



WellAway

Medication Guide

For Individual Prescription
Pharmacy Coverage
December, 2014

Introduction	3
Preface	4
Medication list	4
Pharmacy benefit programs	4
What you need to know about generic medications	5
Changes to the formulary	5
Additional requirements or limits on coverage	5
Prior Authorization	5
Obtaining Prior Coverage Authorization	6
Responsible Quantity Program	6
Responsible Steps Program	6
Responsible Steps Program (Medical Pharmacy)	7
Exception requests	7
Covered over-the-counter (OTC) medications	7
Three month supply	8
Mail Order Pharmacy	8
Medications that are not covered	8
Patient Protection Affordable Care Act (PPACA) Mandated Coverage	9
Preventive medications	9
Immunizations	9
Women's preventive Services	9
Oral Chemotherapy Drugs	9
Formulary addition request	10
Notice	10
Specialty Pharmacy medications	10
Participating Specialty Pharmacy Provider	11
Pharmacy Benefits & Cost Shares	12
Preferred Medication Guide	14

Please consider talking to your doctor about prescribing formulary medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug formulary is regularly updated. Please visit www.wellaway.com for the most up-to-date information.

To search for a drug name within this PDF document, use the Control and F keys on your keyboard, or go to Edit in the drop-down menu and select Find/Search. Type in the word or phrase you are looking for and click on Search.

Introduction

WellAway, Ltd. is pleased to present the Medication Guide. This is a general guide that includes an abbreviated listing of Brand and Generic prescription medications that may be covered under your plan. Since coverage for medication varies by the plan purchased by you or your employer, it's important that you refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement for complete coverage details.

For questions, please call the customer service number listed on your member ID card.

NOTE: The decision concerning whether a prescription medication should be prescribed must be made by you and your physician. Any and all decisions that require or pertain to independent professional medical judgments or training, or the need for, and dosage of, a prescription medication, must be made solely by you and your treating Physician in accordance with the patient/Physician relationship.

Preface

Medication list

The Medication Guide includes the Preferred Medication List and some commonly prescribed Non-Preferred prescription medications.

NOTE: This is not a complete listing of all covered prescriptions medications. WellAway reserves the right to modify (add, remove or change) the tier or apply limits of coverage to any prescription medication in this Medication Guide at any time.

To reduce your out-of-pocket expenses, please take a copy of this Medication Guide with you each time you visit your Physician. Please consider asking your Physician to prescribe Generic medications, or if necessary, one of the Preferred Brand prescription medications listed in the Medication Guide whenever appropriate. Your cost for Generic and Preferred Brand prescription medications on the Medication List are lower than Non Preferred Brand prescription medications.

Pharmacy benefit programs

There are various types of pharmacy benefit programs; Generic Only and multiple Tier benefits. To understand which program you have, please refer to your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription-drug endorsement or call the number on your member ID card for more information.

Tier 1: Covered Generic Prescription Medications

Tier 2: Covered Preferred Brand Prescription Medications

Tier 3: Covered Non-Preferred Brand Prescription Medications or Medications not listed on the Preferred Medication List

Tier 4: Covered Specialty Medications as indicated in the Medication List

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine coverage details and cost share.

What you need to know about generic medications

EHIM PBM Pharmacy Program encourages the use of Generic medications as a way to provide high-quality medications at reduced costs. Generic medications are as safe and effective as their Brand Name counterparts, and are usually considerably less expensive.

A Food and Drug Administration (FDA) approved Generic medication may be substituted for its Brand Name counterpart because it:

- Contains the same active ingredient(s) as the Brand medication
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

Changes to the formulary

The medications listed in the Medication Guide are subject to change at any time. The Medication List is reviewed quarterly to examine new medications and new information about medications that are already on the market concerning safety, effectiveness and current use in therapy. The most up to date information about modifications to the medications listed in this Medication Guide can be found by visiting www.wellaway.com or contacting your ConciergeCare Counselor.

Medication Guides are posted every January and July, and Medication Guide Updates are posted January, April, July and October.

There are varying reasons why changes are made to the medications listed in the Medication Guide:

- The tier level of a Brand prescription medication included on the Medication List may increase (change from Tier 2 to Tier 3) when an FDA-approved bioequivalent Generic prescription medication becomes available.
- Newly marketed Brand prescription medications are usually introduced on Tier 3 until the opportunity exists to review the medication level, at which time a determination will be made as to which tier will apply based on safety, efficacy and the availability of other products within that class of medications.

Additional requirements or limits on coverage

Some covered medications may have additional requirements or limits on coverage. This section refers to our Responsible Rx programs including Prior Authorization, Responsible Quantity and Responsible Steps.

Prior Authorization

The **Prior Authorization** program encourages the appropriate, safe and cost-effective use of medication. If you are currently taking or are prescribed a medication that is included in the Prior Authorization program list of medications, your physician will need to submit a request form in order for your prescription to be

considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. Medications on the Medication List that require Prior Authorization for coverage are indicated in the Prior Authorization column following the product name.

Note: Check your Outline of Coverage, Certificate of Coverage, Policy Terms & Conditions, Member Handbook or prescription drug endorsement to determine if Prior Authorization requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.wellaway.com, or by calling the customer service number listed on your member ID card.

Obtaining Prior Coverage Authorization

Information about **Prior Authorization** and forms for how to obtain a Prior Authorization approval can be found here: **[Prior Authorization Program Information and Forms](#)**

NOTE: Your provider is required to complete and submit the Prior Authorization form in order for a coverage determination to be made.

1. Once a decision is made, you and/or your doctor will be informed of the decision.
2. If the decision is made to authorize coverage, the medication(s) and/or supplies may be obtained from a Participating Pharmacy or at the appropriate location if the medication(s) will be administered by a health professional. Prior Authorization approval does not waive your financial responsibility.
3. If a decision is made to deny authorization, you are free to purchase the prescription medication, supplies or Over-the-Counter (OTC) medication, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your plan.

NOTE: You have the right to request an appeal if coverage authorization is denied. Please refer to the 'How to Appeal an Adverse Benefit Determination' subsection of the Claims Processing and Appeal and Grievance Process section or the administrative remedies section in your current Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for information on how to file an appeal.

Responsible Quantity Program

The **Responsible Quantity Program** encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations.

Information about the Responsible Quantity Program and steps for how to obtain an exception can be found here: **[Responsible Quantity Program Information](#)**

Responsible Steps Program

The **Responsible Steps Program** promotes the appropriate, safe, and effective use of medications and helps you save on prescriptions. Responsible Steps is based on nationally recognized therapeutic guidelines, clinical

evidence, and research. Prescription medications included in the Responsible Steps program are not covered unless you have tried one or more covered alternative medications first.

Responsible Steps Program (Medical Pharmacy)

Physician-administered Prescription Drugs which are rendered in a Physician's office may be included in the Responsible Steps for Medical Pharmacy program. If you are taking a medication in the Responsible Steps Program, please contact your physician/provider to discuss what medication options are best for you.

Information about the Responsible Steps Program and the Responsible Steps for Medical Pharmacy Program and steps for how to obtain an exception can be found on at: **[Responsible Steps Program Information](#)** or **[Responsible Steps for Medical Pharmacy Program Information](#)**.

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if Responsible Steps requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.wellaway.com, or by calling the customer service number listed on your Member ID card.

Exception requests

If for medical reasons, you require a quantity of medication outside the Responsible Quantity Program limits or you cannot use one of the alternative medications and require the medication listed in the Responsible Steps or Responsible Steps for Medical Pharmacy programs, or you require a tier exception for an oral contraceptive drug, your physician may submit an exception request by completing one of the forms below

- **[Prior Authorization Forms](#)**
- **[Responsible Quantity Authorization Form](#)**
- **[Responsible Steps Program Information and Authorization Forms](#)**
- **[Responsible Steps for Medical Pharmacy Information and Authorization Forms](#)**
- **[Oral Contraceptives Tier Exception Request Form](#)**

Covered over-the-counter (OTC) medications

An over-the-counter medication can be an appropriate treatment for some conditions and may offer a lower cost alternative to some commonly prescribed medications. Your pharmacy benefit may provide coverage for select OTC medications. Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if OTC medications are covered under your plan. Only those OTC medications prescribed by your physician and designated on the Medication List with "OTC" in parenthesis following the medication name are eligible for coverage.

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if this benefit applies to your plan. Coverage details are also available to you

logging into the member section of www.wellaway.com, or by calling the customer service number listed on your member ID card.

Three month supply

Some plans allow you to purchase up to a three-month supply of medications. Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if your plan includes this benefit. In addition to being able to obtain up to a three-month supply of medication through our mail order pharmacy, you may be able to receive up to a three month supply of your medication through a participating retail pharmacy. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement for complete coverage details.

Mail Order Pharmacy

Obtaining prescription medications through the Mail Order Pharmacy may reduce the cost you pay for your prescription medications.

Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if your plan provides a mail order pharmacy benefit.

Members who have pharmacy benefits through EHIM PBM Pharmacy Program can access and print out the **Mail Order Pharmacy Form** on the website, www.wellaway.com.

