



OGB Pelican HSA 775 CDHP Blue Selections Rx Member Guide

2015

Please bring this guide with you to your next doctor's visit.



4-Tier

Your Guide to Your Prescription Drug Program

Pharmacy benefits can be complex and understanding your benefits will help you get the most from your health plan. Blue Cross and Blue Shield of Louisiana worked with Express Scripts*, our pharmacy benefits manager, to create this *OGB Pelican HSA 775 CDHP Blue Selections Rx Member Guide* to help you become familiar with your pharmacy benefits.

During the year, our Blue Cross Pharmacy and Therapeutics Committee — a group of Louisiana doctors and pharmacists — reviews literature about the safety, efficacy and cost of prescription drugs. Based on their advice, we may add drugs – new drugs and drugs already in the market - to our formulary during the year.

You and your doctor will always make the final decision for your healthcare needs. In order to help you both make the best decisions concerning your prescription drugs, you should share this *Guide* with your doctor at your next visit or before you fill your next prescription. That way, together you may choose the best drug for you while keeping your costs down.

Please talk to your doctor or pharmacist about any questions or concerns you may have about your drug therapy.

Please Note: Just because a drug is listed on a formulary (drug list) does not always mean your doctor will prescribe it to treat a particular medical or mental illness.

What do you need to know about the drugs you take?

Before you fill a prescription for any drug, you should ask these important questions:

- Do I need to try a generic before my plan will cover a brand-name drug for my condition?
- Does my doctor need to get a prior authorization before my plan will pay for my drug?
- Are there limits to how much of the medicine will be covered each time I fill a prescription?

You will find the answer to those questions in this *Guide*, as well as a list of the drugs your plan covers.

Note: This *Guide* is intended to include all drugs that your plan covers, as of the time the document was created. This list may be adjusted as changes occur in the marketplace.

This *Guide* may not apply to all benefit plans. Some benefit plans may have different coverage for specific drugs.

This *Guide* applies only to prescription drugs that participating pharmacies dispense on an outpatient basis.

See your member contract or certificate for pharmacy coverage for any exclusions and limitations that apply to you.

How are prescription drugs classified?

Your plan has 4-tiers of drugs that are covered:

Tier	Description of prescription drugs	
1	Generic drugs	A prescription drug that is a generic drug.
2	Preferred brand drugs	A prescription drug that is a brand-name drug.
3	Non-preferred brand drugs	A prescription drug that is a brand-name drug that may have a therapeutic alternative as a Tier 1 or Tier 2 drug.
4	Specialty drugs	High-cost brand-name or generic drugs that are identified as specialty drugs. These drugs cost the most.

Generally, you will pay the least out of pocket when you buy *generic drugs* — or drugs that are in Tier 1. You will pay the most out of pocket for *non-preferred brand drugs* — those in Tier 3 — and *specialty drugs* — those in Tier 4.

Important: If a generic equivalent exists or becomes available, but you continue to use a brand-name drug, you must pay the Preferred brand drug copayment, plus the difference in cost between the brand-name drug and its generic equivalent.

What does it mean when the Tier section shows \$0?

Certain drugs may be eligible for first-dollar (\$0) coverage. That means you do not pay out of pocket for them and you do not pay a deductible. Drugs in these programs are marked with a **\$0** under the tier column. Some rules apply, such as age, gender or frequency.

Broad categories of drugs that may be eligible for this coverage include:

- Some contraceptives (or birth control drugs) for women
- Some preventive drugs as recommended by the U.S. Preventive Services Task Force (USPSTF): For example, some bowel prep products when used with a wellness screening colonoscopy and some vitamin D products, for people who have an increased risk for falls may be covered.

How can you find information about your drugs?

We list drugs by name along with a page number in the index. Once you find the drug you take, you can learn more about it such as:

- If you must first try a generic before your plan will cover a brand-name drug for your condition
- If your doctor must get prior authorization before your plan will pay for the drug
- If your plan limits how much of the drug will be covered each time you fill a prescription

Here is what the drug list looks like:

Tier	Drug	Generic	Requirements/Limits
1	<i>generic</i>		[QPD, 30]
3	BRAND	<i>generic</i>	[PA] [ST]
	BRAND NAME drugs are in ALL CAPS. <i>generic drugs</i> are in lower case italics.	Shows you if a lower cost drug is available in another tier.	[PA] = Prior authorization [QPD] = Quantity per dispensing limits [ST] = Step therapy restrictions

What Requirements apply to my plan? What do the abbreviations in the Requirements or Limits column mean?

[PA]: Medications requiring prior authorization

We must authorize certain drugs before your plan will pay for them. After considering current medical literature, the Pharmacy and Therapeutics Committee sets up the criteria needed for the drugs to be authorized. Then, Express Scripts processes the prior authorization requests.

If you need prior authorization, have your doctor contact Express Scripts:

Call: 1-800-842-2015

Fax: 1-877-837-5922

For the physician fax form, go to: www.bcbsla.com/Providers/PharmacyManagement

[ST]: Medications requiring participation in the Step Therapy Program

In certain drug classes, you must first try a generic before your plan will cover a brand-name drug for your condition.

For example, if Drug A (a *generic*) and Drug B (a *brand-name*) both treat your medical condition, we may require that your doctor prescribe Drug A first. Then if Drug A does not work for you, we will cover a prescription for Drug B.

Based on your history, if you cannot tolerate Drug A or if your doctor requests that you try Drug B first, your doctor must first have authorization before your plan will pay for the medication. If you need a prior authorization, have your doctor contact Express Scripts:

Call: 1-800-842-2015

Fax: 1-877-837-5922

For the physician fax form, go to: www.bcbsla.com/Providers/PharmacyManagement

[QPD]: Medications that have Quantity Per Dispensing limitations

Covered prescriptions have a day-supply limit (typically up to a 30-day supply at a retail pharmacy and up to a 90-day supply for mail-order). Your plan also limits how much of certain drugs that can be filled at one time. We call this *Quantity Per Dispensing* (QPD) limitations.

QPD limits are additional to the day-supply limit. They are based on reasons like: what the drug company recommends for how much and how long you should take the drug, if you should take it with each episode or long term, what the FDA recommends or clinical studies, and as determined by Blue Cross. QPD limits or allowances are subject to quantity limits per day supply, per dispensing event or any combination of the two. See your member contract or certificate for the limits for your plan.

For a complete list of drugs and their QPD limits, go to: www.bcbsla.com/OGB.

Specialty Pharmacy Program restrictions on Tier 4 Drugs

Certain drugs are commonly called *specialty drugs*. Covered specialty drugs are in Tier 4 on this plan. Specialty drugs include biotechnology drugs or other drug products that may require special ordering, handling or customer service. Your policy may limit specialty drugs to the retail day supply listed in your plan (often a 31-day supply).

See your *Schedule of Benefits* for any restrictions that apply to you.

For more information and updates, go to: www.bcbsla.com/OGB or www.express-scripts.com.

*Express Scripts is an independent company that serves as the pharmacy benefit manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

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Drug Name	Tier	PA/ST/QPD/SP
Anti - Infectives		
Antifungal Agents		
<i>clotrimazole</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole 150mg</i>	1	QPD
<i>griseofulvin microsize</i>	1	
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>voriconazole</i>	1	QPD
Antivirals		
<i>abacavir</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
<i>acyclovir</i>	1	
<i>adefovir</i>	4	SP
<i>amantadine hcl</i>	1	
ATRIPLA	2	
BARACLUDE	4	SP
COMPLERA	2	
EDURANT	2	QPD
EMTRIVA	2	
EPZICOM	2	
<i>famciclovir</i>	1	QPD
HARVONI	4	PA; SP; QPD
INCIVEK	4	PA; SP; QPD
INTELENCE	2	
ISENTRESS	2	
KALETRA	2	
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA	2	
<i>nevirapine</i>	1	

PA = drug requires prior authorization. ST = drug has step therapy restrictions. QPD = drug has quantity per dispensing limits. SP = drug has specialty pharmacy program restrictions.

