

Envision's Preferred Drug List (PDL) is a list of commonly prescribed drugs eligible for coverage under your prescription drug benefit program. This list is reviewed from time to time as new drugs and new prescribing information becomes available.

The Envision Pharmacy and Therapeutics Committee is responsible for the development and maintenance of the Preferred Drug List. The Committee is comprised of independent, practicing physicians and pharmacists from a wide variety of medical specialties. The Preferred Drug List is reviewed and updated from time to time as new drugs or new prescribing information becomes available. Factors which affect decisions regarding the Preferred Drug List include safe use, clinical efficacy, and therapeutic need. Cost factors are considered only after a review of safe use, clinical efficacy and therapeutic need. Decisions are reached by a committee's simple majority vote. Committee members remain free from conflict of interest, or abstain from voting on particular issues for which they have a conflict of interest. Compliance with the Preferred Drug List is important for improving quality of care and restraining health care costs.

You may be able to obtain a drug not included on the Preferred Drug List. Drugs used for cosmetic purposes may not be covered under your prescription drug plan. If your plan covers injectable medications, maintenance specialized injectable drugs may only be available through a preferred specialty pharmacy provider. In the case of an emergency or a first time fill, you will be able to fill these at your local retail pharmacy. \*Plans may charge either a Tier 2 or Tier 4 copay for Specialty Medications depending on benefit design.

Co-payment Tiers may vary with individual plans, but generally follow these guidelines.

Tier 1: Most Generic Drugs

Tier 2: Preferred Branded Drugs

Tier 3: Non-Preferred Branded Drugs

Tier 4: Specialty Injectable drugs-not all plans cover injectable drugs.

Prior Authorizations and Quantity Limits may be in place for certain medications and will vary by plan.

Check with member services to see if your plan has these limitations in place.

**IMPORTANT:** If you have any questions regarding the coverage of any particular drug under your benefit program, please call the member services number located on the back of your prescription drug identification card (800-361-4542), refer to your plan-specific documents or contact your plan administrator for further information.

| Drug Name  | Tier 1   | Tier 2          | Tier 3              | Tier 4    | Preferred Alternatives/Comments  |
|--|----------|-----------------|---------------------|-----------|--|
| (If the product is available generically, the brand name is listed after the generic name for reference) | Generics | Preferred Brand | Non Preferred Brand | Specialty |  |
| 8-MOP  |          | 2               |                     |           |  |
| <b>A</b>   |          |                 |                     |           |  |
| ABILIFY  |          | 2               |                     |           |  |
| ACCOLATE   |          | 2               |                     |           |  |
| ACCU-CHEK ADVANTAGE  |          |                 | 3                   |           | FreeStyle or Bayer Products Preferred  |
| ACCU-CHEK ADVANTAGE  |          |                 | 3                   |           | FreeStyle or Bayer Products Preferred  |
| ACCU-CHEK COMFORT CURVE  |          |                 | 3                   |           | FreeStyle or Bayer Products Preferred  |
| ACCU-CHEK COMPLETE CARE KIT  |          |                 | 3                   |           | FreeStyle or Bayer Products Preferred  |
| ACCU-CHEK EASY   |          |                 | 3                   |           | FreeStyle or Bayer Products Preferred  |
| ACCU-CHEK EASY   |          |                 | 3                   |           | FreeStyle or Bayer Products Preferred  |
| ACCU-CHEK III  |          |                 | 3                   |           | FreeStyle or Bayer Products Preferred  |
| ACCU-CHEK INSTANT  |          |                 | 3                   |           | FreeStyle or Bayer Products Preferred  |
| ACCU-CHEK STRIPS   |          |                 | 3                   |           | FreeStyle or Bayer Products Preferred  |
| ACCUNEB  |          | 2               |                     |           |  |
| acebutolol (SECTRAL)   | 1        |                 |                     |           |  |
| ACEON  |          |                 | 3                   |           | Generic ACE Inhibitor Preferred  |
| acetaminophen/caffeine/butalb (ESGIC/PLUS)   | 1        |                 |                     |           |  |
| acetaminophen/caffeine/butalb (FIORCET)  | 1        |                 |                     |           |  |
| acetaminophen/caffeine/butalb (ZEBUTAL)  | 1        |                 |                     |           |  |
| acetaminophen/butalbital (AXOCET)  | 1        |                 |                     |           |  |
| acetaminophen/butalbital (PHRENILINE/FORTE)  | 1        |                 |                     |           |  |
| acetazolamide (DIAMOX)   | 1        |                 |                     |           |  |
| acetic acid (VOSOL)  | 1        |                 |                     |           |  |
| acetic acid/aluminum acetate (BOROFAIR OTIC)   | 1        |                 |                     |           |  |
| acetic acid/aluminum acetate (DOMEBORO OTIC)   | 1        |                 |                     |           |  |
| acetic acid/hydrocortisone (VOSOL HC)  | 1        |                 |                     |           |  |
| acetylcysteine (MUCOMYST)  | 1        |                 |                     |           |  |
| ACIPHEX  |          |                 | 3                   |           | PRILOSEC OTC* (not all plans cover Prilosec OTC), Omeprazole, Pantoprazole, NEXIUM, PREVACID |
| ACLOVATE   |          |                 | 3                   |           | Multiple generic topical steroids  |
| ACTIVELLA  |          | 2               |                     |           |  |
| ACTONEL  |          | 2               |                     |           |  |
| ACTONEL WITH CALCIUM   |          | 2               |                     |           |  |
| ACTOPLUS MET   |          | 2               |                     |           |  |
| ACTOS  |          | 2               |                     |           |  |
| ACULAR LS  |          | 2               |                     |           |  |

| Drug Name                                       | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments                            |
|---|--------|--------|--------|--------|--|
| acyclovir (ZOVIRAX)                             | 1      |        |        |        |  |
| ADDERALL XR                                     |        |        | 3      |        |  |
| ADVAIR Disc/ADVAIR HFA                          |        | 2      |        |        |  |
| ADVATE*   |        |        |        | 4      | *not all plans cover this drug-check with member services  |
| ADVICOR   |        |        | 3      |        |  |
| AEROBID, -M                                     |        |        | 3      |        | FLOVENT, PULMICORT   |
| AGENERASE                                       |        | 2      |        |        |  |
| AGGRENOX  |        | 2      |        |        |  |
| AKINETON  |        | 2      |        |        |  |
| AKNE-MYCIN                                      |        | 2      |        |        |  |
| ALAMAST   |        | 2      |        |        |  |
| ALAWAY OTC                                      | 1      |        |        |        | *not all plans cover Alaway OTC-check with member services |
| ALBENZA   |        | 2      |        |        |  |
| albuterol (PROVENTIL)                           | 1      |        |        |        |  |
| ALDARA  |        |        | 3      |        |  |
| ALINIA  |        | 2      |        |        |  |
| ALKERAN   |        | 2      |        |        |  |
| ALLEGRA-D                                       |        | 2      |        |        |  |
| allopurinol                                     | 1      |        |        |        |  |
| ALOCRIL   |        |        | 3      |        | ALAMAST Preferred  |
| ALOMIDE   |        | 2      |        |        |  |
| ALORA   |        |        | 3      |        | CLIMARA, VIVELLE, MENOSTAR, ESTRADERM                      |
| ALPHAGAN P                                      |        |        | 3      |        |  |
| ALPHANATE*                                      |        |        |        | 4      | *not all plans cover this drug-check with member services  |
| ALPHANINE S*                                    |        |        |        | 4      | *not all plans cover this drug-check with member services  |
| alprazolam/xr (XANAX/XR)                        | 1      |        |        |        |  |
| ALREX   |        | 2      |        |        |  |
| ALTOCOR   |        |        | 3      |        | use lovastatin plus niacin                                 |
| aluminum chloride hexahydrate (DRYSOL)          | 1      |        |        |        |  |
| amantadine (SYMMETREL)                          | 1      |        |        |        |  |
| AMBIEN CR                                       |        | 2      |        |        |  |
| amcinonide (CYCLOCORT)                          | 1      |        |        |        |  |
| AMERGE  |        |        | 3      |        |  |
| AMEVIVE   |        |        |        | 4      | *not all plans cover this drug-check with member services  |
| aminocaproic acid (AMICAR)                      | 1      |        |        |        |  |
| aminophylline                                   | 1      |        |        |        |  |
| amiodarone (CORDARONE)                          | 1      |        |        |        |  |
| amlodipine besylate-benazepril (LOTREL)         | 1      |        |        |        |  |
| AMITIZA   |        | 2      |        |        |  |
| amitriptyline (ELAVIL)                          | 1      |        |        |        |  |
| amitriptyline hcl/perphenazine (ETRAFONE/FORTE) | 1      |        |        |        |  |
| amitriptyline hcl/perphenazine (TRIAVIL)        | 1      |        |        |        |  |
| amitriptyline/chlordiazepoxide (LIMBITROL)      | 1      |        |        |        |  |
| amlodipine besylate (NORVASC)                   | 1      |        |        |        |  |
| amoxapine (ASENDIN)                             | 1      |        |        |        |  |
| amoxicillin (AMOXIL)                            | 1      |        |        |        |  |
| amoxicillin & k clavulanate (AUGMENTIN)         | 1      |        |        |        |  |
| amphetamine/dextroamphetamine (ADDERALL)        | 1      |        |        |        |  |
| ampicillin                                      | 1      |        |        |        |  |
| amylase,/lipase/protease (COTAZYM)              | 1      |        |        |        |  |
| amylase,/lipase/protease (CREON)                | 1      |        |        |        |  |
| amylase,/lipase/protease (KU-ZYME HP)           | 1      |        |        |        |  |
| amylase,/lipase/protease (PANCREASE/MT)         | 1      |        |        |        |  |
| amylase,/lipase/protease (PANCRON)              | 1      |        |        |        |  |
| amylase,/lipase/protease (PROTILASE)            | 1      |        |        |        |  |
| amylase,/lipase/protease (ULTRASE/MT)           | 1      |        |        |        |  |
| amylase,/lipase/protease (VIOKASE)              | 1      |        |        |        |  |

| Drug Name                              | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments   |
|--|--------|--------|--------|--------|---|
| ANADROL                                |        |        | 3      |        |   |
| anagrelide (AGRYLIN)                   | 1      |        |        |        |   |
| ANA-KITS                               |        | 2      |        |        |   |
| ANALPRAM HC                            |        | 2      |        |        |   |
| ANDRODERM                              |        | 2      |        |        |   |
| ANDROGEL                               |        |        | 3      |        | Androderm Preferred   |
| ANDROID                                |        | 2      |        |        |   |
| ANTABUSE                               |        | 2      |        |        |   |
| ANTARA                                 |        | 2      |        |        |   |
| antipyrine/benzocaine (AURAGLAN)       | 1      |        |        |        |   |
| ANZEMET                                |        | 2      |        |        |   |
| apap/isometheptene/dichlphen (MIDRIN)  | 1      |        |        |        |   |
| APIDRA                                 |        | 2      |        |        |   |
| AQUATAB C/D/DM DOSEPAK                 |        | 2      |        |        |   |
| ARANESP*                               |        |        |        | 4      | *not all plans cover this drug-check with member services   |
| ARICEPT/ARICEPT ODT                    |        | 2      |        |        |   |
| ARIMIDEX                               |        | 2      |        |        |   |
| ARIXTRA*                               |        |        |        | 4      | *not all plans cover this drug-check with member services   |
| AROMASIN                               |        | 2      |        |        |   |
| ASACOL                                 |        | 2      |        |        |   |
| ASCENSIA GLUCOMETER PRODUCTS           |        | 2      |        |        |   |
| ASMANEX                                |        | 2      |        |        |   |
| aspirin/caffeine/butalbital (FIORINAL) | 1      |        |        |        |   |
| ASTELIN                                |        | 2      |        |        |   |
| ATACAND                                |        |        | 3      |        | Diovan, Micardis preferred  |
| ATACAND HCT                            |        |        | 3      |        | DIOVAN HCT, MICARDIS HCT preferred  |
| atenolol (TENORMIN)                    | 1      |        |        |        |   |
| ATRIPLA                                |        | 2      |        |        |   |
| atropine sulfate (ISOPTO ATROPINE)     | 1      |        |        |        |   |
| ATROVENT HFA INHALER                   |        |        | 3      |        | SPIRIVA Preferred   |
| AUGMENTIN XR                           |        |        | 3      |        | Amoxicillin & K Clavulanate   |
| AUTOPLEX*                              |        |        |        | 4      | *not all plans cover this drug-check with member services   |
| AVALIDE                                |        |        | 3      |        | DIOVAN HCT, MICARDIS HCT  |
| AVANDAMET                              |        | 2      |        |        |   |
| AVANDIA                                |        | 2      |        |        |   |
| AVANDARYL                              |        | 2      |        |        |   |
| AVAPRO                                 |        |        | 3      |        | Diovan, Micardis preferred  |
| AVC                                    |        | 2      |        |        |   |
| AVELOX                                 |        | 2      |        |        |   |
| AVINZA                                 |        | 2      |        |        |   |
| AVODART                                |        | 2      |        |        |   |
| AVONEX*                                |        | 2      |        | 4      | *If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage |
| AXERT                                  |        |        | 3      |        | IMITREX, RELPAX, ZOMIG  |
| azatadine (OPTIMINE)                   | 1      |        |        |        |   |
| azathioprine (IMURAN)                  | 1      |        |        |        |   |
| AZELEX                                 |        | 2      |        |        |   |
| azithromycin (ZITHROMAX)               | 1      |        |        |        |   |
| AZMACORT                               |        | 2      |        |        |   |
| AZOPT                                  |        | 2      |        |        |   |
| <b>B</b>                               |        |        |        |        |   |
| bacitracin                             | 1      |        |        |        |   |
| baclofen (LIORESAL)                    | 1      |        |        |        |   |
| BACTROBAN CREAM                        |        | 2      |        |        |   |
| BAYGAM*                                |        |        |        | 4      | *not all plans cover this drug-check with member services   |
| BAYRHO D*                              |        |        |        | 4      | *not all plans cover this drug-check with member services   |

