinafine tablets QL
ketoconazole
nystatin
terbinafine tablets (Lamisil tablets) QL
voriconazole QL
voriconazole (Vfend) QL

Tier 3
Lamisil oral granules packet QL
Onmel PA QL

ANTIMALARIALS AND ANTIPROTOZOALS

Tier 1
chloroquine phosphate (Aralen)
dapsone
doxyxylcline hyclate (Vibramycin)
hydroxychloroquine (Plaquenil)
mefloquine
metronidazole (Flagyl)
paromomycin
quinine sulfate (Qualaquin)
**Tier 2**
atovaquone/proguanil
atovaquone/proguanil (Malarone)
Coartem QL
Daraprim
Mepron

### ANTIVIRALS

#### AIDS (adjunctive)

**Tier 1**
megestrol acetate (Megace suspension)

#### Cytomegalovirus

**Tier 1**
ganciclovir

**Tier 2**
Valcyte

#### Hepatitis B

**Tier 1**
adefovir dipivoxil (Hepsera)

**Tier 2**
Baraclude
Epivir-HBV
Intron A SP
Pegasys/Pegasys ProClick SP PA QL
Tyzeka QL

#### Hepatitis C

**Tier 1**
ribasphere SP
ribavirin SP
ribavirin (Copegus) SP
ribavirin (Rebetol) SP

**Tier 2**
Infergen SP PA
Intron A SP
Pegasys/Pegasys ProClick SP PA QL

**Tier 3**
Incivex SP PA
PegIntron SP PA QL

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**Herpes**

**Tier 1**
- acyclovir capsules, tablets (Zovirax)
- famciclovir (Famvir)
- valacyclovir (Valtrex)

**HIV/AIDS**

**Tier 1**
- abacavir (Ziagen)
- didanosine delayed-rel (Videx EC)
- lamivudine (Epivir tablets)
- lamivudine/zidovudine (Combivir)
- nevirapine (Viramune)
- stavudine (Zerit)
- zidovudine (Retrovir)

**Tier 2**
- Aptivus
- Atripla
- Complera
- Crixivan
- Edurant
- Emtriva
- Epzicom
- Fuzeon SP
- Integron
- Invirase
- Isentress QL
- Kaletra
- Lexiva
- Norvir
- Prezista
- Rescriptor
- Reyataz
- Selzentry QL
- Stribild
- Sustiva
- Trivacay
- Trizivir
- Truvada
- Viracept
- Viramune XR
- Viread

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Influenza

Tier 1
amantadine
rimantadine (Flumadine)

Tier 2
Relenza QL
Tamiflu capsules QL

Tier 3
Tamiflu suspension QL

BETA-LACTAM ANTIBIOTICS

Tier 1
amoxicillin
amoxicillin/clavulanate (Augmentin)
amoxicillin/clavulanate ext-rel (Augmentin XR)
ampicillin
cefaclor
cefadroxil
cefdinir
cefditoren pivoxil (Spectracef)
cefepoxide
cefprozil
cefuroxime axetil (Ceftin)
cephalexin (Keflex)
dicloxacillin
penicillin VK

Tier 2
Cefaclor ER

Tier 3
Cedax
Suprax

IMMUNE GLOBULINS

Medical Benefit
Immune Globulin (IVIG, SCIG) PA SI

MACROLIDES AND CLINDAMYCIN

Tier 1
azithromycin (Zithromax)
clarithromycin (Biaxin)
clarithromycin ext-rel (Biaxin XL)
clindamycin (Cleocin)
clindamycin palmitate oral solution (Cleocin Pediatric)
erthromycin delayed-rel
erthromycin ethylsuccinate tablets
erythromycin stearate
erythromycin/sulfisoxazole

**Tier 2**

Ery-Tab

**Tier 3**

Dificid PA

E.E.S. 200 suspension

PCE

Zmax

**MYCOBACTERIAL INFECTIONS (TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX)**

**Tier 1**

azithromycin (Zithromax)
clarithromycin (Biaxin)
ethambutol (Myambutol)
isoniazid
pyrazinamide
rifampin (Rifadin)

**Tier 2**

Sirturo PA

**QUINOLONES**

**Tier 1**
ciprofloxacin (Cipro)
ciprofloxacin ext-rel
levofloxacin (Levaquin=NC)
ofloxacin

**Tier 3**

Noroxin

**SULFONAMIDES**

**Tier 1**
sulfamethoxazole/trimethoprim (Bactrim/Bactrim DS)

**TETRACYCLINES**

**Tier 1**
doxycycline hyclate (Doryx)
doxycycline hyclate (Vibramycin)
doxycycline monohydrate (Monodox=NC)
minocycline capsules (Minocin=NC)
minocycline tablets
tetracycline

**Tier 2**

minocycline SR (Solodyn NC)

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# BIOLOGIC AND IMMUNOLOGICAL AGENTS

## IMMUNOMODULATORS

**Medical Benefit**
- Actemra vial PA
- Cimzia vial PA
- Orencia vial PA
- Remicade PA
- Rituxan PA
- Simponi Aria PA
- Stelara PA

**Tier 2**
- Cimzia prefilled syringe SP PA QL
- Enbrel SP PA QL
- Humira SP PA QL
- Kineret SP PA QL
- Simponi SP PA QL
- Stelara prefilled syringe SP PA QL

**Tier 3**
- Orencia prefilled syringe SP PA QL

## BLOOD THINNERS AND BLOOD MODIFYING AGENTS

### ANTIPLATELET THERAPY

**Tier 1**
- clopidogrel (Plavix)
- dipyridamole (Persantine)
- ticlopidine

**Tier 3**
- Aggrenox
- Brilinta
- Effient

## BLOOD MODIFYING AGENTS

**Medical Benefit**
- Mozobil PA
- Nplate PA

**Tier 2**
- Aranesp SP QL
- Epogen SP QL
- Leukine SP QL
- Neulasta SP QL
- Neumega
- Neupogen SP QL
- Procrit SP QL

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BLOOD THINNERS

**Tier 1**
- enoxaparin (Lovenox)
- fondaparinux sodium (Arixtra)
- warfarin (Coumadin)

**Tier 3**
- Eliquis QL
- Fragmin
- Pradaxa QL
- Xarelto QL

BLOOD, MISCELLANEOUS

**Tier 1**
- anagrelide (Agrylin)
- cilostazol (Pletal)
- pentoxifylline ext-rel (Trental)

**Tier 2**
- Exjade
- Ferriprox PA QL

CANCER DRUGS

**Medical Benefit**

- Kadcyla PA
- Perjeta PA
- Provenge PA
- Xgeva PA

**Tier 1**
- anastrozole
- anastrozole (Arimidex)
- bicalutamide SP
- bicalutamide (Casodex) SP
- cyclophosphamide tablets SP
- etoposide capsules SP
- exemestane
- exemestane (Aromasin)
- flutamide
- hydroxyurea
- hydroxyurea (Hydrea)
- letrozole
- letrozole (Femara)
- leucovorin calcium
- lomustine SP
- megestrol acetate

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<tr>
<th>mercaptopurine</th>
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<th>methotrexate</th>
<th>tamoxifen</th>
<th>temozolomide SP QL</th>
<th>temozolomide (Temodar) SP QL</th>
<th>tretinoin capsules SP</th>
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<tr>
<td><strong>Tier 2</strong></td>
<td>Afinitor SP PA QL</td>
<td>Afinitor Disperz SP PA QL</td>
<td>Alkeran</td>
<td>Bosulif SP PA QL</td>
<td>Caprelsa PA QL</td>
<td>Cometriq PA</td>
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<td>Droxia</td>
<td>Emcyt SP</td>
<td>Erivedge SP PA</td>
<td>Fareston</td>
<td>Gilotrif SP PA</td>
<td>Gleevec SP</td>
<td>Hexalen</td>
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<td>Hycamtin oral capsules SP PA QL</td>
<td>Inlyta SP PA</td>
<td>Jakafi SP PA</td>
<td>Leukeran SP</td>
<td>Lysodren</td>
<td>Matulane</td>
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<td>Mekinist SP PA</td>
<td>Myleran tablets SP</td>
<td>Nexavar SP PA QL</td>
<td>Nilandron</td>
<td>Pomalyst SP PA</td>
<td>Revlimgid SP PA</td>
<td>Rheumatrex</td>
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<td>Soltamox</td>
<td>Sprycel SP PA QL</td>
<td>Stivarga SP PA QL</td>
<td>Sutent SP PA</td>
<td>Sylatron SP PA QL</td>
<td>Tabloid SP</td>
<td>Tafinlar SP PA</td>
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<td>Targeva SP QL</td>
<td>Targretin capsules SP</td>
<td>Targretin gel SP</td>
<td>Tasigna SP PA</td>
<td>Trexall</td>
<td>Tykerb SP PA QL</td>
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Last Updated: 12/22/2014
CARDOVASCULAR AGENTS

