

**SUMMARY OF MATERIAL MODIFICATION
TO THE SUMMARY PLAN DESCRIPTION
OF THE MEDICAL BENEFITS UNDER THE
UTICA COLLEGE HEALTH BENEFITS PLAN**

This Summary of Material Modification describes changes to the Summary Plan Description of the Medical Benefits under the Utica College Health Benefits Plan (the "Plan"). After reading it, you should attach it to your copy of the Summary Plan Description.

Effective as of January 1, 2012, the answer to Question 7 of the Summary Plan Description "How much must I pay for health insurance?" is as follows.

If there are ordinary increases or decreases in the premium, your payroll deductions will automatically be adjusted to reflect any change in your cost. Following is the current cost for this coverage. The Employer will provide participants with advance written notice of any changes to their cost.

Rates from January 1, 2012 to March 15, 2012

| Medical Option | Monthly Rate | Employer Share | Employee Cost |
|----------------|--------------|----------------|---------------|
| PPO | | | |
| Single | 709.72 | 589.07 | 120.65 |
| Employee+1 | 1,419.42 | 1,178.12 | 241.30 |
| Family | 1,958.09 | 1,625.21 | 332.88 |
| CDHP | | | |
| Single | 412.79 | 342.62 | 70.17 |
| Employee+1 | 825.59 | 685.24 | 140.35 |
| Family | 1,138.69 | 945.28 | 193.64 |

Rates from March 16, 2012 to December 31, 2012

| Medical Option | Monthly Rate | Employer Share | Employee Cost |
|----------------|--------------|----------------|---------------|
| PPO | | | |
| Single | 709.72 | 574.87 | 134.85 |
| Employee+1 | 1,419.42 | 1,149.73 | 269.69 |
| Family | 1,958.09 | 1,586.05 | 372.04 |
| CDHP | | | |
| Single | 412.79 | 334.36 | 78.43 |
| Employee+1 | 825.59 | 668.73 | 156.86 |
| Family | 1,138.69 | 922.50 | 216.39 |

Effective as of January 1, 2012, refer to the 2 page attachment for changes to the answer to Question 11 of the Summary Plan Description “What happens when I retire?”

Effective as of January 1, 2012, refer to the attached 2012 Excellus BlueCross BlueShield 3-Tier Formulary Guide.

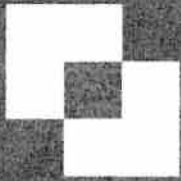
To access current Participating Provider information (free of charge), go to the following website:

Excellus BlueCross BlueShield – www.excellusbcb.com

Upon request, copies of the provider lists will be furnished to you, without charge, as a separate document.

| AAUP | | | |
|---|---|--|--------------------------------|
| | Hired prior to May 31, 2004 | Hired between June 1, 2004 & May 31, 2011 | Hired on or after June 1, 2011 |
| Early Retirees (under age 65) | Continue on CDHP, paying the cost sharing plan in effect at the time of retirement. This rate will be locked in until age 65 | | |
| Retirees aged 65 - 69 | Coverage under the College's Medicare Advantage Plan at no cost to the retiree. Same coverage to spouses & domestic partners. | Coverage under the College's Medicare Advantage Plan. Retiree will pay the premium in effect at the time of their retirement for the duration of the period. Same coverage to spouses & domestic partners. | |
| Retirees 70 or | Continued coverage under the Medicare Advantage Plan at full payment. | | |

| Non-AAUP | | |
|---|--|-----------------------------------|
| Hired prior to May 31, 2004 | Hired between June 1, 2004 & May 31, 2011 | Hired on or after June 1, 2011 |
| Continue on CDHP, always paying the cost sharing plan in effect for current Utica College employees. | | |
| Coverage under the College's Medicare Advantage Plan at no cost to the retiree. Same coverage to spouses & domestic partners | Coverage under the College's Medicare Advantage Plan. Retiree will pay the current premium in effect each year. Same coverage to spouses & domestic partners. | |
| Continued coverage under the Medicare Advantage Plan at full payment. | | |



2012 3-Tier Formulary Guide

Includes generic and brand-name medications



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Excellus  
excellusbcbs.com

B-1354 Y11
5817-11FLRX



This booklet includes the 2012 Formulary Guide and prescription drug benefit information. Please refer to this booklet when you see your healthcare practitioner or are prescribed a medication.

The drugs listed in the formulary and program descriptions may not apply to all plans. Please see your plan documents for a complete description of your pharmacy benefit.

If you have questions or need additional information, please visit our Web site or contact the FLRx Pharmacy Help Desk at (800) 724-5033.

Dear Member,

The prescription drug benefit is one of the most important and frequently utilized elements of health plan coverage. To help you identify which medications are covered under your plan, we are pleased to provide the 2012 3-Tier Formulary Guide. This booklet provides you with easy to understand information about your prescription drug coverage including descriptions of prescription drug safety and cost-saving programs.

The 2012 3-Tier Formulary Guide lists commonly prescribed medications and their tier classifications. The medications listed have been approved by the Food and Drug Administration as safe and effective and were selected in consultation with a team of health care professionals because they meet our criteria for safety, quality and value. We continually review and update our formulary.

The drugs listed in the formulary and program descriptions may not apply to all plans. Please see your plan documents or contact the FLRx Pharmacy Help Desk for a complete description of your pharmacy benefit.



Your prescription drug benefit is managed through our internal prescription drug management division named FLRx. The FLRx logo on your insurance identification card means that you and your covered family members will receive the maximum benefits entitled to you under your plan.

What is a Formulary?

A formulary is a list of brand name and generic drugs that are covered under your prescription drug benefit.

How is the Formulary Developed?

Drugs listed on the formulary were selected by our independent Pharmacy and Therapeutics (P&T) Committee which is made up of practicing health care providers and clinical pharmacists. The P&T Committee reviews each drug based upon scientific evidence, findings by federal government agencies, professional medical associations and journals to help ensure that the medications covered meet criteria for safety, effectiveness and value.

How do I use the formulary?

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

Medical Condition

Drugs are listed in alphabetical order according to drug categories. For example, drugs used to treat heart conditions are listed under the category "Cardiovascular/Heart." Drugs are listed in alphabetical order by condition.



Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that follows the formulary. The Index provides an alphabetical listing of all of the drugs included in the formulary and the page where they can be found in the formulary.

3-Tier Drug Benefit

Your 3-tier prescription drug benefit allows you to make informed choices and encourages value when choosing your prescription medications. Your copayment will vary depending on the tier in which your prescription drug is placed.

- Tier One drugs are typically generics and have the lowest copayment amount.
- Tier Two drugs are brand drugs that have unique, significant clinical advantages and offer overall greater value over the other products in the same drug class.
- Tier Three drugs are all other brand drugs, including new brand drugs and drugs that have generic equivalents. Tier Three drugs have the highest copayment amount.

The 3-Tier Formulary Guide lists commonly used medications and their tier designations. Because there are thousands of medications included in your pharmacy benefit, we list only the most commonly prescribed.

Your plan may not cover all medications listed in this booklet. Please see your plan documents for a complete description of your pharmacy benefit, or call the FLRx Pharmacy Help Desk.

Can the Formulary Change?

Our P&T Committee regularly reviews the drugs on our formulary to be sure they meet the criteria for safety, effectiveness and value. The list is subject to change. Drugs may be added, removed, or change tier designation at any time.

Generics Are Real Medicine

Generic drugs: safe, effective, affordable!

To help keep your prescription drug costs down, choose a generic drug over a brand. Generics are as safe and effective as their brand name counterparts – they just cost a lot less.

In fact, you'll save money when you choose a generic because generics have the lowest copay. That means you'll always pay the lowest out-of-pocket amount for a generic.

Generic drugs treat your illness or condition with the same effectiveness and safety as their brand name equivalents because they have to meet the same rigorous FDA requirements as brand name drugs.

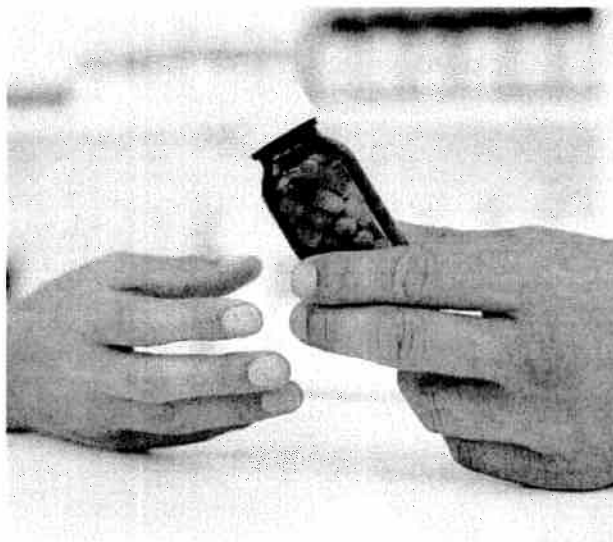
Experience has shown that more than 90% of members who start on a generic will stay on a generic. So the next time you need your brand prescription filled, ask your doctor or pharmacist if a generic is right for you.

Generic Trial Program - Everyone Saves With Generics

The Generic Trial program gives you a **free 30-day trial** of selected generic medications. The **first time** you fill a prescription for one of the generic medications included in the program your copayment will be waived. All future prescriptions will be at the usual copayment amount. For a complete list of generic medications included in the Generic Trial program, please visit our Web site.

Where Can I Purchase My Prescription Medications?