Drug Name	Tier	PA/ST/QPD/SP
NORVIR	2	
OLYSIO	4	PA; SP
PREZISTA	2	
REYATAZ	2	
<i>ribapak dose pack</i>	4	SP; QPD
<i>ribasphere</i>	4	SP; QPD
<i>ribavirin</i>	4	SP; QPD
SELZENTRY	2	
SOVALDI	4	PA; SP
STRIBILD	2	
SUSTIVA	2	
TAMIFLU	3	QPD
TIVICAY	2	
TRUVADA	2	
<i>valacyclovir</i>	1	QPD
VALCYTE	2	
VICTRELIS	4	PA; SP; QPD
VIRACEPT	2	
VIRAMUNE XR 100MG	2	
VIRAMUNE XR 400MG	3	
VIREAD	2	
<i>zidovudine</i>	1	
Cephalosporins		
CEDAX	3	
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefepodoxime</i>	1	
<i>cefprozil</i>	1	
CEFTIN	3	
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	

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Drug Name	Tier	PA/ST/QPD/SP
SUPRAX	3	
Erythromycins & Other Macrolides		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	QPD
E.E.S. GRANULES	3	
<i>ery-tab</i>	1	
ERYPED 200	3	
<i>erythromycin</i>	1	
Miscellaneous Antiinfectives		
ALBENZA	2	
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	
CAYSTON	4	SP
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
DAPSONE	2	
<i>ethambutol</i>	1	
<i>hydroxychloroquine</i>	1	
<i>isoniazid</i>	1	
<i>mefloquine</i>	1	
<i>metronidazole</i>	1	
<i>neomycin</i>	1	
<i>quinine sulfate</i>	1	
<i>rifampin</i>	1	
STROMEKTOL	2	
<i>tinidazole</i>	1	
<i>tobramycin (nebulized soln)</i>	4	SP; QPD
XIFAXAN	3	
ZYVOX	3	QPD
Penicillins		

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Drug Name	Tier	PA/ST/QPD/SP
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>dicloxacillin</i>	1	
<i>penicillin v potassium</i>	1	
Quinolones		
AVELOX/ABC PACK	3	
<i>ciprofloxacin hcl</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
Sulfa's & Related Agents		
<i>sulfamethoxazole-trimethoprim</i>	1	
Tetracyclines		
DORYX	3	ST
<i>doxycycline hyclate</i>	1	
<i>minocycline</i>	1	
ORACEA	3	ST
SOLODYN	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN	3	ST
Urinary Tract Agents		
MACRODANTIN	3	
<i>methenamine</i>	1	
MONUROL	3	
<i>nitrofurantoin</i>	1	
<i>trimethoprim</i>	1	
Vancomycin		
<i>vancomycin</i>	1	
Antineoplastic & Immunosuppressant Drugs		
Adjunctive Agents		
<i>leucovorin calcium</i>	4	SP

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Drug Name	Tier	PA/ST/QPD/SP
Antineoplastic & Immunosuppressant Drugs		
AFINITOR	4	SP; QPD
<i>anastrozole</i>	1	
<i>azathioprine</i>	1	
<i>bicalutamide</i>	1	
<i>capecitabine</i>	4	SP
CELLCEPT	2	
<i>cyclophosphamide</i>	1	
<i>cyclosporine</i>	1	
<i>exemestane</i>	1	
<i>flutamide</i>	1	
<i>gengraf</i>	1	
GLEEVEC	4	SP
<i>hydroxyurea</i>	1	
IMBRUVICA	4	SP
<i>letrozole</i>	1	
MEGACE ES	3	
<i>megestrol</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>mycophenolate</i>	1	
NEORAL	2	
NEXAVAR	4	SP
RAPAMUNE	3	
REVLIMID	4	SP; QPD
SIGNIFOR	4	PA; SP; QPD
SOLTAMOX	3	
SPRYCEL	4	SP; QPD
<i>tacrolimus</i>	1	
<i>tamoxifen</i>	\$0	
TARCEVA	4	SP
TASIGNA	4	SP; QPD

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Drug Name	Tier	PA/ST/QPD/SP
<i>temozolomide</i>	4	SP
VOTRIENT	4	SP
XELODA	4	SP
XTANDI	4	SP; QPD
ZYTIGA	4	SP; QPD

Autonomic & Cns Drugs, Neurology & Psych

Anticonvulsants

BANZEL	2	
<i>carbamazepine</i>	1	
<i>clonazepam</i>	1	
<i>diazepam</i>	1	
DILANTIN	2	
<i>divalproex</i>	1	
<i>epitol</i>	1	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
<i>gabapentin</i>	1	
GRALISE	3	QPD
LAMICTAL ODT	3	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
LYRICA	3	
ONFI	2	
<i>oxcarbazepine</i>	1	
<i>phenobarbital</i>	1	
<i>phenytoin</i>	1	
POTIGA	3	QPD
<i>primidone</i>	1	
SABRIL	4	PA; SP; QPD
TEGRETOL XR	2	
<i>tiagabine</i>	1	

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Drug Name	Tier	PA/ST/QPD/SP
<i>topiramate</i>	1	
TROKENDI XR	3	
<i>valproic acid</i>	1	
VIMPAT	3	
<i>zonisamide</i>	1	
Antiparkinsonism Agents		
AZILECT	2	
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
MIRAPEX ER	3	
NEUPRO	3	QPD
<i>pramipexole</i>	1	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	1	QPD
<i>selegiline hcl</i>	1	
<i>trihexyphenidyl</i>	1	
Migraine & Cluster Headache Therapy		
AXERT	3	ST; QPD
FROVA	3	ST; QPD
<i>isometh-dichloral-acetaminophn</i>	1	
<i>naratriptan</i>	1	QPD
RELPAK	3	ST; QPD
<i>rizatriptan</i>	1	QPD
<i>sumatriptan</i>	1	QPD
<i>sumatriptan succinate</i>	1	QPD
SUMAVEL DOSEPRO	3	ST; QPD
TREXIMET	3	ST; QPD
<i>zolmitriptan</i>	1	QPD

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Drug Name	Tier	PA/ST/QPD/SP
ZOMIG NASAL SPRAY	2	ST; QPD
Miscellaneous Neurological Therapy		
AMPYRA	4	PA; SP; QPD
AUBAGIO	4	SP; QPD
COPAXONE	4	SP; QPD
<i>donepezil</i>	1	QPD
EXELON	2	QPD
<i>galantamine</i>	1	QPD
GILENYA	4	SP; QPD
HORIZANT	3	QPD
NAMENDA ORAL SOLUTION	3	
NAMENDA ORAL TABLET	2	
NAMENDA TITRATION PAK	2	QPD
NAMENDA XR	2	
NUEDEXTA	2	QPD
<i>rivastigmine tartrate</i>	1	QPD
TECFIDERA	4	SP; QPD
XENAZINE	4	PA; SP
Muscle Relaxants & Antispasmodic Therapy		
AMRIX	3	
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	QPD
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
<i>dantrolene</i>	1	
MESTINON TIMESPAN	2	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>tizanidine</i>	1	

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Drug Name	Tier	PA/ST/QPD/SP
Narcotic Analgesics		
ABSTRAL	3	PA; QPD
<i>acetaminophen-codeine</i>	1	
<i>ascomp with codeine</i>	1	
BUPAP	3	
<i>buprenorphine hcl</i>	1	
<i>butalbital compound w/codeine</i>	1	
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
BUTRANS	3	QPD
<i>codeine sulfate</i>	1	
<i>endocet</i>	1	
<i>fentanyl citrate</i>	1	PA; QPD
<i>fentanyl patches</i>	1	
FENTORA	3	PA; QPD
<i>hydrocodone-acetaminophen</i>	1	
<i>hydrocodone-ibuprofen</i>	1	
<i>hydromorphone</i>	1	
LAZANDA	3	PA; QPD
LORTAB ELIXIR	3	
<i>meperidine</i>	1	
<i>methadone</i>	1	
<i>morphine oral capsule/solution/tablet/tablet er</i>	1	
NUCYNTA	3	ST
NUCYNTA ER	3	ST; QPD
ONSOLIS	3	PA; QPD
OPANA ER	2	ST; QPD
<i>oxycodone oral tablet extended release</i>	1	QPD
<i>oxycodone-acetaminophen</i>	1	
<i>oxycodone-aspirin</i>	1	