ACE INHIBITORS

Tier 1
benazepril (Lotensin)
captopril
enalapril (Vasotec)
fosinopril
lisinopril (Prinivil)
lisinopril (Zestril)
moexipril (Univasc)
perindopril (Aceon)
quinarpiril (Accupril)
ramipril (Altace=NC)
trandolapril (Mavik)

Tier 3
Epaned

ALPHA-1 BLOCKERS

Tier 1
doxazosin (Cardura)
prazosin (Minipress)
terazosin

ANGINA

Tier 1
amlodipine (Norvasc=NC)
atenolol (Tenormin=NC)
diltiazem (Cardizem=NC)
diltiazem ext-rel (Cardizem CD=NC)
diltiazem ext-rel (Tiaza=NC)
isosorbid dinitrate ext-rel tablets
isosorbid mononitrate ext-rel (Indur)
metoprolol (Lopressor=NC)
metoprolol ext-rel (Toprol-XL)
nadolol (Corgard)
nicardipine
nifedipine 10 mg (Procardia)

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nifedipine ext-rel (Procardia XL=NC)
nitroglycerin oral spray (Nitrolingual)
nitroglycerin transdermal (Nitro-Dur)
propranolol
verapamil (Calan=NC)

**Tier 2**
Nifedipine 20 mg
Nitrostat
Ranexa

**ANGIOTENSIN II RECEPTOR BLOCKERS**

**Tier 1**
eprosartan (Teveten=NC)
irbesartan (Avapro=NC)
losartan (Cozaar=NC)

**Tier 2**
Benicar
candesartan
Diovan

**ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES**

**Tier 1**
amiodarone (Cordarone)
digoxin (Lanoxin)
disopyramide (Norpace)
flecainide (Tambocor)
mexiletine
propafenone (Ryhmol)
propafenone ext-rel (Ryhmol SR)
sotalol (Betapace)
sotalol AF (Betapace AF)

**Tier 2**
Tikosyn

**Tier 3**
Multaq
Norpace CR

**ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS**

**Tier 1**
amlodipine/tenofovir (Lotrel=NC)
atenolol/chlorthalidone (Tenoretic=NC)
benazepril/hydrochlorothiazide (Lotensin HCT=NC)
bisoprolol/hydrochlorothiazide (Ziac)
captopril/hydrochlorothiazide
enalapril/hydrochlorothiazide (Vaseretic)
fosinopril/hydrochlorothiazide
irbesartan/hydrochlorothiazide (Avalide=NC)
lisinopril/hydrochlorothiazide (Prinzide)
lisinopril/hydrochlorothiazide (Zestoretic)
losartan/hydrochlorothiazide (Hyzaar=NC)
metoprolol/hydrochlorothiazide (Lopressor HCT)
moexipril/hydrochlorothiazide (Uniretic)
quinalpril/hydrochlorothiazide (Accuretic=NC)
valsartan/hydrochlorothiazide (Diovan HCT)

**Tier 2**
Benicar HCT
candesartan/hydrochlorothiazide
candesartan/hydrochlorothiazide (Atacand HCT NC)

**Tier 3**
Amturnide
Azor
Dutoprol
Exforge
Exforge HCT
Tarka
Tekamlo
Tekturna HCT

---

**BETA BLOCKERS**

**Beta And Alpha Blockers**

**Tier 1**
carvedilol (Coreg)
labetalol (Trandate)

**Beta Blockers**

**Tier 1**
acebutolol (Sectral=NC)
atenolol (Tenormin=NC)
betaxolol (Kerlone)
bisoprolol (Zebeta)
metoprolol (Lopressor=NC)
metoprolol ext-rel (Toprol-XL)
nadolol (Corgard)
pindolol
propranolol
propranolol ext-rel (Inderal LA=NC)

**Tier 3**
Bystolic
Innopran XL
Levatol

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**Tier 1 - Lowest Copayment**  
**Tier 2 - Middle Copayment/Coinsurance**  
**Tier 3 - Highest Copayment/Coinsurance**
CALCIUM CHANNEL BLOCKER/HMG-CoA REDUCTASE INHIBITOR

Tier 2
amlodipine/atorvastatin
amlodipine/atorvastatin (Caduet)

CALCIUM CHANNEL BLOCKERS

Tier 1
amlodipine (Norvasc=NC)
diltiazem (Cardizem=NC)
diltiazem ext-rel (Cardizem CD=NC)
diltiazem ext-rel (Cardizem LA=NC)
diltiazem ext-rel (Dilacor XR=NC)
diltiazem ext-rel (Tiazac=NC)
felodipine ext-rel
isradipine
nicardipine
nifedipine 10 mg (Procardia)
nifedipine ext-rel (Adalat CC)
nisoldipine ext-rel (Sular=NC)
verapamil (Calan=NC)
verapamil ext-rel (Calan SR=NC)
verapamil ext-rel (Verelan PM=NC)
verapamil ext-rel (Verelan=NC)

Tier 2
Nifedipine 20 mg

Tier 3
Cardene SR
Nymalize

CENTRALLY ACTING AGENTS

Tier 1
clonidine (Catapres=NC)
clonidine transdermal (Catapres-TTS=NC)
guanfacine (Tenex=NC)
methyldopa

DIRECT RENIN INHIBITORS

Tier 3
Tekturna

DIURETICS

Tier 1
amiloride
amiloride/hydrochlorothiazide
bumetanide
chlorothalidone
furosemide (Lasix)
hydrochlorothiazide
indapamide
metolazone (Zaroxolyn)
spironolactone (Aldactone=NC)
spironolactone/hydrochlorothiazide (Aldactazide=NC)
torsemide (Demadex)
triandrene/hydrochlorothiazide capsules 37.5/25 (Dyazide)
triandrene/hydrochlorothiazide capsules 50/25
triandrene/hydrochlorothiazide tablets 37.5/25 (Maxzide-25)
triandrene/hydrochlorothiazide tablets 75/50 (Maxzide)

**Tier 3**

Edecrin

**LIPID LOWERING AGENTS**

**HMG-CoA Reductase Inhibitors**

Lescol XL

**Tier 1**
atarvastatin (Lipitor=NC)
fluvastatin (Lescol=NC)
lovastatin (Mevacor=NC)
pravastatin (Pravachol=NC)
simvastatin (Zocor=NC)

**Lipid Lowering Combinations**

**Tier 2**
Simcor
Vytorin

**Tier 3**
Advicor

**Others**

**Tier 1**
cholestyramine (Prevalite)
cholestyramine (Questran/Questran Light=NC)
colestipol (Colestid=NC)
fenofibrate 43 mg, 130 mg (Antara=NC)
fenofibrate 54 mg, 67 mg, 134 mg, 160 mg, 200 mg (Lofibra=NC)
fenofibric acid (Fibrucor=NC)
fenofibric acid delayed-rel (Trilipix=NC)
gemfibrozil (Lopid=NC)

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Tier 2
fenofibrate 48 mg, 145 mg
fenofibrate 48 mg, 145 mg (Tricor NC)
Juxtapid  PA QL
Kynamro  SP PA QL
niacin ext-rel
niacin ext-rel (Niaspan)

Tier 3
Welchol
Zetia

NITRATE/VASODILATOR COMBINATIONS

Tier 2
BiDil

POTASSIUM REPLACEMENT

Tier 1
potassium chloride ext-rel
potassium chloride liquid
potassium chloride/potassium bicarbonate/citric acid effervescent tablets 25 mEq

Tier 3
Effer-K 10 mEq, 20 mEq

PULMONARY HYPERTENSION

Medical Benefit
epoprostenol sodium  PA SI
epoprostenol sodium (Flolan)  PA SI
Remodulin  PA SI
Tyvaso  PA SI
Veletri  PA SI
Ventavis  PA SI

Tier 1
sildenafil 20 mg  SP PA
sildenafil 20 mg (Revatio)  SP PA

Tier 2
Letairis  SP PA
Tracleer  SP PA

Tier 3
Adcirca  SP PA
Viagra  SP PA

SELECTIVE ALDOSTERONE BLOCKER

Tier 1
eplerenone
eplerenone (Inspra STPA)

Last Updated: 12/22/2014
VASODILATORS

Tier 1
hydralazine

DIABETES MELLITUS

DIABETIC SUPPLIES

Tier 2
Accu-Chek test strips
Insulin Pen Needles
OneTouch test strips

GLUCOSE ELEVATING

Tier 2
Glucagon

INJECTABLE AGENTS

Tier 2
Bydureon
Byetta
Tier 3
SymlinPen
Victoza

INSULINS

Tier 2
Apidra
Humalog
Humulin
Lantus
Levemir
Novolin
Novolog

ORAL AGENTS

Tier 1
acarbose (Precose)
chlorpropamide
glimepiride (Amaryl)
glipizide (Glucotrol)
glipizide ext-rel (Glucotrol XL)