| Drug Name  | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments   |
|--|--------|--------|--------|--------|---|
| BEBULIN*   |        |        |        | 4      | *not all plans cover this drug-check with member services   |
| BECONASE/AQ                                      |        |        | 3      |        | FLONASE, NASONEX, NASACORT AQ   |
| belladonna alkaloids (ANTI-SPAS)                 | 1      |        |        |        |   |
| belladonna alkaloids (DONNATAL)                  | 1      |        |        |        |   |
| benaepiril/hctz (LOTENSIN HCT)                   | 1      |        |        |        |   |
| benazepril (LOTENSIN)                            | 1      |        |        |        |   |
| BENEFIX*   |        |        |        | 4      | *not all plans cover this drug-check with member services   |
| BENICAR  |        |        | 3      |        | Diovan, Micardis preferred  |
| BENICAR HCT                                      |        |        | 3      |        | DIOVAN HCT, MICARDIS HCT  |
| BENZACLIN  |        | 2      |        |        |   |
| benzonatate (TESSALON PEARLS)                    | 1      |        |        |        |   |
| benzoyl peroxide (BENZAC/AC/W)                   | 1      |        |        |        |   |
| benzoyl peroxide (BENZAGEL)                      | 1      |        |        |        |   |
| benzoyl peroxide (DESQUAM/E/X)                   | 1      |        |        |        |   |
| benzoyl peroxide (PANOXYL/AQ)                    | 1      |        |        |        |   |
| benzoyl peroxide - erythromycin gel (BENZAMYCIN) | 1      |        |        |        |   |
| benztropine (COGENTIN)                           | 1      |        |        |        |   |
| betameth/propylene glycol (DIPROLENE AF)         | 1      |        |        |        |   |
| betameth/propylene glycol (DIPROLENE)            | 1      |        |        |        |   |
| betamethasone dipropionate (DIPROSONE)           | 1      |        |        |        |   |
| betamethasone dipropionate (MAXIVATE)            | 1      |        |        |        |   |
| betamethasone valerate (VALISONE)                | 1      |        |        |        |   |
| BETASERON*                                       |        | 2      |        | 4      | *If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage |
| betaxolol (KERLONE)                              | 1      |        |        |        |   |
| bethanechol (URECHOLINE)                         | 1      |        |        |        |   |
| BETIMOL  |        | 2      |        |        |   |
| BETOPTIC, S                                      |        | 2      |        |        |   |
| BILTRICIDE                                       |        | 2      |        |        |   |
| BIOCLATE*  |        |        |        | 4      | *not all plans cover this drug-check with member services   |
| bisoprolol (ZEBETA)                              | 1      |        |        |        |   |
| BREVOXYL   |        | 2      |        |        | Some strengths available as generic   |
| bromocriptine mesylate (PARLODEL)                | 1      |        |        |        |   |
| bromonidine tartrate                             | 1      |        |        |        |   |
| bromonidine tartrate (ALPHAGAN)                  | 1      |        |        |        |   |
| BRONCOMAR  |        | 2      |        |        |   |
| bumetanide (BUMEX)                               | 1      |        |        |        |   |
| bupropion (WELLBUTRIN)                           | 1      |        |        |        |   |
| bupropion sr (WELLBUTRIN XL)                     | 1      |        |        |        |   |
| bupropion sr (WELLBUTRIN SR)                     | 1      |        |        |        |   |
| buspiron (BUSPAR)                                | 1      |        |        |        |   |
| butorphanol (STADOL NS)                          | 1      |        |        |        |   |
| BYETTA   |        | 2      |        |        |   |
| BYSTOLIC   |        | 2      |        |        |   |
| <b>C</b>   |        |        |        |        |   |
| CADUET   |        | 2      |        |        |   |
| CAFERGOT   |        | 2      |        |        |   |
| CAPEX  |        | 2      |        |        |   |
| calcitriol (ROCATROL)                            | 1      |        |        |        |   |
| CANTIL   |        | 2      |        |        |   |
| CAPITROL SHAMPOO                                 |        | 2      |        |        |   |
| captopril (CAPOTEN)                              | 1      |        |        |        |   |
| captopril/hctz (CAPOZIDE)                        | 1      |        |        |        |   |
| CARAFATE SUSPENSION                              |        | 2      |        |        |   |
| carbachol (ISOPTO CARBACHOL)                     | 1      |        |        |        | Some strengths available as generic   |
| carbamazepine (TEGRETOL)                         | 1      |        |        |        |   |

| Drug Name                                   | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments  |
|---|--------|--------|--------|--------|--|
| CARAC                                       |        | 2      |        |        |  |
| CARBATROL                                   |        | 2      |        |        |  |
| carbidopa/levodopa (SINEMET/CR)             | 1      |        |        |        |  |
| CARDENE SR                                  |        |        | 3      |        | Generic diltiazem extended release, generic verapamil extended release, NORVASC, DYNACIRC CR |
| CARDIZEM LA                                 |        |        | 3      |        | Generic diltiazem extended release preferred   |
| carisoprodol & aspirin (SOMA CMP)           | 1      |        |        |        |  |
| carisoprodol (SOMA)                         | 1      |        |        |        |  |
| carteolol (OCUPRESS)                        | 1      |        |        |        |  |
| CASODEX                                     |        | 2      |        |        |  |
| CATAPRES TTS                                |        |        | 3      |        |  |
| carvedilol (COREG)                          | 1      |        |        |        |  |
| CAVERJECT                                   |        |        | 3      |        |  |
| CEDAX                                       |        |        | 3      |        | Generic Keflex   |
| CEENU                                       |        | 2      |        |        |  |
| cefaclor (CECLOR)                           | 1      |        |        |        |  |
| cefadroxil (DURICEF)                        | 1      |        |        |        |  |
| cefadroxil (DURICEF)                        | 1      |        |        |        |  |
| cefдинир (OMNICEF)                          | 1      |        |        |        |  |
| cefподoxime proxetil (VANTIN)               | 1      |        |        |        |  |
| cefuroxime axetil susp (CEFTIN susp)        | 1      |        |        |        |  |
| cefuroxime axetil (CEFTIN)                  | 1      |        |        |        |  |
| CEFZIL                                      |        |        | 3      |        | Generic Keflex   |
| CELEBREX                                    |        | 2      |        |        |  |
| CELLCEPT                                    |        | 2      |        |        |  |
| CELONTIN                                    |        | 2      |        |        |  |
| CENESTIN                                    |        |        | 3      |        | PREMARIN/ESTRACE Preferred   |
| cephalexin (KEFLEX)                         | 1      |        |        |        |  |
| CERUMENEX                                   |        | 2      |        |        |  |
| CHEMSTRIP BG                                |        |        | 3      |        | FreeStyle or Bayer Products Preferred  |
| CHEMSTRIP BG                                |        |        | 3      |        | FreeStyle or Bayer Products Preferred  |
| CHIBROXIN                                   |        |        | 3      |        | CILOXAN, VIGAMOX   |
| chloral hydrate (AQUA CHLORAL)              | 1      |        |        |        |  |
| chloramphenicol (CHLOROMYCETIN)             | 1      |        |        |        |  |
| chlordiazepoxide hcl (LIBRIUM)              | 1      |        |        |        |  |
| chlorhexidine (PERIDEX)                     | 1      |        |        |        |  |
| chlorhexidine (PERIOSTAT)                   | 1      |        |        |        |  |
| chloroquine phosphate (ARALEN)              | 1      |        |        |        |  |
| chlorothiazide (DIURIL)                     | 1      |        |        |        |  |
| chlorpromazine (THORAZINE)                  | 1      |        |        |        |  |
| chlorthalidone (HYGROTON)                   | 1      |        |        |        |  |
| chlorzoxazone (PARAFON FORTE DSC)           | 1      |        |        |        |  |
| cholestyramine/aspartame (QUESTRAN LIGHT)   | 1      |        |        |        |  |
| cholestyramine/sucrose (QUESTRAN)           | 1      |        |        |        |  |
| choline/magnesium salicylate (TRILISATE)    | 1      |        |        |        |  |
| CIALIS                                      |        | 2      |        |        |  |
| cilostazol (PLETAL)                         | 1      |        |        |        |  |
| cimetidine (TAGAMET)                        | 1      |        |        |        |  |
| CIPRO HC                                    |        | 2      |        |        |  |
| CIPRODEX                                    |        | 2      |        |        |  |
| ciprofloxacin (CIPRO)                       | 1      |        |        |        |  |
| ciprofloxacin (CILOXAN)                     | 1      |        |        |        |  |
| ciprofloxacin sr 24hr (CIPRO XR)            | 1      |        |        |        |  |
| citalopram (CELEXA)                         | 1      |        |        |        |  |
| citric acid/k-na citrates (CTYRA-3)         | 1      |        |        |        |  |
| citric acid/k-na citrates (POLYCITRA/LC)    | 1      |        |        |        |  |
| citric acid/potassium citrate (CYTRA-K)     | 1      |        |        |        |  |
| citric acid/potassium citrate (POLYCITRA-K) | 1      |        |        |        |  |

| Drug Name   | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments   |
|---|--------|--------|--------|--------|---|
| CLARINEX  |        |        | 3      |        | OTC VERSIONS OF CLARITIN, CLARITIN-D, ALAVERT, GENERIC LORATIDINE, ALLEGRA, ZYRTEC  |
| clarithromycin (BIAXIN/BIAXIN XL)                   | 1      |        |        |        |   |
| CLARITIN  |        |        |        |        | OTC VERSIONS OF CLARITIN, CLARITIN-D, ALAVERT, GENERIC LORATIDINE   |
| CLARITIN-D  |        |        |        |        | OTC VERSIONS OF CLARITIN, CLARITIN-D, ALAVERT, GENERIC LORATIDINE   |
| CLARITIN-D 24 HOUR                                  |        |        |        |        | OTC VERSIONS OF CLARITIN, CLARITIN-D, ALAVERT, GENERIC LORATIDINE   |
| clemastine fumarate (TAVIST)                        | 1      |        |        |        |   |
| CLEOCIN PEDIATRIC                                   |        | 2      |        |        |   |
| clidinium/chlordiazepoxide (LIBRAX)                 | 1      |        |        |        |   |
| CLIMARA CLIMARA PRO                                 |        | 2      |        |        |   |
| clindamycin hcl (CLEOCIN)                           | 1      |        |        |        |   |
| clindamycin phosphate (CLEOCIN T)                   | 1      |        |        |        |   |
| clindamycin phosphate (CLEOCIN VAG)                 | 1      |        |        |        |   |
| clindamycin phosphate (CLINDA-DERM)                 | 1      |        |        |        |   |
| clioquinol/hydrocortisone (HYSONE)                  | 1      |        |        |        |   |
| clobetasol propionate (TEMOVATE/E)                  | 1      |        |        |        |   |
| CLODERM   |        |        | 3      |        | Multiple generic topical steroids   |
| clomipramine (ANAFRANIL)                            | 1      |        |        |        |   |
| clonazepam (KLONOPIN)                               | 1      |        |        |        |   |
| clonidine (CATAPRES)                                | 1      |        |        |        |   |
| clonidine hcl/chlorthalidone (COMBIPRES)            | 1      |        |        |        |   |
| clorazepate (TRANXENE)                              | 1      |        |        |        |   |
| clotrimazole (MYCELEX)                              | 1      |        |        |        |   |
| clotrimazole/betamethasone dipropionate (LOTRIMIN)  | 1      |        |        |        |   |
| clotrimazole/betamethasone dipropionate (LOTRISONE) | 1      |        |        |        |   |
| cloxacillin   | 1      |        |        |        |   |
| clozapine (CLOZARIL)                                | 1      |        |        |        |   |
| cod/pro (PHENERGAN/CODEINE)                         | 1      |        |        |        |   |
| codeine phosphate/apap (TYLENOL W/CODEINE)          | 1      |        |        |        |   |
| codeine phosphate/aspirin                           | 1      |        |        |        |   |
| codeine sulfate                                     | 1      |        |        |        |   |
| codeine/apap/caffeine/butalb (FIORICET W/CODEINE)   | 1      |        |        |        |   |
| codeine/asa/caffeine/butalb (FIORINAL W/CODEINE)    | 1      |        |        |        |   |
| COGNEX  |        |        | 3      |        |   |
| COLAZAL   |        | 2      |        |        |   |
| colchicine  | 1      |        |        |        |   |
| colchicine & probenecid                             | 1      |        |        |        |   |
| colestipol (COLESTID)                               | 1      |        |        |        |   |
| COMBIPATCH  |        | 2      |        |        |   |
| COMBIVENT   |        |        | 3      |        |   |
| COMBIVIR  |        | 2      |        |        |   |
| COMBUNOX  |        |        | 3      |        |   |
| COMTAN  |        | 2      |        |        |   |
| CONCERTA  |        |        | 3      |        |   |
| CONDYLOX  |        | 2      |        |        |   |
| COPAXONE*   |        | 2      |        | 4      | *If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage |
| COPEGUS*  |        | 2      |        | 4      | *If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage |
| CORDRAN   |        |        | 3      |        | Multiple generic topical steroids   |
| COREG CR  |        | 2      |        |        |   |
| CORTANE   |        | 2      |        |        |   |