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Drug Name	Tier	PA/ST/QPD/SP
OXYCONTIN	3	ST; QPD
<i>oxymorphone oral tablet extended release</i>	1	QPD
<i>reprexain</i>	1	
ROXICET	3	
SUBSYS	3	PA; QPD
<i>vicodin/es/hp</i>	1	
<i>zamicet</i>	1	
Non-Narcotic Analgesics		
<i>aspirin</i>	\$0	
<i>aspirin e.c.</i>	\$0	
<i>aspir-low</i>	\$0	
<i>bufferin</i>	\$0	
BUNAVAIL	3	PA
<i>buprenorphine-naloxone</i>	1	PA
<i>butorphanol tartrate</i>	1	QPD
CAMBIA	3	ST; QPD
CELEBREX	3	ST; QPD
<i>diclofenac</i>	1	
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
DUEXIS	3	ST; QPD
<i>ecotrin</i>	\$0	
<i>eceprin</i>	\$0	
<i>etodolac</i>	1	
FLECTOR	3	ST; QPD
<i>flurbiprofen</i>	1	
<i>halfprin</i>	\$0	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>ketorolac</i>	1	QPD
<i>low dose aspirin</i>	\$0	

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Drug Name	Tier	PA/ST/QPD/SP
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	QPD
<i>nabumetone</i>	1	
<i>naltrexone</i>	1	
NAPRELAN CR	3	ST
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
PENNSAID	3	ST; QPD
<i>pentazocine-naloxone</i>	1	
<i>piroxicam</i>	1	
<i>salsalate</i>	1	
SPRIX	3	ST; QPD
<i>st. joseph aspirin</i>	\$0	
SUBOXONE	2	PA
<i>sulindac</i>	1	
<i>tramadol</i>	1	
<i>tramadol-acetaminophen</i>	1	
VIMOVO	3	ST; QPD
VOLTAREN GEL	3	ST
ZIPSOR	3	ST
ZORVOLEX	3	ST
ZUBSOLV	3	PA

Psychotherapeutic Drugs

ABILIFY/DISCMELT	2	QPD
<i>alprazolam</i>	1	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amphetamine salt combo</i>	1	
BRINTELLIX	3	ST
BRISDELLE	3	QPD
<i>bupropion hcl oral tablet</i>	1	

PA = drug requires prior authorization. ST = drug has step therapy restrictions. QPD = drug has quantity per dispensing limits. SP = drug has specialty pharmacy program restrictions.

Drug Name	Tier	PA/ST/QPD/SP
<i>bupropion hcl oral tablet extended release</i>	1	QPD
<i>buspirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram</i>	1	QPD
<i>clomipramine</i>	1	
<i>clonidine hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
DAYTRANA	3	QPD
<i>desipramine</i>	1	
DESVENLAFAXINE ER	3	ST
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam</i>	1	
<i>doxepin</i>	1	
<i>duloxetine</i>	1	QPD
EDLUAR	3	ST; QPD
<i>escitalopram oxalate</i>	1	QPD
<i>estazolam</i>	1	QPD
<i>eszopiclone</i>	1	
FETZIMA	3	ST
<i>fluoxetine oral capsule/tablet 10 mg, 20mg</i>	1	QPD
FLUOXETINE ORAL TABLET 60 MG	2	ST; QPD
<i>fluphenazine</i>	1	
<i>flurazepam</i>	1	QPD
<i>fluvoxamine</i>	1	QPD
FOCALIN XR	2	
<i>haloperidol</i>	1	
HETLIOZ	4	PA; QPD; SP
<i>imipramine hcl</i>	1	

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Drug Name	Tier	PA/ST/QPD/SP
INTERMEZZO	3	ST; QPD
INTUNIV ER	3	QPD
INVEGA	3	QPD
KAPVAY	3	
LATUDA	2	QPD
<i>lithium carbonate</i>	1	
<i>lorazepam</i>	1	
<i>loxapine succinate</i>	1	
<i>methylphenidate</i>	1	
<i>mirtazapine</i>	1	QPD
<i>modafinil</i>	1	PA
<i>nefazodone</i>	1	
<i>nortriptyline</i>	1	
NUVIGIL	3	PA; QPD
<i>olanzapine</i>	1	QPD
<i>olanzapine-fluoxetine</i>	1	
ORAP	2	
<i>oxazepam</i>	1	
<i>paroxetine hcl</i>	1	QPD
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine</i>	1	
PRISTIQ	3	ST; QPD
<i>protriptyline</i>	1	
<i>quetiapine 25 mg, 50 mg, 100 mg</i>	1	PA; QPD
<i>quetiapine 200 mg, 300 mg, 400 mg</i>	1	PA; QPD
QUILLIVANT XR	3	QPD
RISPERDAL CONSTA	3	
<i>risperidone</i>	1	
RITALIN LA	3	
ROZEREM	3	ST; QPD
SAPHRIS	3	QPD

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Drug Name	Tier	PA/ST/QPD/SP
SEROQUEL XR	2	QPD
<i>sertraline</i>	1	QPD
SILENOR	3	ST; QPD
STRATTERA	3	
<i>temazepam</i>	1	QPD
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranlycypromine</i>	1	
<i>trazodone</i>	1	
<i>triazolam</i>	1	QPD
<i>trifluoperazine</i>	1	
<i>venlafaxine</i>	1	QPD
VIIBRYD	3	ST; QPD
VYVANSE	2	QPD
XYREM	4	SP
<i>zaleplon</i>	1	QPD
<i>ziprasidone hcl</i>	1	QPD
<i>zolpidem</i>	1	QPD

Cardiovascular, Hypertension & Lipids

Antiarrhythmic Agents

<i>amiodarone</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
<i>pacerone</i>	1	
<i>propafenone</i>	1	
<i>sotalol</i>	1	
TIKOSYN	3	

Antihypertensive Therapy

<i>acebutolol</i>	1	
<i>afeditab cr</i>	1	

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Drug Name	Tier	PA/ST/QPD/SP
<i>amiloride, -hctz</i>	1	
<i>amlodipine, -benazepril</i>	1	
AMTURNIDE	3	ST; QPD
<i>atenolol, -chlorthalidone</i>	1	QPD
AZOR	2	ST
<i>benazepril</i>	1	QPD
<i>benazepril -hctz</i>	1	
BENICAR	2	ST; QPD
BENICAR HCT	2	ST
<i>betaxolol</i>	1	
BIDIL	3	
<i>bisoprolol, -hctz</i>	1	
<i>bumetanide</i>	1	
BYSTOLIC	3	ST
<i>candesartan</i>	1	QPD
<i>candesartan hctz</i>	1	
<i>captopril</i>	1	QPD
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>clonidine patch</i>	1	QPD
<i>clonidine hcl</i>	1	
COREG CR	3	ST
<i>diltiazem</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	QPD
DYRENIUM	3	
EDARBI	3	ST; QPD
EDARBYCLOR	3	ST; QPD
EDECIN	2	
<i>enalapril maleate</i>	1	QPD