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Tier 3 - Highest Copayment/Coinsurance
glipizide/metformin
glyburide (DiaBeta)
glyburide, micronized (Glynase)
glyburide/metformin (Glucovance)
metformin (Glucophage)
metformin ext-rel (Fortamet=NC)
metformin ext-rel (Glucophage XR)
nateglinide (Starlix)
pioglitazone (Actos)
pioglitazone/glimepiride (Duetact)
pioglitazone/metformin (Actoplus Met)
repaglinide (Prandin)

**Tier 2**
Cycloset
Janumet
Janumet XR
Januvia
Kombiglyze XR
Onglyza

**Tier 3**
Actoplus Met XR
Glyset
Invokana
Jentadueto STPA
Kazano STPA
Nesina STPA
Oseni STPA
PrandiMet
Tradjenta STPA

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**EAR, NOSE, AND THROAT**

**EAR**

**Antimicrobials**

**Tier 1**
acetic acid otic
acetic acid/aluminum acetate otic
acetic acid/hydrocortisone otic
neomycin/polymyxin B/hydrocortisone otic
ofloxacin otic

**Tier 2**
Ciprodex

**Tier 3**
Cetraxal
Cipro HC Otic

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### Miscellaneous

**Tier 1**
- benzocaine/antipyrine otic
- fluocinolone acetonide oil (Dermotic)

**Tier 3**
- Otozin

### MOUTH AND THROAT

**Tier 1**
- cevimeline (Evoxac)
- chlorhexidine gluconate (Peridex)
- doxycycline hyclate 20 mg tablets
- lidocaine viscous
- pilocarpine (Salagen)
- triamcinolone paste

**Tier 2**
- Episil QL
- Gelclair

**Tier 3**
- First-BXN
- First-Duke’s Mouthwash
- First-Mary’s Mouthwash
- Numoisyn

### NOSE

#### Antihistamines

**Tier 1**
- clemastine 2.68 mg
- cyproheptadine
- diphenhydramine 50 mg
- hydroxyzine HCl
- hydroxyzine pamoate (Vistaril)
- promethazine

#### Other

**Tier 1**
- azelastine spray (Astelin) QL
- ipratropium nasal spray QL
- ipratropium nasal spray (Atrovent nasal aerosol) QL

**Tier 2**
- Astepro QL

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Steroids

Tier 1
flunisolide nasal spray  QL
fluticasone nasal spray  QL
fluticasone nasal spray (Flonase=NC)  QL

Tier 2
Nasonex  QL
triamcinolone nasal spray  QL
triamcinolone nasal spray (Nasacort AQ NC)  QL

EYE

ALLERGY

Tier 1
azelastine eye drops (Optivar)
cromolyn sodium eye drops
epinastine eye drops (Elestat)

Tier 3
Alocril
Alomide
Emadine
Patanol

ANTI-INFECTIVES

Tier 1
bacitracin eye ointment
bacitracin/polymyxin B eye ointment
ciprofloxacin eye drops, eye ointment (Ciloxan)
erथromycin eye ointment
gentamicin eye drops, eye ointment
levofloxacin eye drops
neomycin/polymyxin B/gramicidin eye drops (Neosporin)
ofloxacin eye drops (Ocuflox)
polymyxin B/trimethoprim eye drops (Polytrim)
sulfacetamide 10% eye drops (Bleph-10)
tobramycin eye drops, eye ointment (Tobrex)

Tier 2
gatifloxacin eye drops  QL
gatifloxacin eye drops (Zymaxid NC)  QL

Tier 3
Azasite  QL
Besivance  QL
Moxeza  QL
Vigamox  QL

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Tier 1 - Lowest Copayment  Tier 2 - Middle Copayment/Coinsurance  Tier 3 - Highest Copayment/Coinsurance
ANTI-INFLAMMATORIES

Tier 1
- bromfenac sodium eye drops
- dexamethasone sodium phosphate eye drops, eye ointment
- diclofenac sodium eye drops (Voltaren ophthalmic solution)
- fluorometholone eye drops, eye ointment (FML)
- ketorolac 0.4% eye drops (Acular LS)
- ketorolac 0.5% eye drops (Acular)
- neomycin/polymyxin B/bacitracin/hydrocortisone eye ointment
- neomycin/polymyxin B/dexamethasone eye drops, eye ointment (Maxitrol)
- neomycin/polymyxin B/hydrocortisone eye drops
- prednisolone acetate 1% eye drops (Pred Forte)
- sulfacetamide/prednisolone phosphate eye drops, eye ointment
- tobramycin/dexamethasone 0.3%/0.1% eye suspension (Tobradex)

Tier 2
- Alrex
- Pred Mild
- Pred-G
- Prednisolone Phosphate 1%
- Vexol

Tier 3
- Blephamide
- Bromday
- Flarex
- flevro
- Lotemax
- Nevanac
- Prolensa
- Tobradex ointment
- Tobradex ST
- Zylet

ANTIVIRAL

Tier 1
- trifluridine eye drops (Viroptic)

Tier 3
- Zirgan

GLAUCOMA

Oral

Tier 1
- acetazolamide
- acetazolamide ext-rel (Diamox Sequels)
- methazolamide

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SI - Specialty Infusion

Tier 1 - Lowest Copayment
Tier 2 - Middle Copayment/Coinsurance
Tier 3 - Highest Copayment/Coinsurance
**Topical**

**Tier 1**
- apraclonidine 0.5% eye drops (Iopidine 0.5%)
- brimonidine 0.15% eye drops (Alphagan P 0.15%)
- brimonidine 0.2% eye drops
- carteolol eye drops
- dipivefrin eye drops
dorzolamide HCl eye drops (Trusopt)
dorzolamide HCl/timolol maleate eye drops (Cosopt)
latanoprost eye drops (Xalatan=NC)
- levobunolol eye drops (Betagan)
timolol maleate eye drops (Timoptic)
timolol maleate gel forming solution (Timoptic-XE)
- travoprost eye drops

**Tier 2**
- Azopt
- Betimol
- Pilopine HS gel

**Tier 3**
- Alphagan P 0.1%
- Betoptic S
- Combigan QL
- Cosopt PF
- Iopidine 1%
- Lumigan STPA
- Simbrinza
- Travatan Z STPA
- Zioptan QL STPA

**OPHTHALMIC DRUGS, MISCELLANEOUS**

**Tier 1**
- atropine eye drops, eye ointment
cyclopentolate eye drops (Cyclogyl)
naphazoline eye drops

**Tier 2**
- Cystaran SP

**Tier 3**
- Freshkote
- Restasis PA

**GASTROINTESTINAL DRUGS**

**DIARRHEA**

**Tier 1**
- diphenoxylate/atropine (Lomotil)

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**Tier 1 - Lowest Copayment**
**Tier 2 - Middle Copayment/Coinsurance**
**Tier 3 - Highest Copayment/Coinsurance**
EMESIS

Tier 1
- granisetron tablets QL
- meclizine (Antivert)
- metoclopramide (Reglan)
- ondansetron (Zofran=NC) QL
- prochlorperazine
- promethazine
- trimethobenzamide capsules (Tigan capsules)

Tier 2
- Anzemet tablets QL

Tier 3
- Cesamet QL
- Emend QL
- Granisol oral solution QL
- Sancuso QL
- Transderm Scop
- Zuplenz QL

GASTROINTESTINAL DRUGS, MISCELLANEOUS

Tier 1
- Constulose
- Enulose
- lactulose
- peg 3350/electrolytes (Colyte)
- peg 3350/electrolytes (Nulytely)
- peg 3350/electrolytes disposable jug (Golytely)
- ursodiol (Urso Forte)
- ursodiol (Urso)

Tier 2
- Gattex SP PA QL
- Golytely packets
- Halflytely
- Lotronex
- Relistor

Tier 3
- Amitiza
- Linzess QL
- MoviPrep
- Nulytely with Flavor Packs
- Prepopik
- Suclear
- Suprep

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Tier 2 - Middle Copayment/Coinsurance
Tier 3 - Highest Copayment/Coinsurance
**GASTROINTESTINAL DRUGS/PEPTIC UL CER TREATMENT/REFLUX (GERD)**

### H2 Receptor Antagonists

**Tier 1**
- cimetidine
- famotidine (Pepcid=NC)
- famotidine suspension (Pepcid suspension)
- nizatidine capsules
- nizatidine oral solution (Axid oral solution)
- ranitidine (Zantac)

**Tier 3**
- Deprizine suspension

### Others

**Tier 1**
- lansoprazole + amoxicillin + clarithromycin (Prevpac)
- metoclopramide (Reglan)
- misoprostol (Cytotec)
- sucralfate (Carafate)

**Tier 2**
- Pylera

**Tier 3**
- Helidac
- Metozolv ODT QL

### Proton Pump Inhibitors

- Zegerid oral packets QL

**Tier 1**
- omeprazole delayed-rel
- omeprazole delayed-rel (Prilosec=NC) QL
- omeprazole/sodium bicarbonate capsules
- omeprazole/sodium bicarbonate capsules (Zegerid capsules=NC) QL
- pantoprazole delayed-rel
- pantoprazole delayed-rel (Protonix=NC) QL