You have access to more than 61,000 participating pharmacies in our nationwide FLRx Pharmacy Network, including national chains and most independents. Just show your ID card at any participating pharmacy; it identifies you as having prescription drug coverage. A list of participating pharmacies in your area is available on our Web site.



Mail Service Pharmacy

Get your prescriptions delivered right to your door! When you use our mail service pharmacy, PrimeMail®, you get the convenience of home delivery and the ease of ordering new prescriptions and refills either by phone or via our Web site. Some benefits offer copay savings for ordering prescriptions through PrimeMail.

Using mail service pharmacy is ideal for those who take prescription medication on a continuing basis. For more information on how to use PrimeMail mail service pharmacy, please visit our Web site or contact the FLRx Pharmacy Help Desk.

Specialty Pharmacy

Specialty pharmacies focus on you and your individual health care needs. Because they work exclusively with specialty medications, they are experts in handling and administering these complex medications. Nationally recognized specialty pharmacies CuraScript Pharmacy and Walgreens Specialty Pharmacy participate in our network. Both offer outstanding customer service and are dedicated to providing quality care to our members. With a single, toll-free phone call they take care of all the details – they will contact your doctor for your prescription and arrange delivery to your home. There are several local/regional specialty pharmacies also participating in our specialty pharmacy network. A complete listing of participating specialty pharmacies is available on our Web site.

Are There Any Restrictions On Coverage?

Some covered drugs may have additional requirements or limits for coverage. If a drug has requirements or limits, it will be noted in the formulary.

If your healthcare practitioner determines that you need a medication that has a requirement or limit, we have an exception process in place. Your healthcare practitioner must submit a request to the Health Plan supporting your need.

Coverage requirements or limits may include:

- **Prior Authorization**
Prior authorization helps assure that a prescribed drug is safe and appropriate for your medical condition. Certain medications require that your doctor gets approval *before* the medication is covered. Our clinical pharmacists and physicians review medication requests to make sure that the choice of drug or dose is appropriately prescribed based on FDA and manufacturer guidelines, medical literature, safety, use and benefit design.
- **Step Therapy**
In some cases you may be required to first try one or more drugs to treat your medical condition before another drug for that condition will be covered. The medication treatment moves along a series of "steps." For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work, we will then cover Drug B.
- **Specialty Drug Benefit**
Specialty medications are designed for conditions like multiple sclerosis, rheumatoid arthritis, hepatitis C, and others that are difficult to treat with traditional medications. These medications are self-administered; either taken orally or by injection.

Your prescription drug benefit may require that you purchase certain specialty medications at a specialty pharmacy that participates in the FLRx Specialty Pharmacy Network in order to receive coverage. If a participating specialty pharmacy is not used you may be responsible for the full cost of the prescription. However, the *first time* a prescription for a specialty medication is

filled, it may be filled at any participating FLRx network retail pharmacy of choice. A complete listing of participating specialty pharmacies can be found on our Web site.

- **Quantity Limits**
For certain drugs, we limit the amount of the drug that we will cover. The amount of drug we cover is based on Food and Drug Administration (FDA) approved dosing and usage guidelines.
- **Initial Fill**
The first time you fill a prescription for a new medication at a retail pharmacy, you will be allowed up to a 30-day supply, even if your benefit allows for a greater supply. This is so you can be sure that the medication works for you. Some times members fill a prescription only to find that after the first few days the medication does not work or causes side effects. If the medication is effective, all future refills can be purchased up to the maximum amount allowed by your benefit.
- **Generic Advantage Program**
The Generic Advantage program promotes the use of generic medications. If you fill your prescription with a brand name medication when there is a generic equivalent available, you will pay the difference between the pharmacy's charge for the more costly brand name medication and our price for the less expensive generic. Check your benefits summary to find out if the Generic Advantage program applies to your plan.

Key:

- UPPERCASE – Brand name medication
- lowercase* – generic medication
- PA = Prior Authorization required
- QL = Quantity Limit applies
- ST = Step Therapy required
- MS = Drug must be purchased at a participating FLRx network specialty pharmacy for coverage
- GT = Qualifies for the Generic Trial Program

| DRUG | TIER | COMMENTS |
|--|------|------------|
| Addiction | | |
| Alcohol | | |
| ANTABUSE | 3 | |
| disulfiram | 1 | |
| Narcotics | | |
| buprenorphine hcl | 1 | |
| naltrexone | 1 | |
| SUBOXONE | 2 | |
| Smoking Deterrents | | |
| bupropion | 1 | |
| CHANTIX | 3 | QL |
| NICOTROL INHALER | 3 | |
| Allergy | | |
| Antihistamine / Decongestant Combination | | |
| CLARINEX-D | 3 | |
| Antihistamines | | |
| CLARINEX | 3 | |
| cyproheptadine | 1 | |
| diphenhydramine | 1 | |
| levocetirizine dihydrochloride | 1 | QL |
| promethazine | 1 | |
| XYZAL | 3 | QL |
| Alzheimer's | | |
| ARICEPT 23MG | 3 | QL, ST |
| donepezil hcl | 1 | |
| galantamine | 1 | |
| NAMENDA | 2 | |
| Note: Tier 2 when used in combination with an acetylcholinesterase inhibitor | | |
| rivastigmine tartrate | 1 | |
| Anaphylaxis Therapy Agents | | |
| EPIPEN 2-PAK | 2 | QL |
| EPIPEN-JR 2-PAK | 2 | QL |
| TWINJECT | 2 | QL |
| Angioedema | | |
| CINRYZE | 3 | MS, PA |
| FIRAZYR | 3 | MS, PA, QL |
| Antispasmodic Drugs | | |
| bethanechol | 1 | |
| DETROL | 3 | QL, ST |
| DETROL LA | 3 | QL, ST |
| dicyclomine | 1 | |
| ENABLEX | 3 | QL, ST |
| flavoxate | 1 | |
| GELNIQUE | 3 | QL, ST |
| glycopyrrolate | 1 | |
| oxybutynin | 1 | |
| oxybutynin er | 1 | |
| OXYTROL | 3 | QL, ST |
| SANCTURA | 3 | QL |
| SANCTURA XR | 3 | QL |
| Note: 2 after previous trial and failure of Alzheimers medication | | |
| TOVIAZ | 3 | QL, ST |
| tropium chloride | 1 | QL |
| VESICARE | 2 | QL |
| Asthma | | |
| Inhaled Beta Agonists / Inhaled Respiratory Drugs | | |
| acetylcysteine | 1 | |
| ADVAIR | 2 | QL |
| Note: Tier 2 after trial and failure of an inhaled steroid | | |
| albuterol sulfate | 1 | |
| ARCAPTA NEOHALER | 3 | QL |
| ATROVENT HFA | 2 | |
| BROVANA | 3 | |
| COMBIVENT | 2 | |
| cromolyn | 1 | |

| DRUG | TIER | COMMENTS |
|--|------|----------|
| DALIRESP | 3 | QL, ST |
| DULERA | 3 | |
| FORADIL | 2 | |
| Note: Tier 2 after trial and failure of an inhaled steroid | | |
| ipratropium | 1 | |
| ipratropium/albuterol | 1 | |
| MAXAIR | 3 | QL |
| metaproterenol | 1 | |
| PERFORMIST | 3 | QL |
| PROAIR HFA | 2 | QL |
| PROVENTIL HFA | 3 | QL |
| SEREVENT | 2 | |
| Note: Tier 2 after trial and failure of an inhaled steroid | | |
| SPIRIVA | 2 | |
| SYMBICORT | 2 | QL |
| Note: Tier 2 after trial and failure of an inhaled steroid | | |
| VENTOLIN HFA | 2 | QL |
| XOPENEX | 3 | |
| Inhaled Steroids | | |
| ALVESCO | 3 | QL |
| ASMANEX | 2 | QL |
| budesonide | 1 | QL |
| FLOVENT | 2 | QL |
| PULMICORT | 3 | QL |
| QVAR | 2 | QL |
| Leukotriene Inhibitors | | |
| ACCOLATE | 3 | |
| SINGULAIR | 2 | QL |
| Note: Tier 2 after a diagnosis of Asthma | | |
| zafirlukast | 1 | |
| ZYFLO | 3 | |
| ZYFLO CR | 3 | QL |
| Respiratory Drugs (oral) | | |
| albuterol sulfate er | 1 | |
| aminophylline | 1 | |
| terbutaline | 1 | |
| theophylline er | 1 | |
| Attention Deficit Disorder | | |
| ADDERALL XR | 2 | |
| AMPHETAMINE/DEXTRAMPHETAMINE | 3 | PA |
| CONCERTA | 2 | |
| DAYTRANA | 3 | QL |
| DESOXYN | 3 | |
| dexmethylphenidate | 1 | |
| dextroamphetamine sulfate er | 1 | |
| FOCALIN | 3 | |
| FOCALIN XR | 3 | |
| INTUNIV | 3 | QL, ST |
| KAPVAY | 3 | QL, ST |
| METADATE CD | 3 | |
| metadate er | 1 | |
| METHYLPHENIDATE ER TABS | 2 | |
| methylphenidate | 1 | |
| RITALIN LA | 3 | |
| STRATTERA | 3 | |
| VYVANSE | 3 | QL |
| Blood | | |
| Anticoagulants | | |
| ARIXTRA | 3 | |
| COUMADIN | 2 | |
| enoxaparin sodium | 1 | |
| fondaparinux sodium | 1 | |
| FRAGMIN | 3 | |
| heparin | 1 | |
| jantoven | 1 | |
| LOVENOX | 3 | |
| PRADAXA | 2 | QL |
| ticlopidine | 1 | |
| warfarin | 1 | |
| XARELTO | 2 | QL |

| DRUG | TIER | COMMENTS |
|-------------------------------|------|------------|
| Blood (continued) | | |
| Antiplatelet | | |
| AGGRENOX | 3 | |
| <i>anagrelide</i> | 1 | |
| <i>cilostazol</i> | 1 | |
| <i>dipyridamole</i> | 1 | |
| EFFIENT | 2 | QL |
| <i>pentoxifylline er</i> | 1 | |
| PLAVIX | 2 | QL |
| Blood Cell Stimulation | | |
| ARANESP | 2 | MS, PA, ST |
| EPOGEN | 2 | MS, PA |
| LEUKINE | 3 | MS, QL |
| MOZOBIL | 3 | MS, PA, QL |
| NEULASTA | 3 | MS, QL |
| NEUMEGA | 3 | MS |
| NEUPOGEN | 2 | MS, QL |
| PROCRIT | 2 | MS, PA |
| Cancer | | |
| Antineoplastic | | |
| ACTIMMUNE | 2 | MS, PA |
| AFINITOR | 2 | MS, PA, QL |
| ALFERON N | 2 | MS |
| ALKERAN | 2 | |
| <i>anastrozole</i> | 1 | |
| ARIMIDEX | 3 | |
| AROMASIN | 3 | |
| <i>bicalutamide</i> | 1 | |
| CEENU | 2 | |
| <i>cyclophosphamide</i> | 1 | |
| EMCYT | 2 | |
| <i>exemestane</i> | 1 | |
| FARESTON | 2 | |
| FEMARA | 3 | |
| <i>flutamide</i> | 1 | |
| GLEEVEC | 2 | MS, QL |
| HYCAMTIN | 2 | MS, PA, QL |
| <i>hydroxyurea</i> | 1 | |
| INTRON-A | 2 | MS, QL |
| IRESSA | 2 | MS, QL |
| <i>letrozole</i> | 1 | |
| LEUKERAN | 2 | |
| LYSODREN | 2 | |
| <i>megestrol</i> | 1 | |
| <i>mercaptopurine</i> | 1 | |
| MYLERAN | 2 | |
| NEXAVAR | 2 | MS, PA, QL |
| NILANDRON | 2 | |
| REVLIMID | 2 | MS, PA, QL |
| SPRYCEL | 2 | MS, PA, QL |
| SUTENT | 2 | MS, PA, QL |
| <i>tamoxifen</i> | 1 | |
| TARCEVA | 2 | MS, PA, QL |
| TARGRETIN | 2 | MS |
| TASIGNA | 2 | MS, PA, QL |
| TEMODAR | 2 | MS |
| THALOMID | 2 | MS, QL |
| TYKERB | 2 | MS, PA, QL |
| VANDETANIB | 2 | PA, QL |
| VOTRIENT | 2 | MS, PA, QL |
| XALKORI | 2 | MS, PA, QL |
| XELODA | 2 | MS |
| ZELBORAF | 2 | MS, PA, QL |
| ZOLINZA | 2 | MS, PA, QL |
| ZYTIGA | 2 | MS, PA, QL |

Cardiovascular / Heart

| ACE Inhibitors (high blood pressure) | | |
|---|---|--|
| <i>benazepril</i> | 1 | |
| <i>captopril</i> | 1 | |
| <i>enalapril</i> | 1 | |
| <i>fosinopril</i> | 1 | |

| DRUG | TIER | COMMENTS |
|---|------|----------|
| <i>lisinopril</i> | 1 | GT |
| <i>moexipril</i> | 1 | |
| <i>perindopril</i> | 1 | |
| <i>quinapril</i> | 1 | |
| <i>ramipril</i> | 1 | |
| <i>trandolapril</i> | 1 | |
| ACE Inhibitors / Diuretic Combinations | | |
| <i>benazepril hcl/hydrochlorothiazide</i> | 1 | |
| <i>enalapril maleate/hydrochlorothiazide</i> | 1 | |
| <i>fosinopril sodium/hydrochlorothiazide</i> | 1 | |
| <i>lisinopril/hydrochlorothiazide</i> | 1 | |
| <i>moexipril/hydrochlorothiazide</i> | 1 | |
| <i>quinapril/hydrochlorothiazide</i> | 1 | |
| Angiotensin II Receptor Blockers | | |
| ATACAND | 3 | QL, ST |
| AVAPRO | 2 | QL |
| BENICAR | 3 | QL, ST |
| COZAAR | 3 | ST |
| DIOVAN | 2 | QL |
| EDARBI | 3 | QL, ST |
| <i>losartan potassium</i> | 1 | |
| MICARDIS | 3 | QL, ST |
| TEVETEN | 3 | QL, ST |
| Anti-anginal Agents | | |
| <i>isosorbide dinitrate</i> | 1 | |
| <i>isosorbide mononitrate er</i> | 1 | |
| NITRO-BID | 3 | |
| <i>nitroglycerin</i> | 1 | |
| <i>nitroglycerin cr</i> | 1 | |
| NITROMIST | 3 | PA, QL |
| RANEXA | 3 | |
| Antiarrhythmics | | |
| <i>amiodarone</i> | 1 | |
| <i>digoxin</i> | 1 | |
| <i>disopyramide</i> | 1 | |
| <i>flecainide</i> | 1 | |
| LANOXIN | 2 | |
| <i>mexiletine</i> | 1 | |
| MULTAQ | 2 | QL |
| NORPACE CR | 3 | |
| <i>pacerone</i> | 1 | |
| <i>propafenone</i> | 1 | |
| <i>propafenone hcl er</i> | 1 | |
| <i>quinidine</i> | 1 | |
| RYTHMOL SR | 3 | |
| TIKOSYN | 3 | |
| Antihyperlipidemics | | |
| ADVICOR | 3 | ST |
| ALTOPREV | 3 | ST |
| ANTARA | 3 | |
| <i>cholestyramine</i> | 1 | |
| <i>colestipol hcl</i> | 1 | |
| CRESTOR | 2 | QL, ST |
| <i>fenofibrate</i> | 1 | |
| FENOGLIDE | 3 | QL |
| <i>gemfibrozil</i> | 1 | |
| LESCOL | 3 | QL, ST |
| LESCOL XL | 3 | QL, ST |
| LIPITOR | 3 | QL, ST |
| LIVALO | 3 | QL, ST |
| LOFIBRA | 3 | |
| <i>lovastatin</i> | 1 | GT, QL |
| LOVAZA | 3 | |
| MEVACOR | 3 | QL, ST |
| NIASPAN | 2 | |
| PRAVACHOL | 3 | QL, ST |
| <i>pravastatin</i> | 1 | QL |
| SIMCOR | 3 | QL, ST |
| <i>simvastatin</i> | 1 | GT, QL |
| TRICOR | 2 | |
| TRIGLIDE | 3 | |
| TRILIPIX | 3 | QL |
| VYTORIN | 3 | ST |

| DRUG | TIER | COMMENTS |
|--|------|----------|
| Cardiovascular / Heart (continued) | | |
| Antihyperlipidemics (continued) | | |
| WELCHOL | 3 | |
| ZETIA | 2 | |
| Note: Tier 2 with a statin | | |
| ZOCOR | 3 | QL, ST |
| Antihypertensive Combinations / Miscellaneous | | |
| amlodipine/benazepril | 1 | |
| AMTURNIDE | 3 | QL, ST |
| ATACAND HCT | 3 | QL, ST |
| atenolol/chlorthalidone | 1 | |
| AVALIDE | 2 | QL |
| AZOR | 3 | PA, QL |
| BENICAR HCT | 3 | QL, ST |
| BIDIL | 3 | QL |
| bisoprolol/hydrochlorothiazide | 1 | |
| BRILINTA | 3 | |
| CADUET | 3 | PA, QL |
| chlorthiazide | 1 | |
| clonidine | 1 | QL |
| DIOVAN HCT | 2 | QL |
| EXFORGE | 3 | PA, QL |
| EXFORGE HCT | 3 | PA, QL |
| HYZAAR | 3 | QL, ST |
| isoxsuprine | 1 | |
| losartan potassium/hydrochlorothiazide | 1 | QL |
| methazolamide | 1 | |
| methyllopa | 1 | |
| metoprolol/hydrochlorothiazide | 1 | |
| MICARDIS HCT | 3 | QL, ST |
| minoxidil | 1 | |
| NEXICLON XR | 3 | PA, QL |
| spironolactone/hydrochlorothiazide | 1 | |
| TARKA | 3 | QL |
| TEKAMLO | 3 | QL, ST |
| TEKTRUNA | 3 | QL, ST |
| TEKTRUNA HCT | 3 | QL, ST |
| TEVETEN HCT | 3 | QL, ST |
| TRIBENZOR | 3 | PA, QL |
| TWYNSTA | 3 | PA, QL |
| VALTURNA | 3 | QL, ST |
| Beta Blockers (high blood pressure) | | |
| acebutolol | 1 | |
| atenolol | 1 | GT |
| betaxolol | 1 | |
| BYSTOLIC | 3 | QL, ST |
| carvedilol | 1 | |
| COREG CR | 3 | QL, ST |
| labetalol | 1 | |
| metoprolol succinate er | 1 | QL |
| metoprolol tartrate | 1 | GT |
| nadolol | 1 | |
| pindolol | 1 | |
| propranolol | 1 | |
| propranolol er | 1 | |
| sotalol | 1 | |
| timolol | 1 | |
| Calcium Channel Blockers | | |
| afeditab cr | 1 | |
| amlodipine | 1 | |
| CARDENE SR | 3 | |
| COVERA-HS | 3 | |
| diltiazem cd | 1 | |
| diltiazem | 1 | |
| diltiazac | 1 | |
| DYNACIRC CR | 3 | |
| felodipine er | 1 | |
| isradipine | 1 | |
| nicardipine | 1 | |
| nifedipine | 1 | |
| nifedipine er | 1 | |
| nimodipine | 1 | |
| nisoldipine | 1 | |

| DRUG | TIER | COMMENTS |
|--|------|----------|
| SULAR | 3 | QL |
| verapamil | 1 | |
| verapamil er | 1 | |
| Diuretics | | |
| acetazolamide | 1 | |
| amiloride | 1 | |
| amiloride/hydrochlorothiazide | 1 | |
| chlorthalidone | 1 | |
| DYRENIUM | 3 | |
| eplerenone | 1 | |
| furosemide | 1 | |
| hydrochlorothiazide | 1 | GT |
| indapamide | 1 | |
| metolazone | 1 | |
| spironolactone | 1 | |
| torsemide | 1 | |
| triamterene/hydrochlorothiazide | 1 | |
| Central Nervous System | | |
| CUVPOSA | 3 | PA, QL |
| NUVIGIL | 3 | PA, QL |
| PROVIGIL | 3 | PA, QL |
| XYREM | 3 | PA, QL |
| Cough / Cold | | |
| Antitussives & Expectorants | | |
| benzonate | 1 | |
| hydrocodone polistirex and chlorpheniramine polistirex | 1 | QL |
| TUSSIONEX | 3 | QL |
| Cryopyrin Associated Periodic Syndromes | | |
| ARCALYST | 3 | PA |
| Cystic Fibrosis | | |
| CAYSTON | 3 | |
| PULMOZYME | 2 | MS |
| TOBI | 3 | MS |
| Dermatology | | |
| Cancer / Topical Peeling Agents | | |
| CARAC | 3 | |
| FLUOROPLEX | 3 | |
| PANRETIN | 3 | |
| SOLARAZE | 3 | |
| Immunomodulators | | |
| ALDARA | 3 | QL |
| ELIDEL | 3 | QL |
| imiquimod | 1 | QL |
| PROTOPIC | 3 | QL |
| ZYCLARA | 3 | QL |
| Psoriasis Products | | |
| calcipotriene | 1 | |
| DOVONEX | 2 | |
| DOVONEX SCALP | 3 | |
| selenium sulfide | 1 | |
| SORIATANE | 3 | QL |
| TACLONEX | 3 | ST |
| TACLONEX SCALP | 3 | PA, QL |
| TAZORAC | 3 | |
| Topical / Oral Acne Products | | |
| ACANYA | 3 | QL |
| ACZONE | 3 | QL, ST |
| adapalene | 1 | |
| amneesteem | 1 | |
| AVITA | 3 | |
| AZELEX | 3 | |
| BENZAFLIN | 3 | |
| BENZAMYCIN | 3 | |
| claravis | 1 | |
| CLINDAGEL | 3 | ST |
| clindamycin/benzoyl peroxide | 1 | |
| DIFFERIN | 3 | QL, ST |

| DRUG | TIER | COMMENTS |
|---|------|----------|
| Dermatology (continued) | | |
| Topical / Oral Acne Products (continued) | | |
| DUAC | 2 | |
| EPIDUO | 3 | QL |
| <i>erythromycin</i> | 1 | |
| EVOCLIN | 3 | ST |
| FINACEA | 3 | |
| KLARON | 3 | |
| <i>minocycline hcl er</i> | 1 | PA, QL |
| NEOBENZ MICRO SD | 3 | ST |
| ORACEA | 3 | QL, ST |
| PLEXION | 3 | ST |
| RETIN-A MICRO | 3 | |
| <i>sodium sulfacetamide</i> | 1 | |
| SOLODYN | 3 | PA, QL |
| <i>sotret</i> | 1 | |
| <i>tretinoin</i> | 1 | |
| TRETIN-X | 3 | PA, QL |
| TRIAZ | 3 | ST |
| ZIANA | 3 | PA |
| Topical / Oral Steroids | | |
| ACLOVATE | 3 | |
| <i>alclometasone dipropionate</i> | 1 | |
| <i>amcinonide</i> | 1 | |
| <i>augmented betamethasone</i> | 1 | |
| <i>betamethasone dipropionate</i> | 1 | |
| <i>betamethasone valerate</i> | 1 | |
| CAPEX | 2 | |
| <i>clobetazol propionate</i> | 1 | |
| CLOBEX | 2 | |
| Note: Tier 2 after trial and failure of a high or very or very high potency steroid | | |
| CLODERM | 3 | ST |
| <i>clotrimazole/betamethasone dipropionate</i> | 1 | |
| CORDRAN SP | 3 | ST |
| CORDRAN | 3 | |
| <i>desonide</i> | 1 | |
| DESOWEN LOTION/CETAPHIL CREAM | 3 | PA, QL |
| <i>desoximetasone</i> | 1 | |
| <i>dexamethasone</i> | 1 | |
| DIFLORASONE DIACETATE | 3 | |
| <i>fludrocortisone acetate</i> | 1 | |
| <i>fluocinolone acetonide</i> | 1 | |
| <i>fluocinonide</i> | 1 | |
| <i>fluticasone</i> | 1 | |
| <i>halobetasol propionate</i> | 1 | |
| HALOG | 3 | ST |
| HALONATE | 3 | PA, QL |
| <i>hydrocortisone butyrate</i> | 1 | |
| <i>hydrocortisone valerate</i> | 1 | |
| KENALOG | 3 | ST |
| LOCOID LIPOCREAM | 3 | ST |
| LUXIQ | 3 | ST |
| <i>methylprednisolone</i> | 1 | |
| <i>mometasone furoate</i> | 1 | |
| OLUX | 3 | ST |
| OLUX-E | 3 | ST |
| PANDEL | 3 | ST |
| <i>prednisolone</i> | 1 | |
| <i>prednisone</i> | 1 | |
| <i>triamcinolone acetonide</i> | 1 | |
| ULTRAVATE PAC | 3 | PA, QL |
| VANOS | 3 | ST |
| VERDESO | 3 | ST |
| Topical Antibiotics | | |
| ALTABAX | 3 | ST |
| BACTROBAN CREAM | 2 | ST |
| <i>gentamicin</i> | 1 | |
| METROGEL | 3 | ST |
| METROGEL 1% KIT | 3 | ST |
| <i>mupirocin</i> | 1 | |
| NORITATE | 3 | ST |
| <i>silver sulfadiazine</i> | 1 | |

| DRUG | TIER | COMMENTS |
|---|------|----------|
| Topical Antifungals | | |
| <i>ciclopirox nail lacquer</i> | 1 | |
| <i>ciclopirox olamine</i> | 1 | |
| <i>econazole nitrate</i> | 1 | |
| ERTACZO | 3 | ST |
| EXELDERM | 3 | |
| EXTINA | 3 | ST |
| <i>ketoconazole</i> | 1 | |
| LOPROX | 3 | ST |
| MENTAX | 3 | ST |
| NAFTIN | 3 | ST |
| NIZORAL SHAMPOO | 3 | ST |
| <i>nystatin/triamcinolone</i> | 1 | |
| <i>nystop</i> | 1 | |
| OXISTAT | 3 | ST |
| VUSION | 3 | |
| XOLEGEL | 3 | ST |
| Diabetes | | |
| DIABETIC BENEFIT and/or DME BENEFIT APPLIES. Please refer to member contract for copayment amount. If Diabetic Benefit DOES NOT apply please refer to the following tier classifications: | | |
| Blood Glucose Supplies | | |
| Accu-Chek and OneTouch are preferred test strips/meters and Step Therapy applies prior to all other meters. | | |
| ACCU-CHEK ACTIVE CARE KIT | 2 | |
| ACCU-CHEK ACTIVE STRIPS | 2 | QL |
| ACCU-CHEK AVIVA | 2 | QL |
| ACCU-CHEK COMFORT CURVE TEST STRIPS | 2 | QL |
| ACCU-CHEK COMPACT PLUS CARE KIT | 2 | |
| ACCU-CHEK COMPACT STRIPS | 2 | QL |
| ACCU-CHEK COMPACT TEST DRUM | 2 | QL |
| FASTTAKE TEST STRIPS | 2 | QL |
| ONETOUCH BASIC/PROFILE TEST STRIPS | 2 | QL |
| ONETOUCH ULTRA 2 | 2 | |
| ONETOUCH ULTRA BLUE | 2 | QL |
| ONETOUCH ULTRA MINI | 2 | |
| ONETOUCH ULTRA SYSTEM KIT | 2 | |
| ONETOUCH ULTRASMART | 2 | |
| SURESTEP PRO LINEARITY KIT | 2 | |
| SURESTEP TEST STRIPS | 2 | QL |
| Injectables | | |
| APIDRA | 2 | |
| BYETTA | 2 | QL |
| GLUCAGEN | 2 | |
| HUMALOG | 2 | |
| HUMALOG MIX 50/50 | 2 | |
| HUMALOG MIX 75/25 | 2 | |
| HUMULIN 70/30 PEN | 2 | |
| HUMULIN N | 2 | |
| HUMULIN R | 2 | |
| LANTUS | 2 | |
| LEVEMIR | 2 | |
| NOVOLIN 70/30 | 2 | |
| NOVOLIN N | 2 | |
| NOVOLIN R | 2 | |
| NOVOLOG | 2 | |
| NOVOLOG MIX 70/30 | 2 | |
| SYMLIN | 2 | * |
| VICTOZA | 2 | QL |
| Oral Hypoglycemics | | |
| ACTOPLUS MET | 2 | |
| ACTOPLUS MET XR | 2 | QL |
| ACTOS | 2 | |
| AVANDAMET | 2 | |
| AVANDARYL | 2 | QL |
| AVANDIA | 2 | |
| <i>chlorpropamide</i> | 1 | |
| CYCLOSET | 3 | QL |
| DUETACT | 2 | QL |
| FORTAMET | 3 | |
| <i>glimepiride</i> | 1 | |
| <i>glipizide</i> | 1 | |
| <i>glipizide/metformin</i> | 1 | |
| GLUCOVANCE | 3 | |

*ST applies to selected benefits

| DRUG | TIER | COMMENTS |
|--|------|----------|
| Diabetes (continued) | | |
| Oral Hypoglycemics (continued) | | |
| GLUMETZA | 3 | |
| glyburide | 1 | |
| glyburide micronized | 1 | |
| glyburide/metformin | 1 | |
| GLYSET | 2 | |
| JANUMET | 2 | QL |
| JANUVIA | 2 | QL |
| KOMBIGLYZE XR | 3 | QL |
| metformin | 1 | |
| metformin er | 1 | |
| nateglinide | 1 | |
| ONGLYZA | 3 | QL |
| PRANDIMET | 3 | |
| PRANDIN | 2 | |
| tolazamide | 1 | |
| tolbutamide | 1 | |
| TRADJENTA | 3 | QL |
| Ear | | |
| acetasol hc | 1 | |
| antipyrine/benzocaine | 1 | |
| CIPRODEX | 2 | |
| neomycin/polymyxin/hydrocortisone | 1 | |
| ofloxacin | 1 | |
| ZINOTIC | 3 | |
| Endocrine | | |
| calcitriol | 1 | |
| DRISDOL | 3 | |
| HECTOROL | 3 | |
| octreotide | 1 | MS |
| vitamin d | 1 | |
| ZEMPLAR | 2 | |
| PKU | | |
| KUVAN | 3 | MS, PA |
| Enteral Formula | | |
| Enteral formulas | 3 | PA |
| PKU products | 2 | PA |
| various generics | 1 | PA |
| Eye | | |
| Antiallergics | | |
| ALAMAST | 3 | |
| ALOCRIAL | 3 | |
| ALOMIDE | 3 | |
| ALREX | 3 | |
| BEPREVE | 3 | |
| EMADINE | 3 | |
| epinastine hcl | 1 | |
| LASTACRAFT | 3 | |
| LOTEMAX | 2 | |
| OPTIVAR | 3 | |
| PATADAY | 3 | |
| PATANOL | 3 | |
| Antiinfectives | | |
| AZASITE | 3 | |
| BESIVANCE | 3 | |
| CILOXAN OINTMENT | 2 | |
| ciprofloxacin | 1 | |
| neomycin/bacitracin/polymyxin | 1 | |
| neomycin/polymyxin/gramicidin | 1 | |
| polymyxin b sulfate/trimethoprim sulfate | 1 | |
| QUIXIN | 3 | |
| tobramycin | 1 | |
| trifluridine | 1 | |
| VIGAMOX | 2 | |
| ZYMAXID | 3 | PA |
| Anti-inflammatory | | |
| ACULAR | 3 | |

| DRUG | TIER | COMMENTS |
|----------------------------------|------|------------|
| ACULAR LS | 3 | |
| ACUVAIL | 3 | |
| BLEPHAMIDE | 3 | |
| BROMDAY | 3 | |
| diclofenac | 1 | |
| DUREZOL | 3 | |
| flurbiprofen | 1 | |
| FML FORTE | 3 | |
| ketorolac | 1 | |
| neomycin/polymyxin/dexamethasone | 1 | |
| NEVANAC | 3 | |
| PRED-G | 3 | |
| tobramycin/dexamethasone | 1 | |
| VEXOL | 3 | |
| VOLTAREN | 3 | |
| ZYLET | 3 | |
| Glaucoma | | |
| ALPHAGAN P | 3 | |
| AZOPT | 3 | |
| BETIMOL | 3 | |
| BETOPTIC-S | 3 | |
| brimonidine | 1 | |
| carteolol hcl | 1 | |
| dorzolamide | 1 | |
| dorzolamide/timolol | 1 | |
| IOPIDINE | 3 | |
| latanoprost | 1 | QL |
| levobunolol | 1 | |
| LUMIGAN | 2 | |
| metipranolol | 1 | |
| pilocarpine | 1 | |
| PILOPINE HS | 3 | |
| TRAVATAN Z | 3 | |
| XALATAN | 3 | QL |
| Fibromyalgia | | |
| CYMBALTA | 3 | QL, ST |
| LYRICA | 3 | QL |
| SAVELLA | 3 | QL |
| Gout | | |
| allopurinol | 1 | |
| COLCRYS | 2 | |
| probenecid | 1 | |
| probenecid/colchicine | 1 | |
| ULORIC | 2 | QL, ST |
| Growth Hormone / Factors | | |
| GENOTROPIN | 3 | MS, PA, ST |
| HUMATROPE | 3 | MS, PA, ST |
| INCRELEX | 3 | MS, PA |
| NUTROPIN | 3 | MS, PA, ST |
| NUTROPIN AQ | 3 | MS, PA, ST |
| OMNITROPE | 2 | MS, PA |
| SAIZEN | 3 | MS, PA, ST |
| SEROSTIM | 3 | MS, PA |
| SOMAVERT | 3 | PA |
| TEV-TROPIN | 3 | MS, PA, ST |
| ZORBTIVE | 3 | MS, PA, QL |
| Hemorrhoids | | |
| ala cort | 1 | |
| hemril-30 | 1 | |
| hydrocortisone | 1 | |
| hydrocortisone acetate | 1 | |
| proctocream hc | 1 | |
| proctozone-hc | 1 | |
| Hepatitis B | | |
| BARACLUDE | 2 | MS, PA, QL |
| EPIVIR HBV | 2 | MS, PA |
| HEPSERA | 2 | MS, PA |
| TYZEKA | 2 | MS, PA, QL |
| Hepatitis C | | |
| COPEGUS | 3 | MS, PA |
| INCIVEK | 2 | MS, PA |
| PEGASYS | 2 | MS, PA, QL |

| DRUG | TIER | COMMENTS | DRUG | TIER | COMMENTS |
|------------------------------------|------|----------------|--------------------------------|------|----------|
| Hepatitis C (continued) | | | | | |
| PEG-INTRON | 2 | MS, PA, QL, ST | cefaclor | 1 | |
| ribasphere | 1 | MS, PA | cefaclor er | 1 | |
| ribavirin | 1 | MS, PA | cefadroxil | 1 | |
| SYLATRON | 3 | MS, PA | cefdinir | 1 | |
| VICTRELIS | 2 | MS, PA | cefpodoxime | 1 | |
| HIV | | | cefprozil | 1 | |
| APTIVUS | 2 | | cefuroxime | 1 | |
| ATRIPLA | 2 | QL | cephalexin | 1 | |
| COMBIVIR | 2 | | ciprofloxacin er | 1 | QL |
| COMPLERA | 2 | | ciprofloxacin | 1 | |
| CRIVIVAN | 2 | | clarithromycin | 1 | |
| didanosine | 1 | | clindamycin | 1 | |
| EGRIFTA | 3 | MS, PA, QL | dicloxacillin | 1 | |
| EMTRIVA | 2 | | DORYX | 3 | ST |
| EPIVIR | 2 | | doxycycline hyclate | 1 | |
| EPZICOM | 2 | | erythrocin stearate | 1 | |
| FUZEON | 3 | | FURADANTIN | 3 | |
| INTELENCE | 2 | QL | isoniazid | 1 | |
| INVIRASE | 2 | | KETEK | 3 | |
| ISENTRESS | 2 | QL | LEVAQUIN | 3 | |
| KALETRA | 2 | | levofloxacin | 1 | |
| LEXIVA | 2 | | metronidazole | 1 | |
| NORVIR | 2 | | minocycline | 1 | |
| PREZISTA | 2 | | MOXATAG | 3 | PA, QL |
| RESCRIPTOR | 2 | | nitrofurantoin | 1 | |
| REYATAZ | 2 | | NOROXIN | 3 | |
| SELZENTRY | 2 | QL | ofloxacin | 1 | |
| stavudine | 1 | | penicillin v potassium | 1 | |
| SUSTIVA | 2 | | rifampin | 1 | |
| TRIZIVIR | 2 | | SPECTRACEF | 3 | |
| TRUVADA | 2 | | sulfamethoxazole/trimethoprim | 1 | |
| VIRACEPT | 2 | | SUPRAX | 3 | |
| VIRAMUNE | 2 | | tetracycline | 1 | |
| VIREAD | 2 | | trimethoprim | 1 | |
| ZIAGEN | 2 | | VIBRAMYCIN | 3 | |
| zidovudine | 1 | | XIFAXAN | 3 | |
| Huntington's Chorea | | | ZMAX | 3 | |
| XENAZINE | 2 | MS, PA, QL | ZYVOX | 3 | PA, QL |
| Hyperammonemia | | | Antifungal Drugs (oral) | | |
| CARBAGLU | 3 | PA | clotrimazole | 1 | |
| Idiopathic Thrombocytopenia | | | fluconazole | 1 | |
| PROMACTA | 3 | MS, PA, QL | GRIFULVIN V | 2 | |
| Immune System | | | griseofulvin | 1 | |
| AZASAN | 3 | ST | GRIS-PEG | 3 | |
| azathioprine | 1 | | itraconazole | 1 | QL |
| cyclosporine | 1 | | ketocozazole | 1 | |
| gengraf | 1 | | LAMISIL GRANULES | 3 | PA, QL |
| leflunomide | 1 | | nystatin | 1 | |
| mycophenolate mofetil | 1 | | ORAVIG | 3 | PA, QL |
| MYFORTIC | 3 | | terbinafine | 1 | |
| NEORAL | 3 | | terconazole | 1 | |
| RAPAMUNE | 2 | | VFEND | 3 | QL |
| tacrolimus | 1 | | voriconazole | 1 | QL |
| ZORTRESS | 3 | MS | Antiviral Drugs | | |
| Inborn Errors of Metabolism | | | acyclovir | 1 | |
| ORFADIN | 3 | PA | DENAVIR | 3 | QL |
| ZAVESCA | 3 | PA, QL | famciclovir | 1 | QL |
| Infantile Spasms | | | FAMVIR | 3 | QL |
| SABRIL | 3 | MS, PA, QL | ganciclovir | 1 | |
| Infections | | | RELENZA DISKHALER | 2 | QL |
| Antibiotics | | | rimantadine | 1 | |
| ADOXA | 3 | | TAMIFLU | 2 | QL |
| amoxicillin | 1 | | valacyclovir hcl | 1 | |
| amoxicillin/clavulanate potassium | 1 | | VALCYTE | 3 | |
| ampicillin | 1 | | VALTRESX | 3 | |
| AVELOX | 3 | | XERESE | 3 | PA, QL |
| azithromycin | 1 | | ZOVIRAX | 3 | QL |
| CEDAX | 3 | | Malaria | | |
| | | | chloroquine | 1 | |
| | | | DARAPRIM | 3 | |
| | | | MALARONE | 3 | |
| | | | mefloquine | 1 | |
| | | | QUALAQUIN | 3 | PA |

| DRUG | TIER | COMMENTS |
|---|------|------------|
| Infections (continued) | | |
| Scabies | | |
| <i>acticin</i> | 1 | |
| EURAX | 3 | QL |
| <i>lindane</i> | 1 | QL |
| <i>permethrin</i> | 1 | |
| Inflammatory Bowel | | |
| APRISO | 3 | QL |
| ASACOL | 2 | |
| <i>balsalazide</i> | 1 | |
| <i>budesonide</i> | 1 | |
| CANASA | 2 | |
| CIMZIA | 2 | MS, PA, QL |
| Note: Tier 2 if written by a gastroenterologist for Crohn's disease | | |
| DIPENTUM | 2 | |
| ENTOCORT EC | 3 | |
| HUMIRA PEN | 2 | MS, PA, QL |
| LIALDA | 2 | |
| <i>mesalamine</i> | 1 | |
| <i>mesalamine kit</i> | 1 | PA, QL |
| PENTASA | 2 | |
| ROWASA KIT | 3 | PA, QL |
| <i>sulfasalazine</i> | 1 | |
| Intranasal | | |
| Steroids / Antihistamines / Miscellaneous | | |
| ASTELIN | 3 | ST |
| ASTEPRO | 2 | ST |
| <i>azelastine hcl</i> | 1 | |
| BECONASE AQ | 3 | QL, ST |
| FLONASE | 3 | ST |
| <i>flunisolide</i> | 1 | QL |
| <i>fluticasone</i> | 1 | |
| NASACORT AQ | 3 | ST |
| NASONEX | 2 | |
| OMNARIS | 3 | QL, ST |
| PATANASE | 3 | QL, ST |
| RHINOCORT AQUA | 3 | ST |
| <i>triamcinolone acetonide</i> | 1 | |
| VERAMYST | 3 | QL, ST |
| Men's Health | | |
| BPH Agents (prostate) | | |
| AVODART | 3 | QL, ST |
| <i>doxazosin</i> | 1 | |
| <i>finasteride</i> | 1 | |
| FLOMAX | 3 | QL, ST |
| JALYN | 3 | PA, QL |
| <i>prazosin</i> | 1 | |
| RAPAFLO | 3 | QL, ST |
| <i>tamsulosin hcl</i> | 1 | QL |
| <i>terazosin</i> | 1 | |
| UROXATRAL | 3 | QL, ST |
| Hormones | | |
| ANDRODERM | 2 | |
| ANDROGEL | 2 | |
| ANDROID | 2 | |
| <i>androxy</i> | 1 | |
| <i>oxandrolone</i> | 1 | |
| STRIANT | 3 | |
| TESTIM | 3 | |
| Sexual Dysfunction | | |
| CAVERJECT | 3 | QL |
| CIALIS | 3 | QL |
| EDEX | 3 | QL |
| LEVITRA | 3 | QL |
| MUSE | 3 | QL |
| STAXYN | 3 | QL |
| VIAGRA | 3 | QL |
| <i>yohimbine</i> | 1 | |

| DRUG | TIER | COMMENTS |
|---|------|----------|
| Mental Health | | |
| Antidepressants | | |
| <i>amoxapine</i> | 1 | |
| ALENZIN | 3 | QL, ST |
| <i>budeprion sr</i> | 1 | |
| <i>budeprion xl</i> | 1 | |
| <i>bupropion</i> | 1 | |
| <i>bupropion sr</i> | 1 | |
| CELEXA | 3 | QL, ST |
| <i>citalopram</i> | 1 | GT, QL |
| <i>clomipramine</i> | 1 | |
| CYMBALTA | 3 | QL, ST |
| <i>desipramine</i> | 1 | |
| <i>doxepin</i> | 1 | |
| EFFEXOR XR | 3 | QL, ST |
| EMSAM | 3 | QL, ST |
| <i>fluoxetine dr</i> | 1 | QL |
| <i>fluoxetine</i> | 1 | |
| <i>fluvoxamine</i> | 1 | |
| <i>imipramine</i> | 1 | |
| LEXAPRO | 3 | ST |
| LUVOX CR | 3 | QL, ST |
| <i>maprotiline</i> | 1 | |
| <i>mirtazapine</i> | 1 | |
| NARDIL | 3 | |
| <i>nefazodone</i> | 1 | |
| <i>nortriptyline</i> | 1 | |
| OLEPTRO | 3 | QL, ST |
| <i>paroxetine</i> | 1 | |
| <i>paroxetine hcl er</i> | 1 | QL |
| PAXIL | 3 | ST |
| PAXIL CR | 3 | ST |
| PEXEVA | 3 | ST |
| <i>phenelzine sulfate</i> | 1 | |
| PRISTIQ | 3 | PA, QL |
| PROZAC | 3 | ST |
| PROZAC WEEKLY | 3 | QL, ST |
| SARAFEM | 3 | QL, ST |
| <i>sertraline</i> | 1 | |
| SURMONTIL | 3 | |
| SYMBYAX | 3 | |
| <i>tranylcypromine</i> | 1 | |
| trazodone | 1 | |
| <i>venlafaxine</i> | 1 | |
| <i>venlafaxine hcl er</i> | 1 | QL |
| VIIBRYD | 3 | QL, ST |
| WELLBUTRIN | 3 | ST |
| WELLBUTRIN SR | 3 | ST |
| WELLBUTRIN XL | 3 | ST |
| ZOLOFT | 3 | ST |
| Antipsychosis | | |
| ABILIFY | 2 | ST |
| Note: Tier 2 after trial and failure of risperidone | | |
| ABILIFY DISCMELT | 2 | ST |
| Note: Tier 2 after trial and failure of risperidone | | |
| <i>chlorpromazine</i> | 1 | |
| <i>clozapine</i> | 1 | |
| FANAPT | 3 | QL, ST |
| FAZACLO | 3 | |
| <i>fluphenazine</i> | 1 | |
| GEODON | 2 | |
| Note: Tier 2 after trial and failure of risperidone | | |
| <i>haloperidol</i> | 1 | |
| INVEGA | 3 | PA, QL |
| LATUDA | 3 | QL, ST |
| <i>loxapine</i> | 1 | |
| <i>risperidone</i> | 1 | |
| <i>risperidone odt</i> | 1 | |
| SAPHRIS | 3 | QL, ST |
| SEROQUEL | 2 | |
| Note: Tier 2 after trial and failure of risperidone | | |
| SEROQUEL XR | 2 | QL, ST |
| Note: Tier 2 after trial and failure of risperidone | | |
| <i>thioridazine</i> | 1 | |
| <i>thiothixene</i> | 1 | |

| DRUG | TIER | COMMENTS |
|---|------|------------|
| Mental Health (continued) | | |
| Antipsychosis (continued) | | |
| trifluoperazine | 1 | |
| ZYPREXA | 2 | |
| Note: Tier 2 after trial and failure of risperidone | | |
| ZYPREXA ZYDIS | 2 | |
| Note: Tier 2 after trial and failure of risperidone | | |
| Sedatives / Hypnotics / Anxiety | | |
| alprazolam | 1 | |
| alprazolam er | 1 | |
| AMBIEN | 3 | QL, ST |
| AMBIEN CR | 3 | QL, ST |
| buspirone | 1 | |
| clorazepate | 1 | |
| diazepam | 1 | |
| EDLUAR | 3 | QL, ST |
| estazolam | 1 | |
| flurazepam | 1 | |
| hydroxyzine | 1 | |
| lorazepam | 1 | |
| LUNESTA | 3 | QL, ST |
| meprobamate | 1 | |
| oxazepam | 1 | |
| ROZEREM | 3 | QL, ST |
| SILENOR | 3 | QL, ST |
| SONATA | 3 | QL, ST |
| temazepam | 1 | |
| triazolam | 1 | |
| zaleplon | 1 | QL |
| zolpidem | 1 | QL |
| zolpidem tartrate er | 1 | QL |
| ZOLPIMIST | 3 | QL, ST |
| Migraine | | |
| AMERGE | 3 | QL, ST |
| AXERT | 3 | QL, ST |
| CAMBIA | 3 | QL, ST |
| divalproex sodium er | 1 | |
| FROVA | 3 | QL, ST |
| IMITREX | 3 | QL, ST |
| MAXALT | 2 | QL, ST |
| MAXALT-MLT | 2 | QL, ST |
| MIGRANAL | 2 | QL |
| naratriptan hcl | 1 | QL |
| RELPAK | 3 | QL, ST |
| sumatriptan | 1 | QL |
| SUMAVEL DOSEPRO | 3 | QL, ST |
| TREXIMET | 3 | QL, ST |
| ZOMIG | 3 | QL, ST |
| ZOMIG ZMT | 3 | QL, ST |
| Modified Solid Foods | | |
| All modified solid foods are covered as brands | | |
| Multiple Sclerosis | | |
| AMPYRA | 3 | MS, PA, QL |
| AVONEX | 3 | MS, QL |
| BETASERON | 2 | MS, QL |
| COPAXONE | 2 | MS, QL |
| EXTAVIA | 3 | MS, PA, QL |
| GILENYA | 3 | MS, PA, QL |
| REBIF | 2 | MS, QL |
| Osteoporosis | | |
| ACTONEL | 2 | QL, ST |
| alendronate | 1 | GT, QL |
| ATELVIA | 2 | QL, ST |
| BONIVA | 3 | QL, ST |
| etidronate | 1 | |
| EVISTA | 2 | QL |
| FORTEO | 3 | MS, PA |
| fortical | 1 | |
| FOSAMAX | 3 | QL, ST |
| FOSAMAX PLUS D | 3 | QL, ST |
| MIACALCIN | 3 | |

| DRUG | TIER | COMMENTS |
|-----------------------------|------|----------|
| SKELID | 3 | |
| Pain / Inflammation | | |
| Muscle Relaxants | | |
| AMRIX | 3 | PA, QL |
| baclofen | 1 | |
| carisoprodol | 1 | |
| chlorzoxazone | 1 | |
| CYCLOBENZAPRINE COMFORT PAC | 3 | PA |
| cyclobenzaprine | 1 | |
| cyclobenzaprine hcl er | 1 | PA, QL |
| FEXMID | 3 | PA, QL |
| metaxalone | 1 | QL |
| methocarbamol | 1 | |
| orphenadrine er | 1 | |
| SKELAXIN | 3 | QL, ST |
| SOMA 250mg | 3 | PA |
| tizanidine | 1 | |
| NSAIDs | | |
| ANAPROX | 3 | ST |
| ANAPROX DS | 3 | ST |
| ARTHROTEC 75 | 3 | QL, ST |
| CATAFLAM | 3 | ST |
| CELEBREX | 3 | QL, ST |
| DAYPRO | 3 | QL, ST |
| diclofenac sodium ec | 1 | |
| etodolac | 1 | |
| etodolac er | 1 | |
| FELDENE | 3 | ST |
| fenoprofen | 1 | |
| flurbiprofen | 1 | |
| ibuprofen | 1 | |
| indomethacin | 1 | |
| ketoprofen | 1 | |
| ketorolac | 1 | QL |
| meclofenamate | 1 | |
| meloxicam | 1 | GT |
| MOBIC | 3 | ST |
| nabumetone | 1 | QL |
| NAPRELAN | 3 | ST |
| NAPROSYN | 3 | ST |
| naproxen | 1 | |
| oxaprozin | 1 | QL |
| PENNSAID | 2 | ST |
| piroxicam | 1 | |
| PONSTEL | 3 | ST |
| SPRIX | 3 | QL, ST |
| sulindac | 1 | |
| tolmetin | 1 | |
| VIMOVO | 3 | QL, ST |
| VOLTAREN-XR | 3 | ST |
| ZIPSOR | 3 | QL, ST |
| Topical NSAIDs | | |
| FLECTOR | 3 | QL, ST |
| VOLTAREN | 2 | QL |
| Pain Relievers | | |
| Narcotic | | |
| ABSTRAL | 3 | PA, QL |
| acetaminophen/codeine | 1 | |
| ACTIQ | 3 | PA, QL |
| AVINZA | 3 | QL |
| BUTRANS | 3 | QL, ST |
| CONZIP | 3 | QL, ST |
| DURAGESIC | 3 | QL, ST |
| EXALGO | 3 | QL, ST |
| fantanyl | 1 | QL, ST |
| fantanyl lollipops | 1 | PA, QL |
| FENTORA | 3 | PA, QL |
| hydrocodone/acetaminophen | 1 | |
| hydrocodone/ibuprofen | 1 | |
| hydromorphone | 1 | |
| KADIAN | 2 | QL |
| mepredine | 1 | |

| DRUG | TIER | COMMENTS |
|---|------|----------------|
| Pain Relievers (continued) | | |
| Narcotic (continued) | | |
| <i>methadone</i> | 1 | |
| <i>methadose</i> | 1 | |
| <i>morphine</i> | 1 | |
| <i>morphine sulfate er</i> | 1 | QL |
| NUCYNTA | 3 | QL |
| NUCYNTA ER | 3 | QL |
| ONSOLIS | 3 | PA, QL |
| OPANA | 3 | |
| OPANA ER | 3 | QL |
| ORAMORPH SR | 3 | QL |
| <i>oxycodone</i> | 1 | |
| <i>oxycodone/acetaminophen</i> | 1 | |
| <i>oxycodone/aspirin</i> | 1 | |
| <i>oxycodone/ibuprofen</i> | 1 | |
| OXYCONTIN | 3 | QL, ST |
| <i>oxymorphone hydrochloride</i> | 1 | |
| <i>pentazocine/naloxone</i> | 1 | |
| <i>roxicet</i> | 1 | |
| RYBIX ODT | 3 | QL |
| RYZOLT | 3 | QL |
| <i>tramadol</i> | 1 | |
| <i>tramadol hcl er</i> | 1 | QL |
| <i>tramadol hydrochloride/acetaminophen</i> | 1 | |
| ULTRAM ER | 3 | QL |
| Non-Narcotic | | |
| <i>butalbital/acetaminophen/caffeine</i> | 1 | |
| <i>diflunisal</i> | 1 | |
| LIDODERM | 3 | |
| <i>salsalate</i> | 1 | |
| SYNERA | 3 | |
| Parkinson's Disease | | |
| <i>amantadine</i> | 1 | |
| AZILECT | 3 | QL |
| <i>benztropine</i> | 1 | |
| <i>bromocriptine</i> | 1 | |
| <i>carbidopa/levodopa</i> | 1 | |
| <i>carbidopa/levodopa odt</i> | 1 | |
| COMTAN | 2 | |
| LODOSYN | 2 | |
| MIRAPEX ER | 3 | QL, ST |
| <i>pramipexole dihydrochloride</i> | 1 | |
| REQUIP XL | 3 | QL, ST |
| <i>ropinirole</i> | 1 | |
| <i>selegiline</i> | 1 | |
| STALEVO | 3 | |
| TASMAR | 3 | |
| <i>trihexyphenidyl</i> | 1 | |
| ZELAPAR | 3 | QL, ST |
| Phosphate Binders | | |
| <i>calcium acetate</i> | 1 | |
| RENAGEL | 2 | |
| REVELA | 2 | |
| Potassium Supplements | | |
| <i>klor-con</i> | 1 | |
| <i>potassium chloride</i> | 1 | |
| <i>potassium citrate</i> | 1 | |
| Pseudobulbar Affect | | |
| NUEDEXTA | 3 | PA, QL |
| Pulmonary Arterial Hypertension | | |
| ADCIRCA | 2 | MS, PA, QL |
| LETAIRIS | 3 | MS, PA, QL |
| REVATIO | 3 | MS, PA, QL, ST |
| TRACLEER | 3 | MS, PA |
| TYVASO STARTER | 3 | MS, PA, QL |
| Restless Leg Syndrome | | |
| HORIZANT | 3 | QL, ST |
| <i>pramipexole dihydrochloride</i> | 1 | |

| DRUG | TIER | COMMENTS |
|---------------------------------|------|----------------|
| <i>ropinirole</i> | 1 | |
| Rheumatoid Arthritis | | |
| CIMZIA | 3 | MS, PA, QL |
| ENBREL | 2 | MS, PA, QL |
| HUMIRA | 2 | MS, PA, QL |
| <i>hydroxychloroquine</i> | 1 | |
| KINERET | 3 | MS, PA, QL |
| <i>methotrexate</i> | 1 | |
| ORENCIA | 3 | MS, PA, QL |
| SIMPONI | 3 | MS, PA, QL, ST |
| Seizure / Pain | | |
| BANZEL | 2 | |
| <i>carbamazepine</i> | 1 | |
| <i>carbamazepine er</i> | 1 | |
| CARBATROL | 3 | |
| CELONTIN | 2 | |
| <i>clonazepam</i> | 1 | |
| DIASTAT ACUDIAL | 2 | |
| DILANTIN | 2 | |
| <i>divalproex</i> | 1 | |
| EQUETRO | 3 | |
| <i>ethosuximide</i> | 1 | |
| <i>felbamate</i> | 1 | |
| FELBATOL | 3 | |
| <i>gabapentin</i> | 1 | |
| GABITRIL | 2 | |
| KEPPRA | 3 | |
| KEPPRA XR | 3 | QL |
| LAMICTAL ODT | 3 | QL, ST |
| LAMICTAL XR | 3 | QL, ST |
| <i>lamotrigine</i> | 1 | QL |
| <i>levetiracetam</i> | 1 | |
| <i>levetiracetam er</i> | 1 | QL |
| LYRICA | 3 | QL |
| <i>oxcarbazepine</i> | 1 | |
| PEGANONE | 2 | |
| <i>phenobarbital</i> | 1 | |
| <i>phenytoin</i> | 1 | |
| <i>primidone</i> | 1 | |
| STAVZOR | 3 | |
| TOPAMAX SPRINKLE | 3 | |
| <i>topiramate</i> | 1 | |
| <i>valproic acid</i> | 1 | |
| VIMPAT | 2 | |
| <i>zonisamide</i> | 1 | |
| Stomach / Intestinal | | |
| Antiemetics (for nausea) | | |
| ANZEMET | 3 | QL, ST |
| CESAMET | 3 | |
| <i>dronabinol</i> | 1 | |
| EMEND | 2 | QL |
| <i>granisetron</i> | 1 | QL |
| <i>meclizine</i> | 1 | |
| <i>ondansetron</i> | 1 | QL |
| <i>prochlorperazine</i> | 1 | |
| SANCUSO | 3 | QL, ST |
| TRANSDERM-SCOP | 3 | |
| <i>trimethobenzamide</i> | 1 | |
| ZOFRAN | 3 | QL, ST |
| ZUPLENZ | 3 | QL, ST |
| Digestants | | |
| CREON | 2 | |
| ZENPEP | 2 | |
| Gallbladder | | |
| URSO 250 | 3 | |
| URSO FORTE | 3 | |
| <i>ursodiol</i> | 1 | |
| Irritable Bowel | | |
| AMITIZA | 3 | QL |
| LOTRONEX | 3 | QL |

| DRUG | TIER | COMMENTS | DRUG | TIER | COMMENTS |
|---|------|----------|--|------|----------------|
| Stomach / Intestinal (continued) | | | | | |
| Ulcer / Heartburn | | | | | |
| ACIPHEX | 3 | QL, ST | microgestin fe 1.5/30 | 1 | QL |
| CARAFATE | 3 | | MODICON | 3 | QL |
| cimetidine | 1 | | mononessa | 1 | QL |
| DEXILANT | 3 | QL, ST | NATAZIA | 3 | QL |
| famotidine | 1 | | necon 0.5/35-28 | 1 | QL |
| HELIDAC | 3 | | nora-be | 1 | QL |
| lansoprazole | 1 | QL | NORDETTE-28 | 3 | QL |
| metoclopramide | 1 | | nortrel 0.5/35 (28) | 1 | QL |
| METOZOLV ODT | 3 | QL, ST | NUVARING | 2 | |
| misoprostol | 1 | | ogestrel | 1 | QL |
| NEXIUM | 2 | QL, ST | ORTHO EVRA | 3 | QL |
| nizatidine | 1 | | ORTHO TRI-CYCLEN | 3 | QL |
| omeprazole | 1 | GT, QL | ORTHO TRI-CYCLEN LO | 2 | QL |
| omeprazole/sodium bicarbonate | 1 | QL | ORTHO-CYCLEN | 3 | QL |
| pantoprazole | 1 | QL | OVCON-50 28 | 3 | QL |
| PREVACID | 3 | QL, ST | portia-28 | 1 | QL |
| PREVPAC | 3 | | previfem | 1 | QL |
| PRILOSEC | 3 | QL, ST | quasense | 1 | QL |
| prilosec otc | 1 | GT, QL | reclipsen | 1 | QL |
| PROTONIX | 3 | QL, ST | SEASONIQUE | 3 | QL |
| ranitidine | 1 | | solia | 1 | QL |
| sucralfate | 1 | | sprintec 28 | 1 | QL |
| ZEGERID | 3 | QL, ST | TRI-NORINYL 28 | 3 | QL |
| | | | tri-previfem | 1 | QL |
| | | | tri-sprintec | 1 | QL |
| | | | trivora-28 | 1 | QL |
| | | | YASMIN 28 | 3 | QL |
| | | | YAZ | 3 | QL |
| | | | zovia 1/35e | 1 | QL |
| | | | zovia 1/50e | 1 | QL |
| Throat products - Miscellaneous | | | | | |
| EVOXAC | 2 | | Fertility Drugs | | |
| Thyroid | | | BRAVELLE | 2 | MS, PA, QL |
| ARMOUR THYROID | 3 | | CETROTIDE | 3 | MS, PA |
| CYTOMEL | 3 | | chorionic gonadotropin | 1 | MS, PA, QL |
| levothroid | 1 | | clomiphene | 1 | |
| levothyroxine | 1 | | ENDOMETRIN | 3 | PA |
| levoxyl | 1 | | FOLLISTIM AQ | 3 | MS, PA, QL, ST |
| liothyronine sodium | 1 | | GANIRELIX | 3 | PA |
| methimazole | 1 | | GONAL-F | 2 | MS, PA, QL |
| NATURE-THROID | 3 | | leuprolide | 1 | PA |
| propylthiouracil | 1 | | LUVERIS | 3 | MS, PA |
| SYNTHROID | 3 | | MENOPUR | 3 | MS, PA |
| THYROLAR | 3 | | NOVAREL | 3 | MS, PA |
| UNITHROID | 3 | | OVIDREL | 3 | MS, PA |
| | | | pregnyl w/diluent benzyl alcohol/nacl | 1 | MS, PA |
| | | | REPRONEX | 3 | MS, PA |
| | | | SYNAREL | 2 | MS |
| Weight Management | | | Hormones | | |
| Anorexiants | | | ACTIVELLA | 3 | |
| ADIPEX-P | 3 | QL | ALORA | 3 | QL |
| BONTRIL | 3 | QL | ANGELIQ | 3 | |
| DIDREX | 3 | QL | CENESTIN | 3 | |
| diethylpropion | 1 | QL | CLIMARA | 2 | QL |
| phendimetrazine er | 1 | QL | CLIMARA PRO | 2 | |
| phentermine | 1 | QL | COMBIPATCH | 3 | |
| XENICAL | 3 | PA | CRINONE | 3 | |
| | | | ENJUVIA | 3 | |
| | | | esterified estrogens/methyltestosterone hs | 1 | |
| | | | ESTRACE | 3 | |
| | | | ESTRADERM | 3 | QL |
| | | | estradiol | 1 | QL |
| | | | estradiol/norethindrone acetate | 1 | |
| | | | estropiate | 1 | |
| | | | EVAMIST | 3 | |
| | | | FEMHRT 1/5 | 3 | |
| | | | jinteli | 1 | |
| | | | medroxyprogesterone | 1 | |
| | | | MENEST | 3 | |
| | | | methyltestosterone/esterified estrogens hs | 1 | |
| | | | mimvey | 1 | |
| | | | norethindrone | 1 | |
| | | | ORTHO-EST | 3 | |
| | | | PREMARIN | 2 | |
| | | | PREMPHASE | 2 | |
| | | | PREMPRO | 2 | |
| | | | PROMETRIUM | 2 | |
| | | | VAGIFEM | 2 | |
| Women's Health | | | | | |
| Contraceptives | | | | | |
| apri | 1 | QL | | | |
| aviane | 1 | QL | | | |
| camila | 1 | QL | | | |
| cryselle-28 | 1 | QL | | | |
| CYCLESSA | 3 | QL | | | |
| enpresse-28 | 1 | QL | | | |
| errin | 1 | QL | | | |
| ESTROSTEP FE | 3 | QL | | | |
| gianvi | 1 | QL | | | |
| jolessa | 1 | QL | | | |
| jolivette | 1 | QL | | | |
| kariva | 1 | QL | | | |
| kelnor 1/35 | 1 | QL | | | |
| levora 0.15/30-28 | 1 | QL | | | |
| LOESTRIN 1.5/30-21 | 3 | QL | | | |
| LOESTRIN FE 1.5/30 | 3 | QL | | | |
| low-ogestrel | 1 | QL | | | |
| LYBREL | 3 | QL | | | |
| microgestin 1.5/30 | 1 | QL | | | |

| DRUG | TIER | COMMENTS | DRUG | TIER | COMMENTS |
|-----------------------------------|------|----------|------|------|----------|
| Women's Health (continued) | | | | | |
| Hormones (continued) | | | | | |
| VIVELLE-DOT | 3 | QL | | | |
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