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Drug Name	Tier	PA/ST/QPD/SP
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
EXFORGE	3	ST; QPD
EXFORGE HCT	3	ST; QPD
<i>felodipine</i>	1	
<i>fosinopril</i>	1	QPD
<i>fosinopril hctz</i>	1	
<i>furosemide</i>	1	QPD
<i>guanfacine</i>	1	
<i>hydralazine</i>	1	
<i>hydrochlorothiazide (hctz)</i>	1	QPD
<i>indapamide</i>	1	
<i>irbesartan</i>	1	QPD
<i>irbesartan hctz</i>	1	
<i>labetalol</i>	1	
<i>lisinopril, -hctz</i>	1	QPD
<i>losartan</i>	1	QPD
<i>losartan hctz</i>	1	
<i>matzim la</i>	1	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol-hctz</i>	1	
<i>metoprolol tartrate</i>	1	QPD
<i>minoxidil</i>	1	
<i>moexipril,</i>	1	QPD
<i>moexipril-hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	1	
<i>nisoldipine</i>	1	
<i>perindopril erbumine</i>	1	QPD

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Drug Name	Tier	PA/ST/QPD/SP
<i>pindolol</i>	1	
<i>prazosin</i>	1	QPD
<i>propranolol</i>	1	
<i>quinapril</i>	1	QPD
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	QPD
<i>spironolactone, -hctz</i>	1	
TARKA	3	ST
<i>taztia xt</i>	1	
TEKAMLO	3	ST; QPD
TEKTURNA	3	ST; QPD
TEKTURNA HCT	3	ST
<i>telmisartan</i>	1	QPD
<i>telmisartan hctz</i>	1	
<i>terazosin</i>	1	QPD
<i>timolol maleate</i>	1	
<i>torseamide</i>	1	
<i>trandolapril</i>	1	QPD
<i>triamterene-hydrochlorothiazide</i>	1	QPD
TRIBENZOR	2	ST; QPD
<i>valsartan</i>	1	QPD
<i>valsartan-hydrochlorothiazide</i>	1	
<i>verapamil</i>	1	
Cardiac Glycosides		
<i>digox</i>	1	
<i>digoxin</i>	1	
LANOXIN	2	
Coagulation Therapy		
AGGRENOX	2	QPD
BRILINTA	2	QPD
<i>cilostazol</i>	1	QPD

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Drug Name	Tier	PA/ST/QPD/SP
<i>clopidogrel</i>	1	QPD
<i>dipyridamole</i>	1	
EFFIENT	2	QPD
ELIQUIS	2	QPD
<i>enoxaparin</i>	1	
<i>fondaparinux</i>	1	
FRAGMIN	3	
<i>jantoven</i>	1	
MEPHYTON	3	
<i>pentoxifylline</i>	1	
PRADAXA	2	QPD
<i>ticlopidine</i>	1	QPD
<i>warfarin</i>	1	
XARELTO	2	QPD
Lipid/Cholesterol Lowering Agents		
ADVICOR	3	ST; QPD
<i>amlodipine-atorvastatin</i>	1	QPD
<i>atorvastatin</i>	1	QPD
CRESTOR	2	QPD
<i>fenofibrate</i>	1	
<i>fluvastatin</i>	1	QPD
<i>gemfibrozil</i>	1	
JUXTAPID	4	PA; SP; QPD
KYNAMRO	4	PA; SP; QPD
LESCOL XL	3	ST; QPD
LIPOFEN	3	
LIPTRUZET	3	ST; QPD
LIVALO	3	ST; QPD
<i>lovastatin</i>	1	QPD
LOVAZA	3	PA
<i>niacin</i>	1	
<i>omega-3 acid ethyl esters</i>	1	PA

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Drug Name	Tier	PA/ST/QPD/SP
<i>pravastatin</i>	1	QPD
SIMCOR	3	ST; QPD
<i>simvastatin</i>	1	QPD
VASCEPA	3	PA; QPD
VYTORIN	3	ST; QPD
WELCHOL	2	
ZETIA	2	QPD
Miscellaneous Cardiovascular Agents		
RANEXA	3	
Nitrates		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin</i>	1	
NITROSTAT	3	
Dermatologicals/Topical Therapy		
Antipsoriatic / Antiseborrheic		
<i>acitretin</i>	1	
<i>calcipotriene</i>	1	
<i>calcipotriene-betamethasone</i>	1	
PRAMOSONE/E	3	ST
<i>selenium sulfide</i>	1	
SORILUX	3	
STELARA	4	PA; SP; QPD
<i>sulfacetamide sodium</i>	1	
TACLONEX	3	
Burn Therapy		
<i>silver sulfadiazine</i>	1	
Keratolytics		
<i>salicylic acid</i>	1	
Miscellaneous Dermatologicals		

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Drug Name	Tier	PA/ST/QPD/SP
<i>ammonium lactate</i>	1	
CARAC	2	
CONDYLOX	2	
<i>diclofenac sodium</i>	1	
ELIDEL	3	
<i>fluorouracil</i>	1	
<i>hypercare</i>	1	
<i>imiquimod</i>	1	
PICATO	3	
<i>podofilox</i>	1	
PROMISEB	3	
PROTOPIC	3	
VEREGEN	3	QPD
<i>x-viate</i>	1	
ZYCLARA	3	QPD

Therapy For Acne

ABSORICA	3	ST
ACANYA	2	ST
ACZONE	3	ST
<i>adapalene</i>	1	
<i>amnesteem</i>	1	
AZELEX	2	ST
BENZAACLIN PUMP	3	ST
<i>claravis</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
DIFFERIN	2	
EPIDUO	2	ST
<i>ery pads</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
FINACEA	2	
FINACEA PLUS	3	

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Drug Name	Tier	PA/ST/QPD/SP
<i>metronidazole</i>	1	
MIRVASO	3	
<i>myorisan</i>	1	
<i>sulfacetamide sod-sulfur-urea</i>	1	
<i>sulfacetamide sodium-sulfur</i>	1	
TAZORAC	3	
VELTIN	3	PA; ST
<i>zenatane</i>	1	
Topical Anesthetics		
<i>lidocaine topical adhesive patch, medicated</i>	1	PA
<i>lidocaine topical ointment</i>	1	
<i>lidocaine hcl/viscous</i>	1	
<i>lidocaine-prilocaine</i>	1	
Topical Antibacterials		
ALTABAX	3	
<i>gentamicin</i>	1	
<i>iodoquinol-hc</i>	1	
<i>mupirocin</i>	1	
Topical Antifungals		
<i>clotrimazole</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>econazole</i>	1	
ERTACZO	3	
EXELDERM	3	
<i>ketoconazole</i>	1	
NAFTIN	3	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
OXISTAT	3	

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Drug Name	Tier	PA/ST/QPD/SP
Topical Antivirals		
<i>acyclovir</i>	1	
DENAVIR	2	
XERESE	2	
ZOVIRAX	3	
Topical Corticosteroids		
<i>alclometasone</i>	1	
<i>betamethasone/dipropionate/valerate</i>	1	
<i>clobetasol</i>	1	
<i>clobetasol-emollient</i>	1	
CLOBEX	3	ST
CORDRAN	2	ST
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>diflorasone</i>	1	
<i>fluocinolone</i>	1	
<i>fluocinonide</i>	1	
<i>fluticasone</i>	1	
<i>halobetasol propionate</i>	1	
HALOG	3	ST
<i>hydrocortisone/butyrate/valerate</i>	1	
KENALOG	3	ST
LOCOID	3	ST
<i>mometasone</i>	1	
TOPICORT	3	ST
<i>triamcinolone acetonide</i>	1	
ULTRAVATE PAC	3	ST
Topical Enzymes		
SANTYL	3	
Topical Scabicides / Pediculicides		
EURAX	2	