**Tier 2**
- rabeprazole delayed-rel
- rabeprazole delayed-rel (AcipHex NC) QL

**Tier 3**
- First-Lansoprazole QL
- First-Omeprazole QL
- lansoprazole delayed-rel
- lansoprazole delayed-rel (Prevacid NC) QL
- lansoprazole soluble tablets
- lansoprazole soluble tablets (Prevacid Solutab NC) QL

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Tier 1 - Lowest Copayment
Tier 2 - Middle Copayment/Coinsurance
Tier 3 - Highest Copayment/Coinsurance
INFLAMMATORY BOWEL DISEASE

Tier 1
- balsalazide (Colazal)
- budesonide delayed-release capsules (Entocort EC)
- hydrocortisone enema
- mesalamine rectal suspension (Rowasa)
- sulfasalazine (Azulfidine)
- sulfasalazine delayed-rel (Azulfidine EN-Tablets)

Tier 2
- Apriso
- Asacol HD
- Canasa
- Cortifoam
- Delzicol
- Dipentum
- Lialda
- Pentasa

Tier 3
- Uceris

PANCREATIC ENZYMES

Tier 2
- Creon

Tier 3
- Pancreaze
- Pertzye
- Ultresa
- Viokace
- Zenpep

SPASM

Tier 1
- atropine/hyoscyamine/scopolamine/phenobarbital (Donnatal)
- chlordiazepoxide/clidinium (Librax-NC)
- dicyclomine (Bentyl)
- hyoscyamine sulfate (Levsin)
- hyoscyamine sulfate ext-rel (Levbid)

Tier 3
- Digex NF

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Tier 3 - Highest Copayment/Coinsurance
HORMONES

ADRENAL CORTICOSTEROIDS

Tier 1
- cortisone acetate
- dexamethasone
- fludrocortisone
- hydrocortisone (Cortef)
- methylprednisolone (Medrol)
- prednisolone sodium phosphate (Orapred)
- prednisolone sodium phosphate 5 mg/5 mL
- prednisolone syrup (Prelone Syrup)
- prednisone

Tier 3
- Millipred
- Orapred ODT
- Prednisone Intensol
- Veripred 20

ANDROGENS

Tier 1
- testosterone cypionate
- testosterone enanthate

Tier 2
- Androderm
- AndroGel

Tier 3
- Striant
- Testim

GONADOTROPIN INHIBITOR

Tier 1
- danazol

GONADOTROPIN RELEASING AGONISTS

Tier 1
- leuprolide acetate 1 mg kit

Tier 2
- Synarel

GROWTH HORMONES

Tier 2
- Norditropin Products SP PA

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Tier 1 - Lowest Copayment
Tier 2 - Middle Copayment/Coinsurance
Tier 3 - Highest Copayment/Coinsurance
Ovulation Inducing Agents

**Tier 1**
- Chorionic gonadotropin SP
- Chorionic gonadotropin (Novarel) SP PA
- Chorionic gonadotropin (Pregnyl) SP PA

**Tier 2**
- Cetrotide SP PA
- Gonal-F SP PA
- Menopur SP PA
- Ovidrel SP
- Reprovin SP PA

**Tier 3**
- Bravelle SP PA
- Follistim AQ SP PA
- Ganirelix SP PA

Pre-term Birth Risk Reduction

Medical Benefit
- Makena PA

Thyroid Replacement and Antithyroid Agents

**Tier 1**
- Levothroid
- Levothyroxine (Synthroid)
- Levoxyl
- Liothyronine (Cytomel)
- Methimazole (Tapazole)
- Propylthiouracil
- Unitroid

**Tier 2**
- Armour Thyroid

**Tier 3**
- Tirosint

Immunosuppressant Drugs

Medical Benefit
- Benlysta PA

**Tier 1**
- Azathioprine (Imuran)

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Tier 1 - Lowest Copayment
Tier 2 - Middle Copayment/Coinsurance
Tier 3 - Highest Copayment/Coinsurance
cyclosporine (Sandimmune)
cyclosporine, modified (Neoral)
mycophenolate mofetil (Cellcept)
prednisone
tacrolimus capsules (Prograf)

**Tier 2**
Rapamune
Zortress QL

**Tier 3**
Myfortic

**MISCELLANEOUS DRUGS**

**ACROMEGALY**

**Tier 3**
Somavert PA

**AMYOTROPHIC LATERAL SCLEROSIS**

**Tier 1**
riluzole (Rilutek)

**ANAPHYLAXIS EMERGENCY**

**Tier 1**
epinephrine QL
**Tier 2**
Epipen QL
Epipen Jr. QL
**Tier 3**
Auvi-Q QL

**ANTIHEMOPHILIC AGENTS**

Medical Benefit
Factor Products, various PA SI

**BOTULINUM TOXINS**

Medical Benefit
Botulinum Toxins PA

**CHRONIC GRANULOMATOUS DISEASE**

**Tier 2**
Actimmune

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<th>Boldface</th>
<th>SP</th>
<th>STPA</th>
<th>SI</th>
<th>PA</th>
<th>QL</th>
<th>NC</th>
<th>NTM</th>
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</table>

Tier 1 - Lowest Copayment  Tier 2 - Middle Copayment/Coinsurance  Tier 3 - Highest Copayment/Coinsurance
# CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

**Medical Benefit**

<table>
<thead>
<tr>
<th>Product</th>
<th>Tier</th>
<th>Notes</th>
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<td>Ilaris PA</td>
<td>2</td>
<td>Arcalyst SP PA QL</td>
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# CUSHING'S DISEASE

**Tier 2**

<table>
<thead>
<tr>
<th>Product</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signifor SP PA QL</td>
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# CUSHING'S SYNDROME

**Tier 2**

<table>
<thead>
<tr>
<th>Product</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korlym PA QL</td>
<td></td>
</tr>
</tbody>
</table>

# CYSTIC FIBROSIS

**Tier 1**

<table>
<thead>
<tr>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>tobramycin inhalation solution (TOBI)</td>
</tr>
</tbody>
</table>

**Tier 2**

<table>
<thead>
<tr>
<th>Product</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cayston</td>
<td></td>
</tr>
<tr>
<td>Kalydeco PA QL</td>
<td></td>
</tr>
<tr>
<td>Pulmozyme</td>
<td></td>
</tr>
</tbody>
</table>

**Tier 3**

<table>
<thead>
<tr>
<th>Product</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethkis</td>
<td></td>
</tr>
<tr>
<td>TOBI Podhaler</td>
<td></td>
</tr>
</tbody>
</table>

# DIABETES INSIPIDUS

**Tier 1**

<table>
<thead>
<tr>
<th>Product</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>desmopressin (DDAVP)</td>
<td></td>
</tr>
</tbody>
</table>

# DUPUYTREN'S CONTRACTURE

**Medical Benefit**

<table>
<thead>
<tr>
<th>Product</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xiaflex PA</td>
<td></td>
</tr>
</tbody>
</table>

# ERECTILE DYSFUNCTION

**Tier 3**

<table>
<thead>
<tr>
<th>Product</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caverject</td>
<td></td>
</tr>
<tr>
<td>Cialis QL</td>
<td></td>
</tr>
<tr>
<td>Edex</td>
<td></td>
</tr>
<tr>
<td>Levitra QL</td>
<td></td>
</tr>
<tr>
<td>MUSE</td>
<td></td>
</tr>
<tr>
<td>Staxyn QL</td>
<td></td>
</tr>
</tbody>
</table>

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**Boldface** - indicates generic availability.

SP - Designated Specialty Pharmacy

STPA - Step Therapy Prior Authorization

SI - Specialty Infusion

PA - Prior Authorization

QL - Quantity Limitation Program

NC - Non Covered Drugs

NTM - New-to-Market

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment/Coinsurance

Tier 3 - Highest Copayment/Coinsurance
**FABRY DISEASE**

Medical Benefit
Fabrazyme  PA SI

**FIBROMYALGIA**

**Tier 2**
Savella  QL STPA

**Tier 3**
Cymbalta  QL STPA
Lyrica  STPA

**GAUCHER DISEASE**

Medical Benefit
Cerezyme  PA SI
Eleyso  PA
Vpriv  PA SI

**HEMOSTATICS - SYSTEMIC**

**Tier 1**
tranexamic acid (Lysteda)  QL

**HEREDITARY ANGIOEDEMA**

Medical Benefit
Berinert  SI
Cinryze  PA SI

**Tier 2**
Firazyr  SP PA QL

**HEREDITARY TYROSINEMIA TYPE I**

**Tier 2**
Orfadin  SP PA

**HUNTER SYNDROME**

Medical Benefit
Elaprase  SI

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Tier 2 - Middle Copayment/Coinsurance  
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HUNTINGTON'S DISEASE

Tier 2
Xenazine  SP PA QL

HYPERAMMONEMIA

Tier 2
Carbaglu  PA

HYPERCALCEMIA

Tier 2
Sensipar

HYPERPARATHYROIDISM

Tier 1
calcitriol (Rocaltrol)
paricalcitol capsules (Zemplar)
Tier 2
Hectorol

HYPONATREMIA

Tier 3
Samsca  QL

MUCOPOLYSACCHARIDOSIS

Medical Benefit
Aldurazyme SI
Naglazyme SI

MULTIPLE SCLEROSIS

Medical Benefit
Tysabri PA
Tier 2
Ampyra  SP PA QL
Aubagio  SP PA QL
Avonex  SP QL
Avonex Pen  SP QL
Betaseron  SP QL
Copaxone  SP QL
Extavia  SP QL
Gilenya  SP PA QL
Rebif  SP QL

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MYASTHENIA GRAVIS

Tier 1
pyridostigmine (Mestinon)

Tier 2
Mestinon Timespan

OBESITY MANAGEMENT

Tier 1
diethylpropion PA
phendimetrazine (Bontril PDM) PA
phendimetrazine ext-rel PA
phentermine PA
phentermine (Adipex-P) PA

Tier 3
Belviq PA
Qsymia PA
Regimex PA
Suprenza PA
Xenical PA

ORTHOSTATIC HYPOTENSION

Tier 1
midodrine

PAGET'S DISEASE

Tier 1
alendronate (Fosamax=NC)
etidronate (Didronel)

Tier 2
Skelid

Tier 3
Actonel STPA

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA

Medical Benefit
Soliris PA

PHENYLKETONURIA TREATMENT

Tier 2
Kuvan SP PA
PHOSPHATE BINDERS

Tier 1
- calcium acetate (PhosLo)

Tier 2
- Fosrenol
- Phoslyra
- Renagel
- Renvela

POMPE DISEASE

Medical Benefit
- Myozyme SI

PSEUDOBULBAR AFFECT

Tier 2
- Nuedexta PA

RADIOACTIVE CONTAMINATION

Tier 3
- Radiogardase

RESPIRATORY SYNCYTIAL VIRUS PROPHYLAXIS

Medical Benefit
- Synagis SP PA

RESTLESS LEGS SYNDROME

Tier 3
- Horizant QL

SUBARACHNOID HEMORRHAGE

Tier 1
- nimodipine

SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA

Tier 1
- alfuzosin ext-rel (Uroxatral)
- doxazosin (Cardura)
- finasteride 5 mg
- finasteride 5 mg (Proscar=NC)

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Tier 2 - Middle Copayment/Coinsurance
Tier 3 - Highest Copayment/Coinsurance
tamsulosin (Flomax)
terazosin
Tier 2
Avodart
Tier 3
Cardura XL
Cialis QL
Jalyn

**UREA CYCLE DISORDERS**

Tier 3
Ravicti PA

**UROLOGIC DISORDERS**

Tier 1
bethanechol (Urecholine)
desmopressin (DDAVP)
flavoxate hydrochloride
oxybutynin
oxybutynin ext-rel (Ditropan XL)
phenazopyridine (Pyridium)
propantheline 15 mg
tolterodine (Detrol STPA)
trospium (Sanctura)
trospium ext-rel (Sanctura XR)
Tier 2
Enablex
Gelnique
Oxytrol
Vesicare
Tier 3
Detrol LA STPA
Elmiron
Myrbetriq STPA
Prosed/DS
Uribel

**UTERINE STIMULANT**

Tier 1
methylergonovine tablets

**WILSON'S DISEASE**

Tier 2
Cuprimine

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**NEUROLOGICAL DRUGS**

**ALZHEIMER’S DISEASE**

**Tier 1**
- donepezil (Aricept)
- galantamine (Razadyne)
- galantamine ext-rel (Razadyne ER)
- rivastigmine capsules (Exelon capsules)

**Tier 2**
- Namenda
- Namenda XR

**Tier 3**
- Exelon Patch
- Exelon solution

**MIGRAINE THERAPY**

**Abortive Therapy**

**Tier 1**
- dihydroergotamine injection (D.H.E. 45)
- dihydroergotamine spray (Migranal) QL
- ibuprofen (Rx Only)
- naproxen sodium (Anaprox/Anaprox DS=NC)
- naratriptan QL
- naratriptan (Amerge STPA) QL
- rizatriptan QL
- rizatriptan (Maxalt/Maxalt-MLT STPA) QL
- sumatriptan QL
- sumatriptan (Imitrex STPA) QL

**Tier 2**
- Migergot suppository
- zolmitriptan QL
- zolmitriptan (Zomig/Zomig-ZMT STPA) QL

**Tier 3**
- Alsuma QL STPA
- Axert QL STPA
- Cafergot
- Frova QL STPA
- Relpax QL STPA
- Sumavel Dosepro QL STPA

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**Tier 1 - Lowest Copayment**

**Tier 2 - Middle Copayment/Coinsurance**

**Tier 3 - Highest Copayment/Coinsurance**
**Prophylactic Therapy**

Tier 1
- amitriptyline
- atenolol (Tenormin=NC)
- cyproheptadine
- divalproex sodium delayed-rel (Depakote)
- divalproex sodium ext-rel (Depakote ER)
- doxepin
- metoprolol (Lopressor=NC)
- nadolol (Corgard)
- nortriptyline (Pamelor=NC)
- propranolol
- propranolol ext-rel (Inderal LA=NC)
- topiramate (Topamax)
- verapamil (Calan=NC)

**MUSCLE SPASM**

Amrix
- Skelaxin

Tier 1
- carisoprodol 250 mg (Soma 250 mg=NC)
- carisoprodol 350 mg (Soma 350 mg)
- carisoprodol/aspirin
- chlorzoxazone (Parafon Forte DSC)
- cyclobenzaprine (Flexeril=NC)
- methocarbamol (Robaxin)
- orphenadrine ext-rel
- orphenadrine/aspirin/caffeine

**PARKINSON'S DISEASE**

Tier 1
- amantadine
- benztropine
- bromocriptine (Parlodel)
- carbidopa/levodopa (Parcopa)
- carbidopa/levodopa (Sinemet)
- carbidopa/levodopa ext-rel (Sinemet CR)
- carbidopa/levodopa/entacapone (Stulevo)
- diphenhydramine 50 mg
- entacapone (Comtan)
- pramipexole (Mirapex)
- ropinirole (Requip)
- ropinirole ext-rel (Requip XL) QL
- selegiline capsules (Eldepryl)
- selegiline tablets

<table>
<thead>
<tr>
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<th>SI</th>
<th>- Specialty Infusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Lowest Copayment</td>
<td>Tier 2</td>
<td>Middle Copayment/Coinsurance</td>
<td>Tier 3</td>
<td>Highest Copayment/Coinsurance</td>
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<td></td>
</tr>
</tbody>
</table>
SEIZURES

Tier 1
- carbamazepine (Tegretol)
- carbamazepine ext-rel (Carbatrol)
- carbamazepine ext-rel 200 mg, 400 mg (Tegretol-XR)
- clonazepam (Klonopin=NC)
- diazepam rectal gel (Diastat/Diastat AcuDial)  QL
- divalproex sodium delayed-rel (Depakote)
- divalproex sodium ext-rel (Depakote ER)
- divalproex sodium sprinkle (Depakote Sprinkle)
- ethosuximide (Zarontin)
- felbamate (Felbatol)
- gabapentin (Neurontin)
- lamotrigine (Lamictal)
- levetiracetam (Keppra)
- levetiracetam ext-rel (Keppra XR=NC)
- oxcarbazepine (Trileptal)
- phenobarbital
- phenytoin sodium ext-rel (Dilantin Infatabs)
- phenytoin sodium ext-rel (Dilantin)
- primidone (Mysoline)
- tiagabine (Gabitril)
- topiramate (Topamax)
- valproic acid (Depakene)
- zonisamide (Zonegran)

Tier 2
- Banzel  QL
- lamotrigine ext-rel  QL
- lamotrigine ext-rel (Lamictal XR)  QL
- Sabril
- Tegretol-XR 100 mg
- Vimpat  PA QL

Tier 3
- Equetro
- Lamictal ODT
- Lyrica  STPA
- Onfi  PA
- Onfi Oral Suspension  PA

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**SPASTICITY**

**Tier 1**
- baclofen
- dantrolene (Dantrium)
- diazepam (Valium=NC)
- tizanidine (Zanaflex)

**PAIN AND INFLAMMATORY DISEASES**

**ARTHRITE**

**Anti-Inflammatory Drugs: Rheumatoid And Osteoarthritis**

**Tier 1**
- diclofenac potassium (Cataflam=NC)
- diclofenac sodium delayed-rel
- diclofenac sodium delayed-rel/misoprostol (Arthrotec)
- diflunisal
- etodolac
- etodolac ext-rel
- flurbiprofen
- ibuprofen (Rx Only)
- indomethacin
- indomethacin ext-rel
- indomethacin suppositories
- meclofenamate
- meloxicam (Mobic)
- nabumetone
- naproxen (Naprosyn=NC)
- naproxen sodium (Anaprox/Anaprox DS=NC)
- oxaprozin (Daypro=NC)
- piroxicam (Feldene)
- sulindac (Clinoril)

**Tier 3**
- Celebrex  PA
- Nalfon
- Pennsaid  QL

**Disease Modifying Antirheumatic Drugs (DMARDs): Rheumatoid Arthritis-Additional**

**Tier 1**
- azathioprine (Imuran)

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**Tier 1 - Lowest Copayment**  **Tier 2 - Middle Copayment/Coinsurance**  **Tier 3 - Highest Copayment/Coinsurance**
hydroxychloroquine (Plaquenil)
leflunomide
leflunomide (Arava STPA)
methotrexate
sulfasalazine (Azulfidine)

**Tier 2**
- Cuprimine
- Rheumatrex
- Ridaura
- Xeljanz SP PA QL

**Viscosupplements**

**Medical Benefit**
- Euflexxa SP PA
- Gel-One SP NC
- Hyalgan SP NC
- Orthovisc SP NC
- Supartz SP NC
- Synvisc SP NC
- Synvisc-One SP NC

**GOUT**

**Medical Benefit**
- Krystexxa PA

**Tier 1**
- allopurinol (Zyloprim)
- indomethacin
- naproxen (Naprosyn=NC)
- probenecid
- sulindac (Clinoril)

**Tier 2**
- Colcrys QL

**Tier 3**
- Uloric STPA

**PAIN, NSAID ANALGESICS**

**Tier 1**
- diflunisal
- etodolac
- ibuprofen (Rx Only)
- ketorolac tablets
- meclofenamate
- mefenamic acid (Ponstel)
- naproxen (Naprosyn=NC)
- naproxen delayed-rel (EC-Naprosyn)
- naproxen sodium (Anaprox/Anaprox DS=NC)
- salsalate

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Tier 1 - Lowest Copayment Tier 2 - Middle Copayment/Coinsurance Tier 3 - Highest Copayment/Coinsurance
# PAIN, OPIOID AND OTHER ANALGESICS

## Moderate To Moderately Severe Pain

Opana ER  
**Tier 1**  
codeine/acetaminophen (Tylenol w/Codeine=NC)  
hydrocodone/acetaminophen  
hydrocodone/acetaminophen (Norco=NC)  
hydrocodone/acetaminophen (Vicodin ES=NC)  
hydrocodone/acetaminophen 10/650 (Lorcet 10/650)  
hydrocodone/acetaminophen 2.5/500  
hydrocodone/acetaminophen 7.5/300 (Xodol)  
hydrocodone/acetaminophen 7.5/500 (Lortab 7.5/500)  
hydrocodone/acetaminophen 7.5/650 (Lorcet Plus)  
hydrocodone/acetaminophen tablets (Vicodin=NC)  
oxycodone  
oxycodone/acetaminophen (Percocet=NC)  
oxycodone/acetaminophen (Tylox=NC)  
oxycodone/acetaminophen (Percodan=NC)  
oxycodone/ibuprofen  
oxymorphone (Opana=NC)  
tramadol (Ultram=NC)  
tramadol ext-rel (Ultram ER=NC)  
tramadol/acetaminophen (Ultracet=NC)  
**Tier 2**  
oxymorphone ext-rel 7.5 mg, 15 mg  
**Tier 3**  
Capital w/Codeine  
Magnacet  
Zamicet  
Zolvit

## Moderate To Severe Pain

**Tier 1**  
butorphanol nasal spray  QL  
codeine sulfate  
fentanyl citrate lollipop  QL  
fentanyl citrate lollipop (Actiq=NC) QL  
fentanyl transdermal (Duragesic=NC) QL  
hydromorphone (Dilaudid=NC)  
meperidine (Demerol)  
methadone

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morphine
morphine ext-rel (MS Contin=NC)  QL
morphine sulfate ext-rel 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg (Kadian 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg)  QL
morphine suppositories 5 mg, 10 mg, 20 mg
oxycodone (Roxicodone=NC)
pentazocine/naloxone

**Tier 2**
Morphine suppositories 30 mg
Onsolis QL
OxyContin QL

**Tier 3**
Abstral QL
Avinza QL
Butrans QL
Kadian 10 mg, 200 mg QL
Lazanda QL
Subsys QL

**Tension Headaches**

**Tier 1**
butalbital/acetaminophen
butalbital/acetaminophen/caffeine (Fioricet=NC)
butalbital/aspirin/caffeine (Fiorinal=NC)

**Tier 3**
Orbivan
Orbivan CF

**PSYCHIATRIC**

**ALCOHOL DETERRENTS**

Medical Benefit
Vivitrol

**Tier 1**
acamprosate calcium (Campral)
disulfiram (Antabuse)
naltrexone (Revia)

**ANXIETY**

**Tier 1**
alprazolam (Xanax=NC)
alprazolam ext-rel (Xanax XR=NC)
alprazolam orally disintegrating tablets
buspirone
chlordiazepoxide
clonazepam (Klonopin=NC)
clorazepate (Tranxene T-Tab=NC)
diazepam (Valium=NC)
escitalopram (Lexapro STPA)
hydroxyzine HCl (hydroxyzine hcl)
hydroxyzine pamoate (Vistaril)
lorazepam (Ativan=NC)
oxazepam
paroxetine HCl ext-rel (Paxil CR=NC)

**Tier 2**
fluvoxamine ext-rel
fluvoxamine ext-rel (Luvox CR NC)

### ATTENTION DEFICIT DISORDER

dextroamphetamine ext-rel (Dexedrine Spansule NC)

**Tier 1**
ampetamine/dextroamphetamine mixed salts (Adderall STPA)
ampetamine/dextroamphetamine mixed salts ext-rel (Adderall XR STPA)
clonidine ext-rel (Kapvay)
dexemethylphenidate (Focalin=NC)
dextroamphetamine
dextroamphetamine solution (Procentra STPA)
methamphetamine
methylphenidate (Ritalin STPA)
methylphenidate ext-rel (Ritalin-SR STPA)
methylphenidate ext-rel 10 mg tablets
methylphenidate ext-rel 20 mg, 30 mg, 40 mg (Ritalin LA STPA)
methylphenidate ext-rel capsules (Metadate CD STPA)
methylphenidate oral solution (Methylin Oral Solution STPA)

**Tier 2**
dexemethylphenidate ext-rel 15 mg, 30 mg
dexemethylphenidate ext-rel 15 mg, 30 mg (Focalin XR 15 mg, 30 mg STPA)
Methylin chewable tablets
methylphenidate HCl ER
methylphenidate HCl ER (Concerta STPA)
Strattera QL

**Tier 3**
Daytrana STPA
Focalin XR 5 mg, 10 mg, 20 mg, 25 mg, 35 mg, 40 mg STPA
Intuniv QL
Quillivant XR STPA
Vyvanse STPA

### BIPOLAR DISORDER

**Tier 1**
divalproex sodium delayed-rel (Depakote)
divalproex sodium ext-rel (Depakote ER)
lithium carbonate (Lithium Carbonate)

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Last Updated: 12/22/2014
lithium carbonate ext-rel tablets 300 mg (Lithobid)
lithium carbonate ext-rel tablets 450 mg
olanzapine/fluoxetine
olanzapine/fluoxetine (Symbyax STPA)
quetiapine 100 mg, 200 mg, 300 mg, 400 mg
quetiapine 100 mg, 200 mg, 300 mg, 400 mg (Seroquel 100 mg, 200 mg, 300 mg, 400 mg STPA)
quetiapine 25 mg, 50 mg PA
quetiapine 25 mg, 50 mg (Seroquel 25 mg, 50 mg) PA
risperidone (Risperdal STPA)
risperidone orally disintegrating tablets (Risperdal M-Tab STPA)

**Tier 2**
Lithium Citrate
Risperdal Consta

### DEPRESSION

**Tier 1**
amitriptyline
amitriptyline/perphenazine
bupropion (Wellbutrin=NC)
bupropion ext-rel (Wellbutrin XL=NC)
bupropion HCl SR (Wellbutrin SR=NC)
citalopram (Celexa=NC)
clomipramine (Anafranil=NC)
desipramine (Norpramin=NC)
doexipin
escitalopram (Lexapro STPA)
fluoxetine (Prozac=NC)
fluoxetine delayed-rel (Prozac Weekly=NC)
fluvoxamine
imipramine HCl (Tofranil=NC)
maprotiline
mirtazapine (Remeron Soltab)
mirtazapine (Remeron)
nefazodone
nortriptyline (Pamelor=NC)
paroxetine HCl (Paxil=NC)
paroxetine HCl ext-rel (Paxil CR=NC)
sertraline (Zoloft=NC)
tranylcypromine (Parnate=NC)
trazodone
trimipramine (Surmontil)
venlafaxine
venlafaxine ext-rel capsules (Effexor XR=NC)
venlafaxine ext-rel tablets (Venlafaxine OSM ER STPA)