NOTE: If the original prescription was filled at a pharmacy other than the Mail Order Pharmacy, you must submit a new, original three-month supply prescription with a quantity of up to a three-month supply and not less than a two-month supply along with the Registration and Prescription Order Form. Prescriptions may not be transferred from a retail pharmacy to the Mail Order Pharmacy.

Medications that are not covered

Your pharmacy benefit may not cover select medications. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives
- The medication has a preferred formulary alternative or over-the-counter (OTC) alternative
- The medication is no longer marketed
- The medication has a widely available/distributed AB rated generic equivalent formulation
- The medication has been repackaged – a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC

A list of medications that are not covered may be found at **Medications Not Covered List**

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine the Medication Exclusions that apply to your plan. Coverage details may also be available to you by logging into the member section of www.wellaway.com or by calling the customer service number listed on your member ID card.

Patient Protection Affordable Care Act (PPACA) Mandated Coverage

Preventive medications

The Patient Protection and Affordable Care Act (PPACA) provide for members to receive coverage for certain preventive care services, medications, and immunizations at no out-of-pocket costs based on recommendations from the U.S. Preventive Services Task Force (USPSTF). These USPSTF recommendations include services that have been shown to be important in preventing disease as well as providing for additional women's services such as FDA-approved contraception.

A list of drugs covered under our Preventive Medications Program may be found at: **[Preventive Medications List](#)**

Immunizations

Certain vaccines which are covered under your Wellness Benefits can be administered by Pharmacists that are certified. Not all pharmacies provide services for vaccine administration. It is important to contact the pharmacy prior to your visit to ensure availability and administration of the vaccine.

A list of vaccines that are covered under your Pharmacy benefits may be found at: **[Pharmacy Benefit Vaccines List](#)**

Women's preventive Services

As a result of the expanded PPACA Preventive Services benefits for women's services, certain *generic* contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy.

A list of medications and devices covered under this benefit may be found at: **[Women's Preventive Services List](#)**

Oral Chemotherapy Drugs

Oral chemotherapy drugs are drugs prescribed by a physician to kill or slow the growth of cancerous cells in a manner consistent with the national accepted standards of practice. A list of these drugs can be found at: **[Oral Chemotherapy Drug List](#)**

Formulary addition request

Physicians may request the addition of a medication to the Preferred Medication List by submitting a written request to WellAway, Ltd.

Cannon's Ct., 22 Victoria St.,
PO Box HM1179
Hamilton, HM EX, Bermuda
+ 44 20 360 36804

Notice to Member

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement. In the event of any inconsistencies between the Medication Guide and the provisions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement, the provisions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement shall control to the extent necessary to effectuate the intent of WellAway, Ltd..

Specialty Pharmacy medications

Specialty Pharmacy medications are high-cost injectable, infused, oral or inhaled medications that generally require close supervision and monitoring of the patient's therapy.

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for information on how Specialty Pharmacy medications are covered on your plan. Coverage details are also available by calling the customer service number listed on your identification card.

Specialty Medications are divided into two categories:

- **Self-Administered Specialty Medications** - Patients self-administer these Specialty Pharmacy medications themselves. Because these medications are intended to be self-administered, these medications may not be covered if administered in a physician's office. If these medications are not obtained from an in network specialty pharmacy, out of network cost shares may apply.

A current listing of Self-Administered Specialty Medications can be found here

- **Provider-Administered Specialty Medications**- These medications require the administration to be performed by a physician. The Specialty Pharmacy medications are ordered by a provider and administered in an office or outpatient setting. Provider-administered Specialty Pharmacy medications are covered under your medical benefit. These medications can be obtained from any health care provider and out of network cost shares do not apply.

A current listing of Provider-Administered Specialty Medications can be found here

NOTE: We have noted medications that may be covered as either Self-Administered and/or Provider-Administered. These Specialty Pharmacy products can be obtained in either setting.

Participating Specialty Pharmacy Provider

If you are currently taking a Specialty Pharmacy medication, then your network for Specialty Pharmacies is limited to the following participating Specialty Pharmacy provider. Unless indicated below, any other pharmacy is considered a non-participating Specialty Pharmacy even if it participates in WellAway's networks for non-Specialty Pharmacy medications.

NOTE: Specialty Pharmacy medications are not covered when purchased through the Mail Order Pharmacy.

Self-administered specialty medications as classified by EHIM PBM Pharmacy Program obtained outside of the state of residence may be obtained by a member with a written prescription through the preferred specialty pharmacy provider Caremark Specialty.

If a member resides or is traveling outside their state of residence and needs to receive a provider administered specialty medication, the prescribing physician should coordinate with the participating specialty pharmacy provider for their area or contact EHIM PBM Pharmacy Program. This coordination can help ensure members receive their medications at the in-network cost share.

Members that receive a written prescription directly from their provider for a provider administered specialty medication should contact customer service for further assistance.

Pharmacy Benefits & Cost Shares

Elite Pharmacy Benefits	In-Network	Out-of-Network
Pharmacy Out-of-Pocket Maximum	\$2,000/\$4,000	
Generic Drug Tier 1 (Retail Pharmacy/Mail Order)		
Preventive (e.g. oral contraceptives)	USD \$0 / \$0	Not Covered
All other generic	USD \$5 co-pay	Not Covered
Brand Drugs - Tier 2 (Retail Pharmacy/Mail Order)		
Condition care Rx (e.g. asthma, cholesterol, diabetes, high blood pressure)	USD \$10 co-pay	Not Covered
All other preferred brands	USD \$20 co-pay	Not Covered
Non-Preferred Brand Drugs - Tier 3 (Retail Pharmacy/Mail Order)		
Non-Preferred Brand	USD \$50 co-pay	Not Covered
Specialty Drugs - Tier 4 (Retail Pharmacy/Mail Order)		
Specialty Brand (Purchase from Specialty Pharmacy)	USD \$100 co-pay	Not Covered

Prestige Pharmacy Benefits	In-Network	Out-of-Network
Pharmacy Out-of-Pocket Maximum	\$3,000/\$6,000	
Generic Drug Tier 1 (Retail Pharmacy/Mail Order)		
Preventive (e.g. oral contraceptives)	USD \$0 / \$0	Not Covered
All other generic	USD \$10 co-pay	Not Covered
Brand Drugs - Tier 2 (Retail Pharmacy/Mail Order)		
Condition care Rx (e.g. asthma, cholesterol, diabetes, high blood pressure)	USD \$15 co-pay	Not Covered

All other preferred brands	USD \$25 co-pay	Not Covered
Non-Preferred Brand Drugs - Tier 3 (Retail Pharmacy/Mail Order)		
Non-Preferred Brand	USD \$55 co-pay	Not Covered
Specialty Drugs - Tier 4 (Retail Pharmacy/Mail Order)		
Specialty Brand (Purchase from Specialty Pharmacy)	USD \$105 co-pay	Not Covered

Premier Pharmacy Benefits	In-Network	Out-of-Network
Pharmacy Out-of-Pocket Maximum	Combined w/ Medical OOP	
Generic Drug Tier 1 (Retail Pharmacy/Mail Order)		
Preventive (e.g. oral contraceptives)	USD \$0 / \$0	Not Covered
All other generic	USD \$15 co-pay	Not Covered
Brand Drugs - Tier 2 (Retail Pharmacy/Mail Order)		
Condition care Rx (e.g. asthma, cholesterol, diabetes, high blood pressure)	USD \$20 co-pay	Not Covered
All other preferred brands	USD \$30 co-pay	Not Covered
Non-Preferred Brand Drugs - Tier 3 (Retail Pharmacy/Mail Order)		
Non-Preferred Brand	USD \$60 co-pay	Not Covered
Specialty Drugs - Tier 4 (Retail Pharmacy/Mail Order)		
Specialty Brand (Purchase from Specialty Pharmacy)	USD \$110 co-pay	Not Covered

Preferred Medication Guide

Medication Name	Drug Type	PA Required	Tier	Category
codeine	Generic		1	ANALGESICS
diclofenac potassium	Generic		1	ANALGESICS
diclofenac sodium	Generic		1	ANALGESICS
etodolac	Generic		1	ANALGESICS
fentanyl transdermal	Generic		1	ANALGESICS
flurbiprofen	Generic		1	ANALGESICS
hydrocodone/APAP	Generic		1	ANALGESICS
hydromorphone	Generic		1	ANALGESICS
ibuprofen	Generic		1	ANALGESICS
indomethacin	Generic		1	ANALGESICS
ketoprofen	Generic		1	ANALGESICS
ketorolac	Generic		1	ANALGESICS
mefenamic acid	Generic		1	ANALGESICS
meloxicam	Generic		1	ANALGESICS
meperidine	Generic		1	ANALGESICS
methadone	Generic		1	ANALGESICS
morphine sulfate	Generic		1	ANALGESICS
morphine sulfate SR	Generic		1	ANALGESICS
nabumetone	Generic		1	ANALGESICS
naproxen	Generic		1	ANALGESICS
oxaprozin	Generic		1	ANALGESICS
oxycodone	Generic		1	ANALGESICS
oxymorphone	Generic		1	ANALGESICS
oxymorphone ER	Generic		1	ANALGESICS
salsalate	Generic		1	ANALGESICS
sulindac	Generic		1	ANALGESICS
tolmetin	Generic		1	ANALGESICS
tramadol	Generic		1	ANALGESICS
tramadol ER	Generic		1	ANALGESICS
oxycodone/acetaminophen	Generic		1	ANALGESICS
lidocaine cream	Generic		1	ANESTHETICS
lidocaine/prilocaine	Generic		1	ANESTHETICS
buprenorphine	Generic		1	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
bupropion	Generic		1	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
disulfiram	Generic		1	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
naltrexone	Generic		1	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
amoxicillin	Generic		1	ANTIBACTERIALS
amoxicillin clavulanate	Generic		1	ANTIBACTERIALS