| Drug Name                                | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments  |
|--|--------|--------|--------|--------|--|
| CORTIFOAM                                |        | 2      |        |        | Generic ANUSOL-HC  |
| COSOPT                                   |        |        | 3      |        |  |
| COUMADIN                                 |        | 2      |        |        |  |
| COVERA-HS                                |        |        | 3      |        | Generic diltiazem extended release, generic verapamil extended release, NORVASC, DYNACIRC CR |
| COZAAR                                   |        |        | 3      |        | Diovan, Micardis preferred   |
| CRESTOR                                  |        | 2      |        |        |  |
| CRINONE                                  |        | 2      |        |        |  |
| CRIXIVAN                                 |        | 2      |        |        |  |
| cromolyn (CROLOM)                        | 1      |        |        |        |  |
| cromolyn (INTAL nebulization)            | 1      |        |        |        |  |
| CUTIVATE                                 |        |        | 3      |        | Multiple generic topical steroids  |
| cyclobenzaprine (FLEXERIL)               | 1      |        |        |        |  |
| CYCLOGYL                                 |        | 2      |        |        | Some strengths available as generic  |
| cyclophosphamide (CYTOXAN)               | 1      |        |        |        |  |
| cyclosporine (NEORAL)                    | 1      |        |        |        |  |
| cyclosporine (SANDIMMUNE)                | 1      |        |        |        |  |
| CYKLOKAPRON                              |        | 2      |        |        |  |
| CYMBALTA                                 |        | 2      |        |        |  |
| cyproheptadine                           | 1      |        |        |        |  |
| CYSTADANE                                |        | 2      |        |        |  |
| CYTOMEL                                  |        | 2      |        |        |  |
| <b>D</b>                                 |        |        |        |        |  |
| DANAZOL                                  |        |        | 3      |        |  |
| dantrolene (DANTRIUM)                    | 1      |        |        |        |  |
| DAPSONE                                  |        | 2      |        |        |  |
| DARAPRIM                                 |        | 2      |        |        |  |
| DARVON COMPOUND                          |        | 2      |        |        |  |
| DDAVP TABLETS                            |        | 2      |        |        |  |
| DENAVIR                                  |        | 2      |        |        |  |
| DEPAKOTE                                 |        | 2      |        |        |  |
| DEPAKOTE ER                              |        | 2      |        |        |  |
| DEPEN TITRATABS                          |        | 2      |        |        |  |
| DEPO-PROVERA                             |        | 2      |        |        |  |
| DERMA-SMOOTH/FS                          |        | 2      |        |        |  |
| DERMATOP                                 |        | 2      |        |        |  |
| desipramine (NORPRAMIN)                  | 1      |        |        |        |  |
| desmopressin acetate (DDAVP NASAL SPRAY) | 1      |        |        |        |  |
| apri (DESOGEN)                           | 1      |        |        |        |  |
| desonide (DESOWEN)                       | 1      |        |        |        |  |
| desonide (TRIDESILON)                    | 1      |        |        |        |  |
| desoximetasone (TOPICORT/LP)             | 1      |        |        |        |  |
| DETROL/LA                                |        | 2      |        |        |  |
| dexamethasone (DECADRON)                 | 1      |        |        |        |  |
| dexamethasone (HEXADROL)                 | 1      |        |        |        |  |
| dexchlorpheniramine maleate (POLARAMINE) | 1      |        |        |        |  |
| dextroamphetamine (DEXADRINE)            | 1      |        |        |        |  |
| dextroamphetamine (DEXSTROSTAT)          | 1      |        |        |        |  |
| DHT                                      |        | 2      |        |        |  |
| DIASTAT                                  |        | 2      |        |        |  |
| diazepam (VALIUM)                        | 1      |        |        |        |  |
| DIBENZYLINE                              |        | 2      |        |        |  |
| diclofenac potassium (CATAFLAM)          | 1      |        |        |        |  |
| diclofenac sodium (VOLTAREN/XR)          | 1      |        |        |        |  |
| dicloxacillin                            | 1      |        |        |        |  |
| dicyclomine (BENTYL)                     | 1      |        |        |        |  |
| DIDRONEL                                 |        | 2      |        |        |  |
| DIFFERIN (Age Limit May Apply)           |        | 2      |        |        |  |

| Drug Name                                 | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments                           |
|---|--------|--------|--------|--------|---|
| diflorasone (PSORCON/E)                   | 1      |        |        |        |   |
| diflorasone diacetate cr (FLOROSONE/E)    | 1      |        |        |        |   |
| digoxin (LANOXIN)                         | 1      |        |        |        |   |
| diltiazem (CARDIZEM/SR/CD)                | 1      |        |        |        |   |
| diltiazem (DILACOR XR)                    | 1      |        |        |        |   |
| diltiazem (TIZAC)                         | 1      |        |        |        |   |
| DIOVAN                                    |        | 2      |        |        |   |
| DIOVAN HCT                                |        | 2      |        |        |   |
| DIPENTUM                                  |        |        | 3      |        |   |
| dipivefrin (PROPINE)                      | 1      |        |        |        |   |
| dipyridamole (PERSANTINE)                 | 1      |        |        |        |   |
| disopyramide (NORPACE/CR)                 | 1      |        |        |        |   |
| disphenoxylate/atropine sulfate (LOMOTIL) | 1      |        |        |        |   |
| DITROPAN XL                               |        |        | 3      |        |   |
| DONNATAL EXTENTAB                         |        | 2      |        |        |   |
| DORYX                                     |        |        | 3      |        |   |
| DOVONEX                                   |        | 2      |        |        |   |
| doxazosin (CARDURA)                       | 1      |        |        |        |   |
| doxepin (SINEQUAN)                        | 1      |        |        |        |   |
| doxycycline hyclate (VIBRAMYCIN)          | 1      |        |        |        |   |
| doxycycline hyclate (VIBRA-TABS)          | 1      |        |        |        |   |
| DRITHO-SCALP                              |        | 2      |        |        |   |
| DUAC                                      |        |        | 3      |        |   |
| DUET ACT                                  |        | 2      |        |        |   |
| DUONEB                                    |        | 2      |        |        |   |
| DYNABAC                                   |        |        | 3      |        |   |
| DYNACIRC CR                               |        | 2      |        |        |   |
| dyphylline (LUFYLLIN)                     | 1      |        |        |        |   |
| <b>E</b>                                  |        |        |        |        |   |
| econazole nitrate (SPECTAZOLE)            | 1      |        |        |        |   |
| ECONOPRED                                 |        | 2      |        |        |   |
| EDEX                                      |        |        | 3      |        |   |
| EFFEXOR XR                                |        | 2      |        |        |   |
| EFUDEX                                    |        | 2      |        |        |   |
| electrolyte sol'n/peg's (COLYTE)          | 1      |        |        |        |   |
| electrolyte sol'n/peg's (GOLYTELY)        | 1      |        |        |        |   |
| ELIDEL                                    |        | 2      |        |        |   |
| ELIXOPHYLLIN-GG                           |        | 2      |        |        |   |
| ELMIRON                                   |        | 2      |        |        |   |
| EMADINE                                   |        |        | 3      |        |   |
| EMCYT                                     |        | 2      |        |        |   |
| EMEND                                     |        | 2      |        |        |   |
| ENABLEX                                   |        | 2      |        |        |   |
| enalapril (VASOTEC)                       | 1      |        |        |        |   |
| enalapril/hctz (VASERETIC)                | 1      |        |        |        |   |
| ENBREL*                                   |        |        |        | 4      | *not all plans cover this drug-check with member services |
| ENTOCORT EC                               |        | 2      |        |        |   |
| ENZYMAX                                   |        | 2      |        |        |   |
| ephedrine sulfate                         | 1      |        |        |        |   |
| EPIFOAM                                   |        | 2      |        |        |   |
| EPIFRIN                                   |        | 2      |        |        |   |
| EPINAL                                    |        | 2      |        |        |   |
| EPI-PEN/EPI-PEN Jr                        |        | 2      |        |        |   |
| EPIVIR/HBV                                |        | 2      |        |        |   |
| EPOGEN*                                   |        |        |        | 4      | *not all plans cover this drug-check with member services |
| ERCAF                                     |        | 2      |        |        |   |

| Drug Name  | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments                     |
|--|--------|--------|--------|--------|---|
| ergocalciferol (DRISDOL)                         | 1      |        |        |        |   |
| ERGOMAR  |        | 2      |        |        |   |
| ergotamine/belladonna/pb (BELLAMINE-S)           | 1      |        |        |        |   |
| ergotamine/belladonna/pb (BELLERGAL-S)           | 1      |        |        |        |   |
| ergotamine/caff/bella/p-barb (BELCOMP-PB)        | 1      |        |        |        |   |
| erythromycin base - generic                      | 1      |        |        |        |   |
| erythromycin base (EMGEL)                        | 1      |        |        |        |   |
| erythromycin base (E-MYCIN)                      | 1      |        |        |        |   |
| erythromycin base (ERYCETTE)                     | 1      |        |        |        |   |
| erythromycin base (ERYDERM)                      | 1      |        |        |        |   |
| erythromycin base (ERYGEL)                       | 1      |        |        |        |   |
| erythromycin base (ERYMAX)                       | 1      |        |        |        |   |
| erythromycin base (T-STAT)                       | 1      |        |        |        |   |
| erythromycin base/benzoyl peroxide (BENZAMYCIN)  | 1      |        |        |        |   |
| erythromycin ethylsuccinate (E.E.S.)             | 1      |        |        |        |   |
| erythromycin ethylsuccinate (ERY-PED)            | 1      |        |        |        | Some strengths available as generic                 |
| erythromycin stearate                            | 1      |        |        |        |   |
| erythromycin/sulfisoxazole (PEDIAZOLE)           | 1      |        |        |        |   |
| ESCLIM   |        |        | 3      |        | CLIMARA, VIVELLE, MENOSTAR, ESTRADERM               |
| estazolam (PROSOM)                               | 1      |        |        |        |   |
| ESTRACE Vag Cr                                   |        |        | 3      |        |   |
| ESTRADERM  |        | 2      |        |        |   |
| estradiol (ESTRACE Tabs)                         | 1      |        |        |        |   |
| ESTRADIOL TRANSDERMAL SYSTEM                     | 1      |        |        |        | 0.05MG and 0.1MG patches are available as a generic |
| ESTRATAB   |        |        | 3      |        | PREMARIN/ESTRACE Preferred                          |
| ESTRATEST/HS                                     |        |        | 3      |        | PREMARIN/ESTRACE Preferred                          |
| ESTRING  |        | 2      |        |        |   |
| estropipate (OGEN)                               | 1      |        |        |        |   |
| estropipate (ORTHO-EST)                          | 1      |        |        |        |   |
| ESTROSTEP/FE                                     |        |        | 3      |        |   |
| ethambutol (MYAMBUTOL)                           | 1      |        |        |        |   |
| ethinyl estradiol-norgestrel (LO/OVRAL)          | 1      |        |        |        | Use LOW-OGESTREL                                    |
| ethinyl estradiol-norgestrel (OVRAL)             | 1      |        |        |        | Use OGESTREL  |
| ethinyl estradiol-ethynodiol diacetate (DEMULEN) | 1      |        |        |        | Use ZOVIA   |
| ethinyl estradiol-levonorgestrel (ALESSE)        | 1      |        |        |        |   |
| ethinyl estradiol-levonorgestrel (NORDETTE)      | 1      |        |        |        | Use LEVORA, PORTIA                                  |
| ethinyl estradiol-levonorgestrel (TRIPHASIL)     | 1      |        |        |        | Use TRI-LEVLN                                       |
| ETHMOZINE  |        | 2      |        |        |   |
| ethosuximide (ZARONTIN)                          | 1      |        |        |        |   |
| etodolac (LODINE/XL)                             | 1      |        |        |        |   |
| etoposide (VEPESID)                              | 1      |        |        |        |   |
| EURAX  |        | 2      |        |        |   |
| EVISTA   |        | 2      |        |        |   |
| EVOXAC   |        | 2      |        |        |   |
| EXELDERM   |        |        | 3      |        | OTC Lamisil   |
| EXELON   |        | 2      |        |        |   |
| EXELON Patches                                   |        | 2      |        |        |   |
| EXFORGE  |        | 2      |        |        |   |
| EZ VENT  |        | 2      |        |        |   |
| <b>F</b>   |        |        |        |        |   |
| famciclovir (FAMVIR)                             | 1      |        |        |        |   |
| famotidine (PEPCID)                              | 1      |        |        |        |   |
| FANSIDAR   |        | 2      |        |        |   |
| FARESTON   |        | 2      |        |        |   |
| FAST TAKE  |        |        | 3      |        | FreeStyle or Bayer Products Preferred               |
| FAST TAKE  |        |        | 3      |        | FreeStyle or Bayer Products Preferred               |

