

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 (all forms)		2			
acarbose (PRECOSE)	1				
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
acebutolol (SECTRAL)	1				
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 sr (DIAMOX/CR)	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		Omeprazole, Pantoprazole, NEXIUM
ACLOVATE			3		Multiple generic topical steroids
ACTONEL		2			
ACTONEL WITH CALCIUM		2			
ACTOPLUS MET		2			
ACTOS		2			
ACULAR LS		2			
acyclovir (ZOVIRAX)	1				
ADDERALL XR			3		

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
ADVAIR Disc/ADVAIR HFA		2			
ADVATE*				4	*not all plans cover this drug-check with member services
ADVICOR			3		
AEROBID, -M			3		FLOVENT, PULMICORT
AFINTOR		2			
AGENERASE		2			
AGGRENEX		2			
AKINETON		2			
AKNE-MYCIN		2			
ALAMAST		2			
ALBENZA		2			
albuterol (PROVENTIL)	1				
albuterol soln neb (ACCUNEB)	1				
ALDARA		2			
ALINIA		2			
ALKERAN		2			
ALLEGRA-D		2			
allopurinol	1				
ALOCRIL			3		ALAMAST Preferred
ALOMIDE		2			
ALORA			3		CLIMARA, VIVELLE, MENOSTAR, ESTRADERM
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				
AMITIZA		2			
amitriptyline (ELAVIL)	1				
amitriptyline hcl/perphenazine (ETRAFONE/FORTE)	1				
amitriptyline hcl/perphenazine (TRIAVIL)	1				
amitriptyline/chlordiazepoxide (LIMBITROL)	1				
amlodipine besylate (NORVASC)	1				
amlodipine besylate-benazepril (LOTREL)	1				
amoxapine (ASENDIN)	1				
amoxicillin (AMOXIL)	1				
amoxicillin & k clavulanate susp (AUGMENTIN SUSP)	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				
ANADROL			3		

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
anagrelide (AGRYLIN)	1				
ANA-KITS		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			
apraclonidine oph (IOPIDINE)	1				
ARANESP*				4	*not all plans cover this drug-check with member services
ARICEPT/ARICEPT ODT		2			
ARIMIDEX		2			
ARIXTRA*		2		4	*not all plans cover this drug-check with member services
ARMOUR THYROID		2			
AROMASIN		2			
ASACOL		2			
ASACOL HD		2			
ASCENSIA AUTODISC TEST STRIPS		2			
ASCENSIA BREEZE 2 TEST STRIPS		2			
ASCENSIA CONTOUR TEST STRIPS		2			
ASCENSIA ELITE TEST STRIPS		2			
ASCENSIA CONTOUR METER		2			
ASCENSIA BREEZE 2 METER		2			
ASMANEX		2			
aspirin/caffeine/butalbital (FIORINAL)	1				
ASTELIN		2			
ASTEPRO		2			
ATACAND			3		Diovan, Micardis, Benicar preferred
ATACAND HCT			3		DIOVAN HCT, MICARDIS HCT, BENICAR 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, BENICAR HCT preferred
AVANDAMET		2			
AVANDIA		2			
AVANDARYL		2			
AVAPRO			3		Diovan, Micardis, Benicar 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			
AZILECT		2			
azithromycin (ZITHROMAX)	1				

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
AZMACORT		2			
AZOPT		2			
<b>B</b>					
bacitracin	1				
baclofen (LIORESAL)	1				
BACTROBAN CREAM		2			
Balsalazide (COLAZAL)	1				
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
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		2			
BENICAR HCT		2			
benzonatate (TESSALON PEARLS)	1				
benzoyl peroxide (BENZAC/AC/W)	1				
benzoyl peroxide (BENZAGEL)	1				
benzoyl peroxide (BREVOXYL GEL)	1				
benzoyl peroxide (BREVOXYL LOT)	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			
Bicalutamide	1				
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				
bromonidine tartrate (ALPHAGAN P)	1				
BRONCOMAR		2			
bumetanide (BUMEX)	1				
bupropion (WELLBUTRIN)	1				
bupropion sr (WELLBUTRIN XL)	1				
bupropion sr (WELLBUTRIN SR)	1				
bupirone (BUSPAR)	1				
butorphanol (STADOL NS)	1				
BYETTA		2			
BYSTOLIC		2			

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
<b>C</b>					
cabergoline (DOSTINEX)	1				
CADUET		2			
CAPEX		2			
calcitriol (ROCATROL)	1				
Calcitonin Nasal Soln (MIACALCIN)	1				
calcium acetate Cap 667 MG	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				
carbamazepine sr (TEGRETOL XR)	1				
CARAC		2			
CARBATROL		2			
carbidopa/levodopa (SINEMET/CR)	1				
CARDENE SR			3		Generic diltiazem extended release, generic verapamil extended release, NORVASC
CARDIZEM LA			3		Generic diltiazem extended release preferred
carisoprodol & aspirin (SOMA CMP)	1				
carisoprodol (SOMA)	1				
carteolol (OCUPRESS)	1				
carvedilol (COREG)	1				
CAVERJECT			3		
CEDAX			3		Generic Keflex
CEENU		2			
cefaclor (CECLOR)	1				
cefadroxil (DURICEF)	1				
cefdinir (OMNICEF)	1				
cefpodoxime proxetil (VANTIN)	1				
cefprozil susp (CEFZIL susp)	1				
cefprozil (CEFZIL)	1				
cefuroxime axetil susp (CEFTIN susp)	1				
cefuroxime axetil (CEFTIN)	1				
CELEBREX		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			

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
Ciclopirox Solution (PENLAC )	1				
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				
CLARINEX			3		OTC VERSIONS OF CLARITIN, CLARITIN-D, ALAVERT, GENERIC LORATIDINE, ALLEGRA, ZYRTEC
clarithromycin (BIAXIN/BIAXIN XL)	1				
clemastine fumarate (TAVIST)	1				
CLEOCIN PEDIATRIC		2			
clidinium/chlordiazepoxide (LIBRAX)	1				
CLIMARA PRO		2			
clindamycin hcl (CLEOCIN)	1				
clindamycin phosphate (CLEOCIN T)	1				
clindamycin phosphate (CLEOCIN VAG)	1				
clindamycin phosphate (CLINDA-DERM)	1				
Clindamycin Phosphate/Benzoyl Peroxide (BENZACLIN)	1				
clioquinol/hydrocortisone (HYSONE)	1				
clobetasol propionate (TEMOVATE/E)	1				
clobetasol propionate foam (OLUX)	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 troche (MYCELEX TROCHE)	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		
colchicine	1				
colchicine & probenecid	1				
colestipol (COLESTID)	1				
COMBIGAN		2			
COMBIPATCH		2			
COMBIVENT			3		
COMBIVIR		2			
COMBUNOX			3		
COMTAN		2			
CONCERTA			3		

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
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			
CORTIFOAM		2			Generic ANUSOL-HC
COSOPT			3		
COUMADIN		2			
COVERA-HS			3		Generic diltiazem extended release, generic verapamil extended release, NORVASC,
COZAAR			3		Diovan, Micardis, Benicar 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			
<b>D</b>					
DANAZOL			3		
dantrolene (DANTRIUM)	1				
DAPSONE		2			
DARAPRIM		2			
DARVON COMPOUND		2			
DENAVIR		2			
DEPAKOTE		2			
DEPAKOTE ER		2			
DEPEN TITRATABS		2			
DERMA-SMOOTH/FS		2			
desipramine (NORPRAMIN)	1				
desmopressin acetate (DDAVP)					
desmopressin acetate (DDAVP NASAL SPRAY)	1				
apri (DESOGEN)	1				
Desogest-Eth Estrad & Eth Estrad (MIRCETTE)	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 (DEXTROSTAT)	1				
DHT		2			
DIASTAT		2			
diazepam (VALIUM)	1				

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
DIBENZYLINE		2			
diclofenac potassium (CATAFLAM)	1				
diclofenac sodium (VOLTAREN/XR)	1				
diclofenac ophth sol (VOLTAREN OPHTH SOL)	1				
dicloxacillin	1				
dicyclomine (BENTYL)	1				
didanosine delayed release cap (VIDEX EC)	1				
DIFFERIN (Age Limit May Apply)		2			
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				
Divalproex Delayed Release (DEPAKOTE)	1				
Divalproex SR 24 HR (DEPAKOTE ER)	1				
Divalproex Sprinkle (DEPAKOTE SPRINKLES)	1				
DONNATAL EXTENTAB		2			
DORYX			3		
DOVONEX		2			
doxazosin (CARDURA)	1				
doxepin (SINEQUAN)	1				
doxycycline hyclate (PERIOSTAT)	1				
doxycycline hyclate (VIBRAMYCIN)	1				
doxycycline hyclate (VIBRA-TABS)	1				
DRITHO-SCALP		2			
DUAC			3		
DUET ACT		2			
DYNABAC			3		
DYNACIRC CR			3		
dyphylline (LUFYLLIN)	1				
<b>E</b>					
EASIVENT		2			
econazole nitrate (SPECTAZOLE)	1				
EDEX			3		
EFFEXOR XR		2			
EFFIENT		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*		2		4	*not all plans cover this drug-check with member services
ENTOCORT EC		2			
ENZYMAX		2			

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
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			
ergocalciferol (DRISDOL)	1				
ERGOMAR		2			
ergotamine/belladonna/pb (BELLAMINE-S)	1				
ergotamine/belladonna/pb (BELLERGA-S)	1				
ergotamine/caff supp (CAFERGOT))	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 (CLIMARA)	1				
estradiol (ESTRACE Tabs)	1				
ESTRADIOL TRANSDERMAL SYSTEM	1				0.05MG and 0.1MG patches are available as a generic
Estradiol & Norethindrone Acetate (ACTIVELLA)	1				
ESTRATAB			3		PREMARIN/ESTRACE Preferred
ESTRATEST/HS			3		PREMARIN/ESTRACE Preferred
ESTRING		2			
estropipate (OGEN)	1				
estropipate (ORTHO-EST)	1				
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-LEVELN
etidronate (DIDRONEL)	1				
ETHMOZINE		2			
ethosuximide (ZARONTIN)	1				
etodolac (LODINE/XL)	1				
etoposide (VEPESID)	1				
EURAX		2			
EVISTA		2			
EVOXAC		2			
EXELDERM			3		OTC Lamisil
EXELON		2			

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
EXELON Patches		2			
EXFORGE		2			
EXFORGE HCT		2			
<b>F</b>					
famciclovir (FAMVIR)	1				
famotidine (PEPCID)	1				
FANSIDAR		2			
FARESTON		2			
FAST TAKE			3		FreeStyle or Bayer Products Preferred
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				
FENOGLIDE		2			
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			
fludrocortisone (FLORINEF)	1				
fluocinolone acetonide (SYNALAR)	1				
fluocinonide (LIDEX/E)	1				
fluconazole (DIFLUCAN)	1				
fluconazole susp (DIFLUCAN SUSP)	1				
fluorometholone (FML LIQUIFILM)	1				
fluorouracil (EFUDEX)	1				
FLUROPLEX		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 (all forms)			3		
folic acid	1				
FORADIL		2			
FORTAMET		2			
FORTEO				4	not all plans cover this drug-check with member services
FORTOVASE		2			
FOSAMAX	1				
fosinopril (MONOPRIL)	1				
fosinopril hct (MONOPRIL HCT)	1				
FRAGMIN		2		4	
FREESTYLE METERS		2			See above

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
FREESTYLE STRIPS		2			
FROVA			3		IMITREX, RELPAX, ZOMIG
FURADANTIN			3		
furosemide (LASIX)	1				
FUROXONE		2			
<b>G</b>					
gabapentin (NEURONTIN)	1				
GABITRIL		2			
ganciclovir (CYTOVENE)	1				
gemfibrozil (LOPID)	1				
GENOTROPIN*		2		4	*not all plans cover this drug-check with member services
gentamicin (GARAMYCIN)	1				
gentamicin (GENOPTIC)	1				
GEODON		2			
GLEEVEC*		2		4	*If your plan covers specialty 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
glimepiride (AMARYL)	1				
glipizide (GLUCOTROL)	1				
glipizide er (GLUCOTROL XL)	1				
glipizide & metformin (METAGLIP)	1				
GLUCAGON		2			
glyburide (DIABETA)	1				
glyburide (GLYCRON)	1				
glyburide (GLYNASE)	1				
glyburide (MICRONASE)	1				
Glyburide/Metformin (GLUCOVANCE)	1				
glycopyrrolate (ROBINUL/FORTE)	1				
GLYSET			3		
GRIFULVIN V		2			
griseofulvin microsize susp (GRIFULVIN SUSP)					
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			
HALFLYTELY		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			

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
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*		2		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				
hydrocodone bitartrate/apap (LORTAB TAB)	1				
hydrocodone bitartrate/apap (VICODIN/ES)	1				
hydrocodone bitartrate/ibuprofen (VICOPROFEN)	1				
hydrocortisone butyrate cr (LOCID)	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 w/ pramoxine cr (ANALPRAM-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, BENICAR HCT
<b>I</b>					
ibuprofen (MOTRIN)	1				
imipramine hcl (TOFRANIL)	1				
indapamide (LOZOL)	1				
INDERAL LA			3		
indomethacin (INDOCIN/SR)	1				
INFERGEN				4	*not all plans cover this drug-check with member services
INNOHEP		2		4	
INNOPRAN XL			3		
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				
ipratropium (ATROVENT NASAL SPRAY)	1				
ipratropium/albuterol neb soln (DUONEB)	1				

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
IRESSA*		2		4	*If your plan covers specialty 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
isoetharine hcl	1				
isoniazid (ISONAZID)	1				
isoniazid (NYDRAZID)	1				
isoniazid & rifampin ( RIFAMATE)	1				
isosorbide dinitrate (DILATRATE-SR)	1				
isosorbide dinitrate (ISORDIL)	1				
isosorbide dinitrate (SORBITRATE)	1				
isosorbide mononitrate (IMDUR)	1				
isotretinoin (AC CUTANE)	1				
itraconazole (SPORANOX)	1				
<b>J</b>					
JANUVIA		2			
JANUMET		2			
<b>K</b>					
K PHOS		2			
KADIAN			3		Use generic Morphine Sulfate ER tabs
KALETRA		2			
KAPIDEX		2			
KEMADRIN		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
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				
LAMICTAL ODT		2			
LAMICTAL XR		2			
LAMPRENE		2			
lamotrigine (LAMICTAL)	1				
LANOXICAPS			3		Use digoxin liquid or tablets
lansoprazole caps (PREVACID CAPS)	1				
LANTUS/LANTUS SOLOSTAR		2			
LARODOPA		2			
leflunomide (ARAVA)	1				
LESCOL XL			3		LIPITOR, CRESTOR
LETAIRIS		2			
LEUCOVORIN		2			

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
LEUKERAN		2			
LEUKINE*				4	*not all plans cover this drug-check with member services
Levalbuterol HCl Soln (XOPENEX SOLN)	1				
LEVAQUIN			3		ciprofloxacin
LEVEMIR		2			
LEVITRA			3		
levetiracetam (KEPPRA)	1				
levobunolol (BETAGAN)	1				
levonorgestrel-ethin estradiol (TRI-LEVLEN)	1				
Levonorgestrel & Ethinyl Estradiol (SEASONALE)	1				
Levonorgestrel & Ethinyl Estradiol (LEVLEN/LEVLITE)	1				
levothyroxine (LEVOTHROID)	1				
levothyroxine (SYNTHROID)	1				
levothyroxine (UNITHROID)	1				
LEVOXYL		2			
LEVSIN/PB	1				
LEXAPRO		2			
LEXXEL			3		
lidocaine cr (LMX 4)	1				
LIDODERM		2			
LIFESCAN			3		See above
LINDANE		2			
liothyronine Sodium (CYTOMEL)	1				
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		
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			3		
LORATADINE OTC	1				
lorazepam (ATIVAN)	1				
LORTAB Elixir		2			
LOSEASONIQUE		2			
LOTEMAX		2			
LOTRONEX		2			
lovastatin (MEVACOR)	1				
LOVAZA		2			
LOVENOX		2		4	
loxapine succinate (LOXITANE)	1				
LUMIGAN			3		
LUNESTA		2			
LUPRON DEPOT		2		4	*not all plans cover this drug-check with member services
LYBREL		2			
LYRICA		2			
LYSODREN		2			

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
<b>M</b>					
MACROBID			3		Not recommended for use in patients with a creatinine clearance of <60mg/dL
maprotilie (LUDIOMIL)	1				
MATULANE		2			
MAXAIR			3		Generic albuterol
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 IM (DEPO-PROVERA)	1				
medroxyprogesterone (PROVERA)	1				
mefloquine (LARIAM)	1				
MEGACE ES SUSP			3		
megestrol (MEGACE)	1				
meloxicam (MOBIC)	1				
MENEST		2			
MENOSTAR		2			
MENTAX		2			
mercaptapurine (PURINETHOL)	1				
meperidine (DEMEROL)	1				
mephobarbital (MEBARAL)	1				
MEPHYTON		2			
MEPRON		2			
mesna inj (MESNEX)	1				
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				
methscopolamine bromide (PAMINE FORTE)	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 (all forms)	1				
mexiletine (MEXITIL)	1				

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
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			
mirtazapine (REMERON/ SOLUTAB)	1				
misoprostol (CYTOTEC)	1				
MOBAN		2			
moexipril/hctz (UNIRETIC)	1				
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				
MULTAQ		2			
multivitamins w/flouride	1				
multivitamins w/fluor & iron	1				
mupirocin (BACTROBAN OINT)	1				
MUSE			3		
MYCOBUTIN		2			
Mycophenolate Mofetil	1				
MYLERAN		2			
MYTELASE			3		
<b>N</b>					
nabumetone (RELAFEN)	1				
nateglinide (STARLIX)	1				
nadolol (CORGARD)	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			

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
NEXAVAR*		2		4	*If your plan covers specialty 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
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			
nimodipine (NIMOTOP)	1				
nitrofurantoin macrocrystal (MACRODANTIN)	1				Not recommended for use in patients with a creatinine clearance of <60mg/dL
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
norethindrone-ethin estradiol (MODICON)	1				Use NECON, NOTREL
norethindrone-mestranol (NORYINYL)	1				Use NECON, NOTREL
norethindrone-mestranol (ORTHO NOVUM)	1				Use NECON, NOTREL
norgestimate-ethinyl estradiol fe (ESTROSTEP FE)	1				Use SPRINTEC, MONONESSA
norgestimate-ethinyl estradiol (ORTHO CYCLEN)	1				Use SPRINTEC, MONONESSA
norgestimate-ethinyl estradiol (ORTHO TRI-CYCLEN)	1				Use TRINESSA, TRI-SPRINTEC
norgestimate-ethinyl estradiol (ORTHO TRI-CYCLEN LO)	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
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 otic (FLOXIN OTIC))	1				
ofloxacin (OCUFLOX)	1				
omeprazole (PRILOSEC)	1				
ondansetron (ZOFRAN)	1				

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
ONGLYZA		2			
ONE TOUCH BASIC SYSTEM			3		FreeStyle or Bayer Products Preferred
ONE TOUCH PROFILE SYSTEM			3		FreeStyle or Bayer Products Preferred
ONE TOUCH TEST STRIP			3		FreeStyle or Bayer Products Preferred
OPANA		2			
OPANA ER		2			
opium/belladonna alkaloids (B&O)	1				
OPTIVAR		2			
ORAP		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				
oxybutynin sr (DITROPAN XL)	1				
oxycodone (OXY IR)	1				
oxycodone/acetaminophen	1				
oxycodone/aspirin	1				
OXYCONTIN		2			
OXYTROL			3		
<b>P</b>					
PANDEL			3		Multiple generic topical steroids
PANGES		2			
paromomycin (HUMATIN)	1				
paroxetine susp (PAXIL SUSP)	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 3350-KCl-Sod Bicarb-NaCl (NULYTELY)	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

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
pemoline (CYLERT)	1				
PENETREX			3		ciprofloxacin
penicillin	1				
PENTASA			3		ASACOL Preferred
pentazocine/naloxone (TALWIN NX)	1				
pentoxifylline (TRENTAL)	1				
perindopril (ACEON)	1				
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 (SALAGEN)	1				
pilocarpine hcl (PILOCAR)	1				
pilocarpine hcl/epinephrine (E-PILO)	1				
PILOPINE H.S.		2			
pindolol (VISKEN)	1				
piroxicam (FELDENE)	1				
PLAN B 1.5MG*		2			*not all plans cover this drug-check with member services
PLAVIX		2			
Podofilox Soln (CONDYLOX)	1				
polymyxin b sulfate/tmp (POLYTRIM)	1				
POLY-PRED		2			
PONSTEL			3		Generic NSAIDs
pot bicarb/pot chloride/ca (K-LYTE CL)	1				
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 rectal foam (PROCTOFOAM)	1				
pramoxine/hc/chloroxylenol aq otic (CORTANE B AQ)	1				
pramoxine/hc/chloroxylenol otic (CORTANE B OTIC)	1				
pramoxine/hc/chloroxylenol lot (CORTANE B LOT)					
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			
PRED MILD		2			
PRED-G		2			
prednicarbate cream (DERMATOP)	1				
prednisolone (PRELONE)	1				

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
prednisolone acetate (ECONPRED)	1				
prednisolone acetate (ECONPRED PLUS)	1				
prednisolone acetate (PRED FORTE)	1				
prednisolone sod phosphate (INFLAMASE/FORTE)	1				
prednisolone sod phosphate (PEDIAPRED)	1				
prednisolone sod phosphate oral soln (ORAPRED)	1				
prednisone (DELTASONE)	1				
PREMARIN		2			
PREMARIN LOW DOSE		2			
PREMARIN VAGINAL CR		2			
PREMPHASE		2			
PREMPRO		2			
PREMPRO LOW DOSE		2			
prenatal vitamins (all generic)	1				
PRENATE DHA		2			
PRENATE ELITE		2			
PRENATAL VITAMINS		2			
PREVACID (all forms)			3		
PREVACID NAP PAK			3		
PREVPAC			3		
PRIFTIN		2			
primidone (MYSOLINE)	1				
PRILOSEC			3		Omeprazole, Pantoprazole, NEXIUM
primaquine	1				
PRISTIQ		2			
PROAIR		2			
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
promethazine (PHENERGAN)	1				
PROMETRUIM			3		
propafenone (RYTHMOL)	1				
PROPLEX T*				4	*not all plans cover this drug-check with member services
propoxyphene hcl/acetaminophen (WYGESIC)	1				
propoxyphene hcl/asa/caffeine (DARVON)	1				
propoxyphene napsylate/apap (DARVOCET-N)	1				
propranolol (INDERAL)	1				
propylthiouracil	1				
protriptyline (VIVACTIL)	1				
pantoprazole (PROTONIX)	1				
PROTOPIC		2			
PROVENTIL HFA			3		
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			3	4	*not all plans cover this drug-check with member services
pyrazinamide	1				
pyridostigmine (MESTINON)	1				Some strengths available as generic
pyrillamine/phenyltolox/phenir (POLY-HISTINE)	1				

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
<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		2			
<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
RAZADYNE			3		
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		
RELPAZ		2			
REMICAIDE*				4	*not all plans cover this drug-check with member services
RENACIDIN		2			
RENAGEL		2			
REVELA		2			
REQUIP XL		2			
RESCRIPTOR		2			
RESCULA			3		
RESTASIS		2			
RETIN-A MICRO (Age Limit May Apply)		2			
REVATIO		2			
REVLIMID*		2		4	*If your plan covers specialty 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
REYATAZ		2			
RHINOCORT AQUA			3		FLONASE, NASONEX, NASACORT AQ
RIDAURA		2			
rifampin (RIFADIN)	1				
rifampin (RIMACTANE)	1				
RIFATER		2			
RILUTEK		2			
rimantadine (FLUMADINE)	1				
RISPERDAL M-TAB			3		

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
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
salsalate (DISALCID)	1				
salsalate (SALFLEX)	1				
SARAFEM			3		Generic fluoxetine
SAVELLA		2			
SEASONIQUE		2			
selegiline (ELDERPRYL)	1				
selenium sulfide (EXSEL)	1				
selenium sulfide (SELSUN)	1				
SENSIPAR		2			
SERENTIL			3		
SEREVENT DISKUS		2			
SEROMYCIN		2			
SEROQUEL		2			
SEROQUEL XR		2			
sertraline (ZOLOFT)	1				
silver sulfadiazine (SILVADENE)	1				
simvastatin (ZOCOR)	1				
SINGULAIR		2			
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			
sotalol (BETAPACE/AF)	1				
SPIRIVA		2			
spironolactone (ALDACTONE)	1				
spironolactone/hctz (ALDACTAZIDE)	1				
SPRYCEL*		2		4	*If your plan covers specialty 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
STALEVO		2			
STATICIN		2			
stavudine (ZERIT)	1				
STRATTERA		2			
STIMATE*				4	*not all plans cover this drug-check with member services
STROMECTOL		2			
STRONG		2			
SUBOXONE		2			
SUCRAID		2			
sucralfate (CARAFATE)	1				
SULAR		2			
sulfacetamide sodium (BLEPH 10)	1				

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
sulfacetamide sodium lot (SEBIZON/KLARON)	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 DS)	1				
sulfamethoxazole/trimethoprim (SEPTRA/DS)	1				
SULFAMYLON		2			
sulfasalazine (AZULFADINE)	1				
sulfapyrazone	1				
SULFOXYL		2			
sulindac (CLINORIL)	1				
sumatriptan (IMITREX)	1				
SUPRAX			3		Generic Keflex
SURE STEP			3		FreeStyle or Bayer Products Preferred
SUSTIVA		2			
SUTENT*		2		4	*If your plan covers specialty 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
SYMBICORT		2			
SYMBYAX		2			
SYMLIN			3		
SYNALGOS DC		2			
SYNAREL		2			
SYNTHROID			3		
<b>T</b>					
tacrolimus (PROGRAF)	1				
TAMIFLU		2			
tamoxifen (NOLVADEX)	1				
TARCEVA		2			
TARGRETIN		2			
TARKA		2			
TASMAR		2			
TAZORAC		2			
temazepam (RESTORIL)	1				
TEMODAR*		2		4	*If your plan covers specialty 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
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				
TEKTURNA		2			
TEKTURNA HCT		2			
TEVETEN			3		Diovan, Micardis, Benicar preferred
TEVETEN HCT			3		Generic lisinopril, generic moexepiril, generic enalapril, generic captopril with hctz
TEVTROPIN*		2		4	*not all plans cover this drug-check with member services

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
THALOMID*		2		4	*If your plan covers specialty 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
THEO-24		2			
theophylline (ELIXOPHYLLINE/SR)	1				
theophylline (QUIBRON-T/SR)	1				
theophylline (SLO-BID)	1				
theophylline (THEO-DUR)	1				
theophylline (UNI-DUR)	1				
theophylline sr (UNIPHYL)	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
tobramycin (TOBREX)	1				
tobramycin/dexamethasone (TOBRADEX)	1				
TOFRANIL PM		2			
tolmetin (TOLECTIN/DS)	1				
TONOCARD		2			
topiramate (TOPAMAX)	1				
topiramate sprinkle (TOPAMAX SPRINKLE)	1				
TORECAN		2			
toremide (DEMADEX)	1				
TRACER BG			3		
TRACLEER			3		Some plans require trial of Letairis before covering Tracleer
tramadol (ULTRAM)	1				
tramadol and apap (ULTRACET)	1				
trandolapril (MAVIK)	1				
TRANXENE SD		2			
tranlycypromine 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				
tretinoin (VESANOID)	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				

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
TRIGLIDE		2			
trihexyphenidyl (ARTANE)	1				
TRI-K		2			
TRILIPIX		2			
trimethobenzamide (TIGAN)	1				
trimethoprim (PROLOPRIM)	1				
trimethoprim (TRIMPEX)	1				
Trimipramine Maleate (SURMONTIL)	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			
TWINJECT		2			
<b>U</b>					
ULORIC		2			**maybe subject to Step Therapy under certain groups
ULTICARE LANCETS		2			
ULTICARE PEN NEEDLES		2			
ULTICARE SYRINGES		2			
ULTRASE (All Forms)		2			
UNIVASC			3		Generic ACEI Preferred
URO-KP-NEUTRAL		2			
UROXATRAL			3		
Ursodiol (URSO/FORTE)					
ursodiol (ACTIGALL)	1				
<b>V</b>					
VAGIFEM		2			
valproic acid (DEPAKENE)	1				
VALTREX		2			
VANCENASE AQ/DS			3		FLONASE, NASONEX, NASACORT AQ
VANCOGIN			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		
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			

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
VISICOL		2			
VIVACTIL		2			
VIVELLE DOT		2			
VOLMAX			3		
VOLTAREN		2			
VYTORIN			3		
<b>W</b>					
warfarin (COUMADIN)	1				
WELCHOL			3		
<b>X</b>					
XALATAN		2			
XELODA		2			
XOLAIR				4	not all plans cover this drug-check with member services
XYLOCAINE ORAL SPRAY		2			
XYREM		2			
XYZAL			3		
<b>Y</b>					
YASMIN		2			
YAZ		2			
YODOXIN		2			
<b>Z</b>					
ZEGERID			3		Omeprazole, Pantoprazole, NEXIUM
ZEMPLAR		2			
ZETIA			3		
ZIAGEN		2			
zidovudine (RETROVIR)	1				
ZMAX SUS 2GM		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			
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.