Medication Name	Drug Type	PA Required	Tier	Category
ampicillin	Generic		1	ANTIBACTERIALS
azithromycin	Generic		1	ANTIBACTERIALS
bacitracin (topical)	Generic		1	ANTIBACTERIALS
cefaclor	Generic		1	ANTIBACTERIALS
cefadroxil	Generic		1	ANTIBACTERIALS
cefdinir	Generic		1	ANTIBACTERIALS
cefditoren pivoxil	Generic		1	ANTIBACTERIALS
cefpodoxime	Generic		1	ANTIBACTERIALS
cefprozil	Generic		1	ANTIBACTERIALS
cefuroxime	Generic		1	ANTIBACTERIALS
cephalexin	Generic		1	ANTIBACTERIALS
ciprofloxacin	Generic		1	ANTIBACTERIALS
ciprofloxacin	Generic		1	ANTIBACTERIALS
clarithromycin	Generic		1	ANTIBACTERIALS
clindamycin HCl	Generic		1	ANTIBACTERIALS
demeclocycline	Generic		1	ANTIBACTERIALS
dicloxacillin	Generic		1	ANTIBACTERIALS
doxycycline	Generic		1	ANTIBACTERIALS
doxycycline	Generic		1	ANTIBACTERIALS
erythromycin base	Generic		1	ANTIBACTERIALS
erythromycin stearate	Generic		1	ANTIBACTERIALS
erythromycin ethylsuccinate	Generic		1	ANTIBACTERIALS
gentamicin	Generic		1	ANTIBACTERIALS
levofloxacin	Generic		1	ANTIBACTERIALS
methenamine	Generic		1	ANTIBACTERIALS
metronidazole	Generic		1	ANTIBACTERIALS
minocycline	Generic		1	ANTIBACTERIALS
mupirocin	Generic		1	ANTIBACTERIALS
neo/poly/bac/HC	Generic		1	ANTIBACTERIALS
neo/poly/gramcidin	Generic		1	ANTIBACTERIALS
neomycin	Generic		1	ANTIBACTERIALS
nitrofurantoin	Generic		1	ANTIBACTERIALS
nitrofurantoin macrocrystals	Generic		1	ANTIBACTERIALS
ofloxacin	Generic		1	ANTIBACTERIALS
penicillin V	Generic		1	ANTIBACTERIALS
SMO/TMP	Generic		1	ANTIBACTERIALS
sulfadiazine	Generic		1	ANTIBACTERIALS
tetracycline	Generic		1	ANTIBACTERIALS
TMP/polymyxin	Generic		1	ANTIBACTERIALS
trimethoprim	Generic		1	ANTIBACTERIALS
trimethoprim/polymyxin B	Generic		1	ANTIBACTERIALS
carbamazepine	Generic		1	ANTICONVULSANTS
divalproex	Generic		1	ANTICONVULSANTS

Medication Name	Drug Type	PA Required	Tier	Category
ethosuximide	Generic		1	ANTICONVULSANTS
felbamate	Generic		1	ANTICONVULSANTS
gabapentin	Generic		1	ANTICONVULSANTS
lamotrigine	Generic		1	ANTICONVULSANTS
levetiracetam	Generic		1	ANTICONVULSANTS
oxcarbazepine	Generic		1	ANTICONVULSANTS
phenytoin	Generic		1	ANTICONVULSANTS
primidone	Generic		1	ANTICONVULSANTS
tiagibine	Generic		1	ANTICONVULSANTS
topiramate	Generic		1	ANTICONVULSANTS
valproic acid	Generic		1	ANTICONVULSANTS
zonisamide	Generic		1	ANTICONVULSANTS
donepezil	Generic		1	ANTIDEMENTIA AGENTS
ergoloid mesylates	Generic		1	ANTIDEMENTIA AGENTS
galantamine	Generic		1	ANTIDEMENTIA AGENTS
rivastigmine	Generic		1	ANTIDEMENTIA AGENTS
amitriptyline	Generic		1	ANTIDEPRESSANTS
amoxapine	Generic		1	ANTIDEPRESSANTS
bupropion	Generic		1	ANTIDEPRESSANTS
citalopram	Generic		1	ANTIDEPRESSANTS
clomipramine	Generic		1	ANTIDEPRESSANTS
desipramine	Generic		1	ANTIDEPRESSANTS
doxepin	Generic		1	ANTIDEPRESSANTS
escitalopram	Generic		1	ANTIDEPRESSANTS
fluoxetine	Generic		1	ANTIDEPRESSANTS
fluvoxamine	Generic		1	ANTIDEPRESSANTS
imipramine	Generic		1	ANTIDEPRESSANTS
maprotiline	Generic		1	ANTIDEPRESSANTS
mirtazapine	Generic		1	ANTIDEPRESSANTS
nefazodone	Generic		1	ANTIDEPRESSANTS
nortriptyline	Generic		1	ANTIDEPRESSANTS
paroxetine	Generic		1	ANTIDEPRESSANTS
phenelzine	Generic		1	ANTIDEPRESSANTS
protriptyline	Generic		1	ANTIDEPRESSANTS
sertraline	Generic		1	ANTIDEPRESSANTS
tranylcypromine	Generic		1	ANTIDEPRESSANTS
trazodone	Generic		1	ANTIDEPRESSANTS
venlafaxine	Generic		1	ANTIDEPRESSANTS
cyclizine	Generic		1	ANTIEMETICS
dexamethasone	Generic		1	ANTIEMETICS
diphenhydramine	Generic		1	ANTIEMETICS
diphenhydramine	Generic		1	ANTIEMETICS
dronabinol	Generic		1	ANTIEMETICS

Medication Name	Drug Type	PA Required	Tier	Category
granisetron	Generic		1	ANTIEMETICS
meclizine	Generic		1	ANTIEMETICS
metoclopramide	Generic		1	ANTIEMETICS
ondansetron (regular andODT)	Generic		1	ANTIEMETICS
prochlorperazine	Generic		1	ANTIEMETICS
promethazine	Generic		1	ANTIEMETICS
scopolamine	Generic		1	ANTIEMETICS
trimethobenzamide	Generic		1	ANTIEMETICS
ciclopirox	Generic		1	ANTIFUNGALS
clotrimazole	Generic		1	ANTIFUNGALS
clotrimazole/betamethasone	Generic		1	ANTIFUNGALS
econazole	Generic		1	ANTIFUNGALS
fluconazole	Generic		1	ANTIFUNGALS
flucytosine	Generic		1	ANTIFUNGALS
griseofulvin	Generic		1	ANTIFUNGALS
itraconazole	Generic		1	ANTIFUNGALS
ketoconazole	Generic		1	ANTIFUNGALS
miconazole	Generic		1	ANTIFUNGALS
nystatin	Generic		1	ANTIFUNGALS
selenium sulfide	Generic		1	ANTIFUNGALS
terbinafine	Generic		1	ANTIFUNGALS
terconazole	Generic		1	ANTIFUNGALS
voriconazole	Generic		1	ANTIFUNGALS
allopurinol	Generic		1	ANTIGOUT AGENTS
probenecid	Generic		1	ANTIGOUT AGENTS
diclofenac potassium	Generic		1	ANTI-INFLAMMATORY AGENTS
diclofenac sodium	Generic		1	ANTI-INFLAMMATORY AGENTS
etodolac	Generic		1	ANTI-INFLAMMATORY AGENTS
flurbiprofen	Generic		1	ANTI-INFLAMMATORY AGENTS
ibuprofen	Generic		1	ANTI-INFLAMMATORY AGENTS
indomethacin	Generic		1	ANTI-INFLAMMATORY AGENTS
ketoprofen	Generic		1	ANTI-INFLAMMATORY AGENTS
ketorolac	Generic		1	ANTI-INFLAMMATORY AGENTS
mefenamic acid	Generic		1	ANTI-INFLAMMATORY AGENTS
meloxicam	Generic		1	ANTI-INFLAMMATORY AGENTS
nabumetone	Generic		1	ANTI-INFLAMMATORY AGENTS
naproxen	Generic		1	ANTI-INFLAMMATORY AGENTS
oxaprozin	Generic		1	ANTI-INFLAMMATORY AGENTS
salsalate	Generic		1	ANTI-INFLAMMATORY AGENTS
sulindac	Generic		1	ANTI-INFLAMMATORY AGENTS
tolmetin	Generic		1	ANTI-INFLAMMATORY AGENTS
guanfacine	Generic		1	ANTIMIGRAINE AGENTS
isometheptene/dichloralphenaz	Generic		1	ANTIMIGRAINE AGENTS