| Drug Name                        | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments   |
|----------------------------------|--------|--------|--------|--------|---|
| FEIBA VH*                        |        |        |        | 4      | *not all plans cover this drug-check with member services                       |
| FELBATOL                         |        | 2      |        |        |   |
| felodipine (PLENDIL)             | 1      |        |        |        | Generic diltiazem extended release, generic verapamil extended release, NORVASC |
| FEMARA                           |        | 2      |        |        |   |
| FEMHRT                           |        |        | 3      |        |   |
| FEMRING                          |        |        | 3      |        |   |
| fentanyl (ACTIQ)                 | 1      |        |        |        |   |
| fentanyl (DURAGESIC)             | 1      |        |        |        |   |
| FERTILITY MEDICATIONS*           |        |        |        | 4      | *not all plans cover this drug-check with member services                       |
| fexofenadine (ALLEGRA)           | 1      |        |        |        |   |
| FINACEA                          |        | 2      |        |        |   |
| finasteride (PROSCAR)            | 1      |        |        |        |   |
| flavoxate (URISPAS)              | 1      |        |        |        |   |
| flecainide (TAMBOCOR)            | 1      |        |        |        |   |
| FLOMAX                           |        | 2      |        |        |   |
| FLOVENT ROTADISK                 |        | 2      |        |        |   |
| FLOVENT/FLOVENT HFA              |        | 2      |        |        |   |
| FLOXIN OTIC                      |        |        | 3      |        |   |
| fludrocortisone (FLORINEF)       | 1      |        |        |        |   |
| fluocinolone acetonide (SYNALAR) | 1      |        |        |        |   |
| fluocinonide (LIDEX/E)           | 1      |        |        |        |   |
| fluconazole (DIFLUCAN)           | 1      |        |        |        |   |
| fluorometholone (FML LIQUIFILM)  | 1      |        |        |        |   |
| FLUOROPLEX                       |        | 2      |        |        |   |
| fluoxetine (PROZAC)              | 1      |        |        |        |   |
| fluoxymesterone (HALOTESTIN)     | 1      |        |        |        |   |
| fluphenazine hcl (PERMITIL)      | 1      |        |        |        |   |
| fluphenazine hcl (PROLIXIN)      | 1      |        |        |        |   |
| flurazepam (DALMANE)             | 1      |        |        |        |   |
| flurbiprofen (ANSAID)            | 1      |        |        |        |   |
| flutamide (EULEXIN)              | 1      |        |        |        |   |
| fluticasone propionate (FLONASE) | 1      |        |        |        |   |
| fluvoxamine (LUVOX)              | 1      |        |        |        |   |
| FML FORTE, S.O.P.                |        | 2      |        |        |   |
| FML-S                            |        | 2      |        |        |   |
| FOCALIN                          |        |        | 3      |        |   |
| folic acid                       | 1      |        |        |        |   |
| FORADIL                          |        | 2      |        |        |   |
| FORTAMET                         |        | 2      |        |        |   |
| FORTEO                           |        |        |        | 4      | not all plans cover this drug-check with member services                        |
| FORTOVASE                        |        | 2      |        |        |   |
| FOSAMAX                          |        |        | 3      |        | ACTONEL Preferred   |
| fosinopril (MONOPRIL)            | 1      |        |        |        |   |
| fosinopril hct (MONOPRIL HCT)    | 1      |        |        |        |   |
| FRAGMIN                          |        |        | 3      |        |   |
| FREESTYLE METERS                 |        | 2      |        |        | See above   |
| FREESTYLE STRIPS                 |        | 2      |        |        |   |
| FROVA                            |        |        | 3      |        | IMITREX, RELPAX, ZOMIG  |
| FURADANTIN                       |        |        | 3      |        |   |
| furosemide (LASIX)               | 1      |        |        |        |   |
| FUOXONE                          |        | 2      |        |        |   |
| <b>G</b>                         |        |        |        |        |   |
| gabapentin (NEURONTIN)           | 1      |        |        |        |   |
| GABITRIL                         |        | 2      |        |        |   |
| ganciclovir (CYTOVENE)           | 1      |        |        |        |   |
| gemfibrozil (LOPID)              | 1      |        |        |        |   |
| GENOTROPIN*                      |        |        |        | 4      | *not all plans cover this drug-check with member services                       |

| Drug Name                            | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments                           |
|--------------------------------------|--------|--------|--------|--------|---|
| gentamicin (GARAMYCIN)               | 1      |        |        |        |   |
| gentamicin (GENOPTIC)                | 1      |        |        |        |   |
| GEODON                               |        | 2      |        |        |   |
| GLEEVEC                              |        | 2      |        |        |   |
| glimepiride (AMARYL)                 | 1      |        |        |        |   |
| glipizide (GLUCOTROL)                | 1      |        |        |        |   |
| glipizide er (GLUCOTROL XL)          | 1      |        |        |        |   |
| glipizide & metformin (METAGLIP)     | 1      |        |        |        |   |
| GLUCAGON                             |        | 2      |        |        |   |
| GLUCOVANCE                           |        | 2      |        |        |   |
| glyburide (DIABETA)                  | 1      |        |        |        |   |
| glyburide (GLYCRON)                  | 1      |        |        |        |   |
| glyburide (GLYNASE)                  | 1      |        |        |        |   |
| glyburide (MICRONASE)                | 1      |        |        |        |   |
| glycopyrrolate (ROBINUL/FORTE)       | 1      |        |        |        |   |
| GLYSET                               |        |        | 3      |        |   |
| GRIFULVIN V                          |        | 2      |        |        |   |
| GRIS-PEG                             |        | 2      |        |        |   |
| GROWTH HORMONE*                      |        |        |        | 4      | *not all plans cover this drug-check with member services |
| gua/hym (DILAUDID COUGH SYRUP)       | 1      |        |        |        |   |
| gua/pse (DECONSAL)                   | 1      |        |        |        |   |
| gua/pse (ENTEX PSE)                  | 1      |        |        |        |   |
| gua/pse (GUAIBID D)                  | 1      |        |        |        |   |
| gua/pse (GUAIFED/PD)                 | 1      |        |        |        |   |
| gua/pse (GUAIMAX -D)                 | 1      |        |        |        |   |
| guanabenz (WYTENSIN)                 | 1      |        |        |        |   |
| guanfacine (TENEX)                   | 1      |        |        |        |   |
| <b>H</b>                             |        |        |        |        |   |
| HALFAN                               |        | 2      |        |        |   |
| halobetasol propionate (ULTRAVATE)   | 1      |        |        |        |   |
| HALOG/E                              |        |        | 3      |        | Multiple generic topical steroids                         |
| haloperidol (HALDOL)                 | 1      |        |        |        |   |
| hctz/amiloride (MODURETIC)           | 1      |        |        |        |   |
| hctz/atenolol (TENORETIC)            | 1      |        |        |        |   |
| hctz/bisoprolol (ZIAC)               | 1      |        |        |        |   |
| hctz/propranolol (INDERIDE)          | 1      |        |        |        |   |
| hctz/triamterene (DYAZIDE)           | 1      |        |        |        |   |
| hctz/triamterene (MAXZIDE)           | 1      |        |        |        |   |
| HECTOROL                             |        |        | 3      |        | Zemplar Preferred   |
| HELIDAC                              |        |        | 3      |        | Generic bismuth, metronidazole, tetracycline              |
| HELIXATE FS*                         |        |        |        | 4      | *not all plans cover this drug-check with member services |
| HEPSERA                              |        | 2      |        |        |   |
| HEXALEN                              |        | 2      |        |        |   |
| HIVID                                |        | 2      |        |        |   |
| HMS LIQUIFILM                        |        | 2      |        |        |   |
| homatropine hbr (ISOPTO HOMATROPINE) | 1      |        |        |        |   |
| HUMALOG                              |        | 2      |        |        |   |
| HUMATE-P*                            |        |        |        | 4      | *not all plans cover this drug-check with member services |
| HUMATROPE*                           |        |        |        | 4      | *not all plans cover this drug-check with member services |
| HUMIRA*                              |        |        |        | 4      | *not all plans cover this drug-check with member services |
| HUMULIN PRODUCTS                     |        | 2      |        |        |   |
| HYATE-C*                             |        |        |        | 4      | *not all plans cover this drug-check with member services |
| hyd/ht (HYCODON)                     | 1      |        |        |        |   |
| hydralazine (APRESOLINE)             | 1      |        |        |        |   |
| hydralazine/hctz (APRESAZIDE)        | 1      |        |        |        |   |
| hydrochlorothiazide (ESIDRIX)        | 1      |        |        |        |   |
| hydrochlorothiazide (HYDRODIURIL)    | 1      |        |        |        |   |

| Drug Name                                     | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments   |
|---|--------|--------|--------|--------|---|
| hydrocodone bitartrate/apap (LORTAB TAB)      | 1      |        |        |        |   |
| hydrocodone bitartrate/apap (VICODIN/ES)      | 1      |        |        |        |   |
| hydrocodone bitartrate/ibuprofen (VICOPROFEN) | 1      |        |        |        |   |
| hydrocortisone (CORTEF)                       | 1      |        |        |        |   |
| hydrocortisone (CORTENEMA)                    | 1      |        |        |        |   |
| hydrocortisone (HTYONE)                       | 1      |        |        |        |   |
| hydrocortisone (LACTICARE-HC)                 | 1      |        |        |        |   |
| hydrocortisone (NUTRACORT)                    | 1      |        |        |        |   |
| hydrocortisone (PENECORT)                     | 1      |        |        |        |   |
| hydrocortisone (PROCTOCORT HC)                | 1      |        |        |        |   |
| hydrocortisone acetate (ANUSOL HC)            | 1      |        |        |        |   |
| hydrocortisone acetate/urea (CARMOL HC)       | 1      |        |        |        |   |
| hydrocortisone valerate (WESTCORT)            | 1      |        |        |        |   |
| hydromorphone (DILAUDID)                      | 1      |        |        |        |   |
| hydroxychloroquine (PLAQUENIL)                | 1      |        |        |        |   |
| hydroxyurea (HYDREA)                          | 1      |        |        |        |   |
| hyoscyamine (ANASPAZ)                         | 1      |        |        |        |   |
| hyoscyamine (CYSTOSPAZ)                       | 1      |        |        |        |   |
| hyoscyamine (LEVSIN/SL)                       | 1      |        |        |        |   |
| hyoscyamine (LEVSINEX)                        | 1      |        |        |        |   |
| HYTAKEROL                                     |        | 2      |        |        |   |
| HYZAAR  |        |        | 3      |        | DIOVAN HCT, MICARDIS HCT  |
| <b>I</b>                                      |        |        |        |        |   |
| ibuprofen (MOTRIN)                            | 1      |        |        |        |   |
| imipramine hcl (TOFRANIL)                     | 1      |        |        |        |   |
| IMITREX                                       |        | 2      |        |        |   |
| indapamide (LOZOL)                            | 1      |        |        |        |   |
| INDERAL LA                                    |        |        | 3      |        | Innopran XL preferred   |
| indomethacin (INDOCIN/SR)                     | 1      |        |        |        |   |
| INFERGEN                                      |        |        |        | 4      | *not all plans cover this drug-check with member services   |
| INNOHEP                                       |        | 2      |        |        |   |
| INNOPRAN XL                                   |        | 2      |        |        |   |
| INTAL INHALER                                 |        | 2      |        |        |   |
| INTRON-A                                      |        | 2      |        | 4      | *If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage |
| INVIRASE                                      |        | 2      |        |        |   |
| IODINE STRONG                                 |        | 2      |        |        |   |
| iodoquinol/hydrocortisone (VYTONE)            | 1      |        |        |        |   |
| IOPIDINE                                      |        | 2      |        |        |   |
| ipratropium (ATROVENT NASAL SPRAY)            | 1      |        |        |        |   |
| IRESSA  |        | 2      |        |        |   |
| isoetharine hcl                               | 1      |        |        |        |   |
| isoniazid (ISONAZID)                          | 1      |        |        |        |   |
| isoniazid (NYDRAZID)                          | 1      |        |        |        |   |
| isosorbide dinitrate (DILATRATE-SR)           | 1      |        |        |        |   |
| isosorbide dinitrate (ISORDIL)                | 1      |        |        |        |   |
| isosorbide dinitrate (SORBITRATE)             | 1      |        |        |        |   |
| isosorbide mononitrate (IMDUR)                | 1      |        |        |        |   |
| isotretinoin (ACCUTANE)                       | 1      |        |        |        |   |
| itraconazole (SPORANOX)                       | 1      |        |        |        |   |
| <b>J</b>                                      |        |        |        |        |   |
| JANUVIA                                       |        |        | 3      |        |   |
| JANUMET                                       |        |        | 3      |        |   |
| <b>K</b>                                      |        |        |        |        |   |
| K PHOS  |        | 2      |        |        |   |
| KADIAN  |        |        | 3      |        | Use generic Morphine Sulfate ER tabs  |