**Tier 2**
Amoxapine
duloxetine delayed-rel QL
duloxetine delayed-rel (Cymbalta STPA) QL
Fluoxetine 60 mg

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Tier 2 - Middle Copayment/Coinsurance
Tier 3 - Highest Copayment/Coinsurance
### INSOMNIA

#### Tier 1
- chloral hydrate
- estazolam
- flurazepam
- hydroxyzine HCl (hydroxyzine hcl)
- hydroxyzine pamoate (Vistaril)
- temazepam (Restoril=NC)
- triazolam (Halcion=NC)
- zaleplon QL
- zaleplon (Sonata=NC) QL
- zolpidem QL
- zolpidem (Ambien=NC) QL
- zolpidem tartrate CR QL
- zolpidem tartrate CR (Ambien CR=NC STPA) QL

#### Tier 3
- Intermezzo QL STPA
- Lunesta QL STPA
- Rozerem QL STPA
- Zolpimist 5 mg Spray QL STPA

### MISCELLANEOUS

#### Tier 3
- Xyrem

### NARCOLEPSY

#### Tier 1
- amphetamine/dextroamphetamine mixed salts (Adderall STPA)
- dextroamphetamine
- dextroamphetamine ext-rel
- methylphenidate (Ritalin STPA)
- methylphenidate ext-rel (Ritalin-SR STPA)

#### Tier 2
- modafinil QL STPA
- modafinil (Provigil NC) QL STPA
- Nuvigil QL STPA

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**OPIOID ANTAGONISTS**

**Tier 1**
buprenorphine (Subutex discontinued) PA
buprenorphine/naloxone SL tablets (Suboxone SL tablets) PA

**Tier 3**
Suboxone film PA
Zubsolv PA

**PSYCHOSES**

**Tier 1**
chlorpromazine
clozapine (Clozaril)
fluphenazine
haloperidol
lozapine
olanzapine
olanzapine (Zyprexa STPA)
olanzapine orally disintegrating tablets
olanzapine orally disintegrating tablets (Zyprexa Zydis STPA)
perphenazine
quetiapine 100 mg, 200 mg, 300 mg, 400 mg
quetiapine 100 mg, 200 mg, 300 mg, 400 mg (Seroquel 100 mg, 200 mg, 300 mg, 400 mg STPA)
quetiapine 25 mg, 50 mg PA
quetiapine 25 mg, 50 mg (Seroquel 25 mg, 50 mg) PA
risperidone (Risperdal STPA)
risperidone orally disintegrating tablets (Risperdal M-Tab STPA)
thioridazine
thiothixene
trifluoperazine

**Tier 2**
Fazaclo
Risperdal Consta
ziprasidone HCl STPA
ziprasidone HCl (Geodon STPA)

**Tier 3**
Abilify Discmelt QL STPA
Abilify Oral Solution QL STPA
Abilify tablets QL STPA
Seroquel XR STPA

**SMOKING DETERRENTS**

**No copayment**
Buproban QL
bupropion SR QL
bupropion SR (Zyban) QL
Chantix QL

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Last Updated: 12/22/2014
RESPIRATORY DRUGS

COUGH SUPPRESSANTS AND EXPECTORANTS

Tier 1
benzonatate (Tessalon Perles)
codeine/chlorpheniramine/pseudoephedrine
codeine/guaifenesin (Guiatuss AC)
codeine/guaifenesin/pseudoephedrine (Guiatuss DAC)
codeine/promethazine
dextromethorphan/promethazine
hydrocodone polistirex/chlorpheniramine polistirex (Tussionex)
hydrocodone/homatropine

INHALATION SOLUTIONS

Tier 1
albuterol sulfate nebulizer solution QL
albuterol sulfate nebulizer solution (Accuneb) QL
albuterol sulfate nebulizer solution (Ventolin nebulizer solution) QL
budesonide inhalation suspension QL
budesonide inhalation suspension (Pulmicort Respules STPA) QL
cromolyn sodium nebulizer solution QL
ipratropium nebulizer solution QL
ipratropium/albuterol nebulizer solution QL
ipratropium/albuterol nebulizer solution (DuoNeb) QL
levalbuterol inhalation solution QL
levalbuterol inhalation solution (Xopenex inhalation solution STPA) QL

Tier 2
Nebusal 6%
Perforomist QL

Tier 3
Brovana QL

INHALERS

Anticholinergics

Tier 2
Atrovent HFA QL
Combivent Respimat QL
Spiriva QL

Tier 3
Tudorza Pressair QL

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### Bronchodilator Inhalers

#### Tier 2
- Foradil Aerolizer QL
- ProAir HFA QL
- Serevent Diskus QL

#### Tier 3
- Maxair Autohaler QL
- Proventil HFA QL
- Ventolin HFA QL
- Xopenex HFA QL

### Steroid Inhalers

#### Tier 2
- Asmanex QL
- Flovent Diskus QL
- Flovent HFA QL
- QVAR QL

#### Tier 3
- Alvesco QL
- Pulmicort Flexhaler QL

### Steroid/Beta Agonist Combinations

#### Tier 2
- Advair Diskus QL
- Advair HFA QL
- Symbicort QL

### MISCELLANEOUS

#### Medical Benefit
- Xolair PA

### ORAL AGENTS

#### Beta Agonists

#### Tier 1
- albuterol ext-rel (Vospire ER)
- albuterol syrup/tablets
- metaproterenol syrup/tablets
- terbutaline tablets

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### Leukotriene Modifiers

**Tier 1**  
- montelukast (Singulair)  
- zafirlukast (Accolate)  

**Tier 3**  
- Zyflo

### Phosphodiesterase-4 Inhibitors

**Tier 3**  
- Daliresp

### Theophylline

#### Liquids

**Tier 2**  
- Elixophyllin

#### Solids

**Tier 1**  
- theophylline ext-rel tablets  

**Tier 2**  
- Theo-24

### SKIN

#### ACNE ROSACEA

**Tier 1**  
- metronidazole (MetroGel)  
- metronidazole cream (MetroCream)  
- metronidazole lotion (MetroLotion)  

**Tier 2**  
- Finacea

**Tier 3**  
- Noritate

#### ACNE VULGARIS

**Tier 1**  
- adapalene cream/gel  
- adapalene cream/gel (Differin cream/gel)  

**Tier 2**  
- Amnesteem

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**Tier 3** - Highest Copayment/Coinsurance
benzoyl peroxide (Benzac AC)
Claravis
clindamycin (Cleocin T)
clindamycin 1%/benzoyl peroxide 5% (Duac)
clindamycin phosphate foam 1% (Evoclin 1%)
clindamycin/benzoyl peroxide gel (Benzaclin Gel)
erthyromycin gel
erthyromycin solution
erthyromycin/benzoyl peroxide (Benzamycin)
sulfacetamide sodium 10% (Klaron)
sulfacetamide/sulfur
tretinoin (Avita) PA
tretinoin (Retin-A) PA
tretinoin cream/gel PA
tretinoin gel microsphere (Retin-A Micro) PA

**Tier 2**
Pacnex

**Tier 3**
Atralin PA
Azelex
Clarifoam EF
Delos
Differin lotion PA
Fabior PA
Tretin-X PA

### BACTERIAL INFECTIONS, TOPICAL

**Tier 1**
gentamicin
mupirocin (Bactroban)
silver sulfadiazine (Silvadene)

**Tier 3**
Altabax QL
Bactroban nasal ointment
Cortisporin

### CORTICOSTEROIDS, TOPICAL

**Tier 1**
alclometasone (Aclovate)
amcinonide cream, lotion
betamethasone dipropionate
betamethasone dipropionate augmented cream (Diprolene AF)
betamethasone dipropionate augmented gel, lotion, ointment (Diprolene)
betamethasone valerate
betamethasone valerate foam (Luxiq)
clobetasol propionate (Temovate)
clobetasol propionate 0.05% (Clobex)
clobetasol propionate foam (Olux foam 0.05%)

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clobetasol propionate/emollient foam (Olux-E=NC)
desonide (Desowen)
desoximetasone (Topicort)
diflorasone diacetate
fluocinolone acetonide
fluocinonide
fluticasone propionate cream, lotion, ointment (Cutivate)
halobetasol propionate (Ultravate)
hydrocortisone (prescription only)
hydrocortisone butyrate (Locoid)
hydrocortisone butyrate lipid cream 0.1% (Locoid Lipocream)
hydrocortisone valerate (Westcort)
mometasone (Elocon)
triamcinolone acetonide