Medication Name	Drug Type	PA Required	Tier	Category
one/APAP				
naratriptan	Generic		1	ANTIMIGRAINE AGENTS
propranolol	Generic		1	ANTIMIGRAINE AGENTS
rizatriptan	Generic		1	ANTIMIGRAINE AGENTS
sumatriptan	Generic		1	ANTIMIGRAINE AGENTS
timolol	Generic		1	ANTIMIGRAINE AGENTS
pyridostigmine	Generic		1	ANTIMYASTHENIC AGENTS
dapsone	Generic		1	ANTIMYCOBACTERIALS
ethambutol	Generic		1	ANTIMYCOBACTERIALS
isoniazid	Generic		1	ANTIMYCOBACTERIALS
pyrazinamide	Generic		1	ANTIMYCOBACTERIALS
rifampin	Generic		1	ANTIMYCOBACTERIALS
anastrozole	Generic		1	ANTINEOPLASTICS
exemestane	Generic		1	ANTINEOPLASTICS
hydroxyurea	Generic		1	ANTINEOPLASTICS
letrozole	Generic		1	ANTINEOPLASTICS
mercaptopurine	Generic		1	ANTINEOPLASTICS
tamoxifen	Generic		1	ANTINEOPLASTICS
tretinoin	Generic		1	ANTINEOPLASTICS
atovaquone/proguanil	Generic		1	ANTIPARASITICS
chloroquine	Generic		1	ANTIPARASITICS
dapsone	Generic		1	ANTIPARASITICS
hydroxychloroquine	Generic		1	ANTIPARASITICS
lindane	Generic		1	ANTIPARASITICS
malathion	Generic		1	ANTIPARASITICS
mebendazole	Generic		1	ANTIPARASITICS
mefloquine	Generic		1	ANTIPARASITICS
permethrin	Generic		1	ANTIPARASITICS
primaquine	Generic		1	ANTIPARASITICS
benztropine	Generic		1	ANTIPARKINSON AGENTS
bromocriptine	Generic		1	ANTIPARKINSON AGENTS
carbidopa/levodopa	Generic		1	ANTIPARKINSON AGENTS
pramipexole	Generic		1	ANTIPARKINSON AGENTS
rivastigmine	Generic		1	ANTIPARKINSON AGENTS
ropinirole	Generic		1	ANTIPARKINSON AGENTS
selegiline	Generic		1	ANTIPARKINSON AGENTS
chlorpromazine	Generic		1	ANTIPSYCHOTICS
clozapine	Generic		1	ANTIPSYCHOTICS
fluphenazine	Generic		1	ANTIPSYCHOTICS
haloperidol	Generic		1	ANTIPSYCHOTICS
loxapine	Generic		1	ANTIPSYCHOTICS
olanzapine	Generic		1	ANTIPSYCHOTICS
perphenazine	Generic		1	ANTIPSYCHOTICS

Medication Name	Drug Type	PA Required	Tier	Category
prochlorperazine	Generic		1	ANTIPSYCHOTICS
quetiapine	Generic		1	ANTIPSYCHOTICS
risperidone	Generic		1	ANTIPSYCHOTICS
thioridazine	Generic		1	ANTIPSYCHOTICS
thiothixene	Generic		1	ANTIPSYCHOTICS
trifluoperazine	Generic		1	ANTIPSYCHOTICS
ziprasidone	Generic		1	ANTIPSYCHOTICS
baclofen	Generic		1	ANTISPASTICITY AGENTS
dantrolene	Generic		1	ANTISPASTICITY AGENTS
tizanidine	Generic		1	ANTISPASTICITY AGENTS
acyclovir	Generic		1	ANTIVIRALS
amantadine	Generic		1	ANTIVIRALS
didanosine	Generic		1	ANTIVIRALS
famciclovir	Generic		1	ANTIVIRALS
ganciclovir	Generic		1	ANTIVIRALS
rimantadine	Generic		1	ANTIVIRALS
trifluridine	Generic		1	ANTIVIRALS
valacyclovir	Generic		1	ANTIVIRALS
bupirone	Generic		1	ANXIOLYTICS
chlordiazepoxide	Generic		1	ANXIOLYTICS
chlordiazepoxide/clidinium	Generic		1	ANXIOLYTICS
fluoxetine	Generic		1	ANXIOLYTICS
fluvoxamine	Generic		1	ANXIOLYTICS
meprobamate	Generic		1	ANXIOLYTICS
paroxetine	Generic		1	ANXIOLYTICS
sertraline	Generic		1	ANXIOLYTICS
venlafaxine	Generic		1	ANXIOLYTICS
carbamazepine	Generic		1	BIPOLAR AGENTS
lamotrigine	Generic		1	BIPOLAR AGENTS
lithium	Generic		1	BIPOLAR AGENTS
olanzapine	Generic		1	BIPOLAR AGENTS
oxcarbazepine	Generic		1	BIPOLAR AGENTS
quetiapine	Generic		1	BIPOLAR AGENTS
risperidone	Generic		1	BIPOLAR AGENTS
valproate sodium	Generic		1	BIPOLAR AGENTS
ziprasidone	Generic		1	BIPOLAR AGENTS
acarbose	Generic		1	BLOOD GLUCOSE REGULATORS
bromocriptine	Generic		1	BLOOD GLUCOSE REGULATORS
chlorpropamide	Generic		1	BLOOD GLUCOSE REGULATORS
glimepiride	Generic		1	BLOOD GLUCOSE REGULATORS
glipizide	Generic		1	BLOOD GLUCOSE REGULATORS
glipizide/metformin	Generic		1	BLOOD GLUCOSE REGULATORS
glucagon	Generic		1	BLOOD GLUCOSE REGULATORS

Medication Name	Drug Type	PA Required	Tier	Category
glyburide	Generic		1	BLOOD GLUCOSE REGULATORS
glyburide/metformin	Generic		1	BLOOD GLUCOSE REGULATORS
metformin	Generic		1	BLOOD GLUCOSE REGULATORS
nateglinide	Generic		1	BLOOD GLUCOSE REGULATORS
nateglinide	Generic		1	BLOOD GLUCOSE REGULATORS
pioglitazine/glimepiride	Generic		1	BLOOD GLUCOSE REGULATORS
pioglitazone	Generic		1	BLOOD GLUCOSE REGULATORS
pioglitazone/metformin	Generic		1	BLOOD GLUCOSE REGULATORS
anagrelide	Generic		1	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
cilostazol	Generic		1	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
clopidogrel	Generic		1	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
dipyridamole	Generic		1	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
heparin	Generic		1	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
warfarin	Generic		1	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
acebutolol	Generic		1	CARDIOVASCULAR AGENTS
amiloride	Generic		1	CARDIOVASCULAR AGENTS
amiodarone	Generic		1	CARDIOVASCULAR AGENTS
amlodipine	Generic		1	CARDIOVASCULAR AGENTS
atenolol	Generic		1	CARDIOVASCULAR AGENTS
atorvastatin	Generic		1	CARDIOVASCULAR AGENTS
benazepril	Generic		1	CARDIOVASCULAR AGENTS
betaxolol	Generic		1	CARDIOVASCULAR AGENTS
bisoprolol	Generic		1	CARDIOVASCULAR AGENTS
bumetanide	Generic		1	CARDIOVASCULAR AGENTS
captopril	Generic		1	CARDIOVASCULAR AGENTS
carvedilol	Generic		1	CARDIOVASCULAR AGENTS
chlorothiazide	Generic		1	CARDIOVASCULAR AGENTS
chlorthalidone	Generic		1	CARDIOVASCULAR AGENTS
cholestyramine	Generic		1	CARDIOVASCULAR AGENTS
clonidine	Generic		1	CARDIOVASCULAR AGENTS
colestipol	Generic		1	CARDIOVASCULAR AGENTS
diltiazem	Generic		1	CARDIOVASCULAR AGENTS
doxazosin	Generic		1	CARDIOVASCULAR AGENTS
eplerenone	Generic		1	CARDIOVASCULAR AGENTS
eprosartan	Generic		1	CARDIOVASCULAR AGENTS
felodipine	Generic		1	CARDIOVASCULAR AGENTS
fenofibrate	Generic		1	CARDIOVASCULAR AGENTS
fenofibric acid	Generic		1	CARDIOVASCULAR AGENTS
flecainide	Generic		1	CARDIOVASCULAR AGENTS
fluvastatin	Generic		1	CARDIOVASCULAR AGENTS
fosinopril	Generic		1	CARDIOVASCULAR AGENTS
furosemide	Generic		1	CARDIOVASCULAR AGENTS
guanabenz	Generic		1	CARDIOVASCULAR AGENTS