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Drug Name	Tier	PA/ST/QPD/SP
<i>malathion</i>	1	
<i>permethrin</i>	1	
<i>spinosad</i>	1	QPD
Diagnosics & Miscellaneous Agents		
Miscellaneous Agents		
<i>acamprosate</i>	1	
<i>anagrelide</i>	1	
<i>buproban</i>	\$0	
<i>cevimeline</i>	1	
CHANTIX	\$0	
<i>disulfiram</i>	1	
EXJADE	4	SP
FOSRENOL	2	
INCRELEX	4	PA; SP
<i>kionex</i>	1	
<i>levocarnitine</i>	1	
<i>midodrine</i>	1	
NICODERM CQ	\$0	
<i>nicorelief</i>	\$0	
NICORETTE	\$0	
<i>nicotine</i>	\$0	
<i>nicotine gum</i>	\$0	
NICOTROL	\$0	
NICOTROL NS	\$0	
<i>pilocarpine hcl</i>	1	
RENAGEL	2	
RENVELA	2	
<i>riluzole</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sodium chloride</i>	1	
<i>sodium polystyrene sulfonate</i>	1	

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Drug Name	Tier	PA/ST/QPD/SP
<i>thrive nicotine</i>	\$0	
ZYBAN	\$0	
Ear, Nose & Throat Medications		
<i>azelastine</i>	1	QPD
BACTROBAN NASAL	2	
<i>ipratropium bromide</i>	1	
PATANASE	3	ST; QPD
<i>triamcinolone acetonide</i>	1	QPD
Miscellaneous Otic Preparations		
<i>acetic acid</i>	1	
<i>antipyrine-benzocaine</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin</i>	1	
Otic Steroid / Antibiotic		
CIPRO HC	3	
CIPRODEX	2	
<i>neomycin-polymyxin-hc</i>	1	
Endocrine/Diabetes		
Adrenal Hormones		
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>fludrocortisone</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	
ORAPRED ODT	3	
<i>prednisolone</i>	1	
<i>prednisone</i>	1	
RAYOS	3	
<i>veripred 20</i>	1	

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Drug Name	Tier	PA/ST/QPD/SP
Antithyroid Agents		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
Diabetes, Supplies, & Durable Medical Equipment		
<i>acarbose</i>	1	
ACCU-CHEK TEST STRIPS	2	
ACTOPLUS MET XR	2	ST; QPD
APIDRA/SOLOSTAR	3	
BREEZE 2 TEST STRIPS	2	
BYDUREON	2	PA; QPD
BYETTA	2	PA; QPD
CONTOUR TEST STRIPS	2	
CYCLOSET	3	ST
FARXIGA	3	ST; QPD
FREESTYLE TEST STRIPS	3	PA
<i>glimepiride</i>	1	
<i>glipizide</i>	1	QPD
<i>glipizide-metformin</i>	1	QPD
GLUMETZA	3	ST
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	QPD
HUMALOG/KWIKPEN/MIX	2	
HUMULIN KWIKPEN/N/R/ 70/30 MIX	2	
HUMULIN R U-500 "CONCENTRATED"	2	
INVOKANA	2	ST; QPD
JANUMET/XR	2	ST; QPD
JANUVIA	2	ST; QPD
JENTADUETO	3	ST; QPD
KAZANO	3	ST; QPD
KOMBIGLYZE XR	2	ST; QPD

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Drug Name	Tier	PA/ST/QPD/SP
LANTUS/SOLOSTAR	2	
LEVEMIR/FLEXPEN/FLEXTOUCH	2	
<i>metformin</i>	1	QPD
<i>nateglinide</i>	1	
NESINA	3	ST; QPD
NOVOLIN N/R/ 70/30 MIX	2	
NOVOLOG FLEXPEN/ 70/30 MIX	2	
ONE TOUCH ULTRA TEST STRIP	3	PA
ONE TOUCH VERIO TEST STRIP	3	PA
ONGLYZA	2	ST; QPD
OSENI	3	ST; QPD
<i>pioglitazone</i>	1	QPD
<i>pioglitazone-metformin</i>	1	QPD
PRECISION XTRA TEST STRIP	3	PA
PRODIGY INSULIN SYRINGE	2	
PRODIGY NO CODING TEST STRIP	3	PA
PRODIGY PEN NEEDLE	2	
<i>repaglinide</i>	1	
RIOMET	3	ST; QPD
SYMLINPEN	3	QPD
TRADJENTA	3	ST; QPD
TRUETEST TEST STRIP	3	PA
TRUETRACK TEST STRIP	3	PA
VICTOZA	2	PA; QPD
Miscellaneous Hormones		
ANDRODERM	3	PA; QPD
ANDROGEL	2	PA; QPD
AXIRON	2	PA; QPD
<i>cabergoline</i>	1	
<i>calcitonin (salmon)</i>	1	QPD
<i>calcitriol</i>	1	
DEPO-TESTOSTERONE	3	

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Drug Name	Tier	PA/ST/QPD/SP
<i>desmopressin nasal</i>	1	
<i>desmopressin oral</i>	1	
FORTESTA	3	PA; QPD
<i>fortical</i>	1	QPD
KORLYM	4	PA; SP; QPD
KUVAN	4	PA; SP
<i>paricalcitol</i>	1	
SENSIPAR	3	
STRIANT	3	PA; QPD
TESTIM	2	PA; QPD
TESTOSTERONE	3	PA; QPD
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
VOGELXO	3	PA; QPD
Thyroid Hormones		
ARMOUR THYROID	3	
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine</i>	1	
SYNTHROID	2	
<i>unithroid</i>	1	
Gastroenterology		
Antidiarrheals & Antispasmodics		
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine</i>	1	
<i>diphenoxylate-atropine</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>loperamide</i>	1	
<i>methscopolamine</i>	1	
<i>opium tincture</i>	1	

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Drug Name	Tier	PA/ST/QPD/SP
Miscellaneous Gastrointestinal Agents		
<i>alophen pills</i>	\$0	
ALOXI	3	
AMITIZA	2	QPD
<i>anucort-hc</i>	1	
APRISO	3	
ASACOL/HD	2	
<i>balsalazide</i>	1	
<i>bisacodyl</i>	\$0	
<i>budesonide</i>	1	
CANASA	2	
CIMZIA	4	PA; SP; QPD
<i>citroma</i>	\$0	
<i>clearlax</i>	\$0	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTIFOAM	2	
CREON	2	
<i>cromolyn</i>	1	
DELZICOL	2	
DICLEGIS	3	
<i>dronabinol</i>	1	
EMEND	2	QPD
<i>enulose</i>	1	
GATTEX ONE-VIAL	4	PA; SP
<i>gavilax</i>	\$0	
<i>gavilyte</i>	\$0	
<i>generlac</i>	1	
<i>gentlelax</i>	\$0	
<i>glycolax</i>	\$0	
<i>granisetron hcl</i>	1	QPD
<i>healthylax</i>	\$0	

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Drug Name	Tier	PA/ST/QPD/SP
<i>hydrocortisone</i>	1	
KRISTALOSE	3	
<i>lactulose</i>	1	
LIALDA	2	
LINZESS	2	QPD
<i>magnesium citrate</i>	\$0	
<i>meclizine</i>	1	
<i>mesalamine</i>	1	
<i>metoclopramide hcl</i>	1	
<i>milk of magnesia</i>	\$0	
<i>miralax</i>	\$0	
<i>ondansetron</i>	1	QPD
PANCREAZE	3	
<i>pancrelipase 5000</i>	1	
<i>peg 3350-electrolytes</i>	\$0	
<i>peg-3350 with flavor packs</i>	\$0	
<i>peg-electrolyte soln</i>	\$0	
PENTASA	2	
<i>polyethylene glycol 3350</i>	\$0	
<i>prochlorperazine</i>	1	
PROCTOFOAM HC	2	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
RECTIV	3	
RELISTOR	4	SP; QPD
SANCUSO	3	QPD
<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
SUPREP	2	
TRANSDERM-SCOP	2	
<i>trilyte with flavor packets</i>	\$0	
<i>trimethobenzamide</i>	1	