**Tier 2**
Amcinonide ointment

**Tier 3**
Cordran
Nucort
Pandel
Pramosone E
Vanos

**FUNGAL INFECTIONS, TOPICAL**

**Tier 1**
ciclopirox (Loprox)
ciclopirox topical solution 8% QL
ciclopirox topical solution 8% (Penlac) QL
clotrimazole (Rx only)
clotrimazole/betamethasone
econazole
ketoconazole
ketoconazole foam 2% (Extina foam 2%=NC)
nystatin
nystatin/triamcinolone

**Tier 2**
Oxistat

**Tier 3**
Ertaczo

**PSORIASIS AND SEBORRHEA**

**Tier 1**
acitretin (Soriatane)
calcipotriene (Dovonex)
methotrexate
salicylic acid (Salex)

**Tier 2**
calcitriol ointment

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Tier 1 - Lowest Copayment Tier 2 - Middle Copayment/Coinsurance Tier 3 - Highest Copayment/Coinsurance
### SCABIES AND PEDICULOSIS

**Tier 1**
- lindane
- malathion (Ovide)
- permethrin 5%
- spinosad (Natroba) QL

**Tier 2**
- Eurax

**Tier 3**
- Sklice QL
- Ulesfia QL

### TOPICALS, MISCELLANEOUS

**Tier 1**
- ammonium lactate 12% (Lac-Hydrin)
- diclofenac sodium 3% gel (Solaraze)
- doxepin (Zonalon)
- fluorouracil (Efudex)
- hydrocortisone cream (Proctocream-HC 2.5%)
- hydrocortisone/avocado polysaccharide/iodoquinol (Alcortin A topical gel=NC)
- ketoconazole 2% (Nizoral shampoo)
- lidocaine/prilocaine cream QL
- Lidocort Rectal kit
- Prudoxin
- salicylic acid liquid 27.5% (Virasal=NC)
- selenium sulfide shampoo 2.25%
- selenium sulfide shampoo 2.5% (Selsun)

**Tier 2**
- Fluoroplex
- hydrocortisone/pramoxine/skin cleanser
- hydrocortisone/pramoxine/skin cleanser (Analpram E Rectal Kit NC)
- lidocaine patch 5% (Lidoderm) PA QL
- Oxsoralen-Ultra
- Regranex

**Tier 3**
- Bionect
- Derma-N
- Eletone
- Elidel STPA
- Keratalk
- Optase
- Panretin
- Picato QL
- ProctoFoam-HC
- Protopic STPA

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Tier 1 - Lowest Copayment
Tier 2 - Middle Copayment/Coinsurance
Tier 3 - Highest Copayment/Coinsurance
VIRAL INFECTIONS, TOPICAL

Tier 1
acyclovir ointment 5% (Zovirax ointment 5%)  QL
imiquimod (Aldara)
podofilox (Condylox)

Tier 3
Lidovir  QL
Zovirax cream 5%  QL

SUPPLEMENTS

VITAMINS

Tier 1
b complex + c/folic acid (Nephrocaps)
cyanocobalamin injection (vitamin B-12)
Dexferrum
ergocalciferol (D2) (Drisdol)
fluoride drops (Luride drops)
fluoride tablets (Luride Lozi-Tabs)
folic acid
iron dextran (Infed)
prenatal vitamins w/folic acid (Prenatal Vitamins)
ubidecarenone (Coenzyme Q10)  PA

Tier 2
Mephyton
Nascobal
Venofer  QL

Tier 3
Atabex EC
Citranatal Rx
Concept DHA
Concept OB
Corvite 150
Deplin
Deplin-Algal Oil
Feriva
Ferralel 90
Fusion Plus
Gesticare DHA
Integra F
Integra Plus
Irospan
Marnatal-F
Maxaron Forte
Neevo DHA
Niron Komplete
Novafernum oral solution
OB Complete caplet
OB Complete DHA
Obtrex DHA
Prenexa
Preque 10
Select-OB + DHA
Tandem DHA
Tandem OB
Tricare DHA
Vitafol-OB + DHA
Viva DHA
Vol-Tab Rx

**WOMEN'S HEALTH**

**CONTRACEPTIVES**

**Biphasic**

**Tier 1**
amethia (Seasonique)
camrese (Seasonique)

**Tier 2**
Necon 10/11

**Tier 3**
Lo Minastrin Fe

**Emergency Contraception**

**Tier 1**
next choice (Next Choice)
next choice one dose (Plan B One-Step)

**Tier 3**
Ella QL

**Four Phase**

**Tier 3**
Natazia

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Last Updated: 12/22/2014
Monophasic

Tier 1
amethia lo (LoSeasonique)
amethyst (Amethyst)
apri (Desogen)
aviane (Aviane)
bazliva (Ovcon 35)
cryselle (Cryselle)
gianvi (YAZ)
jolessa (Jolessa)
junel (Loestrin)
junel fe (Loestrin Fe)
kariva (Mircette)
lessina (Lessina)
levora (Nordette)
low-ogestrel (Low-Ogestrel)
lutera (Lutera)
microgestin (Loestrin)
microgestin fe (Loestrin Fe)
mononessa (Ortho-Cyclen)
necon 0.5/35 (Brevicon)
necon 1/35 (Ortho-Novum 1/35)
necon 1/50 (Necon 1/50)
nortrel 0.5/35 (Modicon)
nortrel 1/35 (Norinyl 1+35)
ocella (Yasmin)
ogestrel (Ogestrel)
portia (Nordette)
previfem (Ortho-Cyclen)
quasense (Quasense)
reclipsen (Ortho-Cept)
sprintec (Ortho-Cyclen)
zoalia 1/35e (Zovia 1/35e)
zoalia 1/50e (Zovia 1/50e)

Tier 3
Beyaz
Generess Fe
Lo Loestrin Fe
Loestrin 24 Fe
Minastrin 24 Fe
Quartette
Safyral

Other

Tier 2
Nuvaring

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Tier 3
Ortho Evra

**Progestin**

**Tier 1**
camila (Ortho Micronor)
errin (Ortho Micronor)
jolivette (Nor-QD)

**Triphasic**

**Tier 1**
aranelle (Tri-Norinyl)
enpresse (Enpresse)
leena (Tri-Norinyl)
necon 7/7/7 (Ortho-Novum 7/7/7)
nortrel 7/7/7 (Ortho-Novum 7/7/7)
tilia fe (Estrostep Fe)
tri-legen fe (Estrostep Fe)
trinessa (Ortho Tri-Cyclen)
tri-previfem (Ortho Tri-Cyclen)
tri-sprintec (Ortho Tri-Cyclen)
trivora (Trivora)
velivet (Cyclessa)

**Tier 3**
Ortho Tri-Cyclen Lo

**MENOPAUSAL SYMPTOMS/OSTEOPOROSIS**

**Estrogens-Systemic**

**Tier 1**
estradiol (Estrace)
estradiol transdermal (Climara)
estradiol valerate (Delestrogen)
estradiol/norethindrone acetate (Activella)
estropipate
jinteli (Jinteli)

**Tier 2**
Prefest
Vivelle-Dot

**Tier 3**
Alora
Angeliq
Cenestin
Climara Pro
CombiPatch
Divigel

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Elestrin
Enjuvia
Estrasorb
Estrogel
Evamist QL
Femhrt 0.5 mg/2.5 mcg
Femtrace
Menest
Menostar
Premarin
Premphase
Prempro

Estrogens-Vaginal

Tier 2
Estrace cream
Estring
Femring
Vagifem

Tier 3
Premarin cream

Other

Medical Benefit
Boniva IV PA
Prolia PA
Reclast PA
zoledronic acid (generic of Reclast) PA
zoledronic acid (generic of Zometa 4 mg/5 mL IV) PA
Zometa PA

Tier 1
alendronate (Fosamax=NC)
calcitonin-salmon spray (Miacalcin nasal)
ibandronate 150 mg
ibandronate 150 mg (Boniva 150 mg STPA)

Tier 2
Forteo SP PA
Miacalcin injection

Tier 3
Actonel STPA
Fortical

Progestins-Systemic

Tier 1
medroxyprogesterone acetate (Provera)
norethindrone acetate (Aygestin)

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progesterone, micronized (Prometrium)

**Progestins-Vaginal**

**Tier 2**
First-Progesterone VGS

**Tier 3**
Crinone
Endometrin

**Selective Estrogen Receptor Modulators**

**Tier 2**
Evista

**Tier 3**
Osphena

**PREMENSTRUAL DYSPHORIC DISORDER**

**Tier 1**
paroxetine HCl ext-rel (Paxil CR=NC)

**Tier 3**
Sarafem tablets  STPA

**VAGINAL INFECTIONS**

**Tier 1**
cloxacillin vaginal cream (Cleocin vaginal cream)
fluconazole (Diflucan)
metronidazole tablets (Flagyl)
metronidazole vaginal gel (MetroGel-Vaginal)
terconazole cream (Terazol Vaginal cream)
terconazole suppositories (Terazol 3 suppositories)
Vandazole

**Tier 3**
Cleocin vaginal suppositories
Clindesse

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