Medication Name	Drug Type	PA Required	Tier	Category
guanfacine	Generic		1	CARDIOVASCULAR AGENTS
hydralazine	Generic		1	CARDIOVASCULAR AGENTS
hydrochlorothiazide	Generic		1	CARDIOVASCULAR AGENTS
indapamide	Generic		1	CARDIOVASCULAR AGENTS
irbesartan	Generic		1	CARDIOVASCULAR AGENTS
isosorbide dinitrate	Generic		1	CARDIOVASCULAR AGENTS
isosorbide mononitrate	Generic		1	CARDIOVASCULAR AGENTS
isradipine	Generic		1	CARDIOVASCULAR AGENTS
labetalol	Generic		1	CARDIOVASCULAR AGENTS
lisinopril	Generic		1	CARDIOVASCULAR AGENTS
losartan	Generic		1	CARDIOVASCULAR AGENTS
lovastatin	Generic		1	CARDIOVASCULAR AGENTS
methazolamide	Generic		1	CARDIOVASCULAR AGENTS
methyclothiazide	Generic		1	CARDIOVASCULAR AGENTS
methyldopa	Generic		1	CARDIOVASCULAR AGENTS
metolazone	Generic		1	CARDIOVASCULAR AGENTS
metoprolol succinate	Generic		1	CARDIOVASCULAR AGENTS
metoprolol tartrate	Generic		1	CARDIOVASCULAR AGENTS
mexiletine	Generic		1	CARDIOVASCULAR AGENTS
minoxidil	Generic		1	CARDIOVASCULAR AGENTS
moexipril	Generic		1	CARDIOVASCULAR AGENTS
nadolol	Generic		1	CARDIOVASCULAR AGENTS
niacin	Generic		1	CARDIOVASCULAR AGENTS
nicardipine	Generic		1	CARDIOVASCULAR AGENTS
nifedipine	Generic		1	CARDIOVASCULAR AGENTS
nimodipine	Generic		1	CARDIOVASCULAR AGENTS
nisoldipine	Generic		1	CARDIOVASCULAR AGENTS
nitroglycerin	Generic		1	CARDIOVASCULAR AGENTS
nitroprusside	Generic		1	CARDIOVASCULAR AGENTS
pentoxifylline	Generic		1	CARDIOVASCULAR AGENTS
perindopril	Generic		1	CARDIOVASCULAR AGENTS
pindolol	Generic		1	CARDIOVASCULAR AGENTS
pravastatin	Generic		1	CARDIOVASCULAR AGENTS
prazosin	Generic		1	CARDIOVASCULAR AGENTS
propafenone	Generic		1	CARDIOVASCULAR AGENTS
propranolol	Generic		1	CARDIOVASCULAR AGENTS
quinapril	Generic		1	CARDIOVASCULAR AGENTS
quinidine gluconate	Generic		1	CARDIOVASCULAR AGENTS
quinidine sulfate	Generic		1	CARDIOVASCULAR AGENTS
ramipril	Generic		1	CARDIOVASCULAR AGENTS
simvastatin	Generic		1	CARDIOVASCULAR AGENTS
sotalol	Generic		1	CARDIOVASCULAR AGENTS
spironolactone	Generic		1	CARDIOVASCULAR AGENTS

Medication Name	Drug Type	PA Required	Tier	Category
spironolactone/hydrochlorothiazide	Generic		1	CARDIOVASCULAR AGENTS
tamsulosin	Generic		1	CARDIOVASCULAR AGENTS
terazosin	Generic		1	CARDIOVASCULAR AGENTS
timolol	Generic		1	CARDIOVASCULAR AGENTS
torsemide	Generic		1	CARDIOVASCULAR AGENTS
trandolapril	Generic		1	CARDIOVASCULAR AGENTS
triamterene/hydrochlorothiazide	Generic		1	CARDIOVASCULAR AGENTS
verapamil	Generic		1	CARDIOVASCULAR AGENTS
lisinopril/hydrochlorothiazide	Generic		1	CARDIOVASCULAR AGENTS
losartan/hydrochlorothiazide	Generic		1	CARDIOVASCULAR AGENTS
amitriptyline	Generic		1	CENTRAL NERVOUS SYSTEM AGENTS
amphetamine salts	Generic		1	CENTRAL NERVOUS SYSTEM AGENTS
caffeine	Generic		1	CENTRAL NERVOUS SYSTEM AGENTS
caffeine	Generic		1	CENTRAL NERVOUS SYSTEM AGENTS
dexmethylphenidate	Generic		1	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine	Generic		1	CENTRAL NERVOUS SYSTEM AGENTS
duloxetine	Generic		1	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate	Generic		1	CENTRAL NERVOUS SYSTEM AGENTS
modafinil	Generic		1	CENTRAL NERVOUS SYSTEM AGENTS
trazodone	Generic		1	CENTRAL NERVOUS SYSTEM AGENTS
cevimilime	Generic		1	DENTAL AND ORAL AGENTS
chlorhexidine oropharyngeal	Generic		1	DENTAL AND ORAL AGENTS
doxycycline	Generic		1	DENTAL AND ORAL AGENTS
pilocarpine	Generic		1	DENTAL AND ORAL AGENTS
triamcinolone dental paste	Generic		1	DENTAL AND ORAL AGENTS
adapalene	Generic		1	DERMATOLOGICAL AGENTS
ammonium lactate	Generic		1	DERMATOLOGICAL AGENTS
benzoyl peroxide	Generic		1	DERMATOLOGICAL AGENTS
calcipotriene	Generic		1	DERMATOLOGICAL AGENTS
clindamycin topical	Generic		1	DERMATOLOGICAL AGENTS
clindamycin/benzoyl peroxide	Generic		1	DERMATOLOGICAL AGENTS
erythromycin	Generic		1	DERMATOLOGICAL AGENTS
erythromycin/benzoyl peroxide	Generic		1	DERMATOLOGICAL AGENTS
fluorouracil	Generic		1	DERMATOLOGICAL AGENTS
imiquimod	Generic		1	DERMATOLOGICAL AGENTS
metronidazole	Generic		1	DERMATOLOGICAL AGENTS
podofilox solution	Generic		1	DERMATOLOGICAL AGENTS
selenium sulfide	Generic		1	DERMATOLOGICAL AGENTS
sodium sulfacetamide	Generic		1	DERMATOLOGICAL AGENTS
tretinoin	Generic		1	DERMATOLOGICAL AGENTS
tretinoin (top)	Generic		1	DERMATOLOGICAL AGENTS
magnesium citrate	Generic		1	GASTRINTESTINAL AGENTS



Medication Name	Drug Type	PA Required	Tier	Category
atropine/diphenoxylate	Generic		1	GASTROINTESTINAL AGENTS
cimetidine	Generic		1	GASTROINTESTINAL AGENTS
cimetidine	Generic		1	GASTROINTESTINAL AGENTS
dicyclomine	Generic		1	GASTROINTESTINAL AGENTS
dicyclomine	Generic		1	GASTROINTESTINAL AGENTS
famotidine	Generic		1	GASTROINTESTINAL AGENTS
hyoscyamine	Generic		1	GASTROINTESTINAL AGENTS
lactulose	Generic		1	GASTROINTESTINAL AGENTS
lansoprazole	Generic		1	GASTROINTESTINAL AGENTS
misoprostol	Generic		1	GASTROINTESTINAL AGENTS
nizatidine	Generic		1	GASTROINTESTINAL AGENTS
omeprazole	Generic		1	GASTROINTESTINAL AGENTS
pantoprazole	Generic		1	GASTROINTESTINAL AGENTS
PEG 3350	Generic		1	GASTROINTESTINAL AGENTS
phenobarbital/hyoscyamine/atropine/scopolamine	Generic		1	GASTROINTESTINAL AGENTS
ranitidine	Generic		1	GASTROINTESTINAL AGENTS
sucralfate	Generic		1	GASTROINTESTINAL AGENTS
ursodiol	Generic		1	GASTROINTESTINAL AGENTS
alfuzosin	Generic		1	GENITOURINARY AGENTS
bethanechol	Generic		1	GENITOURINARY AGENTS
calcium acetate	Generic		1	GENITOURINARY AGENTS
desmopressin	Generic		1	GENITOURINARY AGENTS
doxazosin	Generic		1	GENITOURINARY AGENTS
finasteride	Generic		1	GENITOURINARY AGENTS
oxybutynin	Generic		1	GENITOURINARY AGENTS
phenazopyridine	Generic		1	GENITOURINARY AGENTS
prazosin	Generic		1	GENITOURINARY AGENTS
tamsulosin	Generic		1	GENITOURINARY AGENTS
terazosin	Generic		1	GENITOURINARY AGENTS
tolterodine	Generic		1	GENITOURINARY AGENTS
tropium	Generic		1	GENITOURINARY AGENTS
alclometasone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
amcinonide	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
augmented betamethasone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
betamethasone dipropionate	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
betamethasone valerate	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
clobetasol	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
clobetasol E	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