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Drug Name	Tier	PA/ST/QPD/SP
UCERIS	3	
ULTRESA	3	
<i>ursodiol</i>	1	
ZENPEP	2	
Ulcer Therapy		
<i>amoxicil-clarithromy-lansopraz</i>	1	
<i>carafate</i>	1	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
DEXILANT	3	ST; QPD
<i>famotidine</i>	1	
FIRST-LANSOPRAZOLE	3	ST; QPD
FIRST-OMEPRAZOLE	3	ST; QPD
<i>lansoprazole</i>	1	QPD
<i>misoprostol</i>	1	
NEXIUM	2	QPD
<i>nizatidine</i>	1	
OMECLAMOX-PAK	3	
<i>omeprazole</i>	1	QPD
<i>pantoprazole</i>	1	QPD
PREVACID	3	ST; QPD
PROTONIX	3	ST; QPD
PYLERA	2	
<i>rabeprazole</i>	1	QPD
<i>ranitidine hcl</i>	1	QPD
<i>sucralfate</i>	1	
Immunology, Vaccines & Biotechnology		
Biotechnology Drugs		
ACTIMMUNE	4	PA; SP
AVONEX	4	SP; QPD
BETASERON	4	SP; QPD

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Drug Name	Tier	PA/ST/QPD/SP
EXTAVIA	4	SP; QPD
GENOTROPIN/MINIQUICK	4	PA; SP
HUMATROPE	4	PA; SP
NORDITROPIN FLEXPRO/NORDIFLEX	4	PA; SP
NUTROPIN/AQ/NUSPIN	4	PA; SP
OMNITROPE	4	PA; SP
PEGASYS/PROCLICK	4	PA; SP; QPD
PEGINTRON	4	PA; SP; QPD
REBIF/REBIDOSE	4	SP; QPD
SAIZEN	4	PA; SP
SEROSTIM	4	PA; SP
TEV-TROPIN	4	PA; SP
ZORBTIVE	4	PA; SP

Vaccines & Miscellaneous Immunologicals

ADACEL	\$0	
AFLURIA	\$0	
BOOSTRIX	\$0	
CERVARIX	\$0	
COMVAX	\$0	
DAPTACEL	\$0	
DECAVAC	\$0	
DIPHTHERIA/TETANUS TOXOIDS	\$0	
DIPHTHERIA-TETANUS TOXOIDS-PED	\$0	
ENGERIX-B	\$0	
FLUARIX	\$0	
FLUARIX QUAD 2013-2014	\$0	
FLUBLOK 2013-2014	\$0	
FLUCELVAX	\$0	
FLULAVAL	\$0	
FLULAVAL QUAD 2013-2014	\$0	
FLUMIST	\$0	
FLUVIRIN	\$0	

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Drug Name	Tier	PA/ST/QPD/SP
FLUVIRIN 2011-2012	\$0	
FLUZONE	\$0	
FLUZONE HIGH-DOSE	\$0	
FLUZONE INTRADERMAL 2013-2014	\$0	
FLUZONE PEDI 2013-2014	\$0	
FLUZONE QUAD 2013-2014	\$0	
FLUZONE QUAD PEDI 2013-2014	\$0	
GARDASIL	\$0	
HAVRIX	\$0	
HIBERIX	\$0	
INFANRIX	\$0	
INFLUENZA A (H1N1) 2009	\$0	
IPOL	\$0	
KINRIX	\$0	
MENACTRA	\$0	
MENOMUNE-A-C-Y-W-135	\$0	
MENVEO A-C-Y-W-135-DIP	\$0	
M-M-R II VACCINE W/DILUENT	\$0	
GRASTEK	3	PA
ORALAIR	3	PA
PEDIARIX	\$0	
PEDVAXHIB	\$0	
PENTACEL	\$0	
PHYSICIAN EZ USE FLU 2012-2013	\$0	
PNEUMOVAX 23	\$0	
PREVNAR 13	\$0	
PROQUAD	\$0	
RAGWITEK	3	PA
RECOMBIVAX HB	\$0	
ROTARIX	\$0	
ROTATEQ	\$0	
SINGLE USE EZ FLU 2013-2014	\$0	

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Drug Name	Tier	PA/ST/QPD/SP
SINGLE USE EZ FLU 2014-2015	\$0	
TENIVAC	\$0	
TETANUS DIPHTHERIA TOXOIDS	\$0	
<i>tetanus toxoid</i>	\$0	
TRIHIBIT	\$0	
TRIPEDIA	\$0	
TWINRIX	\$0	
VAQTA	\$0	
VARIVAX VACCINE	\$0	
ZOSTAVAX	\$0	

Musculoskeletal & Rheumatology

Gout Therapy

<i>allopurinol</i>	1	
<i>colchicine-probenecid</i>	1	
COLCRYS	2	
<i>probenecid</i>	1	
ULORIC	2	QPD

Osteoporosis Therapy

ACTONEL	3	ST; QPD
<i>alendronate</i>	1	QPD
AELVIA	3	ST; QPD
FORTEO	4	PA; SP; QPD
FOSAMAX PLUS D	2	ST; QPD
<i>ibandronate</i>	1	QPD
<i>raloxifene</i>	1	QPD
<i>risedronate</i>	1	QPD

Other Rheumatologicals

ACTEMRA SUBCUTANEOUS	4	PA; SP
ENBREL	4	PA; SP; QPD
HUMIRA	4	PA; SP; QPD
<i>leflunomide</i>	1	QPD

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Drug Name	Tier	PA/ST/QPD/SP
ORENCIA SUBCUTANEOUS	4	PA; SP; QPD
OTEZLA	4	PA; SP; QPD
SAVELLA	3	QPD
SIMPONI	4	PA; SP; QPD
XELJANZ	4	PA; SP; QPD
Obstetrics & Gynecology		
Estrogens & Progestins		
ANGELIQ	3	
<i>camila</i>	\$0	
CENESTIN	3	
CLIMARA PRO	2	QPD
COMBIPATCH	3	QPD
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
<i>deblitane</i>	1	
DEPO-ESTRADIOL	3	
DIVIGEL	2	QPD
<i>eemt</i>	1	
ELESTRIN	2	QPD
ENJUVIA	3	
<i>errin</i>	\$0	
ESTRACE	2	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QPD
<i>estradiol valerate</i>	1	
ESTRING	2	QPD
ESTROGEL	2	QPD
<i>estrogens-methyltestosterone</i>	1	
<i>estropipate</i>	1	
EVAMIST	2	QPD
FEMHRT LOW DOSE	3	

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Drug Name	Tier	PA/ST/QPD/SP
FEMRING	3	QPD
<i>heather</i>	\$0	
<i>jencycla</i>	\$0	
<i>jinteli</i>	1	
<i>jolivette</i>	\$0	
<i>lyza</i>	\$0	
MAKENA	4	PA; SP; QPD
<i>medroxyprogesterone tablet</i>	1	
MENEST	3	
<i>mimvey</i>	1	
MINIVELLE	3	QPD
<i>nora-be</i>	\$0	
<i>norethindrone (contraceptive)</i>	\$0	
<i>norlyroc</i>	1	
<i>ortho micronor</i>	\$0	
PREMARIN ORAL	2	QPD
PREMARIN VAGINAL	2	
PREMPHASE	2	QPD
PREMPRO	2	QPD
<i>progesterone micronized</i>	1	
<i>sharobel</i>	1	
VAGIFEM	2	
VIVELLE-DOT	3	QPD
Miscellaneous Ob/Gyn		
CLEOCIN	3	
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	
<i>metronidazole</i>	1	
NUVARING	3	QPD
ORTHO-DIAPHRAGM	\$0	
<i>terconazole</i>	1	
<i>vandazole</i>	1	