| Drug Name                                      | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments                           |
|--|--------|--------|--------|--------|---|
| KALETRA  |        | 2      |        |        |   |
| KEMADRIN                                       |        | 2      |        |        |   |
| KEPPRA   |        | 2      |        |        |   |
| KETEK  |        |        | 3      |        |   |
| ketoconazole (NIZORAL CR)                      | 1      |        |        |        |   |
| ketoconazole (NIZORAL TABS)                    | 1      |        |        |        |   |
| ketorolac (TORADOL)                            | 1      |        |        |        |   |
| ketotifen fumarate oph sol (ZADITOR)           | 1      |        |        |        |   |
| KINERET*                                       |        |        |        | 4      | *not all plans cover this drug-check with member services |
| KLARON   |        | 2      |        |        |   |
| KLONOPIN WAFERS                                |        |        | 3      |        | Generic clonazepam  |
| K-LYTE DS                                      |        | 2      |        |        |   |
| KOATE DVI*                                     |        |        |        | 4      | *not all plans cover this drug-check with member services |
| KOGENATE FS*                                   |        |        |        | 4      | *not all plans cover this drug-check with member services |
| K-PHOS MODIFIED                                |        | 2      |        |        |   |
| K-PHOS ORIGINAL                                |        | 2      |        |        |   |
| KRISTALOSE                                     |        | 2      |        |        |   |
| KRONOFED-A                                     |        | 2      |        |        |   |
| KRONOFED-A JR                                  |        | 2      |        |        |   |
| KYTRIL   |        |        | 3      |        | ZOFRAN or ANZEMET Preferred                               |
| <b>L</b>                                       |        |        |        |        |   |
| labetalol (NORMODYNE)                          | 1      |        |        |        |   |
| labetalol (TRANDATE)                           | 1      |        |        |        |   |
| lactulose (CEPHULAC)                           | 1      |        |        |        |   |
| lactulose (CHRONULAC)                          | 1      |        |        |        |   |
| lactulose (DUPHALAC)                           | 1      |        |        |        |   |
| lactulose (ENULOSE)                            | 1      |        |        |        |   |
| lamotrigine (LAMICTAL)                         | 1      |        |        |        |   |
| LAMPRENE                                       |        | 2      |        |        |   |
| lamotrigine (LAMICTAL)                         | 1      |        |        |        |   |
| LANOXICAPS                                     |        |        | 3      |        | Use digoxin liquid or tablets                             |
| LANTUS/LANTUS SOLOSTAR                         |        | 2      |        |        |   |
| LARODOPA                                       |        | 2      |        |        |   |
| leflunomide (ARAVA)                            | 1      |        |        |        |   |
| LESCOL XL                                      |        |        | 3      |        | LIPITOR, CRESTOR  |
| LEUCOVORIN                                     |        | 2      |        |        |   |
| LEUKERAN                                       |        | 2      |        |        |   |
| LEUKINE*                                       |        |        |        | 4      | *not all plans cover this drug-check with member services |
| LEVAQUIN                                       |        |        | 3      |        | ciprofloxacin   |
| LEVEMIR  |        | 2      |        |        |   |
| LEVITRA  |        |        | 3      |        |   |
| LEVLIN   |        | 2      |        |        | Tier 2 = BRAND  |
| LEVLITE  |        | 2      |        |        | Tier 2 = BRAND  |
| levobunolol (BETAGAN)                          | 1      |        |        |        |   |
| levonorgestrel-ethin estradiol (TRI-LEVLEN)    | 1      |        |        |        |   |
| Levonorgestrel & Ethinyl Estradiol (SEASONALE) | 1      |        |        |        |   |
| levorphanol                                    | 1      |        |        |        |   |
| levothyroxine (LEVOTHROID)                     | 1      |        |        |        |   |
| levothyroxine (SYNTHROID)                      | 1      |        |        |        |   |
| levothyroxine (UNITHROID)                      | 1      |        |        |        |   |
| LEVOXYL  |        | 2      |        |        |   |
| LEVSIN/PB                                      | 1      |        |        |        |   |
| LEXAPRO  |        | 2      |        |        |   |
| LEXXEL   |        |        | 3      |        |   |
| LIDODERM                                       |        | 2      |        |        |   |
| LIFESCAN                                       |        |        | 3      |        | See above   |
| LINDANE  |        | 2      |        |        |   |

| Drug Name                       | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments                           |
|---------------------------------|--------|--------|--------|--------|---|
| LIPITOR                         |        | 2      |        |        |   |
| lisinopril (PRINIVIL)           | 1      |        |        |        |   |
| lisinopril (ZESTRIL)            | 1      |        |        |        |   |
| lisinopril/hctz (PRINZIDE)      | 1      |        |        |        |   |
| lisinopril/hctz (ZESTORETIC)    | 1      |        |        |        |   |
| lithium carbonate (ESKALITH/CR) | 1      |        |        |        |   |
| lithium carbonate (LITHOBID)    | 1      |        |        |        |   |
| lithium carbonate (LITHONATE)   | 1      |        |        |        |   |
| lithium citrate                 | 1      |        |        |        |   |
| LIVOSTIN                        |        |        | 3      |        |   |
| LMX4                            |        | 2      |        |        |   |
| LMX5                            |        | 2      |        |        |   |
| LOCOID Cr/Oint/Solt'n           |        | 2      |        |        | Multiple generic topical steroids                         |
| LOCOID LIPOCREAM                |        | 2      |        |        | Multiple generic topical steroids                         |
| LODOSYN                         |        | 2      |        |        |   |
| LOFIBRA                         |        |        | 3      |        |   |
| loperamide                      | 1      |        |        |        |   |
| LOPROX                          |        |        | 3      |        | OTC Lamisil   |
| LORABID                         |        | 2      |        |        |   |
| LORATADINE OTC                  | 1      |        |        |        |   |
| lorazepam (ATIVAN)              | 1      |        |        |        |   |
| LORTAB Elixir                   |        | 2      |        |        |   |
| LOTEMAX                         |        | 2      |        |        |   |
| LOTRONEX                        |        | 2      |        |        |   |
| lovastatin (MEVACOR)            | 1      |        |        |        |   |
| LOVAZA                          |        | 2      |        |        |   |
| LOVENOX                         |        | 2      |        |        |   |
| loxapine succinate (LOXITANE)   | 1      |        |        |        |   |
| LUMIGAN                         |        |        | 3      |        |   |
| LUNESTA                         |        | 2      |        |        |   |
| LUPRON DEPOT                    |        |        |        | 4      | *not all plans cover this drug-check with member services |
| LYBREL                          |        | 2      |        |        |   |
| LYRICA                          |        | 2      |        |        |   |
| LYSODREN                        |        | 2      |        |        |   |
| <b>M</b>                        |        |        |        |        |   |
| MACROBID                        |        |        | 3      |        |   |
| maprotilie (LUDIOMIL)           | 1      |        |        |        |   |
| MATULANE                        |        | 2      |        |        |   |
| MAXAIR                          |        |        | 3      |        | Generic albuterol, PROVENTIL HFA                          |
| MAXALT                          |        |        | 3      |        | IMITREX, RELPAX, ZOMIG                                    |
| MAXAQUIN                        |        |        | 3      |        | ciprofloxacin   |
| MAXIDEX                         |        | 2      |        |        |   |
| MEBARAL                         |        | 2      |        |        |   |
| mebendazole (VERMOX)            | 1      |        |        |        |   |
| meclizine hcl (ANTIVERT)        | 1      |        |        |        |   |
| meclofenamate                   | 1      |        |        |        |   |
| MEDISENSE SYRINGES              |        | 2      |        |        |   |
| medroxyprogesterone (PROVERA)   | 1      |        |        |        |   |
| mefloquine (LARIAM)             | 1      |        |        |        |   |
| MEGACE ES SUSP                  |        |        | 3      |        |   |
| megestrol (MEGACE)              | 1      |        |        |        |   |
| meloxicam (MOBIC)               | 1      |        |        |        |   |
| MENEST                          |        | 2      |        |        |   |
| MENOSTAR                        |        | 2      |        |        |   |
| MENTAX                          |        | 2      |        |        |   |
| meperidine (DEMEROL)            | 1      |        |        |        |   |
| MEPHYTON                        |        | 2      |        |        |   |

| Drug Name                                       | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments                           |
|---|--------|--------|--------|--------|---|
| MEPRON  |        | 2      |        |        |   |
| MESNEX  |        | 2      |        |        |   |
| METADATE CD                                     |        |        | 3      |        |   |
| metaproterenol nebulizer solution               | 1      |        |        |        |   |
| metformin (GLUCOPHAGE)                          | 1      |        |        |        |   |
| metformin XR (GLUCOPHAGE XR)                    | 1      |        |        |        |   |
| meth/me blue/ba/salol/atp/hyos (URISED)         | 1      |        |        |        |   |
| methadone (DOLOPHINE)                           | 1      |        |        |        |   |
| methamphetamine (DESOXYN)                       | 1      |        |        |        |   |
| methazolamide (NEPTAZANE)                       | 1      |        |        |        |   |
| METHERGINE                                      |        | 2      |        |        |   |
| methimazole (TAPAZOLE)                          | 1      |        |        |        |   |
| methocarbamol & aspirin (ROBAXISAL)             | 1      |        |        |        |   |
| methocarbamol (ROBAXIN)                         | 1      |        |        |        |   |
| methotrexate (RHEUMATREX)                       | 1      |        |        |        |   |
| methyclothiazide (AQUATENSEN)                   | 1      |        |        |        |   |
| methyclothiazide (ENDURON)                      | 1      |        |        |        |   |
| methyl dopa (ALDOMET)                           | 1      |        |        |        |   |
| methyl dopa/hctz (ALDORIL)                      | 1      |        |        |        | Some strengths available as generic                       |
| methylphenidate (METADATE ER)                   | 1      |        |        |        |   |
| methylphenidate (METHYLIN ER)                   | 1      |        |        |        |   |
| methylphenidate (RITALIN/SR)                    | 1      |        |        |        |   |
| methylprednisolone (MEDROL)                     | 1      |        |        |        | Some strengths available as generic                       |
| metipranolol (OPTIPRANOLOL)                     | 1      |        |        |        |   |
| metoclopramide (REGLAN)                         | 1      |        |        |        |   |
| metolazone (ZAROXOLYN)                          | 1      |        |        |        |   |
| metoprolol tartrate (LOPRESSOR)                 | 1      |        |        |        |   |
| metoprolol succinate er (TOPROL XL)             | 1      |        |        |        |   |
| metronidazole (FLAGYL/ER)                       | 1      |        |        |        |   |
| metronidazole cr (METROCREAM)                   | 1      |        |        |        |   |
| metronidazole cr and vag (METROGEL, METROGEL VA | 1      |        |        |        |   |
| metronidazole lotion (METROLOTION)              | 1      |        |        |        |   |
| mexiletine (MEXITIL)                            | 1      |        |        |        |   |
| MIACALCIN                                       |        | 2      |        |        |   |
| MICARDIS  |        | 2      |        |        |   |
| MICARDIS HCT                                    |        | 2      |        |        |   |
| miconazole nitrate (MONISTAT-DERM)              | 1      |        |        |        |   |
| MIGRANAL  |        | 2      |        |        |   |
| minocycline (DYNACIN)                           | 1      |        |        |        |   |
| minocycline (MINOCIN)                           | 1      |        |        |        |   |
| minoxidil (LONITEN)                             | 1      |        |        |        |   |
| MINTEZOL  |        | 2      |        |        |   |
| MIRAPEX   |        | 2      |        |        |   |
| MIRCETTE  |        | 2      |        |        | Tier 2 = BRAND  |
| mirtazapine (REMERON)                           | 1      |        |        |        |   |
| misoprostol (CYTOTEC)                           | 1      |        |        |        |   |
| MOBAN   |        | 2      |        |        |   |
| mometasone furoate (ELOCON)                     | 1      |        |        |        | Some strengths available as generic                       |
| MONARC-M*                                       |        |        |        | 4      | *not all plans cover this drug-check with member services |
| MONOCLATE-P*                                    |        |        |        | 4      | *not all plans cover this drug-check with member services |
| MONOINE*  |        |        |        | 4      | *not all plans cover this drug-check with member services |
| morphine (MS CONTIN)                            | 1      |        |        |        |   |
| morphine (MS IR)                                | 1      |        |        |        |   |
| morphine (RMS-SUPP)                             | 1      |        |        |        |   |
| morphine (ROXANOL)                              | 1      |        |        |        |   |
| multivitamins w/flouride                        | 1      |        |        |        |   |
| multivitamins w/fluor & iron                    | 1      |        |        |        |   |