Medication Name	Drug Type	PA Required	Tier	Category
cortisone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
desonide	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
desoximetasone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
dexamethasone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
diflorasone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
fludrocortisone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
fluocinolone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
halobetasol	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
hydrocortisone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
hydrocortisone butyrate	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
hydrocortisone valerate	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
methylprednisolone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
methylprednisolone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
mometasone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
prednicarbate	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
desmopressin	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)
alprostadil	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)
Camila	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
medroxyprogesterone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
medroxyprogesterone acetate	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
megestrol	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
progesterone micronized	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
testosterone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
testosterone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

Medication Name	Drug Type	PA Required	Tier	Category
testosterone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
testosterone	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
levothyroxine	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)
liothyronine	Generic		1	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)
cabergoline	Generic		1	HORMONAL AGENTS, SUPPRESSANT (PITUITARY)
bicalutamide	Generic		1	HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)
flutamide	Generic		1	HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)
methimazole	Generic		1	HORMONAL AGENTS, SUPPRESSANT (THYROID)
propylthiouracil	Generic		1	HORMONAL AGENTS, SUPPRESSANT (THYROID)
leflunomide	Generic		1	IMMUNOLOGICAL AGENTS
methotrexate	Generic		1	IMMUNOLOGICAL AGENTS
methotrexate	Generic		1	IMMUNOLOGICAL AGENTS
balsalazide	Generic		1	INFLAMMATORY BOWEL DISEASE AGENTS
budesonide	Generic		1	INFLAMMATORY BOWEL DISEASE AGENTS
dexamethasone	Generic		1	INFLAMMATORY BOWEL DISEASE AGENTS
hydrocortisone	Generic		1	INFLAMMATORY BOWEL DISEASE AGENTS
methylprednisolone	Generic		1	INFLAMMATORY BOWEL DISEASE AGENTS
methylprednisolone	Generic		1	INFLAMMATORY BOWEL DISEASE AGENTS
sulfasalazine	Generic		1	INFLAMMATORY BOWEL DISEASE AGENTS
alendronate	Generic		1	METABOLIC BONE DISEASE AGENTS
calcitonin	Generic		1	METABOLIC BONE DISEASE AGENTS
calcitriol	Generic		1	METABOLIC BONE DISEASE AGENTS
etidronate	Generic		1	METABOLIC BONE DISEASE AGENTS
ibandronate	Generic		1	METABOLIC BONE DISEASE AGENTS
acetazolamide	Generic		1	OPHTHALMIC AGENTS
apraclonidine	Generic		1	OPHTHALMIC AGENTS
azelastine	Generic		1	OPHTHALMIC AGENTS
betaxolol	Generic		1	OPHTHALMIC AGENTS
brimonidine	Generic		1	OPHTHALMIC AGENTS
carteolol	Generic		1	OPHTHALMIC AGENTS
cromolyn	Generic		1	OPHTHALMIC AGENTS
diclofenac	Generic		1	OPHTHALMIC AGENTS
dorzolamide	Generic		1	OPHTHALMIC AGENTS
dorzolamide/timolol	Generic		1	OPHTHALMIC AGENTS
epinastine	Generic		1	OPHTHALMIC AGENTS
fluorometholone	Generic		1	OPHTHALMIC AGENTS
ketorolac	Generic		1	OPHTHALMIC AGENTS
ketotifen	Generic		1	OPHTHALMIC AGENTS

Medication Name	Drug Type	PA Required	Tier	Category
latanoprost	Generic		1	OPHTHALMIC AGENTS
levobunolol	Generic		1	OPHTHALMIC AGENTS
methazolamide	Generic		1	OPHTHALMIC AGENTS
metipranolol	Generic		1	OPHTHALMIC AGENTS
naphazoline	Generic		1	OPHTHALMIC AGENTS
neo/poly/dex	Generic		1	OPHTHALMIC AGENTS
Pilopine HS	Generic		1	OPHTHALMIC AGENTS
poly/dex	Generic		1	OPHTHALMIC AGENTS
prednisolone	Generic		1	OPHTHALMIC AGENTS
sodium sulfacetamide/prednisolone	Generic		1	OPHTHALMIC AGENTS
timolol	Generic		1	OPHTHALMIC AGENTS
timolol	Generic		1	OPHTHALMIC AGENTS
tobramycin/dexamethasone	Generic		1	OPHTHALMIC AGENTS
tropicamide	Generic		1	OPHTHALMIC AGENTS
acetic acid	Generic		1	OTIC AGENTS
neomycin/polymyxin B/HC	Generic		1	OTIC AGENTS
acetylcysteine	Generic		1	RESPIRATORY TRACT AGENTS
albuterol	Generic		1	RESPIRATORY TRACT AGENTS
azelastine	Generic		1	RESPIRATORY TRACT AGENTS
carbinoxamine	Generic		1	RESPIRATORY TRACT AGENTS
clemastine	Generic		1	RESPIRATORY TRACT AGENTS
cromolyn	Generic		1	RESPIRATORY TRACT AGENTS
cyproheptadine	Generic		1	RESPIRATORY TRACT AGENTS
diphenhydramine	Generic		1	RESPIRATORY TRACT AGENTS
diphenhydramine	Generic		1	RESPIRATORY TRACT AGENTS
epinephrine	Generic		1	RESPIRATORY TRACT AGENTS
fexofenadine	Generic		1	RESPIRATORY TRACT AGENTS
flunisolide	Generic		1	RESPIRATORY TRACT AGENTS
fluticasone	Generic		1	RESPIRATORY TRACT AGENTS
ipratropium	Generic		1	RESPIRATORY TRACT AGENTS
loratadine	Generic		1	RESPIRATORY TRACT AGENTS
metaproterenol	Generic		1	RESPIRATORY TRACT AGENTS
montelukast	Generic		1	RESPIRATORY TRACT AGENTS
sildenafil	Generic		1	RESPIRATORY TRACT AGENTS
terbutaline	Generic		1	RESPIRATORY TRACT AGENTS
theophylline	Generic		1	RESPIRATORY TRACT AGENTS
carisoprodol	Generic		1	SKELETAL MUSCLE RELAXANTS
chlorzoxazone	Generic		1	SKELETAL MUSCLE RELAXANTS
cyclobenzaprine	Generic		1	SKELETAL MUSCLE RELAXANTS
diazepam	Generic		1	SKELETAL MUSCLE RELAXANTS
metaxalone	Generic		1	SKELETAL MUSCLE RELAXANTS
methocarbamol	Generic		1	SKELETAL MUSCLE RELAXANTS

Medication Name	Drug Type	PA Required	Tier	Category
diphenhydramine	Generic		1	SLEEP DISORDER AGENTS
diphenhydramine	Generic		1	SLEEP DISORDER AGENTS
doxepin	Generic		1	SLEEP DISORDER AGENTS
flurazepam	Generic		1	SLEEP DISORDER AGENTS
lorazepam	Generic		1	SLEEP DISORDER AGENTS
trazodone	Generic		1	SLEEP DISORDER AGENTS
triazolam	Generic		1	SLEEP DISORDER AGENTS
zaleplon	Generic		1	SLEEP DISORDER AGENTS
zolpidem	Generic		1	SLEEP DISORDER AGENTS
calcium carbonate	Generic		1	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES
calcium citrate	Generic		1	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES
deferoxamine	Generic		1	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES
ferrous sulfate	Generic		1	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES
penicillamine	Generic		1	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES
sodium bicarbonate	Generic		1	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES
Chantix	Brand		2	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
Chantix	Brand		2	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
Nicotrol patch	Brand		2	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
Avelox	Brand		2	ANTIBACTERIALS
Cedax	Brand		2	ANTIBACTERIALS
Noroxin	Brand		2	ANTIBACTERIALS
Suprax	Brand		2	ANTIBACTERIALS
Vigamox	Brand		2	ANTIBACTERIALS
Zymaxid	Brand		2	ANTIBACTERIALS
Epitol	Brand		2	ANTICONVULSANTS
Namenda	Brand		2	ANTIDEMENTIA AGENTS
EMSAM	Brand		2	ANTIDEPRESSANTS
Anzemet	Brand		2	ANTIEMETICS
Cesamet	Brand		2	ANTIEMETICS
Emend	Brand		2	ANTIEMETICS
Colcrys	Brand		2	ANTIGOUT AGENTS
Uloric	Brand		2	ANTIGOUT AGENTS
Priftin	Brand		2	ANTIMYCOBACTERIALS
Coartem	Brand		2	ANTIPARASITICS
Daraprim	Brand		2	ANTIPARASITICS
Fansidar	Brand		2	ANTIPARASITICS
Mepron	Brand		2	ANTIPARASITICS
Natroba	Brand		2	ANTIPARASITICS
Quaaliquin	Brand		2	ANTIPARASITICS
Stromectol	Brand		2	ANTIPARASITICS
Stromectol	Brand		2	ANTIPARASITICS