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Drug Name	Tier	PA/ST/QPD/SP
VCF	\$0	
WIDE SEAL DIAPHRAGM	\$0	
<i>xulane</i>	1	
Oral Contraceptives & Related Agents		
<i>altavera (28)</i>	\$0	
<i>alyacen 1/35 (28)</i>	\$0	
<i>alyacen 7/7/7 (28)</i>	\$0	
<i>amethia</i>	\$0	QPD
<i>amethia lo</i>	\$0	QPD
<i>amethyst</i>	\$0	
<i>apri</i>	\$0	
<i>aranelle (28)</i>	\$0	
<i>aubra</i>	\$0	
<i>aviane</i>	\$0	
<i>azurette (28)</i>	\$0	
<i>balziva (28)</i>	\$0	
BEYAZ	3	
<i>briellyn</i>	\$0	
<i>camrese</i>	\$0	QPD
<i>camrese lo</i>	\$0	QPD
<i>caziant (28)</i>	\$0	
<i>chateal</i>	\$0	
<i>cryselle (28)</i>	\$0	
<i>cyclafem 1/35 (28)</i>	\$0	
<i>cyclafem 7/7/7 (28)</i>	\$0	
<i>dasetta 1/35 (28)</i>	\$0	
<i>dasetta 7/7/7 (28)</i>	\$0	
<i>daysee</i>	\$0	QPD
<i>delyla (28)</i>	1	
<i>desog-e.estradiol/e.estradiol</i>	\$0	
<i>drospirenone-ethinyl estradiol</i>	\$0	
<i>elinest</i>	\$0	

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Drug Name	Tier	PA/ST/QPD/SP
ELLA	3	QPD
<i>emoquette</i>	\$0	
<i>enpresse</i>	\$0	
<i>enskyce</i>	\$0	
<i>estarylla</i>	\$0	
<i>falmina (28)</i>	\$0	
GENERESS FE	3	
<i>gianvi (28)</i>	\$0	
<i>gildagia</i>	\$0	
<i>gildess</i>	\$0	
<i>gildess fe</i>	\$0	
<i>introvale</i>	\$0	QPD
<i>jolessa</i>	\$0	QPD
<i>junel 1.5/30 (21)</i>	\$0	
<i>junel 1/20 (21)</i>	\$0	
<i>junel fe 1.5/30 (28)</i>	\$0	
<i>junel fe 1/20 (28)</i>	\$0	
<i>kariva (28)</i>	\$0	
<i>kelnor 1/35 (28)</i>	\$0	
<i>kurvelo</i>	\$0	
<i>larin 1.5/30 (21)</i>	1	
<i>larin 1/20 (21)</i>	1	
<i>larin fe</i>	\$0	
<i>leena 28</i>	\$0	
<i>lessina</i>	\$0	
<i>levonest (28)</i>	\$0	
<i>levonorgestrel</i>	\$0	
<i>levonorgestrel-ethinyl estrad</i>	\$0	QPD
<i>levora-28</i>	\$0	
LO LOESTRIN FE	3	
LO MINASTRIN FE	3	
LOESTRIN 24 FE	3	

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Drug Name	Tier	PA/ST/QPD/SP
<i>lomedica 24 fe</i>	1	
<i>loryna (28)</i>	\$0	
<i>low-ogestrel (28)</i>	\$0	
<i>lutra (28)</i>	\$0	
<i>marlissa</i>	\$0	
<i>microgestin 1.5/30 (21)</i>	\$0	
<i>microgestin 1/20 (21)</i>	\$0	
<i>microgestin fe 1.5/30 (28)</i>	\$0	
<i>microgestin fe 1/20 (28)</i>	\$0	
MINASTRIN 24 FE	3	
<i>mono-linyah</i>	\$0	
<i>mononessa (28)</i>	\$0	
<i>my way</i>	\$0	QPD
<i>myzilra</i>	\$0	
NATAZIA	3	
<i>necon 0.5/35 (28)</i>	\$0	
<i>necon 1/35 (28)</i>	\$0	
<i>necon 1/50 (28)</i>	\$0	
<i>necon 10/11 (28)</i>	\$0	
<i>necon 7/7/7 (28)</i>	\$0	
<i>next choice</i>	\$0	QPD
<i>next choice one dose</i>	\$0	QPD
<i>nikki (28)</i>	1	
<i>noreth-ethinyl estradiol-iron</i>	\$0	
<i>norgestimate-ethinyl estradiol</i>	\$0	
<i>norgestrel-ethiny estra</i>	\$0	
<i>nortrel 0.5/35 (28)</i>	\$0	
<i>nortrel 1/35 (21)</i>	\$0	
<i>nortrel 7/7/7 (28)</i>	\$0	
<i>ocella</i>	\$0	
<i>ogestrel (28)</i>	\$0	
<i>orsythia</i>	\$0	

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Drug Name	Tier	PA/ST/QPD/SP
ORTHO TRI-CYCLEN LO (28)	3	
OVCON-50 (28)	3	
<i>philith</i>	\$0	
<i>pimtreea (28)</i>	\$0	
<i>pirmella</i>	\$0	
<i>portia</i>	\$0	
<i>previfem</i>	\$0	
QUARTETTE	3	QPD
<i>quasense</i>	\$0	QPD
<i>reclipsen (28)</i>	\$0	
SAFYRAL	3	
<i>Solia</i>	\$0	
<i>sprintec (28)</i>	\$0	
<i>sronyx</i>	\$0	
<i>syeda</i>	\$0	
<i>tilia fe</i>	\$0	
<i>tri-estarylla</i>	\$0	
<i>tri-legest fe</i>	\$0	
<i>tri-linyah</i>	\$0	
<i>tri-previfem (28)</i>	\$0	
<i>tri-sprintec (28)</i>	\$0	
<i>trinessa (28)</i>	\$0	
<i>trivora (28)</i>	\$0	
<i>velivet triphasic regimen (28)</i>	\$0	
<i>vestura (28)</i>	\$0	
<i>viorele (28)</i>	\$0	
<i>vyfemla (28)</i>	\$0	
<i>wera (28)</i>	\$0	
<i>wymzya fe</i>	\$0	
<i>zarah</i>	\$0	
<i>zenchent (28)</i>	\$0	
<i>zenchent fe</i>	\$0	

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Drug Name	Tier	PA/ST/QPD/SP
<i>zeosa</i>	\$0	
<i>zovia 1/35e (28)</i>	\$0	
<i>zovia 1/50e (28)</i>	\$0	
Oxytocics		
<i>methylergonovine</i>	1	
Ophthalmology		
Antibiotics		
AZASITE	3	
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	3	
CILOXAN	2	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak</i>	1	
<i>gentamicin</i>	1	
MOXEZA	2	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>ofloxacin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>tobramycin</i>	1	
TOBREX	3	
VIGAMOX	2	
Antivirals		
<i>trifluridine</i>	1	
ZIRGAN	2	
Beta-Blockers		
<i>betaxolol</i>	1	
BETIMOL	3	
BETOPTIC S	3	

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Drug Name	Tier	PA/ST/QPD/SP
<i>carteolol</i>	1	
ISTALOL	3	
<i>levobunolol</i>	1	
<i>timolol maleate</i>	1	
TIMOPTIC OCUDOSE	3	
Cycloplegic Mydriatics		
<i>atropine</i>	1	
<i>cyclopentolate</i>	1	
Direct Acting Miotics		
<i>pilocarpine hcl</i>	1	
Miscellaneous Ophthalmologics		
ALOMIDE	2	
<i>azelastine</i>	1	
BEPREVE	3	
<i>cromolyn</i>	1	
<i>epinastine</i>	1	
LASTACAFT	3	
PATADAY	3	
PATANOL	2	
RESTASIS	3	QPD
Non-Steroidal Anti-Inflammatory Agents		
ACUVAIL	3	
<i>bromfenac</i>	1	
<i>diclofenac sodium</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac</i>	1	
NEVANAC	3	
PROLENSA	2	
Oral Drugs For Glaucoma		
<i>acetazolamide</i>	1	

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Drug Name	Tier	PA/ST/QPD/SP
<i>methazolamide</i>	1	
Other Glaucoma Drugs		
AZOPT	3	
COMBIGAN	3	
COSOPT	3	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>latanoprost</i>	1	PA
LUMIGAN	2	PA
RESCULA	3	PA
SIMBRINZA	3	
TRAVATAN Z	2	PA
<i>travoprost (benzalkonium)</i>	1	PA
ZIOPTAN	3	PA
Steroid-Antibiotic Combinations		
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
TOBRADEX	2	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	3	
Steroids		
ALREX	2	
<i>dexamethasone sodium phosphate</i>	1	
DUREZOL	3	
<i>fluorometholone</i>	1	
FML FORTE	3	
FML S.O.P.	3	
LOTEMAX OPHTHALMIC DROPS,GEL	3	
LOTEMAX OPHTHALMIC DROPS,SUSPENSION	2	
LOTEMAX OPHTHALMIC OINTMENT	3	

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Drug Name	Tier	PA/ST/QPD/SP
PRED MILD	2	
<i>prednisolone acetate</i>	1	
Steroid-Sulfonamide Combinations		
BLEPHAMIDE	3	
<i>sulfacetamide-prednisolone</i>	1	
Sulfonamides		
<i>sulfacetamide sodium</i>	1	
Sympathomimetics		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	
<i>brimonidine</i>	1	
Respiratory, Allergy, Cough & Cold		
Antihistamine & Antiallergenic Agents		
AUVI-Q	2	
<i>epinephrine</i>	1	
EPIPEN 2-PAK	2	
EPIPEN JR 2-PAK	2	
Cough & Cold Therapy		
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>chlorpheniramine-hydrocodone</i>	1	
<i>cpm-pseudoephed-hydrocodone</i>	1	
<i>hydrocodone-homatropine</i>	1	
<i>hydromet</i>	1	
<i>promethazine, -vc, -codeine, -dm</i>	1	
REZIRA	3	
SEMPREX-D	3	
Pulmonary Agents		
<i>acetylcysteine</i>	1	
ADCIRCA	4	PA; SP; QPD
ADEMPAS	4	PA; SP; QPD
ADVAIR DISKUS/HFA	2	QPD

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Drug Name	Tier	PA/ST/QPD/SP
<i>albuterol sulfate</i>	1	
ALVESCO	3	QPD
ANORO ELLIPTA	2	QPD
ARCAPTA NEOHALER	1	QPD
ASMANEX TWISTHALER	3	QPD
ATROVENT HFA	2	QPD
BECONASE AQ	3	ST; QPD
BREO ELLIPTA	2	QPD
BROVANA	1	QPD
<i>budesonide</i>	1	QPD
CINRYZE	4	PA; SP; QPD
COMBIVENT	2	QPD
COMBIVENT RESPIMAT	3	QPD
DALIRESP	3	
DULERA	3	QPD
DYMISTA	3	ST; QPD
ESBRIET	4	PA; SP
FIRAZYR	4	PA; SP; QPD
FLOVENT DISKUS/HFA	2	QPD
<i>flunisolide</i>	1	QPD
<i>fluticasone</i>	1	QPD
FORADIL AEROLIZER	1	QPD
<i>ipratropium bromide</i>	1	
<i>ipratropium-albuterol</i>	1	QPD
KALYDECO	4	PA; SP; QPD
LETAIRIS	4	PA; SP; QPD
<i>levalbuterol hcl</i>	1	
<i>montelukast</i>	1	QPD
NASONEX	3	ST; QPD
OFEV	4	PA; SP
OMNARIS	2	ST; QPD
OPSUMIT	4	PA; SP

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Drug Name	Tier	PA/ST/QPD/SP
PERFOROMIST	1	QPD
PROAIR HFA	2	QPD
PROVENTIL HFA	2	QPD
PULMICORT/FLEXHALER	2	QPD
PULMOZYME	4	SP
QNASL	3	ST; QPD
QVAR	2	QPD
REVATIO SUSPENSION	4	PA; SP; QPD
RUCONEST	4	PA; SP
SEREVENT DISKUS	1	QPD
<i>sildenafil 20mg tablet</i>	4	PA; SP; QPD
<i>sodium chloride</i>	1	
SPIRIVA WITH HANDIHALER	2	QPD
SYMBICORT	2	QPD
THEO-24	3	
<i>theophylline</i>	1	
TRACLEER	4	PA; SP
<i>triamcinolone acetonide</i>	1	QPD
TUDORZA PRESSAIR	3	QPD
TYVASO	4	PA; SP
VENTAVIS	4	PA; SP
VENTOLIN HFA	2	QPD
VERAMYST	3	ST; QPD
XOPENEX HFA	1	QPD
<i>zafirlukast</i>	1	
ZETONNA	3	ST; QPD
ZYFLO CR	3	QPD
Urologicals		
Anticholinergics & Antispasmodics		
ENABLEX	2	ST; QPD
<i>flavoxate</i>	1	

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Drug Name	Tier	PA/ST/QPD/SP
GELNIQUE	2	ST; QPD
MYRBETRIQ	2	ST; QPD
<i>oxybutynin chloride oral syrup, tablet</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	QPD
OXYTROL	3	ST; QPD
<i>tolterodine</i>	1	QPD
TOVIAZ	3	ST; QPD
<i>trospium</i>	1	QPD
VESICARE	2	ST; QPD

Benign Prostatic Hyperplasia (Bph) Therapy

<i>alfuzosin</i>	1	
AVODART	3	QPD
<i>finasteride</i>	1	QPD
JALYN	3	QPD
RAPAFLO	3	QPD
<i>tamsulosin</i>	1	QPD

Miscellaneous Urologicals

CIALIS 5MG	3	PA; QPD
<i>cytra-2, -k</i>	1	
ELMIRON	2	
<i>hyophen</i>	1	
K-PHOS	3	
<i>potassium citrate</i>	1	
PROCYSBI	3	PA
URELLE	3	
URIBEL	3	

Urinary Anesthetics

<i>phenazopyridine</i>	1	
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Vitamins, Hematinics & Electrolytes

Electrolytes

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Drug Name	Tier	PA/ST/QPD/SP
<i>calcarb 600 with vitamin D</i>	\$0	
<i>calcium + vitamin D</i>	\$0	
<i>calcium acetate</i>	1	
<i>calcium citrate w/vitamin D</i>	\$0	
<i>citrus calcium with vit D</i>	\$0	
<i>eliphos</i>	1	
<i>klor-con</i>	1	
<i>liquid calcium +D</i>	\$0	
<i>oysco D</i>	\$0	
<i>oyst-cal-D</i>	\$0	
<i>oyster shell calcium w/vit D</i>	\$0	
PHOSLYRA	3	
<i>phospha 250 neutral</i>	1	
<i>potassium chloride</i>	1	
Vitamins & Hematinics		
<i>delta d3</i>	\$0	
<i>d-vi-sol</i>	\$0	
<i>generic prenatal vitamins</i>	1	
<i>fer-iron</i>	\$0	
<i>ferrous sulfate</i>	\$0	
<i>fluoritab</i>	\$0	
<i>folic acid</i>	\$0	
<i>ludent fluoride</i>	\$0	
<i>multivitamin with fluoride</i>	\$0	
<i>mvc-fluoride</i>	\$0	
OB COMPLETE ONE	3	
<i>oyster calcium w/vitamin D</i>	\$0	
<i>oyster shell calcium w/vit D</i>	\$0	
PREFERA-OB	3	
<i>rena-vite</i>	\$0	
<i>renal caps</i>	1	
<i>reno caps</i>	1	

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Drug Name	Tier	PA/ST/QPD/SP
<i>sodium fluoride</i>	\$0	
<i>tri-vitamin with fluoride</i>	\$0	
<i>tri-vitamin with iron-fluoride</i>	\$0	
<i>vitamin D</i>	\$0	
<i>wee care</i>	\$0	

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