| Drug Name   | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments                           |
|---|--------|--------|--------|--------|---|
| mupirocin (BACTROBAN OINT)                            | 1      |        |        |        |   |
| MUSE  |        |        | 3      |        |   |
| MYCELEX TROCHE  |        | 2      |        |        |   |
| MYCOBUTIN   |        | 2      |        |        |   |
| MYLERAN   |        | 2      |        |        |   |
| MYTELASE  |        |        | 3      |        |   |
| <b>N</b>  |        |        |        |        |   |
| nabumetone (RELAFEN)                                  | 1      |        |        |        |   |
| nadolol (CORCARD)                                     | 1      |        |        |        |   |
| NAMENDA   |        | 2      |        |        |   |
| NAPRELAN  |        |        | 3      |        | Generic NSAIDs  |
| naproxen (EC-NAPROSYN)                                | 1      |        |        |        |   |
| naproxen (NAPROSYN)                                   | 1      |        |        |        |   |
| naproxen sodium (ANAPROX DS)                          | 1      |        |        |        |   |
| NARDIL  |        | 2      |        |        |   |
| NASACORT AQ   |        | 2      |        |        |   |
| NASCOBAL  |        | 2      |        |        |   |
| NASONEX   |        | 2      |        |        |   |
| NEBUPENT  |        | 2      |        |        |   |
| nefazodone (SERZONE)                                  | 1      |        |        |        |   |
| neomycin suf/polymy/buffers/hc (PEDIOTIC)             | 1      |        |        |        |   |
| neomycin sulfate/hc                                   | 1      |        |        |        |   |
| neomycin sulfate/polymyxin/hc (CORTISPORIN)           | 1      |        |        |        |   |
| neomycin/bacitracin/polymyxin (NEOSPORIN)             | 1      |        |        |        |   |
| neomycin/polymyxin/dexameth (DEXACIDIN)               | 1      |        |        |        |   |
| neomycin/polymyxin/dexameth (MAXITROL)                | 1      |        |        |        |   |
| neostigmine bromide (PROSTIGMIN)                      | 1      |        |        |        |   |
| NEULASTA*   |        |        |        | 4      | *not all plans cover this drug-check with member services |
| NEUMEGA*  |        |        |        | 4      | *not all plans cover this drug-check with member services |
| NEUPOGEN*   |        |        |        | 4      | *not all plans cover this drug-check with member services |
| NEURONTIN solt'n                                      |        | 2      |        |        |   |
| NEVANAC   |        | 2      |        |        |   |
| NEXAVAR   |        | 2      |        |        |   |
| NEXIUM  |        | 2      |        |        |   |
| NIACIN-RX   |        | 2      |        |        |   |
| NIASPAN   |        | 2      |        |        |   |
| NIAZID-B6   |        | 2      |        |        |   |
| nicardipine extended-release (CARDENE)                | 1      |        |        |        |   |
| nifedipine (PROCARDIA)                                | 1      |        |        |        |   |
| nifedipine extended-release (ADALAT CC, PROCARDIA XL) | 1      |        |        |        |   |
| nifedipine extended-release (PROCARDIA XL)            | 1      |        |        |        |   |
| NILANDRON   |        | 2      |        |        |   |
| NIMOTOP   |        | 2      |        |        |   |
| nitrofurantoin macrocrystal (MACRODANTIN)             | 1      |        |        |        |   |
| nitroglycerin (NITRO-BID)                             | 1      |        |        |        |   |
| nitroglycerin (NITRO-DUR)                             | 1      |        |        |        |   |
| nitroglycerin (NITROL)                                | 1      |        |        |        |   |
| NITROLINGUAL  |        | 2      |        |        |   |
| nitroglycerin (NITROSTAT)                             | 1      |        |        |        |   |
| nizatidine (AXID)                                     | 1      |        |        |        |   |
| NORDITROPIN*  |        |        |        | 4      | *not all plans cover this drug-check with member services |
| noreth a-et estra/fe fumarate (LOESTRIN/FE)           | 1      |        |        |        | Use MICROGESTIN/FE  |
| norethindrone (NOR QD)                                | 1      |        |        |        | Use CAMILA  |
| norethindrone (ORTHO MICRONOR)                        | 1      |        |        |        | Use ERRIN, JOLIVETTE                                      |
| norethindrone acetate (AYGESTIN)                      | 1      |        |        |        |   |
| norethindrone-ethin estradiol (BREVICON)              | 1      |        |        |        | Use NECON, NOTREL   |

| Drug Name   | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments                           |
|---|--------|--------|--------|--------|---|
| norethindrone-ethin estradiol (MODICON)           | 1      |        |        |        | Use NECON, NOTREL   |
| norethindrone-mestranol (NORYNYL)                 | 1      |        |        |        | Use NECON, NOTREL   |
| norethindrone-mestranol (ORTHO NOVUM)             | 1      |        |        |        | Use NECON, NOTREL   |
| norgestimate-ethinyl estradiol (ORTHO CYCLEN)     | 1      |        |        |        | Use SPRINTEC, MONONESSA                                   |
| norgestimate-ethinyl estradiol (ORTHO TRI-CYCLEN) | 1      |        |        |        | Use TRINESSA, TRI-SPRINTEC                                |
| NORITATE  |        | 2      |        |        |   |
| NOROXIN   |        |        | 3      |        | ciprofloxacin   |
| nortriptyline (AVENTYL)                           | 1      |        |        |        |   |
| nortriptyline (PAMELOR)                           | 1      |        |        |        |   |
| NORVIR  |        | 2      |        |        |   |
| NOVOFINE  |        | 2      |        |        |   |
| NOVOLIN 70/30                                     |        | 2      |        |        |   |
| NOVOLIN L   |        | 2      |        |        |   |
| NOVOLIN N   |        | 2      |        |        |   |
| NOVOLIN PRODUCTS (all)                            |        | 2      |        |        |   |
| NOVOLIN R   |        | 2      |        |        |   |
| NOVOLOG   |        | 2      |        |        |   |
| NOVOSEVEN*  |        |        |        | 4      | *not all plans cover this drug-check with member services |
| NULYTELY  |        | 2      |        |        | Generic COLYTE, generic GOLYTELY                          |
| NUTROPIN/NUTROPIN AQ*                             |        |        |        | 4      | *not all plans cover this drug-check with member services |
| NUVARING  |        | 2      |        |        |   |
| nystatin (MYCOSTATIN)                             | 1      |        |        |        |   |
| nystatin (NILSTAT)                                | 1      |        |        |        |   |
| <b>O</b>  |        |        |        |        |   |
| ofloxacin (FLOXIN)                                | 1      |        |        |        |   |
| ofloxacin (OCUFLOX)                               | 1      |        |        |        |   |
| OLUX  |        | 2      |        |        |   |
| omeprazole  | 1      |        |        |        |   |
| omeprazole (OTC PRILOSEC)                         | 1      |        |        |        |   |
| omeprazole (PRILOSEC)                             | 1      |        |        |        |   |
| ONE TOUCH BASIC SYSTEM                            |        |        | 3      |        | FreeSyle or Bayer Products Preferred                      |
| ONE TOUCH PROFILE SYSTEM                          |        |        | 3      |        | FreeSyle or Bayer Products Preferred                      |
| ONE TOUCH TEST STRIP                              |        |        | 3      |        | FreeSyle or Bayer Products Preferred                      |
| OPANA   |        | 2      |        |        |   |
| OPANA ER  |        | 2      |        |        |   |
| opium/belladonna alkaloids (B&O)                  | 1      |        |        |        |   |
| OPTIVAR   |        | 2      |        |        |   |
| ORAP  |        | 2      |        |        |   |
| ORAPRED   |        | 2      |        |        |   |
| ORENCIA*  |        |        |        | 4      | *not all plans cover this drug-check with member services |
| orphenadrine (NORFLEX)                            | 1      |        |        |        |   |
| orphenadrine/aspirin/caffeine (NORGESIC)          | 1      |        |        |        |   |
| ORTHO TRI-CYCLEN LO                               |        |        | 3      |        |   |
| ORTHO-EVRA  |        | 2      |        |        |   |
| ORTHO-PREFEST                                     |        |        | 3      |        | PREMPRO, PREMPHASE  |
| ORUDIS  | 1      |        |        |        |   |
| OVCON   |        |        | 3      |        |   |
| OVIDE   |        | 2      |        |        |   |
| OVRETTE   |        |        | 3      |        |   |
| OXANDRIN  |        |        |        |        |   |
| oxaprozin (DAYPRO)                                | 1      |        |        |        |   |
| oxazepam (SERAX)                                  | 1      |        |        |        |   |
| Oxcarbazepine (TRILEPTAL)                         | 1      |        |        |        |   |
| OXISTAT   |        |        | 3      |        | OTC Lamisil   |
| OXSORALEN-ULTRA                                   |        | 2      |        |        |   |
| oxybutynin (DITROPAN)                             | 1      |        |        |        |   |
| oxycodone (OXY IR)                                | 1      |        |        |        |   |

| Drug Name                              | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments   |
|--|--------|--------|--------|--------|---|
| oxycodone/acetaminophen                | 1      |        |        |        |   |
| oxycodone/aspirin                      | 1      |        |        |        |   |
| OXYCONTIN                              |        | 2      |        |        |   |
| OXYTROL                                |        |        | 3      |        |   |
| <b>P</b>                               |        |        |        |        |   |
| PAMINE/FORTE                           |        | 2      |        |        |   |
| PANDEL                                 |        |        | 3      |        | Multiple generic topical steroids   |
| PANGES                                 |        | 2      |        |        |   |
| paromomycin (HUMATIN)                  | 1      |        |        |        |   |
| paroxetine (PAXIL)                     | 1      |        |        |        |   |
| paroxetine cr (PAXILCR)                | 1      |        |        |        |   |
| PASER                                  |        | 2      |        |        |   |
| PATADAY                                |        | 2      |        |        |   |
| PATANOL                                |        | 2      |        |        |   |
| PBZ-SR                                 |        | 2      |        |        |   |
| PCE                                    |        |        | 3      |        |   |
| pe/cod/pro (PHENERGRAN VC/CODEINE)     | 1      |        |        |        |   |
| pe/cpm/scop (EXTENDRYL SR/JR/CHEW)     | 1      |        |        |        |   |
| PEG INTRON*                            |        | 2      |        | 4      | *If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage |
| PEGANONE*                              |        | 2      |        | 4      | *If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage |
| PEGASYS*                               |        | 2      |        | 4      | *If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage |
| pemoline (CYLERT)                      | 1      |        |        |        |   |
| PENLAC                                 |        | 2      |        |        |   |
| PENETREX                               |        |        | 3      |        | ciprofloxacin   |
| penicillin                             | 1      |        |        |        |   |
| PENTASA                                |        |        | 3      |        | ASACOL Preferred  |
| pentazocine/naloxone (TALWIN NX)       | 1      |        |        |        |   |
| pentoxifylline (TRENTAL)               | 1      |        |        |        |   |
| PERIOSTAT                              |        |        | 3      |        |   |
| permethrin (ELIMITE)                   | 1      |        |        |        |   |
| perphenazine (TRILAFON)                | 1      |        |        |        |   |
| phenazopyridine (PYRIDIUM)             | 1      |        |        |        |   |
| phenobarbital                          | 1      |        |        |        |   |
| PHENURONE                              |        | 2      |        |        |   |
| phenylephrine hcl (NEO-SYNEPHRINE)     | 1      |        |        |        |   |
| PHENYTEK                               |        | 2      |        |        |   |
| phenytoin (DILANTIN)                   | 1      |        |        |        |   |
| PHOSLO                                 |        | 2      |        |        |   |
| PHOSPHOLINE IODIDE                     |        | 2      |        |        |   |
| phosphorus (K PHOS NEUTRAL)            | 1      |        |        |        |   |
| pilocarpine hcl (PILOCAR)              | 1      |        |        |        |   |
| pilocarpine hcl/epinephrine (E-PILO)   | 1      |        |        |        |   |
| PILOPINE H.S.                          |        | 2      |        |        |   |
| pindolol (VISKEN)                      | 1      |        |        |        |   |
| piroxicam (FELDENE)                    | 1      |        |        |        |   |
| PLAVIX                                 |        | 2      |        |        |   |
| polymyxin b sulfate/tmp (POLYTRIM)     | 1      |        |        |        |   |
| POLY-PRED                              |        | 2      |        |        |   |
| PONSTEL                                |        |        | 3      |        | Generic NSAIDs  |
| pot bicarb/pot chloride/ca (K-LYTE CL) | 1      |        |        |        |   |

| Drug Name                                    | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments  |
|--|--------|--------|--------|--------|--|
| potassium bicarb/ca (KLOR-CON)               | 1      |        |        |        |  |
| potassium chloride (KAOCHLOR/SF)             | 1      |        |        |        |  |
| potassium chloride (KAOCHLOR/SF)             | 1      |        |        |        |  |
| potassium chloride (KAYCIEL)                 | 1      |        |        |        |  |
| potassium chloride (K-DUR_                   | 1      |        |        |        |  |
| potassium chloride (K-LOR)                   | 1      |        |        |        |  |
| potassium chloride (KLOTRIX)                 | 1      |        |        |        |  |
| potassium chloride (K-TAB)                   | 1      |        |        |        |  |
| potassium chloride (MICRO-K)                 | 1      |        |        |        |  |
| potassium citrate er (UROCIT-K)              | 1      |        |        |        |  |
| potassium gluconate                          | 1      |        |        |        |  |
| PRAMOSONE Cr/Oint/Lotion                     |        | 2      |        |        |  |
| pramoxine/hydrocortisone                     | 1      |        |        |        |  |
| PRANDIN                                      |        | 2      |        |        |  |
| pravastatin (PRAVACHOL)                      | 1      |        |        |        |  |
| PRAVIGARD                                    |        |        | 3      |        | LIPITOR, CRESTOR and OTC aspirin   |
| prazosin (MINIPRESS)                         | 1      |        |        |        |  |
| PRECISION Q-I-D MONITOR                      |        | 2      |        |        |  |
| PRECISION Q-I-D TEST STRIPS                  |        | 2      |        |        |  |
| PRECOSE                                      |        |        | 3      |        |  |
| PRED MILD                                    |        | 2      |        |        |  |
| PRED-G                                       |        | 2      |        |        |  |
| prednisolone (PRELONE)                       | 1      |        |        |        |  |
| prednisolone acetate (ECONPRED PLUS)         | 1      |        |        |        |  |
| prednisolone acetate (PRED FORTE)            | 1      |        |        |        |  |
| prednisolone sod phosphate (INFLAMASE/FORTE) | 1      |        |        |        |  |
| prednisolone sod phosphate (PEDIAPRED)       | 1      |        |        |        |  |
| prednisone (DELTASONE)                       | 1      |        |        |        |  |
| PREMARIN                                     |        | 2      |        |        |  |
| PREMARIN LOW DOSE                            |        | 2      |        |        |  |
| PREMARIN VAGINAL CR                          |        | 2      |        |        |  |
| PREMPHASE                                    |        | 2      |        |        |  |
| PREMPRO                                      |        | 2      |        |        |  |
| PREMPRO LOW DOSE                             |        | 2      |        |        |  |
| prenatal vitamins                            | 1      |        |        |        |  |
| PRENATE ELITE                                |        | 2      |        |        |  |
| PRENATAL VITAMINS                            |        | 2      |        |        |  |
| PREVACID (all forms)                         |        | 2      |        |        |  |
| PREVACID NAP PAK                             |        | 2      |        |        |  |
| PREVPAC                                      |        | 2      |        |        |  |
| PRIFTIN                                      |        | 2      |        |        |  |
| priimidone (MYSOLINE)                        | 1      |        |        |        |  |
| PRILOSEC                                     |        |        | 3      |        | PRILOSEC OTC* (not all plans cover Prilosec OTC), Omeprazole, Pantoprazole, NEXIUM, PREVACID |
| primaquine                                   | 1      |        |        |        |  |
| PRO-BANTHINE                                 |        | 2      |        |        |  |
| probenecid                                   | 1      |        |        |        |  |
| procainamide (PONESTYL/SR)                   | 1      |        |        |        |  |
| procainamide (PROCANBID)                     | 1      |        |        |        |  |
| prochlorperazine edisylate (COMPAZINE)       | 1      |        |        |        |  |
| PROCRIT*                                     |        |        |        | 4      | *not all plans cover this drug-check with member services                                    |
| PROCTOCREAM-HC                               |        | 2      |        |        |  |
| PROFILNINE*                                  |        |        |        | 4      | *not all plans cover this drug-check with member services                                    |
| PROGRAF                                      |        | 2      |        |        |  |
| promethazine (PHENERGAN)                     | 1      |        |        |        |  |
| PROMETRUIM                                   |        |        | 3      |        |  |
| propafenone (RYTHMOL)                        | 1      |        |        |        |  |
| PROPLEX T*                                   |        |        |        | 4      | *not all plans cover this drug-check with member services                                    |

| Drug Name                                     | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments   |
|---|--------|--------|--------|--------|---|
| propoxyphene hcl/acetaminophen (WYGESIC)      | 1      |        |        |        |   |
| propoxyphene hcl/asa/caffeine (DARVON)        | 1      |        |        |        |   |
| propoxyphene napsylate/apap (DARVOCET-N)      | 1      |        |        |        |   |
| propranolol (INDERAL)                         | 1      |        |        |        |   |
| propylthiouracil                              | 1      |        |        |        |   |
| pantoprazole (PROTONIX)                       | 1      |        |        |        |   |
| PROTOPIC                                      |        | 2      |        |        |   |
| PROVENTIL HFA                                 |        | 2      |        |        |   |
| PROVIGIL                                      |        |        | 3      |        |   |
| PROZAC ONCE WEEKLY                            |        |        | 3      |        | Generic fluoxetine, generic paroxetine  |
| pse/bpm (BROMFED/PD)                          | 1      |        |        |        |   |
| pse/dbm                                       | 1      |        |        |        |   |
| pse/tri                                       | 1      |        |        |        |   |
| PULMICORT RESPULES                            |        | 2      |        |        |   |
| PULMICORT TURBUHALER/FLEXHALER                |        | 2      |        |        |   |
| PULMOZYME                                     |        |        |        | 4      | *not all plans cover this drug-check with member services   |
| PURINETHOL                                    |        | 2      |        |        |   |
| pyrazinamide                                  | 1      |        |        |        |   |
| pyridostigmine (MESTINON)                     | 1      |        |        |        | Some strengths available as generic   |
| pyrillamine/phenyltolox/phenir (POLY-HISTINE) | 1      |        |        |        |   |
| <b>Q</b>                                      |        |        |        |        |   |
| QUARZAN                                       |        | 2      |        |        |   |
| quinapril (ACCUPRIL)                          | 1      |        |        |        |   |
| quinapril and hctz (ACCURETIC)                | 1      |        |        |        |   |
| quinidine gluconate (QUINAGLUTE)              | 1      |        |        |        |   |
| quinidine sulfate (QUINIDEX)                  | 1      |        |        |        |   |
| quinine sulfate                               | 1      |        |        |        |   |
| QUIXIN  |        | 2      |        |        |   |
| QVAR  |        |        | 3      |        | FLOVENT, PULMICORT  |
| <b>R</b>                                      |        |        |        |        |   |
| ramipril (ALTACE)                             | 1      |        |        |        |   |
| ranitidine (ZANTAC)                           | 1      |        |        |        |   |
| RANEXA  |        | 2      |        |        |   |
| RAPAMUNE*                                     |        | 2      |        | 4      | *If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage |
| RAPTIVA*                                      |        |        |        | 4      | not all plans cover this drug-check with member services  |
| REBETOL*                                      |        | 2      |        | 4      | *If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage |
| REBETRON*                                     |        | 2      |        | 4      | *If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage |
| REBIF*  |        | 2      |        | 4      | *If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage |
| RECOMBINATE*                                  |        |        |        | 4      | *not all plans cover this drug-check with member services   |
| REFACTO*                                      |        |        |        | 4      | *not all plans cover this drug-check with member services   |
| REGRANEX                                      |        | 2      |        |        |   |
| RELENZA                                       |        |        | 3      |        |   |
| RELPAX  |        | 2      |        |        |   |
| REMICAIDE*                                    |        |        |        | 4      | *not all plans cover this drug-check with member services   |
| REMINYL                                       |        |        | 3      |        |   |
| RENACIDIN                                     |        | 2      |        |        |   |
| RENAGEL                                       |        | 2      |        |        |   |

| Drug Name                                       | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments                           |
|---|--------|--------|--------|--------|---|
| REQUIP XL                                       |        | 2      |        |        |   |
| RESCRIPTOR                                      |        | 2      |        |        |   |
| RESCULA   |        |        | 3      |        |   |
| RESTASIS  |        | 2      |        |        |   |
| RETIN-A MICRO (Age Limit May Apply)             |        | 2      |        |        |   |
| RETROVIR  |        | 2      |        |        |   |
| REVATIO   |        | 2      |        |        |   |
| REVLIMID  |        | 2      |        |        |   |
| REYATAZ   |        | 2      |        |        |   |
| RHINOCORT AQUA                                  |        |        | 3      |        | FLONASE, NASONEX, NASACORT AQ                             |
| RIDAURA   |        | 2      |        |        |   |
| RIFAMATE  |        | 2      |        |        |   |
| rifampin (RIFADIN)                              | 1      |        |        |        |   |
| rifampin (RIMACTANE)                            | 1      |        |        |        |   |
| RIFATER   |        | 2      |        |        |   |
| RILUTEK   |        | 2      |        |        |   |
| rimantadine (FLUMADINE)                         | 1      |        |        |        |   |
| RISPERDAL M-TAB                                 |        |        | 3      |        |   |
| risperidone (RISPERDAL)                         | 1      |        |        |        |   |
| RITALIN LA                                      |        | 2      |        |        |   |
| ROBINUL FORTE                                   |        | 2      |        |        |   |
| ROBINUL TABLET                                  |        | 2      |        |        |   |
| ROFERON-A                                       |        | 2      |        | 4      | *not all plans cover this drug-check with member services |
| ropinirole (REQUIP)                             | 1      |        |        |        |   |
| ROWASA  |        |        | 3      |        | ASACOL Preferred  |
| <b>S</b>  |        |        |        |        |   |
| SAIZEN*   |        |        |        | 4      | *not all plans cover this drug-check with member services |
| SALAGEN   |        | 2      |        |        |   |
| salsalate (DISALCID)                            | 1      |        |        |        |   |
| salsalate (SALFLEX)                             | 1      |        |        |        |   |
| SEASONIQUE                                      |        | 2      |        |        |   |
| SEBIZON   |        | 2      |        |        |   |
| selegiline (ELDERPRYL)                          | 1      |        |        |        |   |
| selenium sulfide (EXSEL)                        | 1      |        |        |        |   |
| selenium sulfide (SELSUN)                       | 1      |        |        |        |   |
| SENSIPAR  |        | 2      |        |        |   |
| SARAFEM   |        |        | 3      |        | Generic fluoxetine  |
| SERENTIL  |        |        | 3      |        |   |
| SEREVENT DISKUS                                 |        | 2      |        |        |   |
| SEROMYCIN                                       |        | 2      |        |        |   |
| SEROQUEL  |        | 2      |        |        |   |
| SEROQUEL XR                                     |        | 2      |        |        |   |
| silver sulfadiazine (SILVADENE)                 | 1      |        |        |        |   |
| simvastatin (ZOCOR)                             | 1      |        |        |        |   |
| SINGULAIR                                       |        |        | 3      |        | For Allergic Rhinitis                                     |
| SINGULAIR                                       |        | 2      |        |        | For Asthma  |
| SKELAXIN  |        | 2      |        |        |   |
| SKELID  |        |        | 3      |        | ACTONEL Preferred   |
| sodium chloride                                 | 1      |        |        |        |   |
| sodium citrate & citric acid solution (BICITRA) | 1      |        |        |        |   |
| sodium citrate/citric acid (CYTRA-2)            | 1      |        |        |        |   |
| sodium fluoride (KARIDIUM)                      | 1      |        |        |        |   |
| sodium fluoride (LURIDE/SF)                     | 1      |        |        |        |   |
| sodium polystyrene sulfonate (KAYEXELATE)       | 1      |        |        |        |   |
| sodium polystyrene sulfonate (KIONEX)           | 1      |        |        |        |   |
| SONATA  |        |        | 3      |        | Generic triazolam, temazepam, flurazepam, RESTORIL 7.5 mg |
| SORIATANE                                       |        | 2      |        |        |   |

| Drug Name   | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments                           |
|---|--------|--------|--------|--------|---|
| sotalol (BETAPACE/AF)                             | 1      |        |        |        |   |
| SPIRIVA   |        | 2      |        |        |   |
| spironolactone (ALDACTONE)                        | 1      |        |        |        |   |
| spironolactone/hctz (ALDACTAZIDE)                 | 1      |        |        |        |   |
| SPRYCEL   |        | 2      |        |        |   |
| STARLIX   |        | 2      |        |        |   |
| STATICIN  |        | 2      |        |        |   |
| STRATTERA   |        | 2      |        |        |   |
| STIMATE*  |        |        |        | 4      | *not all plans cover this drug-check with member services |
| STROMEKTOL  |        | 2      |        |        |   |
| STRONG  |        | 2      |        |        |   |
| SUCRAID   |        | 2      |        |        |   |
| sucralfate (CARAFATE)                             | 1      |        |        |        |   |
| SULAR   |        | 2      |        |        |   |
| sulfacetamide sodium (BLEPH 10)                   | 1      |        |        |        |   |
| sulfacetamide/prednis sp (VASOCIDIN)              | 1      |        |        |        |   |
| sulfacetamide/prednisolone ac (BLEPHAMIDE)        | 1      |        |        |        |   |
| sulfacetamide/sulfur, sublimed (NOVACET)          | 1      |        |        |        |   |
| sulfacetamide/sulfur, sublimed (PLEXION)          | 1      |        |        |        |   |
| sulfacetamide/sulfur, sublimed (SULFACET-R)       | 1      |        |        |        |   |
| sulfamethoxazole/trimethoprim (BACTRIM/BACTRIM D) | 1      |        |        |        |   |
| sulfamethoxazole/trimethoprim (SEPTRA/DS)         | 1      |        |        |        |   |
| SULFAMYLON  |        | 2      |        |        |   |
| sulfasalazine (AZULFADINE)                        | 1      |        |        |        |   |
| sulfipyrazone                                     | 1      |        |        |        |   |
| SULFOXYL  |        | 2      |        |        |   |
| sulindac (CLINORIL)                               | 1      |        |        |        |   |
| SUPRAX  |        |        | 3      |        | Generic Keflex  |
| SURE STEP   |        |        | 3      |        | FreeSyle or Bayer Products Preferred                      |
| SURE STEP   |        |        | 3      |        | FreeSyle or Bayer Products Preferred                      |
| SURMONTIL   |        | 2      |        |        |   |
| SUSTIVA   |        | 2      |        |        |   |
| SUTENT  |        | 2      |        |        |   |
| SYMBYAX   |        | 2      |        |        |   |
| SYMLIN  |        |        | 3      |        |   |
| SYNALGOS DC                                       |        | 2      |        |        |   |
| SYNAREL   |        | 2      |        |        |   |
| <b>T</b>  |        |        |        |        |   |
| TAMIFLU   |        |        | 3      |        |   |
| tamoxifen (NOLVADEX)                              | 1      |        |        |        |   |
| TARCEVA   |        | 2      |        |        |   |
| TARGRETIN   |        | 2      |        |        |   |
| TARKA   |        | 2      |        |        |   |
| TASMAR  |        | 2      |        |        |   |
| TAZORAC   |        | 2      |        |        |   |
| TEGRETOL XR                                       |        | 2      |        |        |   |
| temazepam (RESTORIL)                              | 1      |        |        |        |   |
| TEMODAR   |        | 2      |        |        |   |
| TEQUIN  |        |        | 3      |        |   |
| terazosin (HYTRIN)                                | 1      |        |        |        |   |
| terbinafine (LAMISIL)                             | 1      |        |        |        |   |
| terbutaline sulfate (BRETHINE)                    | 1      |        |        |        |   |
| TESLAC  |        | 2      |        |        |   |
| TESTODERM   |        |        | 3      |        | ANDRODERM, ANDROGEL                                       |
| TESTOSTERONE*                                     |        |        |        | 4      | *not all plans cover this drug-check with member services |
| TESTRED   |        | 2      |        |        |   |
| tetracycline (ACHROMYCIN)                         | 1      |        |        |        |   |

| Drug Name                                   | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments   |
|---|--------|--------|--------|--------|---|
| TEKTRUNA                                    |        | 2      |        |        |   |
| TEVETEN                                     |        |        | 3      |        | Diovan, Micardis preferred  |
| TEVETEN HCT                                 |        |        | 3      |        | Generic lisinopril, generic moexepiril, generic enalapril, generic captopril with hetz  |
| TEVTROPIN*                                  |        |        |        | 4      | *not all plans cover this drug-check with member services   |
| THALOMID                                    |        | 2      |        |        |   |
| THEO-24                                     |        | 2      |        |        |   |
| theophylline (ELIXOPHYLLINE/SR)             | 1      |        |        |        |   |
| theophylline (QUIBRON-T/SR)                 | 1      |        |        |        |   |
| theophylline (SLO-BID)                      | 1      |        |        |        |   |
| theophylline (THEO-DUR)                     | 1      |        |        |        |   |
| theophylline (UNI-DUR)                      | 1      |        |        |        |   |
| thioguanine                                 | 1      |        |        |        |   |
| thioridazine (MELLARIL)                     | 1      |        |        |        |   |
| thioridazine (MELLARIL-S)                   | 1      |        |        |        |   |
| thiothixene (NAVANE)                        | 1      |        |        |        |   |
| ticlopidine (TICLID)                        | 1      |        |        |        |   |
| TIKOSYN                                     |        | 2      |        |        |   |
| TILADE                                      |        | 2      |        |        |   |
| timolol (BLOCADREN)                         | 1      |        |        |        |   |
| timolol (TIMOPTIC/XE)                       | 1      |        |        |        |   |
| tizanidine (ZANAFLEX)                       | 1      |        |        |        |   |
| TOBI*                                       |        | 2      |        | 4      | *If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage |
| TOBRADEX                                    |        | 2      |        |        |   |
| tobramycin (TOBREX)                         | 1      |        |        |        |   |
| TOFRANIL PM                                 |        | 2      |        |        |   |
| tolmetin (TOLECTIN/DS)                      | 1      |        |        |        |   |
| TONOCARD                                    |        | 2      |        |        |   |
| TOPAMAX                                     |        | 2      |        |        |   |
| TORECAN                                     |        | 2      |        |        |   |
| torseamide (DEMADEX)                        | 1      |        |        |        |   |
| TRACER BG                                   |        |        | 3      |        |   |
| tramadol (ULTRAM)                           | 1      |        |        |        |   |
| tramadol and apap (ULTRACET)                | 1      |        |        |        |   |
| trandolapril (MAVIK)                        | 1      |        |        |        |   |
| TRANXENE SD                                 |        | 2      |        |        |   |
| tranylcypromine sulfate (PARNATE)           | 1      |        |        |        |   |
| TRAVATAN                                    |        | 2      |        |        |   |
| TRAVATAN Z                                  |        | 2      |        |        |   |
| trazodone (DESYREL)                         | 1      |        |        |        |   |
| TRECTOR-SC                                  |        | 2      |        |        |   |
| tretinoin (AVITA)                           | 1      |        |        |        |   |
| tretinoin (RETIN-A Age limit may apply)     | 1      |        |        |        |   |
| TREXALL                                     |        | 2      |        |        |   |
| TREXIMET                                    |        | 2      |        |        |   |
| triacinolone acetonide (ARISTOCORT)         | 1      |        |        |        |   |
| triacinolone acetonide (KENALOG)            | 1      |        |        |        |   |
| triamcinolone acetonide (KENALOG W/ORABASE) | 1      |        |        |        |   |
| TRIAZ                                       |        | 2      |        |        | Some strengths available as generic   |
| triazolam (HALCION)                         | 1      |        |        |        |   |
| TRICOR                                      |        | 2      |        |        |   |
| trifluoperazine (STELAZINE)                 | 1      |        |        |        |   |
| trifluridine (VIROPTIC)                     | 1      |        |        |        |   |
| TRIGLIDE                                    |        | 2      |        |        |   |
| trihexphenidyl (ARTANE)                     | 1      |        |        |        |   |

| Drug Name                               | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments   |
|---|--------|--------|--------|--------|---|
| TRI-K                                   |        | 2      |        |        |   |
| trimethobenzamide (TIGAN)               | 1      |        |        |        |   |
| trimethoprim (PROLOPRIM)                | 1      |        |        |        |   |
| trimethoprim (TRIMPEX)                  | 1      |        |        |        |   |
| TRI-NASAL                               |        |        | 3      |        | FLONASE, NASONEX, NASACORT AQ   |
| TRI-NORINYL                             |        |        | 3      |        |   |
| TRINSICON                               |        | 2      |        |        |   |
| TRIPLE SULFA CREAM                      |        | 2      |        |        |   |
| triple vitamins w/fluoride              | 1      |        |        |        |   |
| triple vits w/fluor & iron              | 1      |        |        |        |   |
| TRIZIVIR                                |        | 2      |        |        |   |
| tropicamide (MYDRIACYL)                 | 1      |        |        |        |   |
| TRUSOPT                                 |        |        | 3      |        |   |
| TUSSIONEX                               |        | 2      |        |        |   |
| <b>U</b>                                |        |        |        |        |   |
| UNIPHYL                                 |        | 2      |        |        |   |
| UNIRETIC                                |        |        | 3      |        | Generic lisinopril/hctz   |
| UNIVASC                                 |        |        | 3      |        | Generic ACEI Preferred  |
| URO-KP-NEUTRAL                          |        | 2      |        |        |   |
| UROXATRAL                               |        |        | 3      |        |   |
| URSO                                    |        | 2      |        |        |   |
| ursodiol (ACTIGALL)                     | 1      |        |        |        |   |
| <b>V</b>                                |        |        |        |        |   |
| VAGIFEM                                 |        | 2      |        |        |   |
| valproic acid (DEPAKENE)                | 1      |        |        |        |   |
| VALTREX                                 |        | 2      |        |        |   |
| VANCENASE AQ/DS                         |        |        | 3      |        | FLONASE, NASONEX, NASACORT AQ   |
| VANCOCIN                                |        |        | 3      |        | Metronidazole Preferred   |
| VANTIN                                  |        |        | 3      |        | Generic Keflex  |
| velivet (CYCLESSA)                      | 1      |        |        |        |   |
| VELOSEF                                 |        |        | 3      |        | Generic Keflex  |
| venlafaxine (EFFEXOR)                   | 1      |        |        |        |   |
| VENTOLIN HFA                            |        | 2      |        |        |   |
| VERAMYST                                |        | 2      |        |        |   |
| verapamil (CALAN/SR)                    | 1      |        |        |        |   |
| verapamil extended-release (ISOPTIN/SR) | 1      |        |        |        |   |
| VERELAN-PM                              |        |        | 3      |        |   |
| VESANOID                                |        | 2      |        |        |   |
| VESICARE                                |        | 2      |        |        |   |
| VEXOL                                   |        | 2      |        |        |   |
| VFEND*                                  |        | 2      |        | 4      | *If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage |
| VIAGRA                                  |        | 2      |        |        |   |
| VICON FORTE                             |        | 2      |        |        |   |
| VIDEX/EC                                |        | 2      |        |        |   |
| VIGAMOX                                 |        | 2      |        |        |   |
| VIRACEPT                                |        | 2      |        |        |   |
| VIRAMUNE                                |        | 2      |        |        |   |
| VIREAD                                  |        | 2      |        |        |   |
| VIVACTIL                                |        | 2      |        |        |   |
| VIVELLE DOT                             |        | 2      |        |        |   |
| VOLMAX                                  |        |        | 3      |        |   |
| VOLTAREN                                |        | 2      |        |        |   |
| VYTORIN                                 |        |        | 3      |        |   |
| <b>W</b>                                |        |        |        |        |   |

| Drug Name             | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Preferred Alternatives/Comments  |
|-----------------------|--------|--------|--------|--------|--|
| warfarin (COUMADIN)   | 1      |        |        |        |  |
| WELCHOL               |        |        | 3      |        |  |
| WINSTROL              |        |        | 3      |        |  |
| <b>X</b>              |        |        |        |        |  |
| XALATAN               |        | 2      |        |        |  |
| XELODA                |        | 2      |        |        |  |
| XOLAIR                |        |        |        | 4      | not all plans cover this drug-check with member services                                     |
| XOPENEX               |        | 2      |        |        |  |
| XYLOCAINE ORAL SPRAY  |        | 2      |        |        |  |
| XYREM                 |        | 2      |        |        |  |
| <b>Y</b>              |        |        |        |        |  |
| YASMIN                |        | 2      |        |        |  |
| YAZ                   |        | 2      |        |        |  |
| YODOXIN               |        | 2      |        |        |  |
| <b>Z</b>              |        |        |        |        |  |
| ZEGERID               |        |        | 3      |        | PRILOSEC OTC* (not all plans cover Prilosec OTC), Omeprazole, Pantoprazole, NEXIUM, PREVACID |
| ZERIT                 |        | 2      |        |        |  |
| ZETIA                 |        |        | 3      |        |  |
| ZIAGEN                |        | 2      |        |        |  |
| ZITHROMAX Susp        |        | 2      |        |        |  |
| ZMAX SUS 2GM          |        | 2      |        |        |  |
| ZOFRAN                |        | 2      |        |        |  |
| zolpidem (AMBIEN)     | 1      |        |        |        |  |
| ZOMIG                 |        | 2      |        |        |  |
| ZOMIG ZMT             |        | 2      |        |        |  |
| zonisamide (ZONEGRAN) | 1      |        |        |        |  |
| ZOVIRAX OINTMENT      |        | 2      |        |        |  |
| ZYFLO                 |        |        | 3      |        | ACCOLATE   |
| ZYLET                 |        | 2      |        |        |  |
| ZYMAR                 |        |        | 3      |        | CILOXAN, VIGAMOX   |
| ZYPREXA               |        | 2      |        |        |  |
| ZYPREXA ZYDIS         |        | 2      |        |        |  |
| ZYRTEC                |        |        |        |        | OTC VERSIONS OF ZYRTEC   |
| ZYRTEC D              |        |        |        |        | OTC VERSIONS OF ZYRTEC D   |
| ZYVOX                 |        |        | 3      | 4      | not all plans cover this drug-check with member services                                     |

**Smoking Cessation Products -**

Benefits for smoking cessation products varies widely by individual plan. Please refer to your prescription drug benefit coverage document for your particular coverage parameters. In general, most plans will cover a single continuous 90 day supply of a prescription smoking cessation product when taken in conjunction with a behavioral stop smoking class. Other smoking cessation products (patches and gum) are available over the counter and do not require a prescription.

**Fertility Treatment**

Benefits for the work up and treatment of infertility vary by plan as well as state law. Please refer to your health benefit coverage document for your coverage as it relates to fertility treatment products. If covered by your plan, Envision Pharmaceutical Services preferred fertility products are those manufactured by Organon and include Follistim, Pregnyl, and Antagon along with other products as needed such as Clomiphene Citrate.