Medication Name	Drug Type	PA Required	Tier	Category
Azilect	Brand		2	ANTIPARKINSON AGENTS
Stalevo	Brand		2	ANTIPARKINSON AGENTS
Denavir	Brand		2	ANTIVIRALS
Relenza	Brand		2	ANTIVIRALS
Tamiflu	Brand		2	ANTIVIRALS
Apidra	Brand		2	BLOOD GLUCOSE REGULATORS
Humalog (Vial Only)	Brand		2	BLOOD GLUCOSE REGULATORS
Humulin (Vial Only)	Brand		2	BLOOD GLUCOSE REGULATORS
Janumet	Brand		2	BLOOD GLUCOSE REGULATORS
Januvia	Brand		2	BLOOD GLUCOSE REGULATORS
Jentadueto	Brand		2	BLOOD GLUCOSE REGULATORS
Lantus	Brand		2	BLOOD GLUCOSE REGULATORS
Levemir	Brand		2	BLOOD GLUCOSE REGULATORS
Novolin 70/30	Brand		2	BLOOD GLUCOSE REGULATORS
Novolin N	Brand		2	BLOOD GLUCOSE REGULATORS
Novolin R	Brand		2	BLOOD GLUCOSE REGULATORS
Novolog	Brand		2	BLOOD GLUCOSE REGULATORS
Novolog Mix	Brand		2	BLOOD GLUCOSE REGULATORS
PrandiMet	Brand		2	BLOOD GLUCOSE REGULATORS
Edecrin	Brand		2	CARDIOVASCULAR AGENTS
Sorine	Brand		2	CARDIOVASCULAR AGENTS
Tikosyn	Brand		2	CARDIOVASCULAR AGENTS
Santyl	Brand		2	DERMATOLOGICAL AGENTS
Ulesfia	Brand		2	DERMATOLOGICAL AGENTS
Eurax	Brand		2	DERMATOLOGICAL AGENTS
Pancrease	Brand		2	ENZYME REPLACEMENT/MODIFIERS
Zenpep	Brand		2	ENZYME REPLACEMENT/MODIFIERS
Amitiza	Brand		2	GASTROINTESTINAL AGENTS
Donnatal	Brand		2	GASTROINTESTINAL AGENTS
Trilyte	Brand		2	GASTROINTESTINAL AGENTS
Xenical	Brand		2	GASTROINTESTINAL AGENTS
Renagel	Brand		2	GENITOURINARY AGENTS
Renvela	Brand		2	GENITOURINARY AGENTS
Scalacort	Brand		2	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
Climara	Brand		2	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
Combipatch	Brand		2	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
First-Testosterone	Brand		2	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
Lysodren	Brand		2	HORMONAL AGENTS, SUPPRESSANT (ADRENAL)

Medication Name	Drug Type	PA Required	Tier	Category
Sensipar	Brand		2	HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)
Asacol	Brand		2	INFLAMMATORY BOWEL DISEASE AGENTS
Colocort	Brand		2	INFLAMMATORY BOWEL DISEASE AGENTS
Pentasa	Brand		2	INFLAMMATORY BOWEL DISEASE AGENTS
Hectorol	Brand		2	METABOLIC BONE DISEASE AGENTS
Visine-A	Brand		2	OPHTHALMIC AGENTS
Ciprodex	Brand		2	OTIC AGENTS
Advair	Brand		2	RESPIRATORY TRACT AGENTS
Combivent	Brand		2	RESPIRATORY TRACT AGENTS
Flovent	Brand		2	RESPIRATORY TRACT AGENTS
Foradil	Brand		2	RESPIRATORY TRACT AGENTS
Maxair	Brand		2	RESPIRATORY TRACT AGENTS
Proair HFA	Brand		2	RESPIRATORY TRACT AGENTS
Qvar	Brand		2	RESPIRATORY TRACT AGENTS
Serevent	Brand		2	RESPIRATORY TRACT AGENTS
Ventolin HFA	Brand		2	RESPIRATORY TRACT AGENTS
Xopenex	Brand		2	RESPIRATORY TRACT AGENTS
Zyflo	Brand		2	RESPIRATORY TRACT AGENTS
Ferriprox	Brand		2	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES
Avinza	Brand		3	ANALGESICS
Celebrex	Brand		3	ANALGESICS
Exalgo	Brand		3	ANALGESICS
Nucynta ER	Brand		3	ANALGESICS
Oxycontin	Brand		3	ANALGESICS
Campral	Brand		3	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
Thermazene	Brand		3	ANTIBACTERIALS
Banzel	Brand		3	ANTICONSULSANTS
Lyrica	Brand		3	ANTICONSULSANTS
Peganone	Brand		3	ANTICONSULSANTS
Aplenzin	Brand		3	ANTIDEPRESSANTS
Cymbalta	Brand		3	ANTIDEPRESSANTS
Marplan	Brand		3	ANTIDEPRESSANTS
Oleptro	Brand		3	ANTIDEPRESSANTS
Viiibryd	Brand		3	ANTIDEPRESSANTS
Viiibryd	Brand		3	ANTIDEPRESSANTS
Celebrex	Brand		3	ANTI-INFLAMMATORY AGENTS
Axert	Brand		3	ANTIMIGRAINE AGENTS
Frova	Brand		3	ANTIMIGRAINE AGENTS
Relpax	Brand		3	ANTIMIGRAINE AGENTS
Zomig	Brand		3	ANTIMIGRAINE AGENTS
Mycobutin	Brand		3	ANTIMYCOBACTERIALS
Comtan	Brand		3	ANTIPARKINSON AGENTS

Medication Name	Drug Type	PA Required	Tier	Category
Abilify	Brand		3	ANTIPSYCHOTICS
Invega	Brand		3	ANTIPSYCHOTICS
Latuda	Brand		3	ANTIPSYCHOTICS
Saphris	Brand		3	ANTIPSYCHOTICS
Abilify	Brand		3	ANTI-PSYCHOTICS
Abilify	Brand		3	BIPOLAR AGENTS
Avandamet	Brand		3	BLOOD GLUCOSE REGULATORS
Avandaryl	Brand		3	BLOOD GLUCOSE REGULATORS
Avandia	Brand		3	BLOOD GLUCOSE REGULATORS
Effient	Brand		3	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
Pradaxa	Brand		3	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
Xarelto	Brand		3	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
Atacand	Brand		3	CARDIOVASCULAR AGENTS
Benicar	Brand		3	CARDIOVASCULAR AGENTS
Bystolic	Brand		3	CARDIOVASCULAR AGENTS
Crestor	Brand		3	CARDIOVASCULAR AGENTS
Diovan	Brand		3	CARDIOVASCULAR AGENTS
Edarbi	Brand		3	CARDIOVASCULAR AGENTS
Livalo	Brand		3	CARDIOVASCULAR AGENTS
Lovaza	Brand		3	CARDIOVASCULAR AGENTS
Micardis	Brand		3	CARDIOVASCULAR AGENTS
Tekturna	Brand		3	CARDIOVASCULAR AGENTS
Tekturna HCT	Brand		3	CARDIOVASCULAR AGENTS
Vytorin	Brand		3	CARDIOVASCULAR AGENTS
Zetia	Brand		3	CARDIOVASCULAR AGENTS
Lyrica	Brand		3	CENTRAL NERVOUS SYSTEM AGENTS
Savella	Brand		3	CENTRAL NERVOUS SYSTEM AGENTS
Strattera	Brand		3	CENTRAL NERVOUS SYSTEM AGENTS
Vyvanse	Brand		3	CENTRAL NERVOUS SYSTEM AGENTS
Avita	Brand		3	DERMATOLOGICAL AGENTS
Claravis	Brand		3	DERMATOLOGICAL AGENTS
Elidel	Brand		3	DERMATOLOGICAL AGENTS
Epiduo	Brand		3	DERMATOLOGICAL AGENTS
Finacea	Brand		3	DERMATOLOGICAL AGENTS
Oxsoralen	Brand		3	DERMATOLOGICAL AGENTS
Protopic	Brand		3	DERMATOLOGICAL AGENTS
Regranex	Brand		3	DERMATOLOGICAL AGENTS
Solaraze	Brand		3	DERMATOLOGICAL AGENTS
Uvadex	Brand		3	DERMATOLOGICAL AGENTS
Veregen	Brand		3	DERMATOLOGICAL AGENTS
Zonalon	Brand		3	DERMATOLOGICAL AGENTS
Avodart	Brand		3	GENITOURINARY AGENTS
Enablex	Brand		3	GENITOURINARY AGENTS

Medication Name	Drug Type	PA Required	Tier	Category
Jalyn	Brand		3	GENITOURINARY AGENTS
Oxytrol	Brand		3	GENITOURINARY AGENTS
Rapaflo	Brand		3	GENITOURINARY AGENTS
Toviaz	Brand		3	GENITOURINARY AGENTS
Vesicare	Brand		3	GENITOURINARY AGENTS
Clobex	Brand		3	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
Activella	Brand		3	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
Alora	Brand		3	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
Anadrol	Brand		3	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
Androxy	Brand		3	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
Evista	Brand		3	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)
Synthroid	Brand		3	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)
Actonel	Brand		3	METABOLIC BONE DISEASE AGENTS
Atelvia	Brand		3	METABOLIC BONE DISEASE AGENTS
Forteo	Brand		3	METABOLIC BONE DISEASE AGENTS
Fosamax D	Brand		3	METABOLIC BONE DISEASE AGENTS
Alocril	Brand		3	OPHTHALMIC AGENTS
Alomide	Brand		3	OPHTHALMIC AGENTS
Alrex	Brand		3	OPHTHALMIC AGENTS
Bepreve	Brand		3	OPHTHALMIC AGENTS
Combigan	Brand		3	OPHTHALMIC AGENTS
Lotemax	Brand		3	OPHTHALMIC AGENTS
Lumigan	Brand		3	OPHTHALMIC AGENTS
Patanol	Brand		3	OPHTHALMIC AGENTS
Simbrinza	Brand		3	OPHTHALMIC AGENTS
Travatan	Brand		3	OPHTHALMIC AGENTS
Accolate	Brand		3	RESPIRATORY TRACT AGENTS
Nasonex	Brand		3	RESPIRATORY TRACT AGENTS
Noxafil	Specialty	Y	4	ANTIFUNGALS
Afinitor	Specialty	Y	4	ANTINEOPLASTICS
Alkeran	Specialty	Y	4	ANTINEOPLASTICS
EMCYT	Specialty	Y	4	ANTINEOPLASTICS
Fareston	Specialty	Y	4	ANTINEOPLASTICS
Gleevec	Specialty	Y	4	ANTINEOPLASTICS
Inlyta	Specialty	Y	4	ANTINEOPLASTICS

Medication Name	Drug Type	PA Required	Tier	Category
Iressa	Specialty	Y	4	ANTINEOPLASTICS
Jakafi	Specialty	Y	4	ANTINEOPLASTICS
Leukeran	Specialty	Y	4	ANTINEOPLASTICS
Nexavar	Specialty	Y	4	ANTINEOPLASTICS
Revlimid	Specialty	Y	4	ANTINEOPLASTICS
Sprycel	Specialty	Y	4	ANTINEOPLASTICS
Sutent	Specialty	Y	4	ANTINEOPLASTICS
Tarceva	Specialty	Y	4	ANTINEOPLASTICS
Tarceva	Specialty	Y	4	ANTINEOPLASTICS
Targretin	Specialty	Y	4	ANTINEOPLASTICS
Tasigna	Specialty	Y	4	ANTINEOPLASTICS
Thalomid	Specialty	Y	4	ANTINEOPLASTICS
Tykerb	Specialty	Y	4	ANTINEOPLASTICS
Votrient	Specialty	Y	4	ANTINEOPLASTICS
Tasmar	Specialty	Y	4	ANTIPARKINSON AGENTS
Aptivus	Specialty	Y	4	ANTIVIRALS
Atripla	Specialty	Y	4	ANTIVIRALS
Baraclude	Specialty	Y	4	ANTIVIRALS
Combivir	Specialty	Y	4	ANTIVIRALS
Copegus	Specialty	Y	4	ANTIVIRALS
Crixivan	Specialty	Y	4	ANTIVIRALS
Emtriva	Specialty	Y	4	ANTIVIRALS
Epivir	Specialty	Y	4	ANTIVIRALS
Epivir HBV	Specialty	Y	4	ANTIVIRALS
Epzicom	Specialty	Y	4	ANTIVIRALS
Fuzeon	Specialty	Y	4	ANTIVIRALS
Hepsera	Specialty	Y	4	ANTIVIRALS
Incivek	Specialty	Y	4	ANTIVIRALS
Intelence	Specialty	Y	4	ANTIVIRALS
Intron A	Specialty	Y	4	ANTIVIRALS
Invirase	Specialty	Y	4	ANTIVIRALS
Isentress	Specialty	Y	4	ANTIVIRALS
Kaletra	Specialty	Y	4	ANTIVIRALS
Lexiva	Specialty	Y	4	ANTIVIRALS
Norvir	Specialty	Y	4	ANTIVIRALS
Pegasys	Specialty	Y	4	ANTIVIRALS
Prezista	Specialty	Y	4	ANTIVIRALS
Rescriptor	Specialty	Y	4	ANTIVIRALS
Reyataz	Specialty	Y	4	ANTIVIRALS
Ribapak	Specialty	Y	4	ANTIVIRALS
Ribasphere	Specialty	Y	4	ANTIVIRALS
Ribavirin	Specialty	Y	4	ANTIVIRALS
Selzentry	Specialty	Y	4	ANTIVIRALS

Medication Name	Drug Type	PA Required	Tier	Category
stavudine	Specialty	Y	4	ANTIVIRALS
Sustiva	Specialty	Y	4	ANTIVIRALS
Trizivir	Specialty	Y	4	ANTIVIRALS
Truvada	Specialty	Y	4	ANTIVIRALS
Tyzeka	Specialty	Y	4	ANTIVIRALS
Victrelis	Specialty	Y	4	ANTIVIRALS
Videx	Specialty	Y	4	ANTIVIRALS
Viramune	Specialty	Y	4	ANTIVIRALS
Viread	Specialty	Y	4	ANTIVIRALS
zidovudine	Specialty	Y	4	ANTIVIRALS
Byetta	Specialty	Y	4	BLOOD GLUCOSE REGULATORS
Victoza	Specialty	Y	4	BLOOD GLUCOSE REGULATORS
Aranesp	Specialty	Y	4	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
Arixtra	Specialty	Y	4	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
enoxaparin	Specialty	Y	4	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
Epogen	Specialty	Y	4	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
Fragmin	Specialty	Y	4	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
Innohep	Specialty	Y	4	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
Leukine	Specialty	Y	4	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
Mozobil	Specialty	Y	4	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
Neupogen	Specialty	Y	4	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
Procrit	Specialty	Y	4	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS
Betaseron	Specialty	Y	4	CENTRAL NERVOUS SYSTEM AGENTS
Copaxone	Specialty	Y	4	CENTRAL NERVOUS SYSTEM AGENTS
Gilenya	Specialty	Y	4	CENTRAL NERVOUS SYSTEM AGENTS
Nuedexta	Specialty	Y	4	CENTRAL NERVOUS SYSTEM AGENTS
Rebif	Specialty	Y	4	CENTRAL NERVOUS SYSTEM AGENTS
Tysabri	Specialty	Y	4	CENTRAL NERVOUS SYSTEM AGENTS
Kuvan	Specialty	Y	4	ENZYME REPLACEMENT/MODIFIERS
Nexavar	Specialty	Y	4	ENZYME REPLACEMENT/MODIFIERS
chorionic gonadotropin	Specialty	Y	4	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)
Genotropin	Specialty	Y	4	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)
Serostim	Specialty	Y	4	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)
leuprolide	Specialty	Y	4	HORMONAL AGENTS, SUPPRESSANT (PITUITARY)
octreotide	Specialty	Y	4	HORMONAL AGENTS, SUPPRESSANT (PITUITARY)
Somatuline	Specialty	Y	4	HORMONAL AGENTS, SUPPRESSANT (PITUITARY)
Somavert	Specialty	Y	4	HORMONAL AGENTS, SUPPRESSANT (PITUITARY)
Synarel	Specialty	Y	4	HORMONAL AGENTS, SUPPRESSANT (PITUITARY)
Trelstar LA	Specialty	Y	4	HORMONAL AGENTS, SUPPRESSANT (PITUITARY)
Nilandron	Specialty	Y	4	HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)
Actemra	Specialty	Y	4	IMMUNOLOGICAL AGENTS

Medication Name	Drug Type	PA Required	Tier	Category
Avonex	Specialty	Y	4	IMMUNOLOGICAL AGENTS
azathioprine	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Betaseron	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Cellcept	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Cimzia	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Copaxone	Specialty	Y	4	IMMUNOLOGICAL AGENTS
cyclosporine, modified	Specialty	Y	4	IMMUNOLOGICAL AGENTS
cyclosporine, unmodified	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Enbrel	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Humira	Specialty	Y	4	IMMUNOLOGICAL AGENTS
mycophenolate	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Pegasys	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Pegasys	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Peg-Intron	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Prolia	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Rapamune	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Rebif	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Remicade	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Simponi	Specialty	Y	4	IMMUNOLOGICAL AGENTS
tacrolimus	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Trexall	Specialty	Y	4	IMMUNOLOGICAL AGENTS
Reclast	Specialty	Y	4	METABOLIC BONE DISEASE AGENTS
Zometa	Specialty	Y	4	METABOLIC BONE DISEASE AGENTS
Adcirca	Specialty	Y	4	RESPIRATORY TRACT AGENTS
Letairis	Specialty	Y	4	RESPIRATORY TRACT AGENTS
Pulmozyme	Specialty	Y	4	RESPIRATORY TRACT AGENTS
Tracleer	Specialty	Y	4	RESPIRATORY TRACT AGENTS
Tyzine	Specialty	Y	4	RESPIRATORY TRACT AGENTS
Ventavis	Specialty	Y	4	RESPIRATORY TRACT AGENTS
Chemet	Specialty	Y	4	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES
Exjade	Specialty	Y	4	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES