

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
8-MOP CAP 10MG	3	No	No	No	No		No		No	No	No			No	Pigmenting Agents
ABELCET INJ 5MG/ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Polyenes
ABILIFY INJ 9.75MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
ABILIFY SOL 1MG/ML	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
ABILIFY TAB 10MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
ABILIFY TAB 15MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
ABILIFY TAB 20MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
ABILIFY TAB 2MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
ABILIFY TAB 30MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
ABILIFY TAB 5MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
ABILIFY DISC TAB 10MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
ABILIFY DISC TAB 15MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ABRAXANE INJ 100MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ABSTRAL 100 MCG SUBLINGUAL TABLET	NC														Opiate Agonists
ABSTRAL 200 MCG SUBLINGUAL TABLET	NC														Opiate Agonists
ABSTRAL 300 MCG SUBLINGUAL TABLET	NC														Opiate Agonists
ABSTRAL 400 MCG SUBLINGUAL TABLET	NC														Opiate Agonists
ABSTRAL 600 MCG SUBLINGUAL TABLET	NC														Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ABSTRAL 800 MCG SUBLINGUAL TABLET	NC														Opiate Agonists
ACANYA TOPICAL GEL	NC														Antibacterials
ACARBOSE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha-Glucosidase Inhibitors
ACARBOSE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha-Glucosidase Inhibitors
ACARBOSE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha-Glucosidase Inhibitors
ACCOLATE TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Leukotriene Modifiers
ACCOLATE TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Leukotriene Modifiers
ACCUNEB NEB 0.63MG/3	3	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ACCUNEB NEB 1.25MG/3	3	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ACCUPRIL TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ACCUPRIL TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ACCUPRIL TAB 40MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ACCUPRIL TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ACCURETIC TAB 10-12.5	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ACCURETIC TAB 20-12.5	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ACCURETIC TAB 20-25MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ACEBUTOLOL CAP 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
ACEBUTOLOL CAP 400MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
ACEON TAB 2MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ACEON TAB 4MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ACEON TAB 8MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ACETADOTE INJ 200MG/ML	NC														MISCELLANEOUS THERAPEUTIC AGENTS
ACETAMINOPHEN /CODEINE ELIXIR	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
ACETASOL HC SOL OTIC	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
ACETAZOLAMIDE CAP 500MG	1	No	Yes	Yes	No		No		No	No	No			No	CARBONIC ANYDRASE INHIBITORS
ACETAZOLAMIDE INJ 500MG	1	No	Yes	No	No		No		No	No	No			No	CARBONIC ANYDRASE INHIBITORS
ACETAZOLAMIDE TAB 125MG	1	No	Yes	Yes	No		No		No	No	No			No	CARBONIC ANYDRASE INHIBITORS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ACETAZOLAMIDE TAB 250MG	1	No	Yes	Yes	No		No		No	No	No			No	CARBONIC ANYDRASE INHIBITORS
ACETIC ACID DRO /HC OTIC	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
ACETIC ACID SOL 2% OTIC	1	No	Yes	No	No		No		No	No	No			No	EENT Drugs, Miscellaneous
ACETYLCYSTEINE SOL 10%	1	No	Yes	No	Yes	ACETYLCYSTEINE	No		No	No	No			No	Mucolytic Agents
ACETYLCYSTEINE SOL 20%	1	No	Yes	No	Yes	ACETYLCYSTEINE	No		No	No	No			No	Mucolytic Agents
ACIPHEX 20 MG TABLET EC	NC														Proton-pump Inhibitors
ACLOVATE CRE 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
ACLOVATE OIN 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
ACTEMRA INJ 200/10ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Disease-Modifying Antirheumatic Agents
ACTHIB INJ	3	No	No	No	No		No		No	No	No			No	Vaccines
ACTICIN CRE 5%	1	No	Yes	No	No		No		No	No	No			No	Scabicides and Pediculicides
ACTIGALL CAP 300MG	3	Yes	No	Yes	No		No		No	No	No			No	Cholelitholytic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ACTIMMUNE INJ 2MU/0.5	4	No	No	Yes	Yes	SPECIALTY-CC	No		No	No	No			No	Biologic Response Modifiers
ACTIQ 1,200 MCG LOZENGE	NC														Opiate Agonists
ACTIQ 1,600 MCG LOZENGE	NC														Opiate Agonists
ACTIQ 200 MCG LOZENGE	NC														Opiate Agonists
ACTIQ 400 MCG LOZENGE	NC														Opiate Agonists
ACTIQ 600 MCG LOZENGE	NC														Opiate Agonists
ACTIQ 800 MCG LOZENGE	NC														Opiate Agonists
ACTIVELLA TAB 0.5-0.1	3	Yes	No	Yes	No		No		No	No	No			No	Estrogens
ACTIVELLA TAB 1-0.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Estrogens
ACTONEL TAB 150MG	2	No	No	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors
ACTONEL TAB 30MG	2	No	No	No	No		No		No	No	No			No	Bone Resorption Inhibitors
ACTONEL TAB 35MG	2	No	No	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ACTONEL TAB 5MG	2	No	No	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors
ACTOPLUS MET TAB 15/500MG	2	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
ACTOPLUS MET TAB 15/850MG	2	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
ACTOPLUS MET TAB XR 15/1000	2	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
ACTOPLUS MET TAB XR 30/1000	2	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
ACTOS TAB 15MG	2	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
ACTOS TAB 30MG	2	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
ACTOS TAB 45MG	2	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
ACULAR SOL 0.5% OP	3	Yes	No	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
ACULAR LS SOL 0.4%	3	Yes	No	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
ACUVAIL SOL 0.45%	2	No	No	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ACYCLOVIR CAP 200MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
ACYCLOVIR SUS 200/5ML	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
ACYCLOVIR TAB 400MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
ACYCLOVIR TAB 800MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
ACYCLOVIR NA INJ 500MG	1	No	Yes	No	No		No		No	No	No			Yes	Nucleosides and Nucleotides
ACYCLOVIR SOD 50 MG/ML VIAL	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
ACYCLOVIR SODIUM 1 GM VIAL	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
ACZONE 5% GEL	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
ADACEL INJ	3	No	No	No	No		No		No	No	No			No	Toxoids
ADACEL SYRINGE	3	No	No	No	No		No		No	No	No			No	Toxoids
ADAGEN INJ 250/ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Enzymes
ADALAT CC TAB 30MG ER	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ADALAT CC TAB 60MG ER	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
ADALAT CC TAB 90MG ER	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
ADAPALENE CRE 0.1%	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
ADAPALENE GEL 0.1%	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
ADCETRIS INJ 50MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
ADCIRCA TAB 20MG	4	No	No	Yes	Yes	PHOSPHODIESTERASE INHIBITORS	No		No	No	No			No	Phosphodiesterase Inhibitors
ADDERALL TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
ADDERALL TAB 12.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
ADDERALL TAB 15MG	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
ADDERALL TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
ADDERALL TAB 30MG	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ADDERALL TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
ADDERALL TAB 7.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
ADDERALL XR CAP 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
ADDERALL XR CAP 15MG	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
ADDERALL XR CAP 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
ADDERALL XR CAP 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
ADDERALL XR CAP 30MG	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
ADDERALL XR CAP 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
ADOXA 100 MG TABLET	NC														Tetracyclines
ADOXA 150 MG CAPSULE	3	Yes	No	No	No		No		No	No	No			No	Tetracyclines
ADOXA 50 MG TABLET	NC														Tetracyclines
ADOXA 75 MG TABLET	NC														Tetracyclines
ADOXA CK KIT	NC														Tetracyclines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ADOXA PAK 1/100 MG TABLET	NC														Tetracyclines
ADOXA PAK 1/150 MG TABLET	NC														Tetracyclines
ADOXA PAK 1/75 MG TABLET	NC														Tetracyclines
ADOXA PAK 2/100 MG TABLET	NC														Tetracyclines
ADOXA TT KIT	NC														Tetracyclines
ADRENALIN 1:1,000 NASAL SOLN	1	No	Yes	No	No		No		No	No	No			No	alpha- and beta-Adrenergic Agonists
ADRENALIN CL 1 MG/ML VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	alpha- and beta-Adrenergic Agonists
ADRIAMYCIN INJ 50MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ADRIAMYCIN INJ 2MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ADRIAMYCIN 10 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ADRIAMYCIN 20 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ADVAIR DISKUS AER 100/50	2	No	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ADVAIR DISKUS AER 250/50	2	No	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ADVAIR DISKUS AER 500/50	2	No	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ADVAIR HFA AER 115/21	2	No	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ADVAIR HFA AER 230/21	2	No	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ADVAIR HFA AER 45/21	2	No	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ADVICOR 1,000 MG/20 MG TABLET	NC														HMG-CoA Reductase Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ADVICOR 1,000 MG/40 MG TABLET	NC														HMG-CoA Reductase Inhibitors
ADVICOR 500 MG/20 MG TABLET	NC														HMG-CoA Reductase Inhibitors
ADVICOR 750 MG/20 MG TABLET	NC														HMG-CoA Reductase Inhibitors
AEROBID-M AER 250MCG	3	No	No	Yes	No		No		No	No	No			No	Adrenals
AFEDITAB TAB 30MG CR	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AFEDITAB TAB 60MG CR	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AFINITOR TAB 10MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
AFINITOR TAB 2.5MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
AFINITOR TAB 5MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
AGENERASE 15 MG/ML ORAL SOLN	NC														HIV Protease Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AGENERASE 50 MG CAPSULE	NC														HIV Protease Inhibitors
AGGRENOLX CAP 25-200MG	3	No	No	Yes	No		No		No	No	Yes	60	30	No	Platelet-Aggregation Inhibitors
AGRYLIN CAP 0.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Platelet-Aggregation Inhibitors
AK-CON SOL 0.1% OP	1	No	Yes	No	No		No		No	No	No			No	Vasoconstrictors
AKNE-MYCIN OIN 2%	3	No	No	No	No		No		No	No	No			No	Antibacterials
AK-POLY-BAC OIN OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
AK-TOB SOL 0.3% OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
ALA CORT CRE 1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
ALA SCALP LOT 2%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
ALA-CORT LOT 1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
ALAGESIC CAP	1	No	Yes	No	No		No		No	No	Yes	50	30	No	Analgesic/ Antipyretic Mis

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ALAMAST DRO 0.1%	3	No	No	No	No		No		No	No	No			No	Antiallergic Agents
ALBAFORT TABLET	NC														IRON PREPARATIONS
ALBAFORT VIAL	NC														Multivitamin Preparations
ALBENZA TAB 200MG	3	No	No	No	No		No		No	No	No			No	Anthelmintics
ALBUTEROL NEB 0.083%	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ALBUTEROL NEB 0.5%	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ALBUTEROL NEB 0.63MG/3	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ALBUTEROL NEB 1.25MG/3	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ALBUTEROL SYP 2MG/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ALBUTEROL TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ALBUTEROL TAB 4MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ALBUTEROL TAB 4MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ALBUTEROL TAB 8MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ALCAINE SOL 0.5% OP	1	No	Yes	No	No		No		No	No	No			No	Local Anesthetics
ALCLOMETASONE CRE 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
ALCLOMETASONE OIN 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
ALCOHOL PREP PAD	3	No	No	No	No		No		No	No	No			No	Devices
ALCOHOL/D5W INJ 5%	1	No	Yes	No	No		No		No	No	No			No	Therapeutic Nutrients/ Minerals/ Electrolytes

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ALDACTAZIDE TAB 25/25	3	Yes	No	Yes	No		No		No	No	No			No	Mineralocorticoid (Aldost) Recept Antag
ALDACTAZIDE TAB 50/50	3	No	No	Yes	No		No		No	No	No			No	Mineralocorticoid (Aldost) Recept Antag
ALDACTONE TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Mineralocorticoid (Aldost) Recept Antag
ALDACTONE TAB 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Mineralocorticoid (Aldost) Recept Antag
ALDACTONE TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Mineralocorticoid (Aldost) Recept Antag
ALDARA CRE 5%	3	Yes	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
ALDURAZYME INJ 2.9MG/5M	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Enzymes
ALENDRONATE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors
ALENDRONATE TAB 35MG	1	No	Yes	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ALENDRONATE TAB 40MG	1	No	Yes	No	No		No		No	No	No			No	Bone Resorption Inhibitors
ALENDRONATE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors
ALENDRONATE TAB 70MG	1	No	Yes	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors
ALFERON N INJ 5MU/ML	NC														Interferons
ALFUZOSIN TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Sympatholytic (Adrenergic Block) Agents
ALICLEN SHA 6%	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
ALIMTA INJ 500MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ALIMTA 100MG VIAL	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ALINIA SUS 100MG/5M	3	No	No	No	No		No		No	No	No			No	Antiprotozoals, Miscellaneous
ALINIA TAB 500MG	3	No	No	No	No		No		No	No	No			No	Antiprotozoals, Miscellaneous
ALKERAN INJ 50MG	4	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ALLEGRA SUS 30MG/5ML	3	No	No	Yes	No		No		No	No	No			No	Second Generation Antihistamines
ALLOPURINOL INJ 500MG	1	No	Yes	No	No		No		No	No	No			No	Other Misc Therapeutic Agents
ALLOPURINOL TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Misc Therapeutic Agents
ALLOPURINOL TAB 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Misc Therapeutic Agents
ALOCRI SOL 2%	3	No	No	No	No		No		No	No	No			No	Antiallergic Agents
ALOMIDE SOL 0.1% OP	3	No	No	No	No		No		No	No	No			No	Antiallergic Agents
ALOPRIM INJ 500MG	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
ALORA DIS 0.025MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ALORA DIS 0.05MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ALORA DIS 0.075MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ALORA DIS 0.1MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ALOXI INJ 0.25MG/5	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ALPHAGAN P SOL 0.1%	3	No	No	Yes	No		No		No	No	No			No	Alpha Adrenergic Agonists
ALPHAGAN P SOL 0.15%	3	Yes	No	Yes	No		No		No	No	No			No	Alpha Adrenergic Agonists
ALPHATREX 0.05% GEL	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
ALPRAZOLAM 0.25 MG ODT	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM 0.25 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM 0.5 MG ODT	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM 0.5 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM 1 MG ODT	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM 1 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM 1 MG/ML ORAL CONC	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ALPRAZOLAM 2 MG ODT	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM 2 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM ER 0.5 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM ER 1 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM ER 2 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM ER 3 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM XR 0.5 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM XR 1 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM XR 2 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALPRAZOLAM XR 3 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ALREX SUS 0.2%	3	No	No	No	No		No		No	No	No			No	Corticosteroids

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ALSUMA	NC														Selective Serotonin Agonists
ALTABAX OIN 1%	3	No	No	No	No		No		No	No	No			No	Antibacterials
ALTACE CAP 1.25MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ALTACE CAP 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ALTACE CAP 2.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ALTACE CAP 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ALTAVERA	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
ALTOPREV 20 MG TABLET	NC														HMG-CoA Reductase Inhibitors
ALTOPREV 40 MG TABLET	NC														HMG-CoA Reductase Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ALTOPREV 60 MG TABLET	NC														HMG-CoA Reductase Inhibitors
ALVESCO 160 MCG INHALER	NC														Adrenals
ALVESCO 80 MCG INHALER	NC														Adrenals
AMANTADINE CAP 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
AMANTADINE SYP 50MG/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
AMANTADINE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
AMARYL TAB 1MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
AMARYL TAB 2MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
AMARYL TAB 4MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
AMBIEN TAB 10MG	3	Yes	No	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMBIEN TAB 5MG	3	Yes	No	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
AMBIEN CR TAB 12.5MG	3	Yes	No	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
AMBIEN CR TAB 6.25MG	3	Yes	No	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
AMBISOME INJ 50MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Polyenes
AMCINONIDE CRE 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
AMCINONIDE LOT 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
AMCINONIDE OIN 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
AMERGE TAB 1MG	3	Yes	No	No	No		No		No	No	Yes	9	30	No	Selective Serotonin Agonists
AMERGE TAB 2.5MG	3	Yes	No	No	No		No		No	No	Yes	9	30	No	Selective Serotonin Agonists
A-METHAPRED INJ 125MG	1	No	Yes	No	No		No		No	No	No			Yes	Adrenals
A-METHAPRED INJ 40MG	1	No	Yes	No	No		No		No	No	No			Yes	Adrenals

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMETHIA LO TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
AMETHIA TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
AMETHYST TAB 90-20MC	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
AMEVIVE INJ 15MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
AMICAR 500 MG TABLET	3	Yes	No	No	No		No		No	No	No			No	Hemostatics
AMIFOSTINE INJ 500MG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
AMIKACIN INJ 100/2ML	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
AMIKACIN INJ 500/2ML	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
AMILOR/HCTZ TAB 5-50	1	No	Yes	Yes	No		No		No	No	No			No	Potassium-sparing Diuretics
AMILORIDE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Potassium-sparing Diuretics
AMINOCAPROIC ACID 500 MG TAB	1	No	Yes	No	No		No		No	No	No			No	Hemostatics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMINOPHYLLIN INJ 25MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Respiratory Smooth Muscle Relaxants
AMINOPHYLLIN TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
AMINOPHYLLIN TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
AMINOSYN INJ 10%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN INJ 3.5%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN INJ 5%	1	No	Yes	No	No		No		No	No	No			Yes	Caloric Agents
AMINOSYN INJ 7%	1	No	Yes	No	No		No		No	No	No			Yes	Caloric Agents
AMINOSYN INJ 8.5%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN INJ 8.5/LYTE	1	No	Yes	No	No		No		No	No	No			Yes	Caloric Agents
AMINOSYN 7% INJ /LYTES	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Caloric Agents
AMINOSYN II INJ 10%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMINOSYN II INJ 15%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN II INJ 3.5/D25	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN II INJ 3.5/D5	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN II INJ 4.25/D10	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN II INJ 4.25/D20	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN II INJ 4.25/D25	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN II INJ 5/D25	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN II INJ 7%	1	No	Yes	No	No		No		No	No	No			Yes	Caloric Agents
AMINOSYN II INJ 8.5%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN II INJ 8.5/LYTE	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN II 3.5% W/ELEC DEX	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Caloric Agents
AMINOSYN II 4.25% M/D10W IV	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Caloric Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMINOSYN II 4.25% W/ELEC DW	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Caloric Agents
AMINOSYN IIM INJ 3.5%/D5W	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN M INJ 3.5%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN/D25 INJ II 3.5%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN/D25 INJ II 4.25%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN-HBC INJ 7%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN-HF INJ 8%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN-PF INJ 10%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
AMINOSYN-PF INJ 7%	1	No	Yes	No	No		No		No	No	No			Yes	Caloric Agents
AMIODARONE INJ 50MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Class III Antiarrhythmics
AMIODARONE TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Class III Antiarrhythmics
AMIODARONE TAB 400MG	1	No	Yes	Yes	No		No		No	No	No			No	Class III Antiarrhythmics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMITIZA CAP 24MCG	2	No	No	Yes	No		No		No	No	No			No	GI Drugs, Miscellaneous
AMITIZA CAP 8MCG	2	No	No	Yes	No		No		No	No	No			No	GI Drugs, Miscellaneous
AMITRIPTYLIN TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
AMITRIPTYLIN TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
AMITRIPTYLIN TAB 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
AMITRIPTYLIN TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
AMITRIPTYLIN TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMITRIPTYLIN TAB 75MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
AMLODIPINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/ATORVASTATIN TAB 10/10MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/ATORVASTATIN TAB 10/20MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/ATORVASTATIN TAB 10/40MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/ATORVASTATIN TAB 10/80MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/ATORVASTATIN TAB 2.5/10MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMLODIPINE/ATORVASTATIN TAB 2.5/20MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/ATORVASTATIN TAB 2.5/40MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/ATORVASTATIN TAB 5/10MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/ATORVASTATIN TAB 5/20MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/ATORVASTATIN TAB 5/40MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/ATORVASTATIN TAB 5/80MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/BENAZEPRIL CAP 10-20MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/BENAZEPRIL CAP 10-40MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMLODIPINE/BEN AZEPRIL CAP 2.5-10MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/BEN AZEPRIL CAP 5-10MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/BEN AZEPRIL CAP 5-40MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMLODIPINE/BEN AZPERIL CAP 5-20MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
AMMONIUM CHLORIDE INJ 5MEQ/ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Acidifying Agents
AMMONIUM LAC CRE 12%	1	No	Yes	No	No		No		No	No	No			No	Basic Lotions and Liniments
AMMONIUM LAC LOT 12%	1	No	Yes	No	No		No		No	No	No			No	Basic Lotions and Liniments
AMNESTEEM CAP 10MG	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
AMNESTEEM CAP 20MG	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMNESTEEM CAP 40MG	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
AMOXAPINE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
AMOXAPINE TAB 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
AMOXAPINE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
AMOXAPINE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
AMOXICILLIN CAP 250MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN CAP 500MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN CHW 125MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMOXICILLIN CHW 200MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN CHW 250MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN CHW 400MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN SUS 125/5ML	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN SUS 200/5ML	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN SUS 250/5ML	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN SUS 400/5ML	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN TAB 875MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN & K CLAVULANATE TAB SR 12HR 1000-62.5 MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN/K CLAV CHW 200MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMOXICILLIN/K CLAV CHW 400MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN/K CLAV SUS 200/5ML	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN/K CLAV SUS 250/5ML	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN/K CLAV SUS 400/5ML	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN/K CLAV SUS 600/5ML	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN/K CLAV TAB 250MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN/K CLAV TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMOXICILLIN/K CLAV TAB 875MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMPHETAMINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
AMPHETAMINE TAB 12.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
AMPHETAMINE TAB 15MG	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
AMPHETAMINE TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
AMPHETAMINE TAB 30MG	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
AMPHETAMINE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
AMPHETAMINE TAB 7.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
AMPHETAMINE SALT 10 MG ER CAPSULE	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
AMPHETAMINE SALT 15 MG ER CAPSULE	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
AMPHETAMINE SALT 20 MG ER CAPSULE	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMPHETAMINE SALT 25 MG ER CAPSULE	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
AMPHETAMINE SALT 30 MG ER CAPSULE	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
AMPHETAMINE SALT 5 MG ER CAPSULE	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
AMPHOTEC INJ 50MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Polyenes
AMPHOTEC 100 MG VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Polyenes
AMPHOTERICIN INJ 50MG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Polyenes
AMPICILLIN CAP 250MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMPICILLIN CAP 500MG	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMPICILLIN INJ 10GM	1	No	Yes	No	No		No		No	No	No			Yes	Aminopenicillins
AMPICILLIN INJ 125MG	1	No	Yes	No	No		No		No	No	No			Yes	Aminopenicillins
AMPICILLIN INJ 1GM	1	No	Yes	No	No		No		No	No	No			Yes	Aminopenicillins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AMPICILLIN SUS 125/5ML	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMPICILLIN SUS 250/5ML	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMPICILLIN 2 GM A/V VIAL	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMPICILLIN 2 GM VIAL	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMPICILLIN 250 MG VIAL	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMPICILLIN 500 MG VIAL	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMPICILLIN-SULBACTAM 1.5 GM VL	1	No	Yes	No	No		No		No	No	No			No	Aminopenicillins
AMPICILLIN-SULBACTAM INJ 15GM	1	No	Yes	No	No		No		No	No	No			Yes	Aminopenicillins
AMP-ICILLINSULBACTAM INJ 3GM	1	No	Yes	No	No		No		No	No	No			Yes	Aminopenicillins
AMPYRA TAB 10MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description	
AMRIX CAP 15MG	NC															CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
AMTURNIDE 150MG/ 5MG/ 12.5MG	2	No	No	Yes	No		No		No	No	No			No		Renin Inhibitors
AMTURNIDE 3000MG/ 10MG/ 12.5MG	2	No	No	Yes	No		No		No	No	No			No		Renin Inhibitors
AMTURNIDE 3000MG/ 5MG/ 12.5MG	2	No	No	Yes	No		No		No	No	No			No		Renin Inhibitors
AMTURNIDE 300MG/ 10MG/ 25MG	2	No	No	Yes	No		No		No	No	No			No		Renin Inhibitors
AMTURNIDE 300MG/ 5MG/ 25MG	2	No	No	Yes	No		No		No	No	No			No		Renin Inhibitors
AMYTAL SODIUM 500 MG VIAL	3	No	No	No	No		No		Yes	No	No			No		Barbiturates
ANADROL-50 TAB 50MG	3	No	No	No	Yes	ANABOLIC STEROIDS	No		No	No	No			No		Androgens

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ANAFRANIL CAP 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
ANAFRANIL CAP 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
ANAFRANIL CAP 75MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
ANAGRELIDE CAP 0.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Platelet-Aggregation Inhibitors
ANAGRELIDE CAP 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Platelet-Aggregation Inhibitors
ANAPROX TAB 275MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents
ANAPROX DS TAB 550MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ANASTROZOLE TAB 1 MG	1	No	Yes	Yes	No		No		No	No	No			No	Antineoplastic Agents
ANCOBON CAP 250MG	3	No	No	No	No		No		No	No	No			No	Pyrimidines
ANCOBON CAP 500MG	3	No	No	No	No		No		No	No	No			No	Pyrimidines
ANDRODERM DIS 2.5MG/24	3	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
ANDRODERM DIS 2MG/24HR	3	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
ANDRODERM DIS 4MG/24HR	3	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
ANDRODERM DIS 5MG/24HR	3	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
ANDROGEL GEL 1%(50MG)	2	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
ANDROGEL 1% GEL PUMP	2	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
ANDROGEL 1%(2.5G) GEL PACKET	2	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
ANDROGEL GEL 1.62%	2	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
ANDROID CAP 10MG	3	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ANDROXY TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Androgens
ANGELIQ TAB 0.5-1MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
ANOLOR-300 CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB
ANTABUSE 250 MG TABLET	NC														MISCELLANEOUS THERAPEUTIC AGENTS
ANTABUSE 500 MG TABLET	NC														MISCELLANEOUS THERAPEUTIC AGENTS
ANTARA 130 MG CAPSULE	NC														Fibric Acid Derivatives
ANTARA 43 MG CAPSULE	NC														Fibric Acid Derivatives
ANTIPYR/BENZOC AINE EAR DROP	1	No	Yes	No	No		No		No	No	No			No	LOCAL ANESTHETICS (EENT)
ANTIVERT TAB 12.5MG	3	Yes	No	No	No		No		No	No	No			No	Antihistamines
ANTIVERT TAB 25MG	3	Yes	No	No	No		No		No	No	No			No	Antihistamines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ANTIVERT TAB 50MG	3	No	No	No	No		No		No	No	No			No	Antihistamines
ANTIZOL INJ 1GM/ML	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
ANUSOL-HC CRE 2.5%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
ANZEMET INJ 20MG/ML	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ANZEMET TAB 100MG	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ANZEMET TAB 50MG	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
APAP/BUTALBITAL 300/50 TAB	NC														Barbiturates
APAP/BUTALBITAL 325/50 TAB	1	No	Yes	No	No		No		Yes	No	No			No	Barbiturates
APAP/CAFF/DI TAB HYDROCOD	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
APAP/CODEINE SOL 120-12/5	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
APAP/CODEINE TAB 300-15MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
APAP/CODEINE TAB 300-30MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
APAP/CODEINE TAB 300-60MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
APEXICON 0.05% OINTMENT	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
APHTHASOL PST 5%	3	No	No	No	No		No		No	No	No			No	EENT Drugs, Miscellaneous
APIDRA INJ SOLOSTAR	3	No	No	Yes	No		No		No	No	No			No	Insulins
APIDRA INJ U-100	3	No	No	Yes	No		No		No	No	No			No	Insulins
APLENZIN TAB 174MG	3	No	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
APLENZIN TAB 348MG	3	No	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
APLENZIN TAB 522MG	3	No	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
APOKYN INJ	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Central Nervous System Agents, Misc
APRACLONIDIN SOL 0.5% OP	1	No	Yes	No	No		No		No	No	No			No	EENT Drugs, Miscellaneous
APRI TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
APRISO CAP 0.375GM	2	No	No	Yes	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
APTIVUS CAP 250MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
APTIVUS SOL	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
AQUASOL A 50,000 UNITS/ML VIAL	NC														VITAMIN A
ARALAST NP INJ 1000MG	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Respiratory Tract Agents, Miscellaneous
ARALAST NP INJ 400MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Respiratory Tract Agents, Miscellaneous
ARALAST NP INJ 800MG	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Respiratory Tract Agents, Miscellaneous
ARALEN TAB 500MG	3	Yes	No	Yes	No		No		No	No	No			No	Antimalarials
ARANELLE TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
ARANESP 100 MCG/0.5 ML AUTOINJ	NC														Hematopoietic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ARANESP 100 MCG/0.5 ML SYRINGE	NC														Hematopoietic Agents
ARANESP 100 MCG/ML VIAL	NC														Hematopoietic Agents
ARANESP 150 MCG/0.3 ML SYRINGE	NC														Hematopoietic Agents
ARANESP 150 MCG/0.75 ML VIAL	NC														Hematopoietic Agents
ARANESP 200 MCG/0.4 ML SYRINGE	NC														Hematopoietic Agents
ARANESP 200 MCG/ML VIAL	NC														Hematopoietic Agents
ARANESP 25 MCG/0.42 ML SYRING	NC														Hematopoietic Agents
ARANESP 25 MCG/ML VIAL	NC														Hematopoietic Agents
ARANESP 300 MCG/0.6 ML SYRING	NC														Hematopoietic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ARANESP 300 MCG/ML VIAL	NC														Hematopoietic Agents
ARANESP 40 MCG/0.4 ML SYRINGE	NC														Hematopoietic Agents
ARANESP 40 MCG/ML VIAL	NC														Hematopoietic Agents
ARANESP 500 MCG/1 ML SYRINGE	NC														Hematopoietic Agents
ARANESP 60 MCG/0.3 ML AUTOINJ	NC														Hematopoietic Agents
ARANESP 60 MCG/0.3 ML SYRINGE	NC														Hematopoietic Agents
ARANESP 60 MCG/ML VIAL	NC														Hematopoietic Agents
ARAVA TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Disease-Modifying Antirheumatic Agents
ARAVA TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Disease-Modifying Antirheumatic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ARCALYST INJECTION	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
ARCAPTA CAP 75MCG	2	No	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Agonists
AREDIA INJ 30MG	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Bone Resorption Inhibitors
AREDIA INJ 90MG	4	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Bone Resorption Inhibitors
ARESTIN 1 MG MICROSPHERE	3	No	No	No	No		No		No	No	No			No	Tetracyclines
ARICEPT TAB 10MG	3	No	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
ARICEPT TAB 23MG	2	No	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
ARICEPT TAB 5MG	3	No	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
ARICEPT ODT TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ARICEPT ODT TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
ARIMIDEX TAB 1MG	3	Yes	No	Yes	No		No		No	No	No			No	Antineoplastic Agents
ARISTOSPAN 20 MG/ML VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Adrenals
ARISTOSPAN 5 MG/ML VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Adrenals
ARIXTRA SOL 10/0.8	2	Yes	No	No	No		No		No	No	No			No	Miscellaneous Anticoagulants
ARIXTRA SOL 2.5/0.5	2	Yes	No	No	No		No		No	No	No			No	Miscellaneous Anticoagulants
ARIXTRA SOL 5.0/0.4	2	Yes	No	No	No		No		No	No	No			No	Miscellaneous Anticoagulants
ARIXTRA SOL 7.5/0.6	2	Yes	No	No	No		No		No	No	No			No	Miscellaneous Anticoagulants
ARMOUR THYROID 120 MG TABLET	3	Yes	No	Yes	No		No		No	No	No			No	Thyroid Agents
ARMOUR THYROID 15 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Thyroid Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ARMOUR THYROID 180 MG TABLET	3	Yes	No	Yes	No		No		No	No	No			No	Thyroid Agents
ARMOUR THYROID 240 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Thyroid Agents
ARMOUR THYROID 30 MG TABLET	3	Yes	No	Yes	No		No		No	No	No			No	Thyroid Agents
ARMOUR THYROID 300 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Thyroid Agents
ARMOUR THYROID 60 MG TABLET	3	Yes	No	Yes	No		No		No	No	No			No	Thyroid Agents
ARMOUR THYROID 90 MG TABLET	3	Yes	No	Yes	No		No		No	No	No			No	Thyroid Agents
AROMASIN TAB 25MG	2	Yes	No	Yes	No		No		No	No	No			No	Antineoplastic Agents
ARRANON INJ 5MG/ML	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ARTHROTEC 50 TABLET EC	NC														Nonsteroidal Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ARTHROTEC 75 TABLET EC	NC														Nonsteroidal Anti-inflammatory Agents
ARZERRA CON 100/5ML	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ASACOL TAB 400MG DR	2	No	No	Yes	No		No		No	No	No			No	Anti-inflammatory Agents
ASACOL HD TAB 800MG	2	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
ASCLERA	NC														MISCELLANEOUS THERAPEUTIC AGENTS
ASCOMP/COD CAP 30MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
ASMANEX 120 AER 220MCG	3	No	No	Yes	No		No		No	No	No			No	Adrenals
ASMANEX 14 AER 220MCG	3	No	No	Yes	No		No		No	No	No			No	Adrenals
ASMANEX 30 AER 110MCG	3	No	No	Yes	No		No		No	No	No			No	Adrenals
ASMANEX 30 AER 220MCG	3	No	No	Yes	No		No		No	No	No			No	Adrenals
ASMANEX 60 AER 220MCG	3	No	No	Yes	No		No		No	No	No			No	Adrenals

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ASTELIN NASA SPR 137MCG	2	Yes	No	No	No		No		No	No	No			No	Antiallergic Agents
ASTEPRO 0.15% NASAL SOLUTION	NC														Antiallergic Agents
ASTEPRO 137 MCG NASAL SPRAY	NC														Antiallergic Agents
ASTRAMORPH INJ 0.5MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
ASTRAMORPH INJ 1MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
ATACAND TAB 16MG	3	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
ATACAND TAB 32MG	3	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
ATACAND TAB 4MG	3	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
ATACAND TAB 8MG	3	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ATACAND HCT TAB 16-12.5	3	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
ATACAND HCT TAB 32-12.5	3	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
ATACAND HCT TAB 32-25MG	3	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
ATAMET TAB 25-250MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ATARAX 10 MG TABLET	NC														Anxiolytics, Sedatives, & Hypnotics Misc
ATARAX 25 MG TABLET	NC														Anxiolytics, Sedatives, & Hypnotics Misc
ATELVIA	3	No	No	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors
ATENOL/CHLOR TAB 100-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
ATENOL/CHLOR TAB 50-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ATENOLOL TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
ATENOLOL TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
ATENOLOL TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
ATGAM INJ 250MG	2	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Immunosuppressive Agents
ATIVAN 0.5 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
ATIVAN 1 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
ATIVAN 2 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
ATIVAN 2 MG/ML VIAL	3	No	No	No	No		No		Yes	No	No			No	Benzodiazepines
ATIVAN 4 MG/ML VIAL	3	No	No	No	No		No		Yes	No	No			No	Benzodiazepines
ATOMOXETINE 100MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ATOMOXETINE 10MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ATOMOXETINE 18MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ATOMOXETINE 25MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ATOMOXETINE 40MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ATOMOXETINE 60MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ATOMOXETINE 80MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ATORVASTATIN TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
ATORVASTATIN TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
ATORVASTATIN TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ATORVASTATIN TAB 80MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
ATOVAQUONE/PROGUANIL 250-100 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Antimalarials
ATRALIN GEL 0.05%	3	No	No	No	No		No		No	No	No			No	Cell Stimulants and Proliferants
ATRIPLA TAB	2	No	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
ATROPINE 0.4 MG/0.5 ML AMPUL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Antimuscarinics/Anti spasmodics
ATROPINE 0.4 MG/ML VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Antimuscarinics/Anti spasmodics
ATROPINE 1 MG/ML VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Antimuscarinics/Anti spasmodics
ATROPINE 1% EYE DROPS	1	No	Yes	Yes	No		No		No	No	No			No	Mydriatics
ATROPINE SUL INJ 0.05MG/1	1	No	Yes	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
ATROPINE SUL INJ 0.1MG/ML	1	No	Yes	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ATROPINE SULFATE 1% OINT	1	No	Yes	Yes	No		No		No	No	No			No	Mydriatics
ATROVENT HFA AER 17MCG	3	No	No	Yes	No		No		No	No	No			No	Antimuscarinics/Antispasmodics
ATROVENT NAS SOL 0.03%	3	Yes	No	Yes	No		No		No	No	No			No	Antimuscarinics/Antispasmodics
ATROVENT NAS SOL 0.06%	3	Yes	No	Yes	No		No		No	No	No			No	Antimuscarinics/Antispasmodics
ATTENUVAX INJ LIVE	3	No	No	No	No		No		No	No	No			No	Vaccines
AUG BETAMETHASONE CRE 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
AUG BETAMETHASONE GEL 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
AUG BETAMETHASONE LOT 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
AUG BETAMETHASONE OIN 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
AUGMENTIN SUS 125/5ML	3	No	No	No	No		No		No	No	No			No	Aminopenicillins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AUGMENTIN SUS 250/5ML	3	No	No	No	No		No		No	No	No			No	Aminopenicillins
AUGMENTIN SUS ES-600	3	Yes	No	No	No		No		No	No	No			No	Aminopenicillins
AUGMENTIN TAB 500MG	3	Yes	No	No	No		No		No	No	No			No	Aminopenicillins
AUGMENTIN TAB 875MG	3	Yes	No	No	No		No		No	No	No			No	Aminopenicillins
AUGMENTIN 200-28.5 TAB CHEW	3	Yes	No	No	No		No		No	No	No			No	Aminopenicillins
AUGMENTIN XR TAB 12HR	3	No	No	No	No		No		No	No	No			No	Aminopenicillins
AURALGAN EAR DROPS	3	No	No	No	No		No		No	No	No			No	LOCAL ANESTHETICS (EENT)
AVALIDE TAB 150-12.5	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
AVALIDE TAB 300-12.5	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
AVALIDE TAB 300-25MG	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AVANDAMET TAB 2-1000MG	3	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
AVANDAMET TAB 2-500MG	3	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
AVANDAMET TAB 4-1000MG	3	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
AVANDAMET TAB 4-500MG	3	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
AVANDARYL TAB 4-1MG	3	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
AVANDARYL TAB 4-2MG	3	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
AVANDARYL TAB 4-4MG	3	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
AVANDARYL TAB 8-2MG	3	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
AVANDARYL TAB 8-4MG	3	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
AVANDIA TAB 2MG	3	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
AVANDIA TAB 4MG	3	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
AVANDIA TAB 8MG	3	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AVAPRO 150MG TAB	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
AVAPRO 300MG TAB	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
AVAPRO 75MG TAB	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
AVASTIN INJ	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
AVASTIN 400 MG/16 ML VIAL	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
AVELOX INJ	3	No	No	No	No		No		No	No	No			Yes	Quinolones
AVELOX 400MG TAB	2	No	No	No	No		No		No	No	No			No	Quinolones
AVELOX ABC TAB 400MG	2	No	No	No	No		No		No	No	No			No	Quinolones
AVIANE TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
AVINZA 120 MG CAPSULE	NC														Opiate Agonists
AVINZA 30 MG CAPSULE	NC														Opiate Agonists
AVINZA 45 MG CAPSULE	NC														Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AVINZA 60 MG CAPSULE	NC														Opiate Agonists
AVINZA 75 MG CAPSULE	NC														Opiate Agonists
AVINZA 90 MG CAPSULE	NC														Opiate Agonists
AVITA 0.025% CREAM	NC														Cell Stimulants and Proliferants
AVITA 0.025% GEL	NC														Cell Stimulants and Proliferants
AVODART CAP 0.5MG	2	Yes	No	Yes	No		No		No	No	No			No	Alpha Reductase Inhibitors
AVONEX KIT 30MCG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Biologic Response Modifiers
AVONEX PREFL KIT 30MCG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Biologic Response Modifiers
AXERT TAB 12.5MG	3	No	No	No	No		No		No	No	Yes	8	30	No	Selective Serotonin Agonists
AXERT TAB 6.25MG	3	No	No	No	No		No		No	No	Yes	8	30	No	Selective Serotonin Agonists
AXID CAP 150MG	3	Yes	No	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
AXID CAP 300MG	3	Yes	No	Yes	No		No		No	No	No			No	Histamine H2-Antagonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AXID SOL 15MG/ML	3	Yes	No	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
AXIRON SOL 30MG/ACT	3	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
AYGESTIN TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Progestins
AZACTAM INJ 2GM	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Monobactams
AZACTAM 1 GM VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Monobactams
AZACTAM/DEX INJ 1GM	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Monobactams
AZACTAM/DEX INJ 2GM	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Monobactams
AZASAN TAB 100MG	1	No	Yes	Yes	Yes	AZATHIOPRINE	No		No	No	No			No	Immunosuppressive Agents
AZASAN TAB 75 MG	1	No	Yes	Yes	Yes	AZATHIOPRINE	No		No	No	No			No	Immunosuppressive Agents
AZASITE SOL 1%	3	No	No	No	No		No		No	No	No			No	Antibacterials
AZATHIOPRINE INJ 100MG	1	No	Yes	No	Yes	AZATHIOPRINE	No		No	No	No			No	Immunosuppressive Agents
AZATHIOPRINE TAB 50MG	1	No	Yes	Yes	Yes	AZATHIOPRINE	No		No	No	No			No	Immunosuppressive Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AZELASTINE DRO 0.05%	1	No	Yes	No	No		No		No	No	No			No	Antiallergic Agents
AZELASTINE HYDROCHLORIDE NASAL SPRAY	1	No	Yes	No	No		No		No	No	No			No	Antiallergic Agents
AZELEX CRE 20%	2	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
AZILECT TAB 0.5MG	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
AZILECT TAB 1MG	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
AZITHROMYCIN 1 GM PWD PACKET	1	No	Yes	No	No		No		No	No	No			No	Other Macrolides
AZITHROMYCIN INJ 500MG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Other Macrolides
AZITHROMYCIN SUS 100/5ML	1	No	Yes	No	No		No		No	No	No			No	Other Macrolides
AZITHROMYCIN SUS 200/5ML	1	No	Yes	No	No		No		No	No	No			No	Other Macrolides
AZITHROMYCIN TAB 250MG	1	No	Yes	No	No		No		No	No	No			No	Other Macrolides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
AZITHROMYCIN TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Other Macrolides
AZITHROMYCIN TAB 600MG	1	No	Yes	No	No		No		No	No	No			No	Other Macrolides
AZOPT SUS 1% OP	3	No	No	Yes	No		No		No	No	No			No	CARBONIC ANYDRASE INHIBITORS
AZOR TAB 10-20MG	2	No	No	Yes	No		No		No	No	No			No	Dihydropyridines
AZOR TAB 10-40MG	2	No	No	Yes	No		No		No	No	No			No	Dihydropyridines
AZOR TAB 5-20MG	2	No	No	Yes	No		No		No	No	No			No	Dihydropyridines
AZOR TAB 5-40MG	2	No	No	Yes	No		No		No	No	No			No	Dihydropyridines
AZTREONAM INJ 1GM	1	No	Yes	No	No		No		No	No	No			No	Monobactams
AZTREONAM INJ 2GM	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Monobactams
AZULFIDINE TAB 500MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonamides
AZULFIDINE TAB 500MG EN	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonamides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
B & O SUPPRETTES NO.15-A	NC														Opiate Agonists
BAC/POLY/NEO OIN /HC 1%OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
BACIIM INJ 50000UNT	1	No	Yes	No	No		No		No	No	No			No	Bacitracins
BACIT/POLYMY OIN OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
BACITRACIN INJ 50000UNT	1	No	Yes	No	No		No		No	No	No			No	Bacitracins
BACITRACIN OIN OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
BACITRACIN-IM INJ 50000UNT	1	No	Yes	No	No		No		No	No	No			No	Bacitracins
BACLOFEN TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	GABA DERIVATIVE SKELETAL MUSCLE RELAXANTS
BACLOFEN TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	GABA DERIVATIVE SKELETAL MUSCLE RELAXANTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BACMIN CAPLET	NC														Multivitamin Preparations
BACTOCILL INJ DEX 1GM	3	No	No	No	No		No		No	No	No			Yes	Penicillinase-resistant Penicillins
BACTOCILL INJ DEX 2GM	3	No	No	No	No		No		No	No	No			Yes	Penicillinase-resistant Penicillins
BACTRIM TAB 400-80MG	3	Yes	No	No	No		No		No	No	No			No	Sulfonamides
BACTRIM DS TAB 800-160	3	Yes	No	No	No		No		No	No	No			No	Sulfonamides
BACTROBAN CRE 2%	3	No	No	No	No		No		No	No	No			No	Antibacterials
BACTROBAN OIN 2%	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
BACTROBAN NASAL 2% OINTMENT	NC														Antibacterials
BALSALAZIDE CAP 750MG	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
BALZIVA TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
BANZEL TAB 200MG	3	No	No	Yes	Yes	BANZEL	No		No	No	No			No	Anticonvulsants, Miscellaneous
BANZEL TAB 400MG	3	No	No	Yes	Yes	BANZEL	No		No	No	No			No	Anticonvulsants, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BANZEL 40 MG/ML ORAL SUSPENSION	3	No	No	Yes	Yes	BANZEL	No		No	No	No			No	Anticonvulsants, Miscellaneous
BARACLUDE SOL .05MG/ML	3	No	No	Yes	No		No		No	No	No			No	Nucleosides and Nucleotides
BARACLUDE TAB 0.5MG	3	No	No	Yes	No		No		No	No	No			No	Nucleosides and Nucleotides
BARACLUDE TAB 1MG	3	No	No	Yes	No		No		No	No	No			No	Nucleosides and Nucleotides
B-COMPLEX PLUS TABLET	NC														VITAMIN B COMPLEX
BECONASE AQ SUS 0.042%	3	No	No	Yes	No		No		No	No	No			No	Corticosteroids
BENAZEPRIL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
BENAZEPRIL TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
BENAZEPRIL TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
BENAZEPRIL TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BENAZEPRIL/HCT Z TAB 10-12.5	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
BENAZEPRIL/HCT Z TAB 20-12.5	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
BENAZEPRIL/HCT Z TAB 20-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
BENAZEPRIL/HCT Z TAB 5-6.25	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
BENICAR TAB 20MG	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
BENICAR TAB 40MG	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
BENICAR TAB 5MG	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
BENICAR HCT TAB 20-12.5	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BENICAR HCT TAB 40-12.5	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
BENICAR HCT TAB 40-25MG	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
BENTYL CAP 10MG	3	Yes	No	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
BENTYL SYP 10MG/5ML	3	Yes	No	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
BENTYL TAB 20MG	3	Yes	No	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
BENTYL 10 MG/ML AMPUL	NC														Antimuscarinics/Anti spasmodics
BENZAACLIN KIT CARE	3	No	No	No	No		No		No	No	No			No	Antibacterials
BENZAACLIN GEL	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
BENZAACLIN GEL 50G PUMP	3	No	No	No	No		No		No	No	No			No	Antibacterials
BENZAMYCIN GEL	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
BENZOYL PEROXIDE LOT 6%	1	No	Yes	No	No		No		No	No	No			No	KERALOLYTIC AGENTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BENZOYL PEROXIDE 5% GEL	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
BENZTROPINE INJ 1MG/ML	1	No	Yes	No	No		No		No	No	No			No	Central Nervous System Agents, Misc
BENZTROPINE TAB 0.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
BENZTROPINE TAB 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
BENZTROPINE TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
BEPREVE DRO 1.5%	3	No	No	No	No		No		No	No	No			No	Antiallergic Agents
BESIVANCE 0.6% OPHTHALMIC SUSPENSION	2	No	No	No	No		No		No	No	No			No	Antibacterials
BETA DIPROP GEL 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
BETAGAN SOL 0.25% OP	3	Yes	No	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BETAGAN SOL 0.5% OP	3	Yes	No	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
BETAMETHASONE ACETATE/ BETAMETHASONE SODIUM PHOSPHATE 3 MG/ML INJECTION	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Anti-inflammatory Agents
BETAMETHASONE DIP CRE 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
BETAMETHASONE DIP OIN 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
BETAMETHASONE DP 0.05% LOT	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
BETAMETHASONE VAL CRE 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
BETAMETHASONE VAL LOT 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BETAMETHASON E VAL OIN 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
BETAPACE TAB 120MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BETAPACE TAB 160MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BETAPACE TAB 240MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BETAPACE 80 MG TABLET	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BETAPACE AF TAB 80MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BETAPACE AF 120 MG TABLET	3	Yes	No	Yes	No		No		No	No	Yes	60	30	No	Beta-Adrenergic Blocking Agents
BETAPACE AF 160 MG TABLET	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BETASERON INJ 0.3MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Biologic Response Modifiers
BETAXOLOL SOL 0.5% OP	1	No	Yes	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
BETAXOLOL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BETAXOLOL TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BETHANECHOL TAB 10MG	1	No	Yes	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
BETHANECHOL TAB 25MG	1	No	Yes	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
BETHANECHOL TAB 50MG	1	No	Yes	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
BETHANECHOL TAB 5MG	1	No	Yes	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
BETIMOL SOL 0.25%	3	No	No	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
BETIMOL SOL 0.5%	3	No	No	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
BETOPTIC-S SUS 0.25% OP	3	No	No	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
BEYAZ 28 DAY	3	No	No	Yes	No		No		No	No	No			No	Contraceptives
BIAXIN SUS 125/5ML	3	Yes	No	No	No		No		No	No	No			No	Other Macrolides
BIAXIN SUS 250/5ML	3	Yes	No	No	No		No		No	No	No			No	Other Macrolides
BIAXIN TAB 250MG	3	Yes	No	No	No		No		No	No	No			No	Other Macrolides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BIAXIN TAB 500MG	3	Yes	No	No	No		No		No	No	No			No	Other Macrolides
BIAXIN XL TAB 500MG	3	Yes	No	No	No		No		No	No	No			No	Other Macrolides
BIAXIN XL TAB PAC 500	3	Yes	No	No	No		No		No	No	No			No	Other Macrolides
BICALUTAMIDE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Antineoplastic Agents
BICILLIN C-R INJ 1200000	3	No	No	No	No		No		No	No	No			No	Natural Penicillins
BICILLIN C-R INJ 900/300	3	No	No	No	No		No		No	No	No			No	Natural Penicillins
BICILLIN L-A INJ 1200000	3	No	No	No	No		No		No	No	No			No	Natural Penicillins
BICILLIN L-A INJ 2400000	3	No	No	No	No		No		No	No	No			No	Natural Penicillins
BICILLIN L-A INJ 600000	3	No	No	No	No		No		No	No	No			No	Natural Penicillins
BICNU INJ 100MG	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
BIDIL TAB	3	No	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
BILTRICIDE TAB 600MG	3	No	No	No	No		No		No	No	No			No	Anthelmintics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BIO-STATIN 1,000,000 UNITS CAP	1	No	Yes	No	No		No		No	No	No			No	Polyenes
BIO-STATIN 500,000 UNITS CAP	1	No	Yes	No	No		No		No	No	No			No	Polyenes
BISOPROLOL FUM TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BISOPROLOL FUM TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BISOPROLOL/HCT Z TAB 10/6.25	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BISOPROLOL/HCT Z TAB 2.5/6.25	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BISOPROLOL/HCT Z TAB 5/6.25MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BLEOMYCIN INJ 30UNIT	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
BLEOMYCIN SULFATE 15 UNITS VIA	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
BLEPH-10 SOL 10% OP	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
BLEPHAMIDE OIN S.O.P.	3	No	No	No	No		No		No	No	No			No	Corticosteroids

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BLEPHAMIDE SUS OP	3	No	No	No	No		No		No	No	No			No	Corticosteroids
BONIVA KIT 3MG/3ML	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Bone Resorption Inhibitors
BONIVA TAB 150MG	3	No	No	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors
BOOSTRIX INJ	3	No	No	No	No		No		No	No	No			No	Toxoids
BOOSTRIX INJ	3	No	No	No	No		No		No	No	No			No	Toxoids
BOROFAIR SOL 2% OTIC	1	No	Yes	No	No		No		No	No	No			No	EENT Drugs, Miscellaneous
BOTOX INJ 100UNIT	3	No	No	No	Yes	BOTULINUM	No		No	No	No			No	Other Misc Therapeutic Agents
BOTOX COSMETIC 50 UNIT VIAL	NC														Other Misc Therapeutic Agents
BP FOLINATAL TAB PLUS B	1	No	Yes	No	No		No		No	No	No			No	Multivitamin Preparations
BP MANUVITE SP CAPLET	NC														Multivitamin Preparations
BP PRENATE COMBO PACK	NC														Multivitamin Preparations
B-PLEX TABLET	NC														VITAMIN B COMPLEX

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BRAVELLE 75 UNIT VIAL	NC														Gonadotropins
BREVICON TAB 0.5/35	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
BREVITAL SODIUM 2.5 GM VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	BARBITURATES (GENERAL ANESTHETICS)
BREVITAL SODIUM 500 MG VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	BARBITURATES (GENERAL ANESTHETICS)
BREVOXYL-4 COMPLETE PACK	NC														KERATOLYTIC AGENTS
BREVOXYL-8 COMPLETE PACK	NC														KERATOLYTIC AGENTS
BREZE 4.75% PADS KIT	NC														KERATOLYTIC AGENTS
BREZE 7.75% PADS KIT	NC														KERATOLYTIC AGENTS
BRIELLYN TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
BRILINTA TAB 90MG	3	No	No	Yes	No		No		No	No	No			No	Platelet-Aggregation Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BRIMONIDINE SOL 0.2% OP	1	No	Yes	Yes	No		No		No	No	No			No	Alpha Adrenergic Agonists
BRIMONIDINE 0.15% OPHTHALMIC	1	No	Yes	Yes	No		No		No	No	No			No	Alpha Adrenergic Agonists
BROMDAY SOL 0.9%	3	No	No	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
BROMFENAC SOL 0.09%	1	No	Yes	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
BROMOCRIPTINE CAP 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
BROMOCRIPTINE TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
BROVANA NEB 15MCG	3	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Selective beta-2-Adrenergic Agonists
BUDEPRION TAB 100MG SR	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
BUDEPRION TAB 150MG SR	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BUDEPRION XL TAB 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
BUDEPRION XL TAB 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
BUDESONIDE SUS 0.25MG/2	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Adrenals
BUDESONIDE SUS 0.5MG/2	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Adrenals
BUDESONIDE CAP 3MG/24HR	1	No	Yes	No	No		No		No	No	No			No	Adrenals
BUMETANIDE INJ 0.25/ML	1	No	Yes	No	No		No		No	No	No			Yes	Loop Diuretics
BUMETANIDE TAB 0.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Loop Diuretics
BUMETANIDE TAB 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Loop Diuretics
BUMETANIDE TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Loop Diuretics
BUPAP TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Barbiturates
BUPHENYL POW	3	No	No	Yes	No		No		No	No	No			No	Ammonia Detoxicants
BUPHENYL TAB 500MG	3	No	No	Yes	No		No		No	No	No			No	Ammonia Detoxicants
BUPRENEX INJ 0.3MG/ML	3	No	No	No	No		No		No	No	No			No	Opiate Partial Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BUPRENORPHINE INJ 0.3MG/ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Partial Agonists
BUPRENORPHINE SUB 2MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Partial Agonists
BUPRENORPHINE SUB 8MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Partial Agonists
BUPROBAN TAB 150MG	1	No	Yes	No	No		No		No	No	No			No	Miscellaneous Antidepressants
BUPROPION TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
BUPROPION TAB 100MG SR	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
BUPROPION TAB 150MG SR	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
BUPROPION TAB 200MG SR	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
BUPROPION TAB 75MG	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
BUSPAR TAB 10MG	3	Yes	No	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
BUSPAR TAB 15MG	3	Yes	No	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BUSPAR TAB 5MG	3	Yes	No	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
BUSPIRONE TAB 10MG	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
BUSPIRONE TAB 15MG	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
BUSPIRONE TAB 30MG	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
BUSPIRONE TAB 5MG	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
BUSPIRONE TAB 7.5MG	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
BUSULFEX INJ 6MG/ML	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
BUT/APAP/CAF CAP CODEINE	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BUTALBITAL COMP/COD #3 CAP (BUTALBITAL- ASPIRIN- CAFFEINE- CODEINE)	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
BUTALBITAL COMPOUND TABLET	1	No	Yes	No	No		No		Yes	No	Yes	50	30	No	Barbiturates
BUTALBITAL/APA P/CAFF CAP	1	No	Yes	No	No		No		Yes	No	No			No	Barbiturates
BUTALBITAL/APA P/CAFFEINE TABLET 50-325-40 (100)	1	No	Yes	No	No		No		Yes	No	Yes	50	30	No	Barbiturates
BUTALBITAL- APAP-CAFFEINE TABLET 50-325-40 (500)	1	No	Yes	No	No		No		Yes	No	Yes	50	30	No	Barbiturates
BUTALBITAL- APAP-CAFFEINE TABLET 50-500-40	1	No	Yes	No	No		No		Yes	No	Yes	50	30	No	Barbiturates

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BUTALBITAL-ASA-CAFFEINE CAPULE	1	No	Yes	No	No		No		Yes	No	Yes	50	30	No	Barbiturates
BUTALBITAL-ASA-CAFFEINE TABLET	1	No	Yes	No	No		No		Yes	No	Yes	50	30	No	Barbiturates
BUTISOL SODIUM 30 MG TABLET	3	No	No	No	No		No		Yes	No	No			No	Barbiturates
BUTISOL SODIUM 30 MG/5 ML ELX	3	No	No	No	No		No		Yes	No	No			No	Barbiturates
BUTISOL SODIUM 50 MG TABLET	3	No	No	No	No		No		Yes	No	No			No	Barbiturates
BUTORPHANOL INJ 1MG/ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Partial Agonists
BUTORPHANOL INJ 2MG/ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Partial Agonists
BUTORPHANOL SOL 10MG/ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Partial Agonists
BUTRANS DIS 10MCG/HR	3	No	No	No	No		No		No	No	No			No	Opiate Partial Agonists
BUTRANS DIS 20MCG/HR	3	No	No	No	No		No		No	No	No			No	Opiate Partial Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
BUTRANS DIS 5MCG/HR	3	No	No	No	No		No		No	No	No			No	Opiate Partial Agonists
BYETTA INJ 10MCG	2	No	No	Yes	No		No		No	No	No			No	Incretin Mimetics
BYETTA INJ 5MCG	2	No	No	Yes	No		No		No	No	No			No	Incretin Mimetics
BYSTOLIC TAB 10MG	3	No	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BYSTOLIC TAB 2.5MG	3	No	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BYSTOLIC TAB 20MG	3	No	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
BYSTOLIC TAB 5MG	3	No	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
CABERGOLINE TAB 0.5MG	1	No	Yes	No	No		No		No	No	No			No	Central Nervous System Agents, Misc
CADUET TAB 10/10MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
CADUET TAB 10/20MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
CADUET TAB 10/40MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
CADUET TAB 10/80MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CADUET TAB 2.5/10MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
CADUET TAB 2.5/20MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
CADUET TAB 2.5/40MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
CADUET TAB 5MG/10MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
CADUET TAB 5MG/20MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
CADUET TAB 5MG/40MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
CADUET TAB 5MG/80MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
CAFERGOT TAB 1-100MG	3	Yes	No	No	No		No		No	No	No			No	Sympatholytic (Adrenergic Block) Agents
CALAN TAB 120MG	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CALAN TAB 80MG	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CALAN SR TAB 120MG	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CALAN SR TAB 180MG	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CALAN SR TAB 240MG	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CALCIJEX INJ 1MCG/ML	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
CALCIPOTRIEN OIN 0.005%	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
CALCIPOTRIEN SOL 0.005%	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
CALCITONIN SPR 200/ACT	1	No	Yes	Yes	No		No		No	No	No			No	Parathyroid
CALCITRIOL CAP 0.25MCG	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
CALCITRIOL CAP 0.5MCG	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
CALCITRIOL INJ 1MCG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CALCITRIOL INJ 2MCG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
CALCITRIOL SOL 1MCG/ML	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
CALCIUM ACETATE CAP 667MG	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
CALCIUM ACETATE TAB 667 MG	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
CAMBIA 50 MG ORAL POWDER FOR SOLUTION	3	No	No	No	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents
CAMILA TAB 0.35MG	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
CAMPATH INJ 30MG/ML	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CAMPATH 30 MG/3 ML AMPULE	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CAMPRAL TAB 333MG	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
CAMPTOSAR INJ 20MG/ML	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CAMRESE TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
CANASA SUP 1000MG	2	No	No	Yes	No		No		No	No	No			No	Anti-inflammatory Agents
CANCIDAS INJ 50MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Echinocandins
CANCIDAS INJ 70MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Echinocandins
CANTIL TAB 25MG	3	No	No	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmotics
CAPACET CAP	1	No	Yes	No	No		No		No	No	Yes	50	30	No	Analgesic/ Antipyretic Mis
CAPASTAT SUL INJ 1GM	3	No	No	No	No		No		No	No	No			No	Antituberculosis Agents
CAPEX SHA 0.01%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
CAPITAL/COD SUS 120-12/5	3	No	No	No	No		No		No	No	No			No	Opiate Agonists
CAPRELSA TAB 100MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
CAPRELSA TAB 300MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
CAPTOPRIL TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin- Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CAPTOPRIL TAB 12.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
CAPTOPRIL TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
CAPTOPRIL TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
CAPTOPRIL/HCTZ TAB 25-15MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
CAPTOPRIL/HCTZ TAB 25-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
CAPTOPRIL/HCTZ TAB 50-15MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
CAPTOPRIL/HCTZ TAB 50-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
CARAC CRE 0.5%	2	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CARAFATE 1 GM TABLET	NC														Protectants
CARAFATE 1 GM/10 ML SUSPENSION	3	No	No	Yes	No		No		No	No	No			No	Protectants
CARBAGLU 200 MG TABLET	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Ammonia Detoxicants
CARBAMAZEPINE CAP 100MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
CARBAMAZEPINE CAP 200MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
CARBAMAZEPINE CAP 300MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
CARBAMAZEPINE CHW 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
CARBAMAZEPINE ER 100 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
CARBAMAZEPINE SUS 100/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
CARBAMAZEPINE TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CARBAMAZEPINE TAB 200MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
CARBAMAZEPINE TAB 400MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
CARBATROL CAP 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
CARBATROL CAP 200MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
CARBATROL CAP 300MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
CARBIDOPA/LEVO 50/200 TB SA	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
CARBIDOPA/LEVO DOPA TAB 10-100MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
CARBIDOPA/LEVO DOPA TAB 10-100MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
CARBIDOPA/LEVO DOPA TAB 10-100MG ODT	1	No	Yes	No	No		No		No	No	No			No	Central Nervous System Agents, Misc
CARBIDOPA/LEVO DOPA TAB 25-100MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CARBIDOPA/LEVO DOPA TAB 25-100MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
CARBIDOPA/LEVO DOPA TAB 25-250MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
CARBIDOPA/LEVO DOPA TAB 25-250MG ODT	1	No	Yes	No	No		No		No	No	No			No	Central Nervous System Agents, Misc
CARBIDOPA/LEVO DOPA TAB 25-100MG ODT	1	No	Yes	No	No		No		No	No	No			No	Central Nervous System Agents, Misc
CARBIDOPA/LEVO DOPA TAB 25-250MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
CARBIDOPA/LEVO DOPA ER TAB 25/100	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
CARBIDOPA/LEVO DOPA SR TAB 50-200MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
CARBIDOPA-LEVO 25/100 TAB SR	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CARBINOXAMIN TAB 4MG	1	No	Yes	No	No		No		No	No	No			No	Ethanolamine Derivatives
CARBINOXAMINE MALEATE 4 MG/5 ML LIQUID	1	No	Yes	No	No		No		No	No	No			No	Ethanolamine Derivatives
CARBOPLATIN INJ 150/15ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CARBOPLATIN 1 GM/100ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CARBOPLATIN 150 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CARBOPLATIN 450 MG/45 ML VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CARBOPLATIN 50 MG/5 ML VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CARBOPLATIN 600 MG/60 ML VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CARDENE I.V. 2.5 MG/ML AMPUL	NC														Dihydropyridines
CARDENE SR 30 MG CAPSULE SA	NC														Dihydropyridines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CARDENE SR 45 MG CAPSULE SA	NC														Dihydropyridines
CARDENE SR 60 MG CAPSULE SA	NC														Dihydropyridines
CARDENE-DEX 40 MG/200 ML IV	NC														Dihydropyridines
CARDENE-NACL 40 MG/200 ML IV	NC														Dihydropyridines
CARDIOTEK TABLET	NC														Multivitamin Preparations
CARDIZEM TAB 120MG	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CARDIZEM TAB 30MG	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CARDIZEM TAB 60MG	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CARDIZEM TAB 90MG	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CARDIZEM CD CAP 120MG/24	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CARDIZEM CD CAP 180MG/24	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CARDIZEM CD CAP 240MG/24	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CARDIZEM CD CAP 300MG/24	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CARDIZEM CD 360 MG CAPSULE	NC														Calcium-Channel Blocking Agents, Misc
CARDIZEM LA 120 MG TABLET	NC														Calcium-Channel Blocking Agents, Misc
CARDIZEM LA 180 MG TABLET	NC														Calcium-Channel Blocking Agents, Misc
CARDIZEM LA 240 MG TABLET	NC														Calcium-Channel Blocking Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CARDIZEM LA 300 MG TABLET	NC														Calcium-Channel Blocking Agents, Misc
CARDIZEM LA 360 MG TABLET	NC														Calcium-Channel Blocking Agents, Misc
CARDIZEM LA 420 MG TABLET	NC														Calcium-Channel Blocking Agents, Misc
CARDURA TAB 1MG	3	Yes	No	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
CARDURA TAB 2MG	3	Yes	No	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
CARDURA TAB 4MG	3	Yes	No	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
CARDURA TAB 8MG	3	Yes	No	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
CARDURA XL 4 MG TABLET	NC														Alpha-Adrenergic Blocking Agents
CARDURA XL 8 MG TABLET	NC														Alpha-Adrenergic Blocking Agents
CARIMUNE NF INJ 3GM	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Serums
CARIMUNE NF 12 GM VIAL	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Serums

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CARIMUNE NF 6 GM VIAL	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Serums
CARISOPRODOL TAB 250MG	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
CARISOPRODOL TAB 350MG	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
CARISOPRODOL TAB ASA/COD	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
CARISOPRODOL/ASA TAB 200-325	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
CARMOL-HC CRE 1%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CARNITOR INJ 1GM/5ML	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
CARNITOR SOL 1GM/10ML	3	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
CARNITOR TAB 330MG	3	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
CARTEOLOL SOL 1% OP	1	No	Yes	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
CARTIA XT CAP 120/24HR	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CARTIA XT CAP 180/24HR	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CARTIA XT CAP 240/24HR	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CARTIA XT CAP 300/24HR	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
CARVEDILOL TAB 12.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CARVEDILOL TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
CARVEDILOL TAB 3.125MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
CARVEDILOL TAB 6.25MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
CASODEX TAB 50MG	3	Yes	No	No	No		No		No	No	No			No	Antineoplastic Agents
CATAFLAM TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
CATAPRES TAB 0.1MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Alpha-Agonists
CATAPRES TAB 0.2MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Alpha-Agonists
CATAPRES TAB 0.3MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Alpha-Agonists
CATAPRES-TTS DIS 0.1/24HR	3	Yes	No	Yes	No		No		No	No	No			No	Central Alpha-Agonists
CATAPRES-TTS DIS 0.2/24HR	3	Yes	No	Yes	No		No		No	No	No			No	Central Alpha-Agonists
CATAPRES-TTS DIS 0.3/24HR	3	Yes	No	Yes	No		No		No	No	No			No	Central Alpha-Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CAVAREST GEL 1.1%	1	No	Yes	Yes	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
CAYSTON INH 75MG	3	No	No	No	No		No		No	No	No			No	Monobactams
CDP/AMITRIPTYLINE TAB 10-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
CDP/AMITRIPTYLINE TAB 5-12.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
CEDAX CAP 400MG	3	No	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
CEDAX SUS 90MG/5ML	3	No	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
CEENU CAP 100MG	2	No	No	No	No		No		No	No	No			No	Antineoplastic Agents
CEENU CAP 10MG	2	No	No	No	No		No		No	No	No			No	Antineoplastic Agents
CEENU CAP 40MG	2	No	No	No	No		No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CEFACLOR CAP 250MG	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFACLOR CAP 500MG	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFACLOR SUS 125/5ML	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFACLOR SUS 250/5ML	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFACLOR SUS 375/5ML	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFACLOR ER TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFADROXIL CAP 500MG	1	No	Yes	No	No		No		No	No	No			No	First Generation Cephalosporins
CEFADROXIL SUS 250/5ML	1	No	Yes	No	No		No		No	No	No			No	First Generation Cephalosporins
CEFADROXIL SUS 500/5ML	1	No	Yes	No	No		No		No	No	No			No	First Generation Cephalosporins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CEFADROXIL TAB 1GM	1	No	Yes	No	No		No		No	No	No			No	First Generation Cephalosporins
CEFAZOLIN INJ 1GM	1	No	Yes	No	No		No		No	No	No			Yes	First Generation Cephalosporins
CEFAZOLIN INJ 1GM/50ML	1	No	Yes	No	No		No		No	No	No			Yes	First Generation Cephalosporins
CEFAZOLIN INJ 20GM	1	No	Yes	No	No		No		No	No	No			Yes	First Generation Cephalosporins
CEFAZOLIN INJ 500MG	1	No	Yes	No	No		No		No	No	No			Yes	First Generation Cephalosporins
CEFAZOLIN INJ 500MG/50ML	1	No	Yes	No	No		No		No	No	No			No	First Generation Cephalosporins
CEFAZOLIN 1 GM ADD-VAN VIAL	1	No	Yes	No	No		No		No	No	No			No	First Generation Cephalosporins
CEFAZOLIN 1 GM-DEXTROSE BAG	1	No	Yes	No	No		No		No	No	No			No	First Generation Cephalosporins
CEFAZOLIN 10 GM VIAL	1	No	Yes	No	No		No		No	No	No			No	First Generation Cephalosporins
CEFDINIR CAP 300MG	1	No	Yes	No	No		No		No	No	No			No	Third Generation Cephalosporins
CEFDINIR SUS 125/5ML	1	No	Yes	No	No		No		No	No	No			No	Third Generation Cephalosporins
CEFDINIR SUS 250/5ML	1	No	Yes	No	No		No		No	No	No			No	Third Generation Cephalosporins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CEFEPIME INJ 1GM	1	No	Yes	No	No		No		No	No	No			Yes	Fourth Generation Cephalosporins
CEFEPIME INJ 2GM	1	No	Yes	No	No		No		No	No	No			Yes	Fourth Generation Cephalosporins
CEFOL FILMTAB	NC														Multivitamin Preparations
CEFOTAXIME INJ 10GM	1	No	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CEFOTAXIME INJ 1GM	1	No	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CEFOTAXIME INJ 2GM	1	No	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CEFOTAXIME INJ 500MG	1	No	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CEFOTETAN INJ 10G	1	No	Yes	No	No		No		No	No	No			Yes	Second Generation Cephalosporins
CEFOTETAN INJ 1GM/10ML	1	No	Yes	No	No		No		No	No	No			Yes	Second Generation Cephalosporins
CEFOTETAN INJ 2GM/20ML	1	No	Yes	No	No		No		No	No	No			Yes	Second Generation Cephalosporins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CEFOTETAN-DEXTR 1 G DUPLEX BAG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Second Generation Cephalosporins
CEFOTETAN-DEXTR 2 G DUPLEX BAG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Second Generation Cephalosporins
CEFOXITIN INJ 10GM	1	No	Yes	No	No		No		No	No	No			Yes	Second Generation Cephalosporins
CEFOXITIN INJ 1GM	1	No	Yes	No	No		No		No	No	No			Yes	Second Generation Cephalosporins
CEFOXITIN INJ 2GM	1	No	Yes	No	No		No		No	No	No			Yes	Second Generation Cephalosporins
CEFOXITIN INJ SOL 1GM	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFOXITIN INJ SOL 2GM	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFPODOXIME TAB 100MG	1	No	Yes	No	No		No		No	No	No			No	Third Generation Cephalosporins
CEFPODOXIME TAB 200MG	1	No	Yes	No	No		No		No	No	No			No	Third Generation Cephalosporins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CEFPODOXIME PROX SUS 100/5ML	1	No	Yes	No	No		No		No	No	No			No	Third Generation Cephalosporins
CEFPODOXIME PROX SUS 50MG/5ML	1	No	Yes	No	No		No		No	No	No			No	Third Generation Cephalosporins
CEFPROZIL SUS 125/5ML	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFPROZIL SUS 250/5ML	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFPROZIL TAB 250MG	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFPROZIL TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFTAZIDIME INJ 1GM	1	No	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CEFTAZIDIME INJ 2GM	1	No	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CEFTAZIDIME INJ 500MG	1	No	Yes	No	No		No		No	No	No			No	Third Generation Cephalosporins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CEFTAZIDIME INJ 6GM	1	No	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CEFTIN SUS 125/5ML	3	Yes	No	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFTIN SUS 250/5ML	3	Yes	No	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFTIN TAB 250MG	3	Yes	No	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFTIN TAB 500MG	3	Yes	No	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFTRIAXONE INJ 10GM	1	No	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CEFTRIAXONE INJ 250MG	1	No	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CEFTRIAXONE INJ 500MG	1	No	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CEFTRIAXONE 1 GM PIGGYBACK	1	No	Yes	No	No		No		No	No	No			No	Third Generation Cephalosporins
CEFTRIAXONE 1 GM VIAL	1	No	Yes	No	No		No		No	No	No			No	Third Generation Cephalosporins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CEFTRIAXONE 2 GM PIGGYBACK	1	No	Yes	No	No		No		No	No	No			No	Third Generation Cephalosporins
CEFTRIAXONE 2 GM VIAL	1	No	Yes	No	No		No		No	No	No			No	Third Generation Cephalosporins
CEFTRIAXONE/DEX INJ 1GM	1	No	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CEFTRIAXONE/DEX INJ 2GM	1	No	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CEFUROXIME INJ 1.5GM	1	No	Yes	No	No		No		No	No	No			Yes	Second Generation Cephalosporins
CEFUROXIME INJ 7.5GM	1	No	Yes	No	No		No		No	No	No			Yes	Second Generation Cephalosporins
CEFUROXIME INJ 750MG	1	No	Yes	No	No		No		No	No	No			Yes	Second Generation Cephalosporins
CEFUROXIME TAB 250MG	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFUROXIME TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CEFUROXIME 125 MG/ 5 ML SUSPENSION	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFUROXIME 250 MG/ 5 ML SUSPENSION	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFUROXIME/DEXT INJ 1.5GM	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CEFUROXIME/DEXT INJ 750MG	1	No	Yes	No	No		No		No	No	No			No	Second Generation Cephalosporins
CELEBREX CAP 100MG	2	No	No	Yes	No		No		No	No	No			No	Cyclooxygenase-2 (COX-2) Inhibitors
CELEBREX CAP 200MG	2	No	No	Yes	No		No		No	No	No			No	Cyclooxygenase-2 (COX-2) Inhibitors
CELEBREX CAP 400MG	2	No	No	Yes	No		No		No	No	No			No	Cyclooxygenase-2 (COX-2) Inhibitors
CELEBREX CAP 50MG	2	No	No	Yes	No		No		No	No	No			No	Cyclooxygenase-2 (COX-2) Inhibitors
CELESTONE SOL 0.6MG/5	3	No	No	No	No		No		No	No	No			No	Adrenals
CELESTONE SOLUSPAN 6 MG/ML	3	Yes	No	No	No		No		No	No	No			No	Adrenals

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CELEXA TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
CELEXA TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
CELEXA TAB 40MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
CELLCEPT CAP 250MG	3	Yes	No	Yes	Yes	MYCOPHENOLATE	No		No	No	No			No	Immunosuppressive Agents
CELLCEPT SUS 200MG/ML	3	No	No	Yes	Yes	MYCOPHENOLATE	No		No	No	No			No	Immunosuppressive Agents
CELLCEPT TAB 500MG	3	Yes	No	Yes	Yes	MYCOPHENOLATE	No		No	No	No			No	Immunosuppressive Agents
CELLCEPT IV INJ 500MG	3	No	No	No	Yes	MYCOPHENOLATE	No		No	No	No			No	Immunosuppressive Agents
CELONTIN CAP 300MG	3	No	No	Yes	No		No		No	No	No			No	Succinimides
CENESTIN TAB 0.3MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
CENESTIN TAB 0.45MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
CENESTIN TAB 0.625MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
CENESTIN TAB 0.9MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CENESTIN TAB 1.25MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
CEPHADYN TABLET 50MG-650MG	1	No	Yes	No	No		No		Yes	No	No			No	ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.
CEPHALEXIN CAP 250MG	1	No	Yes	No	No		No		No	No	No			No	First Generation Cephalosporins
CEPHALEXIN CAP 500MG	1	No	Yes	No	No		No		No	No	No			No	First Generation Cephalosporins
CEPHALEXIN SUS 125/5ML	1	No	Yes	No	No		No		No	No	No			No	First Generation Cephalosporins
CEPHALEXIN SUS 250/5ML	1	No	Yes	No	No		No		No	No	No			No	First Generation Cephalosporins
CEPHALEXIN TAB 250MG	1	No	Yes	No	No		No		No	No	No			No	First Generation Cephalosporins
CEPHALEXIN TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	First Generation Cephalosporins
CEREBYX INJ 500/10ML	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Hydantoins
CEREDASE INJ 80UNT/ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Enzymes
CEREFOLIN NAC TABLET	NC														VITAMIN B COMPLEX

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CEREZYME INJ 200UNIT	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Enzymes
CEROVEL LOT 40%	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
CEROVEL 40% GEL	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
CERUBIDINE INJ 20MG	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CERVARIX INJ SYRINGE	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Vaccines
CERVARIX INJ VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Vaccines
CESAMET CAP 1MG	3	No	No	No	No		No		No	No	No			No	Antiemetics, Miscellaneous
CESIA PAK	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
CETIRIZINE 1 MG/ML SYRUP	NC														Second Generation Antihistamines
CETIRIZINE 10MG TABLET	NC														Second Generation Antihistamines
CETIRIZINE 5MG TABLET	NC														Second Generation Antihistamines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CETRAXAL SOL 0.2%	NC														Antibacterials
CEVIMELINE HCL CAP 30 MG	1	No	Yes	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
CHANTIX PAK 0.5& 1MG	2	No	No	No	No		No		No	No	Yes	336	365	No	Autonomic Drugs, Miscellaneous
CHANTIX TAB 0.5MG	2	No	No	No	No		No		No	No	Yes	360	365	No	Autonomic Drugs, Miscellaneous
CHANTIX TAB 1MG	2	No	No	No	No		No		No	No	Yes	360	365	No	Autonomic Drugs, Miscellaneous
CHEMET CAP 100MG	3	No	No	No	No		No		No	No	No			No	Heavy Metal Antagonists
CHENODAL	NC														Cholelitholytic Agents
CHLORAL HYDRATE 500 MG/5 ML	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
CHLORAMPHEN INJ 1GM	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Chloramphenicol
CHLORDIAZEPOXI DE HCL 10MG CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CHLORDIAZEPOXIDE HCL 25MG CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
CHLORDIAZEPOXIDE HCL 5MG CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
CHLORHEX GLU SOL 0.12%	1	No	Yes	No	No		No		No	No	No			No	Anti-infectives, Miscellaneous
CHLOROQUINE TAB 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Antimalarials
CHLOROQUINE TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Antimalarials
CHLOROTHIAZIDE INJ 500MG	1	No	Yes	No	No		No		No	No	No			No	Thiazide Diuretics
CHLOROTHIAZIDE TAB 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Thiazide Diuretics
CHLOROTHIAZIDE TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Thiazide Diuretics
CHLORPROMAZINE INJ 25MG/ML	1	No	Yes	No	No		No		No	No	No			No	Phenothiazines
CHLORPROMAZINE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
CHLORPROMAZINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CHLORPROMAZIN E TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
CHLORPROMAZIN E TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
CHLORPROMAZIN E TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
CHLORPROPAMIDE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
CHLORPROPAMIDE TAB 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
CHLORTHALIDONE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Thiazide-like Diuretics
CHLORTHALIDONE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Thiazide-like Diuretics
CHLORZOXAZONE TAB 250MG	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
CHLORZOXAZONE TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CHOLESTYRAMINE POW 4GM LITE PACKET	1	No	Yes	Yes	No		No		No	No	No			No	Bile Acid Sequestrants
CHOLESTYRAMINE POW 4GM LITE POWDER	1	No	Yes	Yes	No		No		No	No	No			No	Bile Acid Sequestrants
CHOLESTYRAMINE POW 4GM PACKET	1	No	Yes	Yes	No		No		No	No	No			No	Bile Acid Sequestrants
CHOLESTYRAMINE POW 4GM POWDER	1	No	Yes	Yes	No		No		No	No	No			No	Bile Acid Sequestrants
CHOLINE MAG TRISAL 1 GM TAB	1	No	Yes	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
CHOLINE MAG TRISAL 750 MG TB	1	No	Yes	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
CHORIONIC GONADOTROPIN INJ 10000UNT	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Gonadotropins
CHROMAGEN CAPLET	NC														IRON PREPARATIONS
CHROMAGEN CAPSULE	NC														IRON PREPARATIONS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CHROMAGEN FORTE CAPLET	NC														IRON PREPARATIONS
CHROMAGEN FORTE CAPSULE	NC														IRON PREPARATIONS
CIALIS 10MG TABLET	2	No	No	No	No		No		Yes	No	Yes	6	30	No	DRUGS TO TREAT IMPOTENCY
CIALIS 2.5MG TABLET	2	No	No	No	No		No		Yes	No	Yes	6	30	No	DRUGS TO TREAT IMPOTENCY
CIALIS 20MG TABLET	2	No	No	No	No		No		Yes	No	Yes	6	30	No	DRUGS TO TREAT IMPOTENCY
CIALIS 5MG TABLET	2	No	No	No	No		No		Yes	No	Yes	6	30	No	DRUGS TO TREAT IMPOTENCY
CICLOPIROX GEL 0.77%	1	No	Yes	No	No		No		No	No	No			No	Hydroxypyridones
CICLOPIROX SHA 1%	1	No	Yes	No	No		No		No	No	No			No	Hydroxypyridones
CICLOPIROX 0.77% CREAM	1	No	Yes	No	No		No		No	No	No			No	Hydroxypyridones

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CICLOPIROX 0.77% TOPICAL SUSP	1	No	Yes	No	No		No		No	No	No			No	Hydroxypyridones
CICLOPIROX 8% NAIL KIT	NC														Hydroxypyridones
CICLOPIROX 8% TOPICAL SOLUTION	NC														Hydroxypyridones
CICLOPIROX OLAMINE 0.77% CREAM	1	No	Yes	No	No		No		No	No	No			No	Hydroxypyridones
CILOSTAZOL TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Platelet-Aggregation Inhibitors
CILOSTAZOL TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Platelet-Aggregation Inhibitors
CILOXAN OIN 0.3% OP	3	No	No	No	No		No		No	No	No			No	Antibacterials
CILOXAN SOL 0.3% OP	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
CIMETIDINE INJ 150MG/ML	1	No	Yes	No	No		No		No	No	No			No	Histamine H2-Antagonists
CIMETIDINE SOL 300/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CIMETIDINE TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
CIMETIDINE TAB 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
CIMETIDINE TAB 400MG	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
CIMETIDINE TAB 800MG	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
CIMZIA KIT	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	GI Drugs, Miscellaneous
CIMZIA KIT 200MG/ML	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	GI Drugs, Miscellaneous
CINRYZE SOL 500 UNIT	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
CIPRO TAB 250MG	3	Yes	No	No	No		No		No	No	No			No	Quinolones
CIPRO TAB 500MG	3	Yes	No	No	No		No		No	No	No			No	Quinolones
CIPRO TAB 750MG	3	Yes	No	No	No		No		No	No	No			No	Quinolones
CIPRO 10% SUSPENSION	NC														Quinolones
CIPRO 5% SUSPENSION	NC														Quinolones

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CIPRO HC OTIC SUSPENSION	NC														Corticosteroids
CIPRO I.V. INJ 200MG	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Quinolones
CIPRO I.V. 10 MG/ML VIAL	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Quinolones
CIPRO I.V. 200 MG/100 ML D5W	NC														Quinolones
CIPRO I.V. 400 MG/200 ML D5W	NC														Quinolones
CIPRODEX SUS 0.3-0.1%	2	No	No	No	No		No		No	No	No			No	Corticosteroids
CIPROFLOXACIN 10 MG/ML VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Quinolones
CIPROFLOXACIN 200 MG/100 ML	NC														Quinolones
CIPROFLOXACIN 400 MG/200 ML	NC														Quinolones
CIPROFLOXACIN SOL 0.3% OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
CIPROFLOXACIN TAB 1000MG	1	No	Yes	No	No		No		No	No	No			No	Quinolones
CIPROFLOXACIN TAB 100MG	1	No	Yes	No	No		No		No	No	No			No	Quinolones

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CIPROFLOXACIN TAB 250MG	1	No	Yes	No	No		No		No	No	No			No	Quinolones
CIPROFLOXACIN TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Quinolones
CIPROFLOXACIN TAB 500MG ER	1	No	Yes	No	No		No		No	No	No			No	Quinolones
CIPROFLOXACIN TAB 750MG	1	No	Yes	No	No		No		No	No	No			No	Quinolones
CISPLATIN INJ 100MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Antineoplastic Agents
CITALOPRAM SOL 10MG/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
CITALOPRAM TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
CITALOPRAM TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
CITALOPRAM TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
CITRANATAL DHA PACK	3	No	No	No	No		No		No	No	No			No	Multivitamin Preparations
CITRANATAL RX TABLET	3	No	No	No	No		No		No	No	No			No	Multivitamin Preparations
CLADRIBINE INJ 1MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CLAFORAN INJ 10GM	3	No	No	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CLAFORAN INJ 1GM	3	No	No	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CLAFORAN INJ 2GM	3	No	No	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CLAFORAN INJ 500MG	3	No	No	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
CLAFORAN/D5W INJ 1GM	3	No	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
CLAFORAN/D5W INJ 2GM	3	No	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
CLARAVIS CAP 10MG	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
CLARAVIS CAP 20MG	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
CLARAVIS CAP 30MG	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
CLARAVIS CAP 40MG	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CLARINEX SYP 0.5MG/ML	3	No	No	Yes	No		No		No	No	No			No	Second Generation Antihistamines
CLARINEX TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Second Generation Antihistamines
CLARINEX RDT TAB 2.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Second Generation Antihistamines
CLARINEX RDT TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Second Generation Antihistamines
CLARINEX-D TAB 2.5-120	3	No	No	No	No		No		No	No	No			No	Second Generation Antihistamines
CLARINEX-D TAB 5-240MG	3	No	No	No	No		No		No	No	No			No	Second Generation Antihistamines
CLARITHROMYCI N SUS 125/5ML	1	No	Yes	No	No		No		No	No	No			No	Other Macrolides
CLARITHROMYCI N SUS 250/5ML	1	No	Yes	No	No		No		No	No	No			No	Other Macrolides
CLARITHROMYCI N TAB 250MG	1	No	Yes	No	No		No		No	No	No			No	Other Macrolides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CLARITHROMYCI N TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Other Macrolides
CLARITHROMYCI N TAB 500MG ER	1	No	Yes	No	No		No		No	No	No			No	Other Macrolides
CLEANSE AND TREAT PADS	NC														KERATOLYTIC AGENTS
CLEMASTINE SYP 0.5/5ML	1	No	Yes	No	No		No		No	No	No			No	Ethanolamine Derivatives
CLEMASTINE TAB 2.68MG	1	No	Yes	No	No		No		No	No	No			No	Ethanolamine Derivatives
CLEOCIN CAP 150MG	3	Yes	No	No	No		No		No	No	No			No	Lincomycins
CLEOCIN CAP 300MG	3	Yes	No	No	No		No		No	No	No			No	Lincomycins
CLEOCIN CAP 75MG	3	No	No	No	No		No		No	No	No			No	Lincomycins
CLEOCIN CRE 2% VAG	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
CLEOCIN INJ 300MG	3	No	No	No	No		No		No	No	No			Yes	Lincomycins
CLEOCIN INJ 600MG	3	No	No	No	No		No		No	No	No			Yes	Lincomycins
CLEOCIN INJ 900MG	3	No	No	No	No		No		No	No	No			Yes	Lincomycins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CLEOCIN SUP 100MG	3	No	No	No	No		No		No	No	No			No	Antibacterials
CLEOCIN PED SOL 75MG/5ML	3	Yes	No	No	No		No		No	No	No			No	Lincomycins
CLEOCIN PHOS INJ 900MG	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Lincomycins
CLEOCIN-T GEL 1%	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
CLEOCIN-T LOT 1%	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
CLEOCIN-T PAD 1%	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
CLEOCIN-T SOL 1%	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
CLIMARA DIS 0.025MG	3	Yes	No	No	No		No		No	No	No			No	Estrogens
CLIMARA DIS 0.0375MG	3	Yes	No	No	No		No		No	No	No			No	Estrogens
CLIMARA DIS 0.05MG	3	Yes	No	No	No		No		No	No	No			No	Estrogens
CLIMARA DIS 0.06MG	3	Yes	No	No	No		No		No	No	No			No	Estrogens
CLIMARA DIS 0.075MG	3	Yes	No	No	No		No		No	No	No			No	Estrogens

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CLIMARA DIS 0.1MG	3	Yes	No	No	No		No		No	No	No			No	Estrogens
CLIMARA PRO DIS WEEKLY	2	No	No	No	No		No		No	No	No			No	Estrogens
CLINDACIN KIT PAC 1%	NC														Antibacterials
CLINDAGEL GEL 1%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
CLINDAMAX 1% LOTION	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
CLINDAMY/BEN GEL 1-5%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
CLINDAMYCIN AER 1%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
CLINDAMYCIN CAP 150MG	1	No	Yes	No	No		No		No	No	No			No	Lincomycins
CLINDAMYCIN CAP 300MG	1	No	Yes	No	No		No		No	No	No			No	Lincomycins
CLINDAMYCIN CRE 2% VAG	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
CLINDAMYCIN GEL 1%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
CLINDAMYCIN INJ 150MG/ML	1	No	Yes	No	No		No		No	No	No			Yes	Lincomycins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CLINDAMYCIN LOT 1%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
CLINDAMYCIN PAD 1%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
CLINDAMYCIN SOL 1%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
CLINDAMYCIN 150 MG/ML ADDVAN	1	No	Yes	No	No		No		No	No	No			No	Lincomycins
CLINDAMYCIN PED SOL 75MG/5ML	1	No	Yes	No	No		No		No	No	No			No	Lincomycins
CLINDESSE CRE 2%	3	No	No	No	No		No		No	No	No			No	Antibacterials
CLINIMIX INJ 2.75/D5W	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
CLINIMIX INJ 4.25/D10	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
CLINIMIX INJ 4.25/D20	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
CLINIMIX INJ 4.25/D25	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
CLINIMIX INJ 4.25/D5W	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CLINIMIX INJ 5%/D15W	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
CLINIMIX INJ 5%/D20W	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
CLINIMIX INJ 5%/D25W	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
CLINIMIX E INJ 2.75/D10	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
CLINIMIX E INJ 2.75/D5W	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
CLINIMIX E INJ 4.25/D25	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
CLINIMIX E INJ 4.25/D5W	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
CLINIMIX E INJ 5%/D15W	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
CLINIMIX E INJ 5%/D20W	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
CLINIMIX E INJ 5%/D25W	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
CLINISOL SF INJ 15%	1	Yes	Yes	No	No		No		No	No	No			Yes	Caloric Agents
CLINORIL TAB 200MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CLOBETASOL GEL 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
CLOBETASOL OIN 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
CLOBETASOL SOL 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
CLOBETASOL 0.05% CREAM	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
CLOBETASOL E CRE 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
CLOBETASOL LOT 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
CLOBETASOL PROP 0.05% FOAM	NC														Anti-inflammatory Agents
CLOBETASOL PROPIONATE SHAMPOO 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
CLOBETASOL PROPIONATE SPRAY 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
CLOBEX LOT 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
CLOBEX SHA 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CLOBEX SPR 0.05%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
CLODERM CRE 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
CLOLAR INJ 1MG/ML	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CLOMIPRAMINE CAP 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
CLOMIPRAMINE CAP 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
CLOMIPRAMINE CAP 75MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
CLONAZEPAM 0.125 MG DIS TABLET	1	No	Yes	Yes	No		No		Yes	No	No			No	Benzodiazepines
CLONAZEPAM 0.25 MG DIS TAB	1	No	Yes	Yes	No		No		Yes	No	No			No	Benzodiazepines
CLONAZEPAM 0.25MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Benzodiazepines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CLONAZEPAM 0.5 MG DIS TAB	1	No	Yes	Yes	No		No		Yes	No	No			No	Benzodiazepines
CLONAZEPAM 0.5MG TABLET	1	No	Yes	Yes	No		No		Yes	No	No			No	Benzodiazepines
CLONAZEPAM 1 MG DIS TABLET	1	No	Yes	Yes	No		No		Yes	No	No			No	Benzodiazepines
CLONAZEPAM 1MG TABLET	1	No	Yes	Yes	No		No		Yes	No	No			No	Benzodiazepines
CLONAZEPAM 2 MG DIS TABLET	1	No	Yes	Yes	No		No		Yes	No	No			No	Benzodiazepines
CLONAZEPAM 2MG TABLET	1	No	Yes	Yes	No		No		Yes	No	No			No	Benzodiazepines
CLONIDINE DIS 0.1/24HR	1	No	Yes	Yes	No		No		No	No	No			No	Central Alpha-Agonists
CLONIDINE DIS 0.2/24HR	1	No	Yes	Yes	No		No		No	No	No			No	Central Alpha-Agonists
CLONIDINE DIS 0.3/24HR	1	No	Yes	Yes	No		No		No	No	No			No	Central Alpha-Agonists
CLONIDINE TAB 0.1MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Alpha-Agonists
CLONIDINE TAB 0.2MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Alpha-Agonists
CLONIDINE TAB 0.3MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Alpha-Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CLONIDINE (NEXICLON XR) 0.09 MG/ML EXTENDED RELEASE ORAL SUSPENSION	NC														Central Alpha-Agonists
CLONIDINE 0.17 MG EXTENDED RELEASE TABLET	NC														Central Alpha-Agonists
CLONIDINE 0.26 MG EXTENDED RELEASE TABLET	NC														Central Alpha-Agonists
CLONIDINE 1 MG/10 ML INJECTION	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	ANALGESICS AND ANTIPYRETICS, MISC.
CLONIDINE 5 MG/10 ML INJECTION	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	ANALGESICS AND ANTIPYRETICS, MISC.
CLORAZEPATE DIPOTASSIUM 15MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CLORAZEPATE DIPOTASSIUM 3.75MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
CLORAZEPATE DIPOTASSIUM 7.5MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
CLORPRES TAB 0.1-15MG	3	No	No	Yes	No		No		No	No	No			No	Central Alpha-Agonists
CLORPRES TAB 0.2-15MG	3	No	No	Yes	No		No		No	No	No			No	Central Alpha-Agonists
CLORPRES TAB 0.3-15MG	3	No	No	Yes	No		No		No	No	No			No	Central Alpha-Agonists
CLOTRIMAZOLE CRE 1%	1	No	Yes	No	No		No		No	No	No			No	Azoles
CLOTRIMAZOLE SOL 1%	1	No	Yes	No	No		No		No	No	No			No	Azoles
CLOTRIMAZOLE TRO 10MG	1	No	Yes	No	No		No		No	No	No			No	Azoles
CLOTRIMAZOLE/BETA CRE DIPROP	1	No	Yes	No	No		No		No	No	No			No	Azoles
CLOTRIMAZOLE/BETA LOT DIPROP	1	No	Yes	No	No		No		No	No	No			No	Azoles

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CLOZAPINE TAB 100MG	1	No	Yes	No	No		No		No	No	No			No	Atypical Antipsychotics
CLOZAPINE TAB 200MG	1	No	Yes	No	No		No		No	No	No			No	Atypical Antipsychotics
CLOZAPINE TAB 25MG	1	No	Yes	No	No		No		No	No	No			No	Atypical Antipsychotics
CLOZAPINE TAB 50MG	1	No	Yes	No	No		No		No	No	No			No	Atypical Antipsychotics
CLOZARIL TAB 100MG	3	Yes	No	No	No		No		No	No	No			No	Atypical Antipsychotics
CLOZARIL TAB 25MG	3	Yes	No	No	No		No		No	No	No			No	Atypical Antipsychotics
CNL 8 NAIL KIT	NC														Hydroxypyridones
COARTEM 20 MG/120 MG TABLET	NC														Antimalarials
CODEINE SULF TAB 15MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
CODEINE SULF TAB 30MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
CODEINE SULF TAB 60MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
CODEINE SULFATE 30 MGML ORAL SOL	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
COGENTIN INJ 1MG/ML	3	Yes	No	No	No		No		No	No	No			No	Central Nervous System Agents, Misc
CO-GESIC TAB 500-5MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
COGNEX CAP 10MG	3	No	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
COGNEX CAP 20MG	3	No	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
COGNEX CAP 30MG	3	No	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
COGNEX CAP 40MG	3	No	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
COLAZAL CAP 750MG	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
COLCRYS TAB 0.6MG	2	No	No	No	No		No		No	No	No			No	Other Misc Therapeutic Agents
COLESTID GRA 5GM	3	Yes	No	Yes	No		No		No	No	No			No	Bile Acid Sequestrants

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
COLESTID TAB 1GM	3	Yes	No	Yes	No		No		No	No	No			No	Bile Acid Sequestrants
COLESTID FLAVORED GRANULES	3	No	No	Yes	No		No		No	No	No			No	Bile Acid Sequestrants
COLESTIPOL GRA 5GM	1	No	Yes	Yes	No		No		No	No	No			No	Bile Acid Sequestrants
COLESTIPOL TAB 1GM	1	No	Yes	Yes	No		No		No	No	No			No	Bile Acid Sequestrants
COLESTIPOL HCL PACK FOR ORAL SUSPENSION	1	No	Yes	No	No		No		No	No	No			No	Bile Acid Sequestrants
COLISTIMETHATE INJ 150MG	1	No	Yes	No	No		No		No	No	No			Yes	Polymyxins
COLOCORTENE 100MG	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
COLY-MYCIN M INJ 150MG	3	Yes	No	No	No		No		No	No	No			No	Polymyxins
COLY-MYCIN S SUS OTIC	3	No	No	No	No		No		No	No	No			No	Corticosteroids
COLYTE WITH FLAVOR PACKETS	2	Yes	No	No	No		No		No	No	No			No	Cathartics and Laxatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
COLYTE WITH FLAVOR PACKETS (227GM)	2	No	No	No	No		No		No	No	No			No	Cathartics and Laxatives
COMBIGAN SOL 0.2/0.5%	3	No	No	Yes	No		No		No	No	No			No	Alpha Adrenergic Agonists
COMBIPATCH DIS .05/.14	2	No	No	Yes	No		No		No	No	No			No	Estrogens
COMBIPATCH DIS .05/.25	2	No	No	Yes	No		No		No	No	No			No	Estrogens
COMBIVENT AER	2	No	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
COMBIVENT RESPIMAT	2	No	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
COMBIVIR TAB	2	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
COMBUNOX TAB 5-400MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
COMFORT PAC-CYCLOBENZAPRINE KT	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
COMFORT PAC-NAPROXEN KIT	NC														Other Nonsteroidal Anti-inflammatory Agents
COMPLERA TAB	2	No	No	Yes	No		No		No	No	No			No	Antiretrovirals
COMPRO SUP 25MG	1	No	Yes	No	No		No		No	No	No			No	Phenothiazines
COMTAN TAB 200MG	3	No	No	Yes	Yes	ENTACAPONE	No		No	No	Yes	240	30	No	Central Nervous System Agents, Misc
COMVAX INJ	3	No	No	No	No		No		No	No	No			No	Vaccines
CONCERTA TAB 18MG	3	Yes	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
CONCERTA TAB 27MG	3	Yes	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
CONCERTA TAB 36MG	3	Yes	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CONCERTA TAB 54MG	3	Yes	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
CONDYLOX GEL 0.5%	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
CONDYLOX SOL 0.5%	3	Yes	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
CONISON CAPSULE	NC														IRON PREPARATIONS
CONSTULOSE SOL 10GM/15	1	No	Yes	Yes	No		No		No	No	No			No	Ammonia Detoxicants
CONZIP CAP 100MG	NC														Opiate Agonists
CONZIP CAP 150MG	NC														Opiate Agonists
CONZIP CAP 200MG	NC														Opiate Agonists
CONZIP CAP 300MG	NC														Opiate Agonists
COPAXONE KIT 20MG/ML	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Biologic Response Modifiers
COPEGUS TAB 200MG	4	Yes	No	No	Yes	SPECIALTY	No		No	No	No			No	Nucleosides and Nucleotides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CORDARONE TAB 200MG	3	Yes	No	Yes	No		No		No	No	No			No	Class III Antiarrhythmics
CORDRAN LOT 0.05%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
CORDRAN 80X3 TAP 4MCG/CM	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
CORDRAN SP CRE 0.05%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
COREG TAB 12.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
COREG TAB 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
COREG TAB 3.125MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
COREG TAB 6.25MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
COREG CR CAP 10MG	2	No	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
COREG CR CAP 20MG	2	No	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
COREG CR CAP 40MG	2	No	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
COREG CR CAP 80MG	2	No	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CORGARD TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
CORGARD TAB 40MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
CORGARD TAB 80MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
CORMAX 0.05% OINTMENT	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
CORMAX 0.05% SOLUTION	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
CORTEF TAB 10MG	3	Yes	No	No	No		No		No	No	No			No	Adrenals
CORTEF TAB 20MG	3	Yes	No	No	No		No		No	No	No			No	Adrenals
CORTEF TAB 5MG	3	Yes	No	No	No		No		No	No	No			No	Adrenals
CORTIFOAM AER 90MG (10%)	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
CORTISONE AC TAB 25MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
CORTISPORIN CRE 0.5%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
CORTISPORIN OIN 1%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CORTISPORIN SOL 1% OTIC	3	Yes	No	No	No		No		No	No	No			No	Corticosteroids
CORTISPORIN-TC EAR SUSP	NC														Corticosteroids
CORTOMYCIN SOL 1% OTIC	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
CORTOMYCIN SUS 1% OTIC	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
CORZIDE 40/5 TABLET	NC														Beta-Adrenergic Blocking Agents
CORZIDE 80/5 TABLET	NC														Beta-Adrenergic Blocking Agents
COSMEGEN INJ 0.5MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
COSOPT SOL 2-0.5%OP	3	Yes	No	Yes	No		No		No	No	No			No	CARBONIC ANYDRASE INHIBITORS
COUMADIN INJ 5 MG	1	No	Yes	No	No		No		No	No	No			No	Coumarin Derivatives
COUMADIN TAB 10MG	1	Yes	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
COUMADIN TAB 1MG	1	Yes	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
COUMADIN TAB 2.5MG	1	Yes	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
COUMADIN TAB 2MG	1	Yes	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
COUMADIN TAB 3MG	1	Yes	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
COUMADIN TAB 4MG	1	Yes	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
COUMADIN TAB 5MG	1	Yes	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
COUMADIN TAB 6MG	1	Yes	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
COUMADIN TAB 7.5MG	1	Yes	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
COVERA-HS TAB 180MG	3	No	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
COVERA-HS TAB 240MG	3	No	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
COZAAR TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
COZAAR TAB 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
COZAAR TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
CR NATAL COMBO PACK	NC														Multivitamin Preparations
CREON CAP 12000UNT	2	No	No	Yes	No		No		No	No	No			No	Digestants
CREON CAP 24000UNT	2	No	No	Yes	No		No		No	No	No			No	Digestants
CREON CAP 6000UNIT	2	No	No	Yes	No		No		No	No	No			No	Digestants
CRESTOR TAB 10MG	2	No	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
CRESTOR TAB 20MG	2	No	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
CRESTOR TAB 40MG	2	No	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
CRESTOR TAB 5MG	2	No	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
CRINONE GEL 8% VAG	3	No	No	No	No		No		No	No	No			No	Progestins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CRINONE GEL 4% VAG	3	No	No	No	No		No		No	No	No			No	Progestins
CRIXIVAN CAP 100MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
CRIXIVAN CAP 200MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
CRIXIVAN CAP 333MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
CRIXIVAN CAP 400MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
CROMOLYN SOD CON 100/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Mast-cell Stabilizers
CROMOLYN SODIUM NEB 20MG/2ML	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Mast-cell Stabilizers
CROMOLYN SODIUM SOL 4% OP	1	No	Yes	No	No		No		No	No	No			No	Antiallergic Agents
CRYSSELLE-28 TAB 28 TABS	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
CUBICIN SOL 500MG	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			Yes	Cyclic Lipopeptides
CUPRIMINE CAP 250MG	2	No	No	Yes	No		No		No	No	No			No	Heavy Metal Antagonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CURITY GAUZE PAD 2"X2"	1	No	Yes	No	No		No		No	No	No			No	Local Anti-infectives, Miscellaneous
CUTIVATE CRE 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
CUTIVATE LOT 0.05%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
CUTIVATE OIN 0.005%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
CUVPOSA	3	No	No	Yes	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
CYCLAFEM TAB 1/35	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
CYCLAFEM TAB 7/7/7	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
CYCLESSA PAK	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
CYCLOBENZAPRINE CAP 15MG ER	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CYCLOBENZAPRINE CAP 30MG ER	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
CYCLOBENZAPRINE TAB 10MG	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
CYCLOBENZAPRINE TAB 5MG	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
CYCLOPHOSPHAMIDE INJ 1GM	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CYCLOPHOSPHAMIDE INJ 500MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CYCLOPHOSPHAMIDE TAB 25MG	1	No	Yes	No	No		No		No	No	No			No	Antineoplastic Agents
CYCLOPHOSPHAMIDE 2 GM VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CYCLOPHOSPHAMIDE TAB 50MG	1	No	Yes	No	No		No		No	No	No			No	Antineoplastic Agents
CYCLOSET 0.8 MG TABLET	NC														DOPAMINE ANTAGONIST
CYCLOSPORINE 100 MG/ML SOLN	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
CYCLOSPORINE CAP 100MG	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
CYCLOSPORINE CAP 100MG MD	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
CYCLOSPORINE CAP 25MG	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
CYCLOSPORINE CAP 50MG MOD	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
CYCLOSPORINE INJ 50MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
CYCLOSPORINE SOL MODIFIED	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
CYKLOKAPRON INJ 100MG/ML	2	Yes	No	No	No		No		No	No	No			No	Hemostatics
CYMBALTA CAP 20MG	3	No	No	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CYMBALTA CAP 30MG	3	No	No	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake
CYMBALTA CAP 60MG	3	No	No	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake
CYPROHEPTADINE SYP 2MG/5ML	NC														Derivatives, Miscellaneous
CYPROHEPTADINE TAB 4MG	NC														Derivatives, Miscellaneous
CYSTADANE POW	3	No	No	Yes	No		No		No	No	No			No	Other Misc Therapeutic Agents
CYSTAGON CAP 150MG	3	No	No	No	No		No		No	No	No			No	Other Misc Therapeutic Agents
CYSTAGON CAP 50MG	3	No	No	No	No		No		No	No	No			No	Other Misc Therapeutic Agents
CYTARABINE INJ 100MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CYTARABINE INJ 20MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CYTARABINE INJ 500MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CYTARABINE 1 GM VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CYTARABINE 100 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
CYTOMEL TAB 25MCG	3	Yes	No	Yes	No		No		No	No	No			No	Thyroid Agents
CYTOMEL TAB 50MCG	3	Yes	No	Yes	No		No		No	No	No			No	Thyroid Agents
CYTOMEL TAB 5MCG	3	Yes	No	Yes	No		No		No	No	No			No	Thyroid Agents
CYTOTEC TAB 100MCG	3	Yes	No	Yes	No		No		No	No	No			No	Prostaglandins
CYTOTEC TAB 200MCG	3	Yes	No	Yes	No		No		No	No	No			No	Prostaglandins
CYTOVENE INJ 500MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Nucleosides and Nucleotides
CYTRA-2 ORAL SOLUTION	1	No	Yes	No	No		No		No	No	No			No	Alkalinizing Agents
CYTRA-3 SYRUP	1	No	Yes	No	No		No		No	No	No			No	Alkalinizing Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
CYTRA-K CRYSTALS PACKET	1	No	Yes	No	No		No		No	No	No			No	Alkalinizing Agents
D.H.E. 45 INJ 1MG/ML	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Sympatholytic (Adrenergic Block) Agents
D10W/NACL INJ 0.2%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
D10W/NACL INJ 0.45%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
D2.5%-1/2NS SOLN/EXCEL CONT	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Caloric Agents
D2.5W/NACL INJ 0.45%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
D5%-1/2NS SOLN/EXCEL CONT	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Caloric Agents
D5%-1/4NS SOLN/EXCEL CONT	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Caloric Agents
D5-1/2NS/KCL 10 MEQ/L IV SOL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations
D5-1/2NS/KCL 20 MEQ/L IV SOL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
D5-1/2NS/KCL 30 MEQ/L IV SOL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations
D5-1/2NS/KCL 40 MEQ/L IV SOL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations
D5-1/3NS/KCL 20 MEQ/L IV SOL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations
D5-1/3NS/KCL 30 MEQ/L IV SOL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations
D5-1/4NS/KCL 10 MEQ/L IV SOL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations
D5-1/4NS/KCL 10 MEQ-L IV SOL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations
D5-1/4NS/KCL 20 MEQ/L IV SOL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations
D5-1/4NS/KCL 30 MEQ/L IV SOL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations
D5-1/4NS/KCL 40 MEQ/L IV SOL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations
D5LR-KCL 40 MEQ/L IV SOLN	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations
D5W/KCL 10 MEQ/L IV SOLUTION	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
D5W/KCL 20 MEQ/L IV SOLUTION	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations
D5W/KCL 30 MEQ/L IV SOLUTION	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations
D5W/LR INJ	1	No	Yes	No	No		No		No	No	No			No	Replacement Preparations
D5W/LYTES #48 INJ	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Replacement Preparations
D5W/NACL INJ 0.2%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
D5W/NACL INJ 0.225%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
D5W/NACL INJ 0.33%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
D5W/NACL INJ 0.45%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
D5W/NACL INJ 0.9%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
DACARBAZINE INJ 200MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Antineoplastic Agents
DACARBAZINE 100 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DACOGEN INJ 50MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
DACTINOMYCIN INJ 0.5MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
DALIRESP TAB 500MCG	NC														Respiratory Tract Agents. Misc.
D-AMPHETAMINE 10 MG CAP SA	1	No	Yes	No	No		No		No	No	No			No	Amphetamines
D-AMPHETAMINE 15 MG CAP SA	1	No	Yes	No	No		No		No	No	No			No	Amphetamines
D-AMPHETAMINE 5 MG CAP SA	1	No	Yes	No	No		No		No	No	No			No	Amphetamines
DANAZOL CAP 100MG	1	No	Yes	No	No		No		No	No	No			No	Androgens
DANAZOL CAP 200MG	1	No	Yes	No	No		No		No	No	No			No	Androgens
DANAZOL CAP 50MG	1	No	Yes	No	No		No		No	No	No			No	Androgens
DANTRIUM CAP 100MG	3	Yes	No	No	No		No		No	No	No			No	DIRECT ACTING SKELETAL MUSCLE RELAXANTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DANTRIUM CAP 25MG	3	Yes	No	No	No		No		No	No	No			No	DIRECT ACTING SKELETAL MUSCLE RELAXANTS
DANTRIUM CAP 50MG	3	Yes	No	No	No		No		No	No	No			No	DIRECT ACTING SKELETAL MUSCLE RELAXANTS
DANTROLENE CAP 100MG	1	No	Yes	No	No		No		No	No	No			No	DIRECT ACTING SKELETAL MUSCLE RELAXANTS
DANTROLENE CAP 25MG	1	No	Yes	No	No		No		No	No	No			No	DIRECT ACTING SKELETAL MUSCLE RELAXANTS
DANTROLENE CAP 50MG	1	No	Yes	No	No		No		No	No	No			No	DIRECT ACTING SKELETAL MUSCLE RELAXANTS
DANTROLENE SODIUM 20 MG VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	DIRECT-ACTING SKELETAL MUSCLE RELAXANTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DAPSONE TAB 100MG	2	No	No	Yes	No		No		No	No	No			No	Antimycobacterials, Miscellaneous
DAPSONE TAB 25MG	2	No	No	Yes	No		No		No	No	No			No	Antimycobacterials, Miscellaneous
DAPTACEL INJ	3	No	No	No	No		No		No	No	No			No	Toxoids
DARAPRIM TAB 25MG	3	No	No	No	No		No		No	No	No			No	Antimalarials
DASETTA	NC														Contraceptives
DASETTA 1/35	NC														Contraceptives
DASETTA 7/7/7	NC														Contraceptives
DAUNORUBICIN 20 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
DAUNORUBICIN INJ 5MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Antineoplastic Agents
DAUNOXOME INJ 2MG/ML	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
DAYPRO TAB 600MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents
DAYTRANA DIS 10MG/9HR	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
DAYTRANA DIS 15MG/9HR	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DAYTRANA DIS 20MG/9HR	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
DAYTRANA DIS 30MG/9HR	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
DAZIDOX 10 MG TABLET	NC														Opiate Agonists
DAZIDOX 20 MG TABLET	NC														Opiate Agonists
DDAVP INJ 4MCG/ML	3	Yes	No	Yes	Yes	IV AND IM DRUGS	No		No	No	No			No	Pituitary
DDAVP SPR 0.01%	3	Yes	No	Yes	No		No		No	No	No			No	Pituitary
DDAVP TAB 0.1MG	3	Yes	No	Yes	No		No		No	No	No			No	Pituitary
DDAVP TAB 0.2MG	3	Yes	No	Yes	No		No		No	No	No			No	Pituitary
DECAVAC INJ 5-2LF	3	No	No	No	No		No		No	No	No			No	Toxoids
DEGARELIX 120 MG VIAL	NC														Antineoplastic Agents
DEGARELIX 80 MG VIAL	NC														Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DELESTROGEN INJ 10MG/ML	3	Yes	No	No	No		No		No	No	No			No	Estrogens
DELESTROGEN INJ 20MG/ML	3	Yes	No	No	No		No		No	No	No			No	Estrogens
DELESTROGEN INJ 40MG/ML	3	Yes	No	No	No		No		No	No	No			No	Estrogens
DELFLEX W/1.5% DEXTROSE	1	No	Yes	No	No		No		No	No	No			No	Irrigating Solutions
DELFLEX W/2.5% DEXTROSE	1	No	Yes	No	No		No		No	No	No			No	Irrigating Solutions
DELFLEX W/4.25% DEXTROSE	1	No	Yes	No	No		No		No	No	No			No	Irrigating Solutions
DEMADEX TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Loop Diuretics
DEMADEX TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Loop Diuretics
DEMADEX TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Loop Diuretics
DEMADEX 100 MG TABLET	3	Yes	No	Yes	No		No		No	No	No			No	Loop Diuretics
DEMECLOCYCLIN E TAB 150MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DEMECLOXYCLIN E TAB 300MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DEMEROL INJ 25MG/0.5	3	No	No	No	No		No		No	No	No			No	Opiate Agonists
DEMEROL TAB 100MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
DEMEROL TAB 50MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
DEMEROL 100 MG/ML SYRINGE	NC														Opiate Agonists
DEMEROL 25 MG/ML SYRINGE	NC														Opiate Agonists
DEMEROL 50 MG/ML AMPUL	3	No	No	No	No		No		No	No	No			No	Opiate Agonists
DEMEROL 50 MG/ML SYRINGE	3	No	No	No	No		No		No	No	No			No	Opiate Agonists
DEMEROL 50 MG/ML VIAL	NC														Opiate Agonists
DEMEROL 75 MG/1.5 ML AMPUL	NC														Opiate Agonists
DEMEROL 75 MG/ML SYRINGE	NC														Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DEMSER CAP 250MG	3	No	No	No	No		No		No	No	No			No	Other Misc Therapeutic Agents
DENAVIR CRE 1%	2	No	No	No	No		No		No	No	No			No	Antivirals
DENTAGEL GEL 1.1%	1	No	Yes	Yes	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
DEPACON INJ 100MG/ML	3	Yes	No	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
DEPADE TAB 50MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Antagonists
DEPAKENE CAP 250MG	2	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
DEPAKENE SYP 250/5ML	2	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
DEPAKOTE TAB 125MG DR	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
DEPAKOTE TAB 250MG DR	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
DEPAKOTE TAB 500MG DR	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
DEPAKOTE ER TAB 250MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DEPAKOTE ER TAB 500MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
DEPAKOTE SPR CAP 125MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
DEPEN TITRA TAB 250MG	3	No	No	Yes	No		No		No	No	No			No	Heavy Metal Antagonists
DEPODUR 10 MG/ML VIAL	NC														Opiate Agonists
DEPODUR 15 MG/1.5 ML VIAL	NC														Opiate Agonists
DEPODUR 20 MG/2 ML VIAL	NC														Opiate Agonists
DEPO-ESTRADI INJ 5MG/ML	3	No	No	No	No		No		No	No	No			No	Estrogens
DEPO-MEDROL INJ 20MG/ML	3	No	No	No	No		No		No	No	No			No	Adrenals
DEPO-MEDROL INJ 40MG/ML	3	Yes	No	No	No		No		No	No	No			No	Adrenals
DEPO-MEDROL INJ 80MG/ML	3	Yes	No	No	No		No		No	No	No			No	Adrenals
DEPO-PROVERA INJ 150MG/ML	3	Yes	No	No	No		No		No	No	No			No	Progestins
DEPO-PROVERA INJ 400/ML	3	No	No	Yes	No		No		No	No	No			No	Progestins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DEPO-SQ PROV INJ 104	3	No	No	No	No		No		No	No	No			No	Progestins
DEPO-TESTOSTERONE INJ 100MG/ML	3	Yes	No	No	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
DEPO-TESTOSTERONE INJ 200MG/ML	3	Yes	No	No	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
DERMA-SMOOTH OIL /FS BODY	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
DERMA-SMOOTH/FS SCALP OIL	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
DERMATOP CRE 0.1%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
DERMATOP OIN 0.1%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
DERMOTIC OIL 0.01%	3	Yes	No	No	No		No		No	No	No			No	Corticosteroids
DESIPRAMINE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DESIPRAMINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
DESIPRAMINE TAB 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
DESIPRAMINE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
DESIPRAMINE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
DESIPRAMINE TAB 75MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
DESLORATADINE & PSEUDOEPHEDRINE TAB SR 24HR 5-240 MG	1	No	Yes	No	No		No		No	No	No			No	Second Generation Antihistamines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DESLORATADINE 2.5 MG ODT TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Second Generation Antihistamines
DESLORATADINE 5 MG ODT TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Second Generation Antihistamines
DESLORATADINE 5 MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Second Generation Antihistamines
DESMOPRESSIN 0.1 MG/ML SPRAY	1	No	Yes	Yes	No		No		No	No	No			No	Pituitary
DESMOPRESSIN INJ 4MCG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Pituitary
DESMOPRESSIN SOL 0.01%	1	No	Yes	Yes	No		No		No	No	No			No	Pituitary
DESMOPRESSIN TAB 0.1MG	1	No	Yes	Yes	No		No		No	No	No			No	Pituitary
DESMOPRESSIN TAB 0.2MG	1	No	Yes	Yes	No		No		No	No	No			No	Pituitary
DESOGEN-28 TAB	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
DESONATE GEL 0.05%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DESONIDE CRE 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
DESONIDE LOT 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
DESONIDE OIN 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
DESOWEN 0.05% CREAM KIT	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
DESOWEN 0.05% LOTION KIT	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
DESOWEN 0.05% OINTMENT KIT	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
DESOWEN CRM 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
DESOWEN LOT 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
DESOWEN OINT 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
DESOXIMETASON E CRE 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
DESOXIMETASON E CRE 0.25%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DESOXIMETASON E GEL 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
DESOXIMETASON E OIN 0.25%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
DESOXYN TAB 5MG	NC														Amphetamines
DETROL TAB 1MG	2	No	No	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
DETROL TAB 2MG	2	No	No	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
DETROL LA CAP 2MG	2	No	No	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
DETROL LA CAP 4MG	2	No	No	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
DEXAMETH PHO INJ 4MG/ML	1	No	Yes	No	No		No		No	No	No			No	Adrenals
DEXAMETHASON E 0.5 MG/5 ML LIQ	1	No	Yes	No	No		No		No	No	No			No	Adrenals
DEXAMETHASON E CON 1MG/ML	1	No	Yes	No	No		No		No	No	No			No	Adrenals

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DEXAMETHASON E ELX 0.5/5ML	1	No	Yes	No	No		No		No	No	No			No	Adrenals
DEXAMETHASON E PHO SOL 0.1% OP	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
DEXAMETHASON E TAB 0.5MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
DEXAMETHASON E TAB 0.75MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
DEXAMETHASON E TAB 1.5MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
DEXAMETHASON E TAB 1MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
DEXAMETHASON E TAB 2MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
DEXAMETHASON E TAB 4MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
DEXAMETHASON E TAB 6MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
DEXASOL 0.1% EYE DROPS	1	No	Yes	No	No		No		No	No	No			No	Adrenals
DEXASPORIN SUS 0.1% OP	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DEXCHLORPHENIRAMINE SYP 2MG/5ML	NC														Proplamine Derivatives
DEXEDRINE CAP 10MG CR	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
DEXEDRINE CAP 15MG CR	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
DEXEDRINE CAP 5MG CR	3	Yes	No	Yes	No		No		No	No	No			No	Amphetamines
DEXILANT 30 MG CAPSULE	2	No	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
DEXILANT 60 MG CAPSULE	2	No	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
DEXMETHYLPHENIDATE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
DEXMETHYLPHENIDATE TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
DEXMETHYLPHENIDATE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
DEXPAK PAK 10 DAY	3	No	No	No	No		No		No	No	No			No	Adrenals

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DEXPAK PAK 13 DAY	3	No	No	No	No		No		No	No	No			No	Adrenals
DEXPAK PAK 6 DAY	3	No	No	No	No		No		No	No	No			No	Adrenals
DEXRAZOXANE INJ 500MG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
DEXRAZOXANE 250 MG VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
DEXTROAMPHETAMINE CAP 10MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
DEXTROAMPHETAMINE CAP 15MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
DEXTROAMPHETAMINE CAP 5MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
DEXTROAMPHETAMINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines
DEXTROAMPHETAMINE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Amphetamines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DEXTROSE INJ 10%	1	No	Yes	No	No		No		No	No	No			Yes	Caloric Agents
DEXTROSE INJ 2.5%	1	No	Yes	No	No		No		No	No	No			No	Caloric Agents
DEXTROSE INJ 5%	1	No	Yes	No	No		No		No	No	No			Yes	Caloric Agents
DEXTROSE INJ 50%	1	No	Yes	No	No		No		No	No	No			No	Caloric Agents
DEXTROSE 5%/KCL 40 MEQ/L SOL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Replacement Preparations
DEXTROSE 5%-1/3NS IV SOLN	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Caloric Agents
DIABETA TAB 1.25MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
DIABETA TAB 2.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
DIABETA TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
DIABINESE 250 MG TABLET	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
DIALYVITE 3,000 TABLET	NC														VITAMIN B COMPLEX
DIALYVITE WITH ZINC TABLET	NC														VITAMIN B COMPLEX

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DIAMOX SEQUE CAP 500MG CR	3	Yes	No	Yes	No		No		No	No	No			No	CARBONIC ANYDRASE INHIBITORS
DIASTAT ACDL GEL 12.5-20	NC														Benzodiazepines
DIASTAT ACUDIAL 5-7.5-10 MG KT	3	Yes	No	No	No		No		Yes	No	Yes	5	30	No	Benzodiazepines
DIASTAT PED GEL 2.5M GEL	NC														Benzodiazepines
DIAZEPAM GEL 10MG	NC														Benzodiazepines
DIAZEPAM GEL 2.5MG	NC														Benzodiazepines
DIAZEPAM GEL 20MG	NC														Benzodiazepines
DIAZEPAM 10 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
DIAZEPAM 2 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
DIAZEPAM 5 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
DIAZEPAM 5 MG/5 ML SOLUTION	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DIAZEPAM 5 MG/ML SOLUTION	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
DIAZEPAM 5 MG/ML SYRINGE	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
DIAZEPAM 5 MG/ML VIAL	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
DIBENZYLINE CAP 10MG	3	No	No	No	No		No		No	No	No			No	Sympatholytic (Adrenergic Block) Agents
DICLOFENAC TAB 100MG XR	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
DICLOFENAC TAB 25MG EC	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
DICLOFENAC TAB 50MG EC	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
DICLOFENAC TAB 75MG DR	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
DICLOFENAC POT TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DICLOFENAC SOD 100 MG TAB SA	1	No	Yes	Yes	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
DICLOFENAC SOLUTION 0.1% OPHTHALMIC	NC														Nonsteroidal Anti-inflammatory Agents
DICLOXACILLIN CAP 250MG	1	No	Yes	No	No		No		No	No	No			No	Penicillinase-resistant Penicillins
DICLOXACILLIN CAP 500MG	1	No	Yes	No	No		No		No	No	No			No	Penicillinase-resistant Penicillins
DICYCLOMINE CAP 10MG	1	No	Yes	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
DICYCLOMINE INJ 10MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Antimuscarinics/Anti spasmodics
DICYCLOMINE SOL 10MG/5ML	1	No	Yes	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
DICYCLOMINE TAB 20MG	1	No	Yes	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
DIDANOSINE CAP 125MG	1	No	Yes	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
DIDANOSINE CAP 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DIDANOSINE CAP 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
DIDANOSINE CAP 400MG	1	No	Yes	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
DIDRONEL TAB 400MG	3	Yes	No	No	No		No		No	No	No			No	Bone Resorption Inhibitors
DIETHYLPROPION 75 MG TAB ER	NC														MISCELLANEOUS THERAPEUTIC AGENTS
DIFFERIN CRE 0.1%	3	Yes	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
DIFFERIN GEL 0.1%	3	Yes	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
DIFFERIN GEL 0.3%	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
DIFFERIN LOT 0.1%	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
DIFICID TAB 200MG	4	No	No	No	No		No		No	No	No			No	Macrolides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DIFLORASONE CRE 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
DIFLORASONE OIN 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
DIFLUCAN SUS 10MG/ML	3	Yes	No	No	No		No		No	No	No			No	Azoles
DIFLUCAN SUS 40MG/ML	3	Yes	No	No	No		No		No	No	No			No	Azoles
DIFLUCAN TAB 100MG	3	Yes	No	No	No		No		No	No	No			No	Azoles
DIFLUCAN TAB 150MG	3	Yes	No	No	No		No		No	No	No			No	Azoles
DIFLUCAN TAB 200MG	3	Yes	No	No	No		No		No	No	No			No	Azoles
DIFLUCAN TAB 50MG	3	Yes	No	No	No		No		No	No	No			No	Azoles
DIFLUCAN/ NACL 200 INJ	3	Yes	No	No	No		No		No	No	No			Yes	Azoles
DIFLUNISAL TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
DIGEX NF CAPSULE	NC														Antimuscarinics/Antispasmodics
DIGOXIN INJ 0.25MG/1	1	No	Yes	No	No		No		No	No	No			No	Cardiotonic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DIGOXIN SOL 50MCG/ML	1	No	Yes	Yes	No		No		No	No	No			No	Cardiotonic Agents
DIGOXIN TAB 0.125MG	1	No	Yes	Yes	No		No		No	No	No			No	Cardiotonic Agents
DIGOXIN TAB 0.25MG	1	No	Yes	Yes	No		No		No	No	No			No	Cardiotonic Agents
DIHYDROERGOT INJ 1MG/ML	1	No	Yes	No	No		No		No	No	No			No	Sympatholytic (Adrenergic Block) Agents
DILACOR XR CAP 120MG/24	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILACOR XR CAP 180MG/24	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILACOR XR CAP 240MG/24	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILANTIN CAP 100MG	2	Yes	No	Yes	No		No		No	No	No			No	Hydantoins
DILANTIN CAP 30MG	2	No	No	Yes	No		No		No	No	No			No	Hydantoins
DILANTIN CHW 50MG	2	No	No	Yes	No		No		No	No	No			No	Hydantoins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DILANTIN-125 SUS 125/5ML	2	Yes	No	Yes	No		No		No	No	No			No	Hydantoins
DILATRATE SR CAP 40MG	3	No	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
DILAUDID TAB 8MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
DILAUDID 1 MG/ML SOLUTION FOR INJECTION	NC														Opiate Agonists
DILAUDID 2 MG TABLET	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
DILAUDID 2 MG/ML SOLUTION FOR INJECTION	NC														Opiate Agonists
DILAUDID 4 MG TABLET	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
DILAUDID 4 MG/ML SOLUTION FOR INJECTION	NC														Opiate Agonists
DILAUDID-5 1 MG/ML LIQUID	NC														Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DILAUDID-HP INJ 10MG/ML	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
DILAUDID-HP 250 MG VIAL	NC														Opiate Agonists
DILT-CD CAP 120MG	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILT-CD CAP 180MG	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILT-CD CAP 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILT-CD 240 MG CAPSULE ER	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM CAP 120MG CD	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM CAP 120MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM CAP 240MG CD	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DILTIAZEM CAP 300MG CD	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM CAP 360MG/24	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM CAP 420MG/24	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM CAP 60MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM CAP 90MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM INJ 100MG	1	No	Yes	No	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM INJ 25MG/5ML	1	No	Yes	No	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM TAB 120MG	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DILTIAZEM TAB 30MG	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM TAB 60MG	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM TAB 90MG	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM ER 180 MG CAP SA	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM ER 240 MG CAP SA	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM ER 300 MG CAP SA	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM ER 360 MG CAP SA	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM HCL 120 MG CAP SA	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DILTIAZEM HCL 180 MG CAP SA	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM HCL 240 MG CAP SA	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM HCL 300 MG CAP SA	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM HCL 360 MG CAP SA	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM HCL 420 MG CAP SA	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTIAZEM HCL TAB SR 24HR 120MG (MATZIM LA)	NC														Calcium-Channel Blocking Agents, Misc
DILTIAZEM HCL TAB SR 24HR 180MG (MATZIM LA)	NC														Calcium-Channel Blocking Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DILTIAZEM HCL TAB SR 24HR 240MG (MATZIM LA)	NC														Calcium-Channel Blocking Agents, Misc
DILTIAZEM HCL TAB SR 24HR 300MG (MATZIM LA)	NC														Calcium-Channel Blocking Agents, Misc
DILTIAZEM HCL TAB SR 24HR 360MG (MATZIM LA)	NC														Calcium-Channel Blocking Agents, Misc
DILTIAZEM HCL TAB SR 24HR 420MG (MATZIM LA)	NC														Calcium-Channel Blocking Agents, Misc
DILT-XR CAP 120MG	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILT-XR CAP 180MG	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILT-XR CAP 240MG	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DILTZAC CAP 120MG/24	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTZAC CAP 180MG/24	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTZAC CAP 240MG/24	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTZAC CAP 300MG/24	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DILTZAC CAP 360MG/24	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
DIOVAN TAB 160MG	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
DIOVAN TAB 320MG	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
DIOVAN TAB 40MG	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DIOVAN TAB 80MG	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
DIOVAN HCT TAB 160/12.5	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
DIOVAN HCT TAB 160/25MG	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
DIOVAN HCT TAB 320/12.5	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
DIOVAN HCT TAB 320/25MG	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
DIOVAN HCT TAB 80/12.5	2	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
DIPENTUM CAP 250MG	3	No	No	Yes	No		No		No	No	No			No	Anti-inflammatory Agents
DIPHENHYDRAMINE CAP 50MG	NC														Ethanolamine Derivatives
DIPHENHYDRAMINE ELX 12.5/5ML	NC														Ethanolamine Derivatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DIPHENHYDRAMINE INJ 50MG/ML	1	No	Yes	No	No		No		No	No	No			No	Ethanolamine Derivatives
DIPHENOXYLATE/ATROP TAB 2.5MG	1	No	Yes	No	No		No		No	No	No			No	Antidiarrhea Agents
DIPHENOXYLATE/ATROPINE LIQ 2.5/5	1	No	Yes	No	No		No		No	No	No			No	Antidiarrhea Agents
DIPHTherIA/TETANUS PED INJ 6.7-5LF	3	No	No	No	No		No		No	No	No			No	Toxoids
DIPROLENE LOT 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
DIPROLENE OIN 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
DIPROLENE AF CRE 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
DIPYRIDAMOLE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Vasodilating Agents, Miscellaneous
DIPYRIDAMOLE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Vasodilating Agents, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DIPYRIDAMOLE TAB 75MG	1	No	Yes	Yes	No		No		No	No	No			No	Vasodilating Agents, Miscellaneous
DISOPYRAMIDE 150 MG CAP SA	1	No	Yes	Yes	No		No		No	No	No			No	Class Ia Antiarrhythmics
DISOPYRAMIDE CAP 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ia Antiarrhythmics
DISOPYRAMIDE CAP 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ia Antiarrhythmics
DITROPAN XL TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
DITROPAN XL TAB 15MG	3	Yes	No	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
DITROPAN XL TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
DIURIL SUS 250/5ML	3	No	No	Yes	No		No		No	No	No			No	Thiazide Diuretics
DIURIL IV INJ 500MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Thiazide Diuretics
DIVALPROEX CAP 125MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DIVALPROEX TAB 125MG DR	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
DIVALPROEX TAB 250MG DR	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
DIVALPROEX TAB 250MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
DIVALPROEX TAB 500MG DR	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
DIVALPROEX TAB 500MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
DIVIGEL GEL 1MG/GM	3	No	No	Yes	No		No		No	No	No			No	Estrogens
DIVIGEL 0.25 MG GEL PACKET	3	No	No	Yes	No		No		No	No	No			No	Estrogens
DIVIGEL 0.5 MG GEL PACKET	3	No	No	Yes	No		No		No	No	No			No	Estrogens
DIVIGEL 1 MG GEL PACKET	3	No	No	Yes	No		No		No	No	No			No	Estrogens
DOCEFREZ INJ 20MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
DOCEFREZ INJ 80MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
DOCETAXEL INJ 160/16ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DOCETAXEL INJ 20/0.5ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
DOCETAXEL INJ 20MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
DOCETAXEL INJ 80MG/4ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
DOLGIC PLUS TABLET	3	No	No	No	No		No		Yes	No	Yes	50	30	No	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB
DOLOPHINE TAB 10MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
DOLOPHINE TAB 5MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
DONEPEZIL 10 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
DONEPEZIL 5 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
DONEPEZIL ODT 10 MG	1	No	Yes	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DONEPEZIL ODT 5 MG	1	No	Yes	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
DORAL 15 MG TABLET	3	No	No	No	No		No		Yes	No	No			No	SEDATIVE-HYPNOTICS, NON-BARBITURATE
DORIBAX INJ 500MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Carbapenems
DORYX TAB 100MG	3	No	No	No	No		No		No	No	No			No	Tetracyclines
DORYX TAB 150MG	3	No	No	No	No		No		No	No	No			No	Tetracyclines
DORYX TAB 75MG	3	No	No	No	No		No		No	No	No			No	Tetracyclines
DORZOLAMIDE SOL 2% OP	1	No	Yes	Yes	No		No		No	No	No			No	CARBONIC ANYDRASE INHIBITORS
DORZOLAMIDE/TI MOL SOL 2-0.5%OP	1	No	Yes	Yes	No		No		No	No	No			No	CARBONIC ANYDRASE INHIBITORS
DOVONEX CRE 0.005%	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DOVONEX SOL 0.005%	3	Yes	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
DOXAZOSIN TAB 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
DOXAZOSIN TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
DOXAZOSIN TAB 4MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
DOXAZOSIN TAB 8MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
DOXEPIN HCL CAP 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
DOXEPIN HCL CAP 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
DOXEPIN HCL CAP 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DOXEPIN HCL CAP 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
DOXEPIN HCL CAP 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
DOXEPIN HCL CAP 75MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
DOXEPIN HCL CON 10MG/ML	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
DOXERCALCIFEROL CAP 0.5 MCG	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
DOXIL INJ 2MG/ML	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
DOXORUBICIN INJ 2MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Antineoplastic Agents
DOXORUBICIN 10 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DOXORUBICIN 50 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
DOXYCYCLINE TAB 20MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE 100 MG ENTERIC COATED CAPSULE	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE 150 MG CAPSULE	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE 150 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE 25 MG/5 ML SUSPENSION	NC														Tetracyclines
DOXYCYCLINE 50 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE 75 MG ENTERIC COATED CAPSULE	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE CAP 150MG	NC														Tetracyclines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DOXYCYCLINE CAP 75MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE HYC CAP 100MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE HYC CAP 50MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE HYC CAP DR 100MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE HYC CAP DR 75MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE HYC INJ 100MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE HYC INJ 100MG LYOPHILIZED	1	No	Yes	No	No		No		No	No	No			Yes	Tetracyclines
DOXYCYCLINE HYC TAB 100MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE MONO 100 MG CAP	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE MONO 50 MG CAP	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DOXYCYCLINE MONO TAB 150MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE MONO TAB 50MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DOXYCYCLINE MONO TAB 75MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
DRISDOL 50,000 UNITS CAPSULE	NC														Vitamin D
DRONABINOL CAP 10MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antiemetics, Miscellaneous
DRONABINOL CAP 2.5MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antiemetics, Miscellaneous
DRONABINOL CAP 5MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antiemetics, Miscellaneous
DROXIA CAP 200MG	2	No	No	Yes	No		No		No	No	No			No	Antineoplastic Agents
DROXIA CAP 300MG	2	No	No	Yes	No		No		No	No	No			No	Antineoplastic Agents
DROXIA CAP 400MG	2	No	No	Yes	No		No		No	No	No			No	Antineoplastic Agents
DUETACT TAB 30-2MG	2	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones
DUETACT TAB 30-4MG	2	No	No	Yes	No		No		No	No	No			No	Thiazolidinediones

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DUEXIS TAB 26.6 MG-800 MG	NC														Nonsteroidal Anti-inflammatory Agents
DULERA AER 100-5MCG	2	No	No	Yes	No		No		No	No	No			No	Adrenals
DULERA AER 200-5MCG	2	No	No	Yes	No		No		No	No	No			No	Adrenals
DUONEB SOL	3	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Selective beta-2-Adrenergic Agonists
DURABAC CAPSULE	3	No	No	No	No		No		No	No	No			No	ANALGESICS AND ANTIPYRETICS, MISC.
DURABAC FORTE TABLET	3	No	No	No	No		No		No	No	No			No	ANALGESICS AND ANTIPYRETICS, MISC.
DURACLON 0.1 MG/ML VIAL	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	ANALGESICS AND ANTIPYRETICS, MISC.

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DURACLON 500 MCG/ML VIAL	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	ANALGESICS AND ANTIPYRETICS, MISC.
DURAGESIC DIS 100MCG/H	3	Yes	No	No	No		Yes	You must try FENTANYL patch before you can take DURAGESIC.	No	No	No			No	Opiate Agonists
DURAGESIC DIS 12MCG/HR	3	Yes	No	No	No		Yes	You must try FENTANYL patch before you can take DURAGESIC.	No	No	No			No	Opiate Agonists
DURAGESIC DIS 25MCG/HR	3	Yes	No	No	No		Yes	You must try FENTANYL patch before you can take DURAGESIC.	No	No	No			No	Opiate Agonists
DURAGESIC DIS 50MCG/HR	3	Yes	No	No	No		Yes	You must try FENTANYL patch before you can take DURAGESIC.	No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
DURAGESIC DIS 75MCG/HR	3	Yes	No	No	No		Yes	You must try FENTANYL patch before you can take DURAGESIC.	No	No	No			No	Opiate Agonists
DURAMORPH INJ 0.5MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
DURAMORPH INJ 1MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
DUREZOL	NC														Nonsteroidal Anti-inflammatory Agents
DUTASTERIDE 0.5 MG CAPSULE	1	No	Yes	Yes	No		No		No	No	No			No	Alpha Reductase Inhibitors
DYAZIDE CAP 37.5-25	3	Yes	No	Yes	No		No		No	No	No			No	Potassium-sparing Diuretics
DYNACIN TAB 100MG	3	Yes	No	No	No		No		No	No	No			No	Tetracyclines
DYNACIN TAB 50MG	3	Yes	No	No	No		No		No	No	No			No	Tetracyclines
DYNACIN TAB 75MG	3	Yes	No	No	No		No		No	No	No			No	Tetracyclines
DYNACIRC CR 10 MG TABLET SA	NC														Dihydropyridines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description	
DYNACIRC CR 5 MG TABLET SA	NC															Dihydropyridines
DYRENIUM CAP 100MG	3	No	No	Yes	No		No		No	No	No			No	No	Potassium-sparing Diuretics
DYRENIUM CAP 50MG	3	No	No	Yes	No		No		No	No	No			No	No	Potassium-sparing Diuretics
DYSPORT 300U VIAL	NC															MISCELLANEOUS THERAPEUTIC AGENTS
DYSPORT 500U VIAL	NC															MISCELLANEOUS THERAPEUTIC AGENTS
E.E.S. 400 TAB 400MG	1	No	Yes	No	No		No		No	No	No			No	No	Erythromycins
E.E.S. GRAN SUS 200/5ML	3	No	No	No	No		No		No	No	No			No	No	Erythromycins
EC-NAPROSYN TAB 375MG	3	Yes	No	Yes	No		No		No	No	No			No	No	Other Nonsteroidal Anti-inflammtory Agents
EC-NAPROSYN TAB 500MG	3	Yes	No	Yes	No		No		No	No	No			No	No	Other Nonsteroidal Anti-inflammtory Agents
ECONAZOLE CRE 1%	1	No	Yes	No	No		No		No	No	No			No	No	Antifungals

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ED K+10 TAB 10MEQ CR	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
EDARBI TAB 40MG	NC														Angiotensin II Receptor Antagonists
EDARBI TAB 80MG	NC														Angiotensin II Receptor Antagonists
EDARBYCLOR TAB 40/12.5	NC														Angiotensin II Receptor Antagonists
EDARBYCLOR TAB 40/25MG	NC														Angiotensin II Receptor Antagonists
EDECIN 25 MG TABLET	NC														Loop Diuretics
ED-FLEX CAP	1	No	Yes	No	No		No		No	No	No			No	ANALGESICS AND ANTIPYRETICS, MISC.
EDGE OB CAPLET	NC														Multivitamin Preparations
EDLUAR 10 MG SUBLINGUAL TABLET	NC														Anxiolytics, Sedatives, & Hypnotics Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
EDLUAR 5 MG SUBLINGUAL TABLET	NC														Anxiolytics, Sedatives, & Hypnotics Misc
EDURANT TAB 25MG	3	No	No	Yes	No		No		No	No	No			No	Nonnucleoside Reverse Transcriptase Inhibitors
EES/SULFISOX SUS 200-600	1	No	Yes	No	No		No		No	No	No			No	Erythromycins
EFFER-K 10 MEQ TABLET EFF	3	No	No	Yes	No		No		No	No	No			No	Replacement Preparations
EFFER-K 20 MEQ TABLET EFF	3	No	No	Yes	No		No		No	No	No			No	Replacement Preparations
EFFEXOR TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake
EFFEXOR XR CAP 150MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
EFFEXOR XR CAP 37.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake
EFFEXOR XR CAP 75MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake
EFFIENT TAB 10MG	3	No	No	Yes	No		No		No	No	No			No	Platelet-Aggregation Inhibitors
EFFIENT TAB 5MG	3	No	No	Yes	No		No		No	No	No			No	Platelet-Aggregation Inhibitors
EFUDEX CRE 5%	3	Yes	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
EFUDEX SOL 5%	3	Yes	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
EGRIFTA INJ	2	No	No	Yes	No		No		No	No	No			No	Somatotropin Agonists
ELAPRASE INJ 6MG/3ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Enzymes

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ELDEPRYL CAP 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ELESTAT DRO 0.05%	3	Yes	No	No	No		No		No	No	No			No	Antiallergic Agents
ELESTRIN GEL	3	No	No	Yes	No		No		No	No	No			No	Estrogens
ELIDEL CRE 1%	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
ELIGARD INJ 22.5MG	3	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Antineoplastic Agents
ELIGARD INJ 30MG	3	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Antineoplastic Agents
ELIGARD INJ 45MG	3	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Antineoplastic Agents
ELIGARD INJ 7.5MG	3	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Antineoplastic Agents
ELIPHOS 667 MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
ELITE OB SOFTGEL	NC														Multivitamin Preparations
ELITEK INJ 1.5MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Enzymes
ELITEK 7.5 MG VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Enzymes

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ELIXOPHYLLIN ELX 80/15ML	2	No	No	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
ELLA	NC														Contraceptives
ELLEENCE INJ 2MG/ML	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ELMIRON CAP 100MG	2	No	No	No	No		No		No	No	No			No	Other Misc Therapeutic Agents
ELOCON CRE 0.1%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
ELOCON LOT 0.1%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
ELOCON OIN 0.1%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
ELOXATIN INJ 100MG	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ELOXATIN 200 MG/40 ML VIAL	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ELOXATIN 50 MG/10 ML VIAL	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ELSPAR INJ 10000UNT	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
EMADINE SOL 0.05% OP	3	No	No	No	No		No		No	No	No			No	Antiallergic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
EMBEDA 100 MG/4 MG ER CAPSULE	NC														Opiate Partial Agonists
EMBEDA 20 MG/0.8 MG ER CAPSULE	NC														Opiate Partial Agonists
EMBEDA 30 MG/1.2 MG ER CAPSULE	NC														Opiate Partial Agonists
EMBEDA 50 MG/2 MG ER CAPSULE	NC														Opiate Partial Agonists
EMBEDA 60 MG/2.4 MG ER CAPSULE	NC														Opiate Partial Agonists
EMBEDA 80 MG/3.2 MG ER CAPSULE	NC														Opiate Partial Agonists
EMCYT CAP 140MG	2	No	No	No	No		No		No	No	No			No	Antineoplastic Agents
EMEND CAP 125MG	2	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antiemetics, Miscellaneous
EMEND CAP 40MG	2	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antiemetics, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
EMEND CAP 80MG	2	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antiemetics, Miscellaneous
EMEND PAK 80 & 125	2	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antiemetics, Miscellaneous
EMEND INJECTION	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antiemetics, Miscellaneous
EMLA CRE	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antipruritics and Local Anesthetics
EMOQUETTE TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
EMSAM DIS 12MG/24H	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
EMSAM DIS 6MG/24HR	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
EMSAM DIS 9MG/24HR	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
EMTRIVA CAP 200MG	2	No	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
EMTRIVA SOL 10MG/ML	2	No	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ENABLEX TAB 15MG	2	No	No	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
ENABLEX TAB 7.5MG	2	No	No	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
ENALAPRIL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ENALAPRIL TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ENALAPRIL TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ENALAPRIL TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ENALAPRIL/HCTZ TAB 10-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ENALAPRIL/HCTZ TAB 5-12.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ENBREL INJ 25/0.5ML	2	No	No	Yes	No		No		No	No	No			No	Disease-Modifying Antirheumatic Agents
ENBREL INJ 25MG	2	No	No	Yes	No		No		No	No	No			No	Disease-Modifying Antirheumatic Agents
ENBREL INJ 50MG/ML	2	No	No	Yes	No		No		No	No	No			No	Disease-Modifying Antirheumatic Agents
ENBREL SRCLK INJ 50MG/ML	2	No	No	Yes	No		No		No	No	No			No	Disease-Modifying Antirheumatic Agents
ENCORA COMBO PACK	NC														Multivitamin Preparations
ENDOCET TAB 10-325MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
ENDOCET TAB 10-650MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
ENDOCET TAB 5-325MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
ENDOCET TAB 7.5-325M	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
ENDOCET TAB 7.5-500M	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ENDODAN TAB	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
ENDOMETRIN SUP 100MG	3	No	No	No	No		No		No	No	No			No	Progestins
ENDOMETRIN VAGINAL INSERT	3	No	No	No	No		No		No	No	No			No	Progestins
ENGERIX-B INJ 10/0.5ML SYRINGE	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Vaccines
ENGERIX-B INJ 10/0.5ML VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Vaccines
ENGERIX-B INJ 20MCG/ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Vaccines
ENJUVIA TAB 0.3MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
ENJUVIA TAB 0.45MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
ENJUVIA TAB 0.625MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
ENJUVIA TAB 0.9MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
ENJUVIA TAB 1.25MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
ENOXAPARIN INJ 100MG/ML	1	No	Yes	No	Yes	LMWH	No		No	No	No			No	Heparins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ENOXAPARIN INJ 120/0.8	1	No	Yes	No	Yes	LMWH	No		No	No	No			No	Heparins
ENOXAPARIN INJ 150MG/ML	1	No	Yes	No	Yes	LMWH	No		No	No	No			No	Heparins
ENOXAPARIN INJ 30/0.3ML	1	No	Yes	No	Yes	LMWH	No		No	No	No			No	Heparins
ENOXAPARIN INJ 40/0.4ML	1	No	Yes	No	Yes	LMWH	No		No	No	No			No	Heparins
ENOXAPARIN INJ 60/0.6ML	1	No	Yes	No	Yes	LMWH	No		No	No	No			No	Heparins
ENOXAPARIN INJ 80/0.8ML	1	No	Yes	No	Yes	LMWH	No		No	No	No			No	Heparins
ENOXAPARIN INJ 300 MG/3ML	1	No	Yes	No	Yes	LMWH	No		No	No	No			No	Heparins
ENPRESSE-28 TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
ENTEX SUSPENSION	NC														alpha- and beta-Adrenergic Agonists
ENTOCORT EC CAP 3MG/24HR	3	Yes	No	No	No		No		No	No	No			No	Adrenals
ENULOSE SOL 10GM/15	1	No	Yes	Yes	No		No		No	No	No			No	Ammonia Detoxicants

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
EPIDUO GEL	NC														Skin and Mucous Membrane Agents, Misc
EPINASTINE DRO 0.05%	1	No	Yes	No	No		No		No	No	No			No	Antiallergic Agents
EPINEPHRINE INJ 0.1MG/ML	1	No	Yes	No	No		No		No	No	No			No	alpha- and beta-Adrenergic Agonists
EPINEPHRINE 1 MG/ML VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	alpha- and beta-Adrenergic Agonists
EPIPEN 0.15 MG 2-PAK AUTO-INJT	2	No	No	No	No		No		No	No	No			No	alpha- and beta-Adrenergic Agonists
EPIPEN 0.3 MG AUTO-INJECTOR	2	No	No	No	No		No		No	No	No			No	alpha- and beta-Adrenergic Agonists
EPIPEN 2-PAK INJ 0.3MG	2	No	No	No	No		No		No	No	No			No	alpha- and beta-Adrenergic Agonists
EPIPEN-JR INJ 2-PAK	2	No	No	No	No		No		No	No	No			No	alpha- and beta-Adrenergic Agonists
EPIRUBICIN INJ 50/25ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
EPIRUBICIN 10 MG/5 ML VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
EPIRUBICIN 150 MG/75 ML VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
EPIRUBICIN 200 MG/100 ML VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
EPIRUBICIN HCL 200 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
EPIRUBICIN HCL 50 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
EPIRUBICIN HCL 50 MG/25ML VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
EPITOL TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
EPIVIR SOL 10MG/ML	2	No	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
EPIVIR TAB 150MG	2	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
EPIVIR TAB 300MG	2	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
EPIVIR HBV SOL 5MG/ML	2	No	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
EPIVIR HBV TAB 100MG	2	No	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
EPLERENONE TAB 25MG	1	No	Yes	Yes	Yes	EPLERENONE	No		No	No	No			No	Mineralocorticoid (Aldost) Recept Antag
EPLERENONE TAB 50MG	1	No	Yes	Yes	Yes	EPLERENONE	No		No	No	No			No	Mineralocorticoid (Aldost) Recept Antag
EPOGEN INJ 10000/ML	2	No	No	No	Yes	ES AGENTS	No		No	No	No			No	Hematopoietic Agents
EPOGEN INJ 2000/ML	2	No	No	No	Yes	ES AGENTS	No		No	No	No			No	Hematopoietic Agents
EPOGEN INJ 20000/ML	2	No	No	No	Yes	ES AGENTS	No		No	No	No			No	Hematopoietic Agents
EPOGEN INJ 3000/ML	2	No	No	No	Yes	ES AGENTS	No		No	No	No			No	Hematopoietic Agents
EPOGEN INJ 4000/ML	2	No	No	No	Yes	ES AGENTS	No		No	No	No			No	Hematopoietic Agents
EPOGEN INJ 40000/ML	4	No	No	No	Yes	ES AGENTS	No		No	No	No			No	Hematopoietic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
EPROSARTAN MESYLATE TAB 400 MG	NC														Angiotensin II Receptor Antagonists
EPROSARTAN MESYLATE TAB 600 MG	NC														Angiotensin II Receptor Antagonists
EPZICOM TAB	2	No	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
EQUETRO CAP 100MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
EQUETRO CAP 200MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
EQUETRO CAP 300MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
ERAXIS INJ 100MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Echinocandins
ERAXIS 50 MG VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Echinocandins
ERBITUX INJ 100MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ERGOLOID MES TAB 1MG ORAL	1	No	Yes	Yes	No		No		No	No	No			No	Sympatholytic (Adrenergic Block) Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ERGOMAR SUB 2MG	3	No	No	No	No		No		No	No	No			No	Sympatholytic (Adrenergic Block) Agents
ERGOTAMINE/CAFF TAB 1/100	1	No	Yes	No	No		No		No	No	No			No	Sympatholytic (Adrenergic Block) Agents
ERRIN TAB 0.35MG	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
ERTACZO CRE 2%	3	No	No	No	No		No		No	No	No			No	Azoles
ERY PAD 2%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
ERYPED 200 SUS 200/5ML	3	No	No	No	No		No		No	No	No			No	Erythromycins
ERYPED 400 SUS 400/5ML	3	No	No	No	No		No		No	No	No			No	Erythromycins
ERY-TAB TAB 250MG EC	2	No	No	No	No		No		No	No	No			No	Erythromycins
ERY-TAB TAB 333MG EC	2	No	No	No	No		No		No	No	No			No	Erythromycins
ERY-TAB TAB 500MG EC	2	No	No	No	No		No		No	No	No			No	Erythromycins
ERYTHROCIN INJ 500MG	1	No	Yes	No	No		No		No	No	No			Yes	Erythromycins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ERYTHROCIN TAB 250MG	1	No	Yes	No	No		No		No	No	No			No	Erythromycins
ERYTHROCIN TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Erythromycins
ERYTHROCIN 1 GM ADDVANT VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Erythromycins
ERYTHROCIN 500 MG ADDVNT VL	1	No	Yes	No	No		No		No	No	No			No	Erythromycins
ERYTHROMYCIN 250 MG CAP EC	1	No	Yes	No	No		No		No	No	No			No	Erythromycins
ERYTHROMYCIN ES 400 MG TAB	1	No	Yes	No	No		No		No	No	No			No	Erythromycins
ERYTHROMYCIN GEL /BENZOYL	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
ERYTHROMYCIN GEL 2%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
ERYTHROMYCIN OIN OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
ERYTHROMYCIN SOL 2%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
ERYTHROMYCIN TAB 250MG BS	1	No	Yes	No	No		No		No	No	No			No	Erythromycins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ERYTHROMYCIN TAB 500MG BS	1	No	Yes	No	No		No		No	No	No			No	Erythromycins
ESGIC CAPSULE	3	Yes	No	No	No		No		Yes	No	No			No	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB
ESGIC PLUS CAPSULE	3	No	No	No	No		No		Yes	No	Yes	50	30	No	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB
ESGIC TABLET	3	Yes	No	No	No		No		Yes	No	Yes	50	30	No	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB
ESGIC-PLUS TABLET 50-500-40	3	Yes	No	No	No		No		Yes	No	Yes	50	30	No	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB
ESTAZOLAM 1MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ESTAZOLAM 2MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
ESTRACE TAB 0.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Estrogens

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ESTRACE TAB 1MG	3	Yes	No	Yes	No		No		No	No	No			No	Estrogens
ESTRACE TAB 2MG	3	Yes	No	Yes	No		No		No	No	No			No	Estrogens
ESTRACE VAG CRE 0.1MG/GM	2	No	No	Yes	No		No		No	No	No			No	Estrogens
ESTRADERM DIS 0.05MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
ESTRADERM DIS 0.1MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
ESTRADIOL DIS 0.025MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ESTRADIOL DIS 0.0375MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ESTRADIOL DIS 0.05MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ESTRADIOL DIS 0.06MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ESTRADIOL DIS 0.075MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ESTRADIOL DIS 0.1MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ESTRADIOL TAB 0.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ESTRADIOL TAB 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ESTRADIOL TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ESTRADIOL VAL INJ 10MG/ML	1	No	Yes	No	No		No		No	No	No			No	Estrogens
ESTRADIOL VAL INJ 20MG/ML	1	No	Yes	No	No		No		No	No	No			No	Estrogens
ESTRADIOL VALERATE 40 MG/ML VL	1	No	Yes	No	No		No		No	No	No			No	Estrogens
ESTRADIOL/NORETH TAB 0.5-0.1MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ESTRADIOL/NORETH TAB 1-0.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ESTRASORB EMU	NC														Estrogens
ESTRING MIS 2MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
ESTROGEL GEL	NC														Estrogens
ESTROPIPATE TAB 0.75MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ESTROPIPATE TAB 1.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ESTROPIPATE TAB 3MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ESTROSTEP FE TAB	2	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
ESZOPICLONE TAB 1 MG	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
ESZOPICLONE TAB 2 MG	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
ESZOPICLONE TAB 3 MG	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
ETHAMBUTOL TAB 100MG	1	No	Yes	No	No		No		No	No	No			No	Antituberculosis Agents
ETHAMBUTOL TAB 400MG	1	No	Yes	No	No		No		No	No	No			No	Antituberculosis Agents
ETHEDENT DENTAL CREAM	NC														MISCELLANEOUS THERAPEUTIC AGENTS
ETHOSUXIMIDE CAP 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Succinimides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ETHOSUXIMIDE SOL 250/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Succinimides
ETHYOL INJ 500MG	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
ETIDRONATE DISD TAB 200MG	1	No	Yes	No	No		No		No	No	No			No	Bone Resorption Inhibitors
ETIDRONATE DISD TAB 400MG	1	No	Yes	No	No		No		No	No	No			No	Bone Resorption Inhibitors
ETODOLAC CAP 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents
ETODOLAC CAP 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents
ETODOLAC TAB 400MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents
ETODOLAC TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents
ETODOLAC ER TAB 400MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ETODOLAC ER TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
ETODOLAC ER TAB 600MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
ETOPOPHOS INJ 100MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ETOPOSIDE INJ 20MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Antineoplastic Agents
EURAX CRE 10%	3	No	No	No	No		No		No	No	No			No	Scabicides and Pediculicides
EURAX LOT 10%	3	No	No	No	No		No		No	No	No			No	Scabicides and Pediculicides
EVAMIST SPR 1.53MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
EVISTA TAB 60MG	2	No	No	Yes	No		No		No	No	No			No	Estrogen Agonist-Antagonists
EVOCLIN AER 1%	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
EVOXAC CAP 30MG	3	No	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
EXALGO TAB 12MG	NC														Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
EXALGO TAB 16MG	NC														Opiate Agonists
EXALGO TAB 8MG	NC														Opiate Agonists
EXELDERM CRE 1%	3	No	No	No	No		No		No	No	No			No	Azoles
EXELDERM SOL 1%	3	No	No	No	No		No		No	No	No			No	Azoles
EXELON CAP 1.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
EXELON CAP 3MG	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
EXELON CAP 4.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
EXELON CAP 6MG	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
EXELON DIS 4.6MG/24	2	No	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
EXELON DIS 9.5MG/24	2	No	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
EXELON SOL 2MG/ML	3	No	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
EXEMESTANE 25 MG ORAL TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Antineoplastic Agents
EXFORGE TAB 10-160MG	2	No	No	Yes	No		No		No	No	Yes	30	30	No	Dihydropyridines
EXFORGE TAB 10-320MG	2	No	No	Yes	No		No		No	No	Yes	30	30	No	Dihydropyridines
EXFORGE TAB 5-160MG	2	No	No	Yes	No		No		No	No	Yes	30	30	No	Dihydropyridines
EXFORGE TAB 5-320MG	2	No	No	Yes	No		No		No	No	Yes	30	30	No	Dihydropyridines
EXFORGE HCT/10- TAB 160-12.5	2	No	No	Yes	No		No		No	No	Yes	30	30	No	Dihydropyridines
EXFORGE HCT/10- TAB 160-25	2	No	No	Yes	No		No		No	No	Yes	30	30	No	Dihydropyridines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
EXFORGE HCT/10-TAB 320-25	2	No	No	Yes	No		No		No	No	Yes	30	30	No	Dihydropyridines
EXFORGE HCT/5-TAB 160-12.5	2	No	No	Yes	No		No		No	No	Yes	30	30	No	Dihydropyridines
EXFORGE HCT/5-TAB 160-25	2	No	No	Yes	No		No		No	No	Yes	30	30	No	Dihydropyridines
EXJADE TAB 125MG SUSP	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Heavy Metal Antagonists
EXJADE TAB 250MG SUSP	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Heavy Metal Antagonists
EXJADE TAB 500MG SUSP	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Heavy Metal Antagonists
EXTAVIA INJ 0.3MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Biologic Response Modifiers
EXTINA AER 2%	3	No	No	No	No		No		No	No	No			No	Azoles
EXTRANEAL SOL	3	No	No	No	No		No		No	No	No			No	Irrigating Solutions
FABRAZYME INJ 35MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Enzymes
FABRAZYME 5 MG VIAL	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Enzymes
FACTIVE 320 MG TABLET	NC														Quinolones

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FAMCICLOVIR TAB 125MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
FAMCICLOVIR TAB 250MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
FAMCICLOVIR TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
FAMOTIDINE INJ 10MG/ML	1	No	Yes	No	No		No		No	No	No			No	Histamine H2-Antagonists
FAMOTIDINE INJ 20MG/50M	1	No	Yes	No	No		No		No	No	No			No	Histamine H2-Antagonists
FAMOTIDINE TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
FAMOTIDINE TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
FAMOTIDINE FOR SUSP 40 MG/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
FAMVIR TAB 125MG	3	Yes	No	No	No		No		No	No	No			No	Nucleosides and Nucleotides
FAMVIR TAB 250MG	3	Yes	No	No	No		No		No	No	No			No	Nucleosides and Nucleotides
FAMVIR TAB 500MG	3	Yes	No	No	No		No		No	No	No			No	Nucleosides and Nucleotides
FANAPT PAK	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FANAPT TAB 10MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
FANAPT TAB 12MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
FANAPT TAB 1MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
FANAPT TAB 2MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
FANAPT TAB 4MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
FANAPT TAB 6MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
FANAPT TAB 8MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
FARESTON TAB 60MG	2	No	No	Yes	No		No		No	No	No			No	Antineoplastic Agents
FASLODEX INJ 250MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
FAZACLO TAB 100MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
FAZACLO TAB 12.5MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
FAZACLO TAB 150MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FAZACLO TAB 200MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
FAZACLO TAB 25MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
FAZACLO 150 MG ODT	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
FAZACLO 200 MG ODT	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
FELBAMATE SUS 600/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
FELBAMATE TAB 400MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
FELBAMATE TAB 600MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
FELBATOL SUS 600/5ML	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
FELBATOL TAB 400MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
FELBATOL TAB 600MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
FELDENE CAP 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FELDENE CAP 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents
FELODIPINE TAB 10MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
FELODIPINE TAB 2.5MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
FELODIPINE TAB 5MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
FEMARA TAB 2.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Antineoplastic Agents
FEMCON FE TABLET	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
FEMHRT TAB 0.5-2.5	3	No	No	Yes	No		No		No	No	No			No	Estrogens
FEMHRT 1/5 TAB	3	Yes	No	Yes	No		No		No	No	No			No	Estrogens
FEMRING MIS 0.05/24H	3	No	No	Yes	No		No		No	No	No			No	Estrogens
FEMRING MIS 0.1MG/24	3	No	No	Yes	No		No		No	No	No			No	Estrogens
FEMTRACE TAB 0.45MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
FEMTRACE TAB 0.9MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FEMTRACE TAB 1.8MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
FENOFIBRATE CAP 134MG	1	No	Yes	Yes	No		No		No	No	No			No	Fibric Acid Derivatives
FENOFIBRATE CAP 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Fibric Acid Derivatives
FENOFIBRATE CAP 67MG	1	No	Yes	Yes	No		No		No	No	Yes	30	30	No	Fibric Acid Derivatives
FENOFIBRATE TAB 160MG	1	No	Yes	Yes	No		No		No	No	No			No	Fibric Acid Derivatives
FENOFIBRATE TAB 54MG	1	No	Yes	Yes	No		No		No	No	No			No	Fibric Acid Derivatives
FENOGLIDE 120 MG TABLET	NC														Fibric Acid Derivatives
FENOGLIDE 40 MG TABLET	NC														Fibric Acid Derivatives
FENOPROFEN TAB 600MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
FENTANYL DIS 100MCG/H	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
FENTANYL DIS 12MCG/HR	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
FENTANYL DIS 25MCG/HR	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FENTANYL DIS 50MCG/HR	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
FENTANYL DIS 75MCG/HR	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
FENTANYL CIT INJ 0.05MG/1	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
FENTANYL CIT OTFC 1,200 MCG	NC														Opiate Agonists
FENTANYL CIT OTFC 1,600 MCG	NC														Opiate Agonists
FENTANYL CITRATE 0.2 MG TRANSMUCOSAL LOZENGES	NC														Opiate Agonists
FENTANYL CITRATE 0.4 MG TRANSMUCOSAL LOZENGES	NC														Opiate Agonists
FENTANYL CITRATE 0.6 MG TRANSMUCOSAL LOZENGES	NC														Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FENTANYL CITRATE 0.8 MG TRANSMUCOSAL LOZENGES	NC														Opiate Agonists
FENTANYL CITRATE 1.2 MG TRANSMUCOSAL LOZENGES	NC														Opiate Agonists
FENTANYL CITRATE 1.6 MG TRANSMUCOSAL LOZENGES	NC														Opiate Agonists
FENTANYL CITRATE 100 MCG BUCCAL TABLET	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
FENTANYL CITRATE 200 MCG BUCCAL TABLET	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
FENTANYL CITRATE 400 MCG BUCCAL TABLET	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FENTANYL CITRATE 600 MCG BUCCAL TABLET	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
FENTANYL CITRATE 800 MCG BUCCAL TABLET	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
FENTANYL CITRATE OTFC 200 MCG	NC														Opiate Agonists
FENTANYL CITRATE OTFC 400 MCG	NC														Opiate Agonists
FENTANYL CITRATE OTFC 600 MCG	NC														Opiate Agonists
FENTANYL CITRATE OTFC 800 MCG	NC														Opiate Agonists
FENTORA 100 MCG BUCCAL TABLET	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FENTORA 200 MCG BUCCAL TABLET	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
FENTORA 300 MCG BUCCAL TABLET	3	No	No	No	No		No		No	No	No			No	Opiate Agonists
FENTORA 400 MCG BUCCAL TABLET	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
FENTORA 600 MCG BUCCAL TABLET	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
FENTORA 800 MCG BUCCAL TABLET	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
FEOGEN FORTE SOFTGEL	NC														IRON PREPARATIONS
FERRALET 90 TABLET	NC														IRON PREPARATIONS
FERRIPROX TAB 500 MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Heavy Metal Antagonists
FERRLECIT 62.5 MG/5 ML AMPUL	NC														IRON PREPARATIONS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FEXMID 7.5 MG TABLET	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
FEXOFENADINE TAB 180MG	1	No	Yes	No	No		No		No	No	No			No	Second Generation Antihistamines
FEXOFENADINE TAB 30MG	1	No	Yes	Yes	No		No		No	No	No			No	Second Generation Antihistamines
FEXOFENADINE TAB 60MG	1	No	Yes	No	No		No		No	No	No			No	Second Generation Antihistamines
FEXOFENADINE/P SEUDOEPHEDRINE 60 MG/120 MG ER TABLET	1	No	Yes	No	No		No		No	No	No			No	Second Generation Antihistamines
FEXOFENADINE/P SEUDOEPHEDRINE TAB 180-240MG	1	No	Yes	No	No		No		No	No	No			No	Second Generation Antihistamines
FIBRICOR 105 MG TABLET	NC														Fibric Acid Derivatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FIBRICOR 35 MG TABLET	NC														Fibric Acid Derivatives
FINACEA GEL 15%	2	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
FINASTERIDE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha Reductase Inhibitors
FIORICET TABLET 50-325-40	3	Yes	No	No	No		No		Yes	No	Yes	50	30	No	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB
FIORICET/COD CAP	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
FIORINAL CAPSULE 50-325-40	3	Yes	No	No	No		No		Yes	No	Yes	50	30	No	ANALGESIC, SALICYLATE, BARBITURATE, & XANTHINE CMB
FIORINAL/COD CAP 30MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
FIRAZYR INJ 30MG/3ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
FIRMAGON INJ 120MG	3	No	No	No	No		No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FIRMAGON INJ 80MG	3	No	No	No	No		No		No	No	No			No	Antineoplastic Agents
FLAGYL CAP 375MG	3	Yes	No	No	No		No		No	No	No			No	Antiprotozoals, Miscellaneous
FLAGYL TAB 250MG	3	Yes	No	No	No		No		No	No	No			No	Antiprotozoals, Miscellaneous
FLAGYL TAB 500MG	3	Yes	No	No	No		No		No	No	No			No	Antiprotozoals, Miscellaneous
FLAGYL ER TAB 750MG	3	No	No	No	No		No		No	No	No			No	Antiprotozoals, Miscellaneous
FLAREX SUS 0.1% OP	3	No	No	No	No		No		No	No	No			No	Corticosteroids
FLAVOXATE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
FLEBOGAMMA INJ 5%	NC														Serums
FLECAINIDE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
FLECAINIDE TAB 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
FLECAINIDE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FLECTOR DIS 1.3%	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
FLEXERIL TAB 10MG	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
FLEXERIL TAB 5MG	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
FLOMAX CAP 0.4MG	3	Yes	No	Yes	No		No		No	No	No			No	Sympatholytic (Adrenergic Block) Agents
FLONASE SPR 0.05%	3	Yes	No	No	No		No		No	No	No			No	Corticosteroids
FLOVENT 100 MCG DISKUS	2	No	No	Yes	No		No		No	No	No			No	Adrenals
FLOVENT 250 MCG DISKUS	2	No	No	Yes	No		No		No	No	No			No	Adrenals
FLOVENT 50 MCG DISKUS	2	No	No	Yes	No		No		No	No	No			No	Adrenals

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FLOVENT HFA AER 110MCG	2	No	No	Yes	No		No		No	No	No			No	Adrenals
FLOVENT HFA AER 220MCG	2	No	No	Yes	No		No		No	No	No			No	Adrenals
FLOVENT HFA AER 44MCG	2	No	No	Yes	No		No		No	No	No			No	Adrenals
FLOXURIDINE 500 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
FLUCONAZOLE SUS 10MG/ML	1	No	Yes	No	No		No		No	No	No			No	Azoles
FLUCONAZOLE SUS 40MG/ML	1	No	Yes	No	No		No		No	No	No			No	Azoles
FLUCONAZOLE TAB 100MG	1	No	Yes	No	No		No		No	No	No			No	Azoles
FLUCONAZOLE TAB 150MG	1	No	Yes	No	No		No		No	No	No			No	Azoles
FLUCONAZOLE TAB 200MG	1	No	Yes	No	No		No		No	No	No			No	Azoles
FLUCONAZOLE TAB 50MG	1	No	Yes	No	No		No		No	No	No			No	Azoles
FLUCONAZOLE/INJ DEX 400	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Azoles
FLUCONAZOLE-DEXT 200 MG/100 ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Azoles

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FLUCONAZOLE-NS 200 MG/100 ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Azoles
FLUCONAZOLE-NS 400 MG/200 ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Azoles
FLUCYTOSINE CAP 250 MG	1	No	Yes	No	No		No		No	No	No			No	Pyrimidines
FLUCYTOSINE CAP 500 MG	1	No	Yes	No	No		No		No	No	No			No	Pyrimidines
FLUDARA INJ 50MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
FLUDARABINE INJ 50MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Antineoplastic Agents
FLUDARABINE INJ 50MG/2ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
FLUDROCORTISONE TAB 0.1MG	1	No	Yes	Yes	No		No		No	No	No			No	Adrenals
FLUMADINE TAB 100MG	3	Yes	No	No	No		No		No	No	No			No	Adamantanes
FLUNISOLIDE SPR 0.025%	1	No	Yes	Yes	No		No		No	No	No			No	Corticosteroids
FLUNISOLIDE 29 MCG- 0.025% SPR	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FLUOCINOLONE ACET CRE 0.01%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
FLUOCINOLONE ACET CRE 0.025%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
FLUOCINOLONE ACET OIN 0.025%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
FLUOCINOLONE ACET SOL 0.01%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
FLUOCINOLONE ACETONIDE OIL 0.01% (OTIC)	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
FLUOCINOLONE ACETONIDE OIL BODY 0.01%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
FLUOCINOLONE ACETONIDE OIL SCALP 0.01%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
FLUOCINONIDE CRE 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
FLUOCINONIDE GEL 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
FLUOCINONIDE OIN 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FLUOCINONIDE SOL 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
FLUOCINONIDE-E 0.05% CREAM	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
FLUORIDEX GEL 1.1%	1	No	Yes	Yes	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
FLUORIDEX GEL WHITENING	1	No	Yes	Yes	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
FLUOROMETHOL ONE SUS 0.1% OP	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
FLUOR-OP SUS 0.1% OP	1	No	Yes	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
FLUOROPLEX CRE 1%	2	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
FLUOROURACIL CRE 5%	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
FLUOROURACIL INJ 500MG/10	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FLUOROURACIL SOL 2%	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
FLUOROURACIL SOL 5%	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
FLUOXETINE CAP 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
FLUOXETINE CAP 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
FLUOXETINE CAP 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
FLUOXETINE CAP 90MG DR	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
FLUOXETINE SOL 20MG/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
FLUOXETINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
FLUOXETINE TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
FLUOXETINE CAP 60MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
FLUPHENAZINE CON 5MG/ML	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FLUPHENAZINE DE INJ 25MG/ML	1	No	Yes	No	No		No		No	No	No			No	Phenothiazines
FLUPHENAZINE ELX 2.5/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
FLUPHENAZINE INJ 2.5MG/ML	1	No	Yes	No	No		No		No	No	No			No	Phenothiazines
FLUPHENAZINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
FLUPHENAZINE TAB 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
FLUPHENAZINE TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
FLUPHENAZINE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
FLURAZEPAM 15MG CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
FLURAZEPAM 30MG CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
FLURBIPROFEN SOL 0.03% OP	1	No	Yes	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
FLURBIPROFEN TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammmtory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FLURBIPROFEN TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammmtory Agents
FLUTAMIDE CAP 125MG	1	No	Yes	Yes	No		No		No	No	No			No	Antineoplastic Agents
FLUTICASONE CRE 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
FLUTICASONE OIN 0.005%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
FLUTICASONE SPR 50MCG	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
FLUTICASONE PROPIONATE LOTION 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
FLUVOXAMINE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
FLUVOXAMINE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
FLUVOXAMINE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
FML OIN 0.1% OP	3	No	No	No	No		No		No	No	No			No	Corticosteroids
FML FORTE SUS 0.25% OP	3	No	No	No	No		No		No	No	No			No	Corticosteroids

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FML LIQUIFLM SUS 0.1% OP	3	Yes	No	No	No		No		No	No	No			No	Corticosteroids
FOCALIN TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
FOCALIN TAB 2.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
FOCALIN TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
FOCALIN XR CAP 10MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
FOCALIN XR CAP 15MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
FOCALIN XR CAP 20MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
FOCALIN XR CAP 25MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FOCALIN XR CAP 30MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
FOCALIN XR CAP 35MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
FOCALIN XR CAP 40MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
FOCALIN XR CAP 5MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
FOLGARD OS TABLET	NC														Replacement Preparations
FOLGARD RX TABLET	NC														VITAMIN B COMPLEX
FOLOTYN INJ 40MG/2ML	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
FOLPACE RX TABLET	NC														VITAMIN B COMPLEX
FOLTRATE TABLET	NC														VITAMIN B COMPLEX
FOLTX TABLET	NC														VITAMIN B COMPLEX

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FOMEPIZOLE INJ 1GM/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
FONDAPARINUX SOL 10/0.8	1	No	Yes	No	No		No		No	No	No			No	Anticoagulants
FONDAPARINUX SOL 2.5/0.5	1	No	Yes	No	No		No		No	No	No			No	Anticoagulants
FONDAPARINUX SOL 5.0/0.4	1	No	Yes	No	No		No		No	No	No			No	Anticoagulants
FONDAPARINUX SOL 7.5/0.6	1	No	Yes	No	No		No		No	No	No			No	Anticoagulants
FORADIL CAP AEROLIZE	2	No	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
FORFIVO XL TAB 450MG ER	3	No	No	Yes	No		No		No	No	Yes	30	30	No	Miscellaneous Antidepressants
FORTAMET TAB 1000MG	3	No	No	Yes	No		No		No	No	No			No	Biguanides
FORTAMET TAB 500MG	3	No	No	Yes	No		No		No	No	No			No	Biguanides
FORTAZ INJ 1GM	3	Yes	No	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
FORTAZ INJ 1GM D5W	3	No	No	No	No		No		No	No	No			No	Third Generation Cephalosporins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FORTAZ INJ 2GM	3	Yes	No	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
FORTAZ INJ 2GM	3	Yes	No	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
FORTAZ INJ 2GM D5W	3	No	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
FORTAZ INJ 6GM	3	Yes	No	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
FORTAZ 500 MG VIAL	3	No	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
FORTEO SOL 600/2.4	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Parathyroid
FORTESTA GEL	3	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
FORTICAL 200 UNITS NASAL SPRAY	NC														Parathyroid
FOSAMAX SOL 70 MG/75ML	3	No	No	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors
FOSAMAX TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors
FOSAMAX TAB 35MG	3	Yes	No	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors
FOSAMAX TAB 40MG	3	Yes	No	No	No		No		No	No	No			No	Bone Resorption Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FOSAMAX TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors
FOSAMAX TAB 70MG	3	Yes	No	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors
FOSAMAX + D TAB 70-2800	3	No	No	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors
FOSAMAX + D TAB 70-5600	3	No	No	Yes	No		No		No	No	No			No	Bone Resorption Inhibitors
FOSCARNET INJ 24MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Antivirals, Miscellaneous
FOSINOPRIL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
FOSINOPRIL TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
FOSINOPRIL TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
FOSINOPRIL/HCT Z TAB 10/12.5	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
FOSINOPRIL/HCT Z TAB 20/12.5	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FOSPHENYTOIN INJ 100/2ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Hydantoins
FOSRENOL CHW 1000MG	3	No	No	Yes	No		No		No	No	No			No	Phosphate-removing Agents
FOSRENOL CHW 500MG	3	No	No	Yes	No		No		No	No	No			No	Phosphate-removing Agents
FOSRENOL CHW 750MG	3	No	No	Yes	No		No		No	No	No			No	Phosphate-removing Agents
FRAGMIN INJ 10000/ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Heparins
FRAGMIN INJ 12500/0.5 ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Heparins
FRAGMIN INJ 15000/0.6 ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Heparins
FRAGMIN INJ 18000/0.72 ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Heparins
FRAGMIN INJ 2500/0.2 ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Heparins
FRAGMIN INJ 25000/ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Heparins
FRAGMIN INJ 5000/0.2 ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Heparins
FRAGMIN INJ 7500/0.3 ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Heparins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FREAMINE HBC INJ 6.9%	3	No	No	No	No		No		No	No	No			No	Caloric Agents
FREAMINE III 8.5% IV SOLN	3	No	No	No	No		No		No	No	No			No	Caloric Agents
FREAMINE III INJ 3%	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
FREAMINE III INJ 8.5%	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
FREAMINE III-ELECTROLYTES	3	No	No	No	No		No		No	No	No			No	Caloric Agents
FRESHKOTE EYE DROPS	3	No	No	No	No		No		No	No	No			No	EENT Anti-infectives, Miscellaneous
FROVA TAB 2.5MG	3	No	No	No	No		No		No	No	Yes	12	30	No	Selective Serotonin Agonists
FUDR 500 MG VIAL	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
FUMATINIC CAPSULE SA	NC														IRON PREPARATIONS
FURADANTIN SUS 25MG/5ML	3	Yes	No	No	No		No		No	No	No			No	Urinary Anti-infectives
FUROSEMIDE INJ 10MG/ML	1	No	Yes	No	No		No		No	No	No			Yes	Loop Diuretics
FUROSEMIDE SOL 10MG/ML	1	No	Yes	Yes	No		No		No	No	No			No	Loop Diuretics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
FUROSEMIDE SOL 8MG/ML	1	No	Yes	Yes	No		No		No	No	No			No	Loop Diuretics
FUROSEMIDE TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Loop Diuretics
FUROSEMIDE TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Loop Diuretics
FUROSEMIDE TAB 80MG	1	No	Yes	Yes	No		No		No	No	No			No	Loop Diuretics
FUSILEV 50 MG VIAL	NC														Other Misc Therapeutic Agents
FUZEON KIT	4	No	No	Yes	No		No		No	No	No			No	HIV Fusion Inhibitors
GABAPENTIN SOL 50/ML	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
GABAPENTIN CAP 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
GABAPENTIN CAP 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
GABAPENTIN CAP 400MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
GABAPENTIN TAB 600MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
GABAPENTIN TAB 800MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GABITRIL TAB 12MG	2	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
GABITRIL TAB 16MG	2	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
GABITRIL TAB 2MG	2	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
GABITRIL TAB 4MG	2	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
GALANTAMINE CAP 16MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
GALANTAMINE CAP 24MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
GALANTAMINE CAP 8MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
GALANTAMINE SOL 4MG/ML	1	No	Yes	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
GALANTAMINE 12 MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GALANTAMINE 4 MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
GALANTAMINE 8 MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
GAMASTAN S/D INJ	3	Yes	No	No	Yes	SPECIALTY	No		No	No	No			No	Serums
GAMASTAN S/D SYRINGE	NC														Serums
GAMMAGARD INJ 2.5GM/25	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Serums
GAMMAGARD LIQUID 10% VIAL	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Serums
GAMMAGARD S/D 10 GM VL W/ST	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Serums
GAMMAGARD S/D 5 GM VL W/SET	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Serums
GAMMAPLEX INJ 10GM	NC														Serums
GAMMAPLEX INJ 2.5GM	NC														Serums

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GAMMAPLEX INJ 5GM	NC														Serums
GAMUNEX INJ 10%	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Serums
GANCICLOVIR CAP 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Nucleosides and Nucleotides
GANCICLOVIR CAP 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Nucleosides and Nucleotides
GANCICLOVIR SODIUM FOR INJ 500 MG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Nucleosides and Nucleotides
GARDASIL INJ	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Vaccines
GASTRINEX NF CAPSULE	NC														Antimuscarinics/Anti spasmodics
GASTROCROM CON 100/5ML	3	Yes	No	Yes	No		No		No	No	No			No	Mast-cell Stabilizers
GATIFLOXACIN SOL 0.3% OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
GAUZE PADS AND DRESSINGS	1	No	Yes	No	No		No		No	No	No			No	Devices
GAVILYTE-C SOL	1	Yes	Yes	No	No		No		No	No	No			No	Cathartics and Laxatives
GAVILYTE-G SOL	1	Yes	Yes	No	No		No		No	No	No			No	Cathartics and Laxatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GAVILYTE-N SOL FLAV PK	1	Yes	Yes	No	No		No		No	No	No			No	Cathartics and Laxatives
GEL-KAM 0.63% DENTAL RINSE	NC														MISCELLANEOUS THERAPEUTIC AGENTS
GELNIQUE 10% GEL	NC														Genitourinary Smooth Muscle Relaxants
GEMCITABINE INJ 40 MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
GEMCITABINE INJ 2GM	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
GEMCITABINE 1 GM POWDER FOR INJ	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
GEMCITABINE 200 MG POWDER FOR INJ	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
GEMFIBROZIL TAB 600MG	1	No	Yes	Yes	No		No		No	No	No			No	Fibric Acid Derivatives
GEMZAR INJ 1 GM	4	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
GEMZAR 200 MG VIAL	4	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GENERESS FE CHW	NC														Contraceptives
GENERLAC SOL 10GM/15	1	No	Yes	Yes	No		No		No	No	No			No	Ammonia Detoxicants
GENGRAF CAP 100MG	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
GENGRAF CAP 25MG	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
GENGRAF SOL 100MG/ML	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
GENOPTIC SOL 0.3% OP	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
GENOTROPIN INJ 0.2MG	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
GENOTROPIN INJ 0.4MG	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
GENOTROPIN INJ 0.6MG	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
GENOTROPIN INJ 0.8MG	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
GENOTROPIN INJ 1.2MG	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
GENOTROPIN INJ 1.4MG	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GENOTROPIN INJ 1.6MG	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
GENOTROPIN INJ 1.8MG	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
GENOTROPIN INJ 12MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
GENOTROPIN INJ 1MG	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
GENOTROPIN INJ 2MG	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
GENOTROPIN INJ 5MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
GENTAK OIN 0.3% OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
GENTAK SOL 0.3% OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
GENTAMICIN CRE 0.1%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
GENTAMICIN INJ 10MG/ML	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
GENTAMICIN INJ 40MG/ML	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
GENTAMICIN OIN 0.1%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GENTAMICIN OIN 0.3% OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
GENTAMICIN SOL 0.3% OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
GENTAMICIN PED 10 MG/ML VIAL	1	No	Yes	No	No		No		No	No	No			No	Aminoglycosides
GENTAMICIN/NAC L INJ 0.9MG/ML	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
GENTAMICIN/NAC L INJ 1.4MG/ML	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
GENTAMICIN/NAC L INJ 100MG	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
GENTAMICIN/NAC L INJ 60MG 100ML (0.6 MG/ML)	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
GENTAMICIN/NAC L INJ 60MG 50 ML (1.2 MG/ML)	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
GENTAMICIN/NAC L INJ 80MG 100 ML (0.8 MG/ML)	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GENTAMICIN/NAC L INJ 80MG 50 ML (1.6 MG/ML)	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
GENTASOL SOL 0.3% OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
GEOCILLIN 382 MG TABLET	NC														Extended-spectrum Penicillins
GEODON CAP 20MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
GEODON CAP 40MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
GEODON CAP 60MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
GEODON CAP 80MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
GEODON INJ 20MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
GIANVI	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
GILENYA 0.5 MG CAPSULE	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Biologic Response Modifiers
GLASSIA	NC														Respiratory Tract Agents, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GLEEVEC TAB 100MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
GLEEVEC TAB 400MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
GLIMEPIRIDE TAB 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLIMEPIRIDE TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLIMEPIRIDE TAB 4MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLIPIZIDE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLIPIZIDE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLIPIZIDE ER TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLIPIZIDE XL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLIPIZIDE XL TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLIPIZIDE/METFORMIN TAB 2.5-250M	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GLIPIZIDE/METFORMIN TAB 2.5-500M	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLIPIZIDE/METFORMIN TAB 5-500MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLUCAGEN INJ HYPOKIT	2	No	No	No	No		No		No	No	No			No	Glycogenolytic Agents
GLUCAGON 1 MG VIAL	2	No	No	No	No		No		No	No	No			No	Glycogenolytic Agents
GLUCAGON KIT 1MG	2	No	No	No	No		No		No	No	No			No	Glycogenolytic Agents
GLUCAGON 1 MG KIT	2	No	No	No	No		No		No	No	No			No	Glycogenolytic Agents
GLUCOPHAGE TAB 1000MG	3	Yes	No	Yes	No		No		No	No	No			No	Biguanides
GLUCOPHAGE TAB 500MG	3	Yes	No	Yes	No		No		No	No	No			No	Biguanides
GLUCOPHAGE TAB 850MG	3	Yes	No	Yes	No		No		No	No	No			No	Biguanides
GLUCOPHAGE TAB XR 500MG	3	Yes	No	Yes	No		No		No	No	No			No	Biguanides
GLUCOPHAGE TAB XR 750MG	3	Yes	No	Yes	No		No		No	No	No			No	Biguanides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GLUCOTROL TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
GLUCOTROL TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
GLUCOTROL XL TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
GLUCOTROL XL TAB 2.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
GLUCOTROL XL TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
GLUCOVANCE TAB 1.25-250	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
GLUCOVANCE TAB 2.5-500	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
GLUCOVANCE TAB 5-500MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
GLUMETZA TAB 500MG	3	Yes	No	Yes	No		No		No	No	No			No	Biguanides
GLUMETZA ER 1,000 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Biguanides
GLUTOFAC-MX CAPLET	NC														Replacement Preparations
GLYBURIDE TAB 1.25MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GLYBURIDE TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLYBURIDE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLYBURIDE MCR TAB 1.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLYBURIDE MCR TAB 3MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLYBURIDE MCR TAB 6MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLYBURIDE/METF ORMIN TAB 1.25-250	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLYBURIDE/METF ORMIN TAB 2.5-500	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLYBURIDE/METF ORMIN TAB 5-500MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLYCOPYRROL INJ 0.2MG/ML	1	No	Yes	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
GLYCOPYRROL TAB 1MG	1	No	Yes	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
GLYCOPYRROL TAB 2MG	1	No	Yes	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GLYCRON TAB 1.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLYCRON TAB 3MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLYCRON TAB 4.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLYCRON TAB 6MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
GLYNASE TAB 1.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
GLYNASE TAB 3MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
GLYNASE TAB 6MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
GLYSET TAB 100MG	3	No	No	Yes	No		No		No	No	No			No	Alpha-Glucosidase Inhibitors
GLYSET TAB 25MG	3	No	No	Yes	No		No		No	No	No			No	Alpha-Glucosidase Inhibitors
GLYSET TAB 50MG	3	No	No	Yes	No		No		No	No	No			No	Alpha-Glucosidase Inhibitors
GOLYTELY SOL	2	No	No	No	No		No		No	No	No			No	Cathartics and Laxatives
GOLYTELY SOL	2	No	No	No	No		No		No	No	No			No	Cathartics and Laxatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GOLYTELY SOL PACKET	2	No	No	No	No		No		No	No	No			No	Cathartics and Laxatives
GRALISE 300 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
GRALISE STAR MIS 300/600	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
GRALISE TAB 600MG	3	No	No	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
GRANISETRON TABLET	NC														5-HT3 Receptor Antagonists
GRIFULVIN V TAB 500MG	3	No	No	No	No		No		No	No	No			No	Antifungals, Miscellaneous
GRISEOFULVIN SUS 125/5ML	1	No	Yes	No	No		No		No	No	No			No	Antifungals, Miscellaneous
GRIS-PEG TAB 125MG	3	No	No	No	No		No		No	No	No			No	Antifungals, Miscellaneous
GRIS-PEG TAB 250MG	3	No	No	No	No		No		No	No	No			No	Antifungals, Miscellaneous
GUANABENZ TAB 4MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Alpha-Agonists
GUANABENZ TAB 8MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Alpha-Agonists
GUANFACINE TAB 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Alpha-Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
GUANFACINE TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Alpha-Agonists
GUANIDINE TAB 125MG	3	No	No	No	Yes	GUANIDINE	No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
GYNAZOLE-1 CRE 2%	3	No	No	No	No		No		No	No	No			No	Azoles
GYNODIOL TAB 1.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
HALAVEN INJ 1MG/2ML	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
HALCION 0.25MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	SEDATIVE-HYPNOTICS, NON-BARBITURATE
HALDOL INJ 5MG/ML	3	No	No	No	No		No		No	No	No			No	Butyrophenones
HALDOL DECAN INJ 100MG/ML	3	No	No	No	No		No		No	No	No			No	Butyrophenones
HALDOL DECAN INJ 50MG/ML	3	No	No	No	No		No		No	No	No			No	Butyrophenones
HALFLYTELY KIT BWL-PREP	3	No	No	No	No		No		No	No	No			No	Cathartics and Laxatives
HALFLYTELY W/FLAVOR PACKS KIT	3	No	No	No	No		No		No	No	No			No	Cathartics and Laxatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
HALFLYTELY-BISACODYL BOWEL KIT	3	No	No	No	No		No		No	No	No			No	Cathartics and Laxatives
HALOBETASOL CRE 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HALOBETASOL OIN 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HALOG CRE 0.1%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
HALOG OIN 0.1%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
HALOPERIDOL CON 2MG/ML	1	No	Yes	Yes	No		No		No	No	No			No	Butyrophenones
HALOPERIDOL TAB 0.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Butyrophenones
HALOPERIDOL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Butyrophenones
HALOPERIDOL TAB 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Butyrophenones
HALOPERIDOL TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Butyrophenones
HALOPERIDOL TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Butyrophenones
HALOPERIDOL TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Butyrophenones

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
HALOPERIDOL DEC INJ 100MG/ML	1	No	Yes	No	No		No		No	No	No			No	Butyrophenones
HALOPERIDOL DEC INJ 50MG/ML	1	No	Yes	No	No		No		No	No	No			No	Butyrophenones
HALOPERIDOL LAC INJ 5MG/ML	1	No	Yes	No	No		No		No	No	No			No	Butyrophenones
HAVRIX INJ 1440UNIT	3	No	No	No	No		No		No	No	No			No	Vaccines
HAVRIX INJ 720UNIT	3	No	No	No	No		No		No	No	No			No	Vaccines
HC BUTYRATE CRE 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HC BUTYRATE OIN 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HC BUTYRATE SOL 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HC VALERATE CRE 0.2%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HC VALERATE OIN 0.2%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HEATHER	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
HECTOROL CAP 0.5MCG	3	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
HECTOROL CAP 1MCG	3	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
HECTOROL CAP 2.5MCG	3	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
HECTOROL INJ 4MCG/2ML	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
HELIDAC MIS	3	No	No	No	No		No		No	No	No			No	Anti-infectives, Miscellaneous
HEPARIN NA 5,000 UNIT/ML SYRIN	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Heparins
HEPARIN SOD INJ 1000/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Heparins
HEPARIN SOD INJ 10000/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Heparins
HEPARIN SOD INJ 2000/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Heparins
HEPARIN SOD INJ 20000/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Heparins
HEPARIN SOD INJ 2500/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Heparins
HEPARIN SOD INJ 5000/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Heparins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
HEPARIN SOD/D5W INJ 20000UNT	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Heparins
HEPARIN SOD/NACL INJ 25000UNT 100 UNIT/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Heparins
HEPARIN SOD/NACL INJ 25000UNT 50 UNIT/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Heparins
HEPARIN SOD/NACL INJ 2UNIT/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Heparins
HEPATAMINE SOL 8%	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
HEPATASOL INJ 8%	3	Yes	No	No	No		No		No	No	No			Yes	Caloric Agents
HEPSERA TAB 10MG	2	No	No	Yes	No		No		No	No	No			No	Nucleosides and Nucleotides
HERCEPTIN INJ 440MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
HEXALEN CAP 50MG	2	No	No	No	No		No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
HIBERIX VACCINE	3	No	No	No	No		No		No	No	No			No	Vaccines
HIPREX TAB 1GM	3	Yes	No	No	No		No		No	No	No			No	Urinary Anti-infectives
HIZENTRA INJ 20%	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Serums
HOMATROPAIRE 5% EYE DROPS	1	No	Yes	Yes	No		No		No	No	No			No	Mydriatics
HOMATROPINE 5% EYE DROPS	1	No	Yes	Yes	No		No		No	No	No			No	Mydriatics
HORIZANT TAB 600MG	NC														Anticonvulsants, Miscellaneous
HUMALOG INJ 100/ML	1	No	Yes	Yes	No		No		No	No	No			No	Insulins
HUMALOG 100 UNITS/ML CARTRIDGE	2	No	No	Yes	No		No		No	No	No			No	Insulins
HUMALOG KWIKPEN	2	No	No	Yes	No		No		No	No	No			No	Insulins
HUMALOG MIX INJ 50/50	1	No	Yes	Yes	No		No		No	No	No			No	Insulins
HUMALOG MIX SUS 75/25	1	No	Yes	Yes	No		No		No	No	No			No	Insulins
HUMALOG MIX 50/50 KWIKPEN	2	No	No	Yes	No		No		No	No	No			No	Insulins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
HUMALOG MIX 75/25 KWIKPEN	2	No	No	Yes	No		No		No	No	No			No	Insulins
HUMALOG PEN INJ 50/50	2	No	No	Yes	No		No		No	No	No			No	Insulins
HUMALOG PEN INJ 75/25	2	No	No	Yes	No		No		No	No	No			No	Insulins
HUMATROPE INJ 12MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
HUMATROPE INJ 24MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
HUMATROPE INJ 5MG	3	No	No	Yes	Yes	IV AND IM DRUGS	No		No	No	No			No	Pituitary
HUMATROPE INJ 6MG	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
HUMIRA KIT 20MG/0.4	2	No	No	Yes	No		No		No	No	No			No	Disease-Modifying Antirheumatic Agents
HUMIRA KIT 40MG/0.8	2	No	No	Yes	No		No		No	No	No			No	Disease-Modifying Antirheumatic Agents
HUMIRA PEN KIT CROHNS	2	No	No	Yes	No		No		No	No	No			No	Disease-Modifying Antirheumatic Agents
HUMULIN INJ 70/30	1	No	Yes	Yes	No		No		No	No	No			No	Insulins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
HUMULIN N INJ U-100	1	No	Yes	Yes	No		No		No	No	No			No	Insulins
HUMULIN N PN INJ U-100	2	No	No	Yes	No		No		No	No	No			No	Insulins
HUMULIN PEN INJ 70/30	2	No	No	Yes	No		No		No	No	No			No	Insulins
HUMULIN R INJ U-100	1	No	Yes	Yes	No		No		No	No	No			No	Insulins
HUMULIN R INJ U-500	1	No	Yes	Yes	No		No		No	No	No			No	Insulins
HYCAMTIN INJ 4MG	4	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
HYCAMTIN 0.25 MG CAPSULE	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
HYCAMTIN 1 MG CAPSULE	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
HYCET SOL 7.5-325	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
HYDRALAZINE INJ 20MG/ML	1	No	Yes	No	No		No		No	No	No			No	Direct Vasodilators
HYDRALAZINE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Direct Vasodilators
HYDRALAZINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Direct Vasodilators

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
HYDRALAZINE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Direct Vasodilators
HYDRALAZINE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Direct Vasodilators
HYDREA CAP 500MG	3	Yes	No	No	No		No		No	No	No			No	Antineoplastic Agents
HYDRO 40 FOAM	3	Yes	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
HYDROCHLOROT CAP 12.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Thiazide Diuretics
HYDROCHLOROT TAB 12.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Thiazide Diuretics
HYDROCHLOROT TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Thiazide Diuretics
HYDROCHLOROT TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Thiazide Diuretics
HYDROCO/APAP SOL 7.5-325	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/SOL APAP	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/APAP 10/325 SOLUTION	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
HYDROCODONE/ APAP 5-300 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/ APAP 7.5-300 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/ APAP TAB 10- 325MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/ APAP TAB 10- 500MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/ APAP TAB 10- 650MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/ APAP TAB 10- 660MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/ APAP TAB 10- 750MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/ APAP TAB 2.5-500	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
HYDROCODONE/ APAP TAB 5-325MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/ APAP TAB 5-500MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/ APAP TAB 7.5-325	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/ APAP TAB 7.5-500	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/ APAP TAB 7.5-650	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/ APAP TAB 7.5-750	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/ APAP10-300 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCODONE/ BU TAB 7.5-200	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
HYDROCODONE-ACETAMINOPHEN TAB 2.5-325 MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROCORT CRE 1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HYDROCORT CRE 2.5%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HYDROCORT ENE 100MG	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HYDROCORT LOT 1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HYDROCORT LOT 2.5%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HYDROCORT OIN 1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HYDROCORT OIN 2.5%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HYDROCORT TAB 10MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
HYDROCORT TAB 20MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
HYDROCORT TAB 5MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
HYDROCORT/ABS ORBASE OIN 1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HYDROCORTISON E 0.2% CREAM	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HYDROCORTISON E ACETATE 2% GEL	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
HYDROMORPHON E INJ 10MG/ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROMORPHON E INJ 1MG/ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROMORPHON E INJ 2MG/ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROMORPHON E INJ 4MG/ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROMORPHON E TAB 2MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROMORPHON E TAB 4MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROMORPHON E TAB 8MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
HYDROXOCOBAL AMIN 1,000 MCG/ML	NC														VITAMIN B COMPLEX

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
HYDROXYCHLOROQUINE TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Antimalarials
HYDROXYUREA CAP 500MG	1	No	Yes	No	No		No		No	No	No			No	Antineoplastic Agents
HYDROXYZINE HCL INJ 25MG/ML	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
HYDROXYZINE HCL INJ 50MG/ML	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
HYDROXYZINE HCL SYP 10MG/5ML	NC														Anxiolytics, Sedatives, & Hypnotics Misc
HYDROXYZINE HCL TAB 10MG	NC														Anxiolytics, Sedatives, & Hypnotics Misc
HYDROXYZINE HCL TAB 25MG	NC														Anxiolytics, Sedatives, & Hypnotics Misc
HYDROXYZINE HCL TAB 50MG	NC														Anxiolytics, Sedatives, & Hypnotics Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
HYDROXYZINE PAM CAP 100MG	NC														Anxiolytics, Sedatives, & Hypnotics Misc
HYDROXYZINE PAM CAP 25MG	NC														Anxiolytics, Sedatives, & Hypnotics Misc
HYDROXYZINE PAM CAP 50MG	NC														Anxiolytics, Sedatives, & Hypnotics Misc
HYLIRA 0.2% GEL	NC														Devices
HYPERLYTE-CR INJ	1	No	Yes	No	No		No		No	No	No			No	Replacement Preparations
HYPERRAB S/D SYRINGE	NC														Serums
HYZAAR TAB 100-12.5	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
HYZAAR TAB 100-25	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
HYZAAR TAB 50-12.5	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
IAVIV INJ	NC														

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
IBUDONE 10-200 MG TABLET	NC														Opiate Agonists
IBUDONE 5-200 MG TABLET	NC														Opiate Agonists
IBUPROFEN SUS 100/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents
IBUPROFEN TAB 400MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents
IBUPROFEN TAB 600MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents
IBUPROFEN TAB 800MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents
IDAMYCIN PFS INJ 20/20ML	4	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
IDARUBICIN INJ 10/10ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Antineoplastic Agents
IFEX INJ 3GM	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
IFEX 1 GM VIAL	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
IFOSFAMIDE INJ 1GM	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
IFOSFAMIDE KIT MESNA 1000-1000 MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
IFOSFAMIDE KIT MESNA 3000-1000 MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
IFOSFAMIDE 3 GM VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
IFOSFAMIDE IV INJ 1 GM/20ML (50 MG/ML)	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ILARIS INJECTION	NC														Other Misc Therapeutic Agents
IMDUR TAB 120MG ER	3	Yes	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
IMDUR TAB 30MG ER	3	Yes	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
IMDUR TAB 60MG ER	3	Yes	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
IMIPENEM/CILASTATIN INJ 250MG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Miscellaneous B-Lactam Antibiotics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
IMIPENEM/CILASTATIN INJ 500MG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Miscellaneous B-Lactam Antibiotics
IMIPRAMINE HCL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
IMIPRAMINE HCL TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
IMIPRAMINE HCL TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
IMIPRAMINE PAM CAP 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
IMIPRAMINE PAM CAP 125MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
IMIPRAMINE PAM CAP 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
IMIPRAMINE PAM CAP 75MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
IMIQUIMOD CRE 5%	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
IMITREX INJ 6MG/0.5	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	Yes	48	30	No	Selective Serotonin Agonists
IMITREX KIT 4MG/0.5	3	Yes	No	No	No		No		No	No	Yes	48	30	No	Selective Serotonin Agonists
IMITREX KIT 6MG/0.5	3	Yes	No	No	No		No		No	No	Yes	48	30	No	Selective Serotonin Agonists
IMITREX SPR 20MG/ACT	3	Yes	No	No	No		No		No	No	Yes	160	30	No	Selective Serotonin Agonists
IMITREX SPR 5MG/ACT	3	Yes	No	No	No		No		No	No	Yes	160	30	No	Selective Serotonin Agonists
IMITREX TAB 100MG	3	Yes	No	No	No		No		No	No	Yes	9	30	No	Selective Serotonin Agonists
IMITREX TAB 25MG	3	Yes	No	No	No		No		No	No	Yes	9	30	No	Selective Serotonin Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
IMITREX TAB 50MG	3	Yes	No	No	No		No		No	No	Yes	9	30	No	Selective Serotonin Agonists
IMITREX 4 MG STATDOSE SYSTEM	3	Yes	No	No	No		No		No	No	Yes	48MG	30	No	Selective Serotonin Agonists
IMITREX 6 MG STATDOSE SYSTEM	3	Yes	No	No	No		No		No	No	Yes	48MG	30	No	Selective Serotonin Agonists
IMMUNE GLOBULIN VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Serums
IMOVAX RABIE INJ 2.5/ML	3	No	No	No	No		No		No	No	No			No	Vaccines
IMPLANON 68 MG IMPLANT	3	No	No	No	No		No		No	No	No			No	Contraceptives
IMURAN TAB 50MG	2	Yes	No	Yes	Yes	AZATHIOPRINE	No		No	No	No			No	Immunosuppressive Agents
INCIVEK TAB 375MG	4	No	No	No	Yes	TELAPREVIR	No		No	No	No			No	Nucleosides and Nucleotides
INCRELEX INJ 40MG/4ML	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Somatotropin Agonists
INDAPAMIDE TAB 1.25MG	1	No	Yes	Yes	No		No		No	No	No			No	Thiazide-like Diuretics
INDAPAMIDE TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Thiazide-like Diuretics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
INDERAL LA CAP 120MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
INDERAL LA CAP 160MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
INDERAL LA CAP 60MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
INDERAL LA CAP 80MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
INDOCIN 25 MG/5 ML SUSPENSION	NC														Nonsteroidal Anti-inflammatory Agents
INDOMETHACIN CAP 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
INDOMETHACIN CAP 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
INDOMETHACIN CAP 75MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
INFANRIX INJ	3	No	No	No	No		No		No	No	No			No	Toxoids
INFANRIX PF VACCINE SYRINGE	NC														Toxoids

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
INFERGEN INJ 9MCG	4	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Interferons
INFERGEN 15 MCG/0.5 ML VIAL	4	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Interferons
INFUMORPH INJ 10MG/ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
INFUMORPH INJ 25MG/ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
INNOHEP INJ 20000/ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Heparins
INNOPRAN XL 120 MG CAP SA	NC														Beta-Adrenergic Blocking Agents
INNOPRAN XL 80 MG CAPSULE SA	NC														Beta-Adrenergic Blocking Agents
INOVA KIT 8%	3	No	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
INOVA 8% EASY PAD	3	No	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
INOVA 8/2 KIT ACNE CON	3	No	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
INOVA 8/2 EASY PAD	3	No	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
INPERSOL W/1.5% DEXTROSE	3	No	No	No	No		No		No	No	No			No	Irrigating Solutions
INPERSOL W/4.25% DEXTROSE	3	No	No	No	No		No		No	No	No			No	Irrigating Solutions
INPERSOL-LM/SOL 2.5% DEX	1	No	Yes	No	No		No		No	No	No			No	Irrigating Solutions
INSPRA TAB 25MG	3	Yes	No	Yes	Yes	EPLERENONE	No		No	No	No			No	Mineralocorticoid (Aldost) Recept Antag
INSPRA TAB 50MG	3	Yes	No	Yes	Yes	EPLERENONE	No		No	No	No			No	Mineralocorticoid (Aldost) Recept Antag
INSULIN NEEDLE	1	No	Yes	No	No		No		No	No	No			No	Devices
INSULIN PEN NEEDLE	1	No	Yes	No	No		No		No	No	No			No	Devices
INSULIN SYRINGE (DISP) U-100 0.3 ML	1	No	Yes	No	No		No		No	No	No			No	Devices
INSULIN SYRINGE (DISP) U-100 1 ML	1	No	Yes	No	No		No		No	No	No			No	Devices

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
INSULIN SYRINGE (DISP) U-100 1/2 ML	1	No	Yes	No	No		No		No	No	No			No	Devices
INTELENCE TAB 100MG	3	No	No	Yes	No		No		No	No	No			No	Nonnucleoside Reverse Transcriptase Inhibitors
INTELENCE TAB 200MG	3	No	No	Yes	No		No		No	No	No			No	Nonnucleoside Reverse Transcriptase Inhibitors
INTERMEZZO TAB 1.75MG SL	NC														Anxiolytics, Sedatives, & Hypnotics Misc
INTERMEZZO TAB 3.5MG SL	NC														Anxiolytics, Sedatives, & Hypnotics Misc
INTRALIPID INJ 20%	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
INTRALIPID INJ 30%	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
INTRON A 10 MU PEN	4	No	No	Yes	No		No		No	No	No			No	Antineoplastic Agents
INTRON A 10 MU VIAL	3	No	No	Yes	No		No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
INTRON A 18 MU VIAL (6MU/ML)	3	No	No	Yes	No		No		No	No	No			No	Antineoplastic Agents
INTRON A 3 MU PEN	3	No	No	Yes	No		No		No	No	No			No	Antineoplastic Agents
INTRON A 5 MU PEN	4	No	No	Yes	No		No		No	No	No			No	Antineoplastic Agents
INTRON A 50 MILLION UNITS VIAL	3	No	No	Yes	No		No		No	No	No			No	Interferons
INTROVALE	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
INTUNIV 1 MG TABLET	NC														Central Alpha-Agonists
INTUNIV 2 MG TABLET	NC														Central Alpha-Agonists
INTUNIV 3 MG TABLET	NC														Central Alpha-Agonists
INTUNIV 4 MG TABLET	NC														Central Alpha-Agonists
INVANZ INJ 1GM	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Carbapenems
INVEGA TAB 1.5MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
INVEGA TAB 3MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
INVEGA TAB 6MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
INVEGA TAB 9MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
INVEGA SUSTENNA INJ 117/0.75	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
INVEGA SUSTENNA INJ 156MG/ML	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
INVEGA SUSTENNA INJ 234/1.5	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
INVEGA SUSTENNA INJ 39/0.25	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
INVEGA SUSTENNA INJ 78/0.5ML	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
INVIRASE CAP 200MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
INVIRASE TAB 500MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
IONOSOL-B/ D5W INJ	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
IONOSOL-MB INJ /D5W	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations
IONOSOL-T INJ /D5W	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations
IOPIDINE SOL 0.5% OP	3	Yes	No	No	No		No		No	No	No			No	EENT Drugs, Miscellaneous
IOPIDINE SOL 1% OP	3	No	No	No	No		No		No	No	No			No	EENT Drugs, Miscellaneous
IPOL INJ INACTIVE	3	No	No	No	No		No		No	No	No			No	Vaccines
IPRATR-ALBUTEROL 0.5-3 MG/3 ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Selective beta-2-Adrenergic Agonists
IPRATROPIUM SOL INHAL	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Antimuscarinics/Anti spasmodics
IPRATROPIUM SPR 0.03%	1	No	Yes	Yes	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
IPRATROPIUM SPR 0.06%	1	No	Yes	Yes	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
IPRATROPIUM/ SOL ALBUTER	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Selective beta-2-Adrenergic Agonists
IQUIX 1.5% EYE DROPS	3	Yes	No	No	No		No		No	No	No			No	Antibacterials

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
IRESSA TAB 250MG	4	No	No	No	No		No		No	No	No			No	Antineoplastic Agents
IRINOTECAN HCL 100 MG/5 ML VL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
IRINOTECAN HCL 40 MG/2 ML VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
IRINOTECAN HCL 500 MG/25 ML VL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
IROFOL 150-1 MG CAPLET	NC														IRON PREPARATIONS
IROFOL LIQUID	NC														IRON PREPARATIONS
ISENTRESS TAB 400MG	3	No	No	Yes	No		No		No	No	No			No	Integrase Inhibitors
ISENTRESS CHEW 100 MG	3	No	No	Yes	No		No		No	No	No			No	Integrase Inhibitors
ISENTRESS CHEW 25 MG	3	No	No	Yes	No		No		No	No	No			No	Integrase Inhibitors
ISMO TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
ISOCHRON TAB 40MG CR	1	Yes	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
ISOLYTE-H INJ /D5W	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ISOLYTE-M INJ /D5W	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
ISOLYTE-P INJ /D5W	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations
ISOLYTE-S INJ	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations
ISOLYTE-S INJ /D5W	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations
ISONARIF CAP	1	No	Yes	No	No		No		No	No	No			No	Antituberculosis Agents
ISONIAZID INJ 100MG/ML	1	No	Yes	No	No		No		No	No	No			No	Antituberculosis Agents
ISONIAZID SYP 50MG/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Antituberculosis Agents
ISONIAZID TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Antituberculosis Agents
ISONIAZID TAB 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Antituberculosis Agents
ISOPTIN SR 120 MG TABLET	NC														Calcium-Channel Blocking Agents, Misc
ISOPTIN SR 180 MG TABLET	NC														Calcium-Channel Blocking Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ISOPTIN SR 240 MG TABLET	NC														Calcium-Channel Blocking Agents, Misc
ISOPTO CARPINE 1% EYE DROPS	3	Yes	No	Yes	No		No		No	No	No			No	MIOTICS
ISOPTO CARPINE 2% EYE DROPS	3	Yes	No	Yes	No		No		No	No	No			No	MIOTICS
ISOPTO CARPINE 4% EYE DROPS	3	Yes	No	Yes	No		No		No	No	No			No	MIOTICS
ISOPTO HOMATROPINE 5% DROPS	3	Yes	No	Yes	No		No		No	No	No			No	Mydriatics
ISOPTO HYOSCINE 0.25% DROPS	3	No	No	Yes	No		No		No	No	No			No	Mydriatics
ISORDIL TAB 40MG	3	No	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
ISORDIL TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
ISOSORBIDE DINITRATE SUB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ISOSORBIDE DINTRATE SUB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
ISOSORBIDE DINTRATE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
ISOSORBIDE DINTRATE TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
ISOSORBIDE DINTRATE TAB 30MG	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
ISOSORBIDE DINTRATE TAB 40MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
ISOSORBIDE DINTRATE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
ISOSORBIDE MONONITRATE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
ISOSORBIDE MONONITRATE TAB 120MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ISOSORBIDE MONONITRATE TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
ISOSORBIDE MONONITRATE TAB 30MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
ISOSORBIDE MONONITRATE TAB 60MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
ISOVATE CRE 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
ISRADIPINE CAP 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
ISRADIPINE CAP 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
ISTALOL SOL 0.5% OP	3	No	No	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
ISTODAX INJ 10MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
ISUPREL 0.2 MG/ML AMPUL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Selective beta-2-Adrenergic Agonists
ITRACONAZOLE CAP 100MG	1	No	Yes	No	Yes	ITRACONAZOLE	No		No	No	No			No	Azoles

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
IXEMPRA 15 MG KIT	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
IXEMPRA KIT INJ 45MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
IXIARO INJ	3	No	No	No	No		No		No	No	No			No	Vaccines
JAKAFI TAB 10MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
JAKAFI TAB 15MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
JAKAFI TAB 20MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
JAKAFI TAB 25MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
JAKAFI TAB 5MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
JALYN CAPSULE	2	No	No	Yes	No		No		No	No	No			No	Alpha Reductase Inhibitors
JANTOVEN 1 MG TABLET	NC														Coumarin Derivatives
JANTOVEN 10 MG TABLET	NC														Coumarin Derivatives
JANTOVEN 2 MG TABLET	NC														Coumarin Derivatives
JANTOVEN 2.5 MG TABLET	NC														Coumarin Derivatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
JANTOVEN 3 MG TABLET	NC														Coumarin Derivatives
JANTOVEN 4 MG TABLET	NC														Coumarin Derivatives
JANTOVEN 5 MG TABLET	NC														Coumarin Derivatives
JANTOVEN 6 MG TABLET	NC														Coumarin Derivatives
JANTOVEN 7.5 MG TABLET	NC														Coumarin Derivatives
JANUMET TAB 50-1000	2	No	No	Yes	No		No		No	No	No			No	Antidiabetic Agents, Miscellaneous
JANUMET TAB 50-500MG	2	No	No	Yes	No		No		No	No	No			No	Antidiabetic Agents, Miscellaneous
JANUVIA TAB 100MG	2	No	No	Yes	No		No		No	No	No			No	Dipeptidyl Peptidase IV (DPP-4) Inhibitors
JANUVIA TAB 25MG	2	No	No	Yes	No		No		No	No	No			No	Dipeptidyl Peptidase IV (DPP-4) Inhibitors
JANUVIA TAB 50MG	2	No	No	Yes	No		No		No	No	No			No	Dipeptidyl Peptidase IV (DPP-4) Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
JENLOGA 0.1 MG TABLET	NC														Central Alpha-Agonists
JENLOGA 0.2 MG TABLET	NC														Central Alpha-Agonists
JE-VAX INJ	3	No	No	No	No		No		No	No	No			No	Vaccines
JEVTANA INJ 60/1.5ML	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
JINTELI TAB 1MG-5MCG	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
JOLESSA 0.15 MG/0.03 MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
JOLIVETTE TAB 0.35MG	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
JUNEL 1.5/30 TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
JUNEL 1/20 TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
JUNEL FE TAB 1.5/30	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
JUNEL FE TAB 1/20	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
JUVISYNC TAB 100-10MG	2	No	No	Yes	No		No		No	No	No			No	Dipeptidyl Peptidase IV (DPP-4) Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
JUVISYNC TAB 100-20MG	2	No	No	Yes	No		No		No	No	No			No	Dipeptidyl Peptidase IV (DPP-4) Inhibitors
JUVISYNC TAB 100-40MG	2	No	No	Yes	No		No		No	No	No			No	Dipeptidyl Peptidase IV (DPP-4) Inhibitors
K EFFERVESCENT 25 MEQ TABLET	1	No	Yes	No	No		No		No	No	No			No	Replacement Preparations
KADIAN 10 MG CAPSULE SR	NC														Opiate Agonists
KADIAN 100 MG CAPSULE SR	NC														Opiate Agonists
KADIAN 20 MG CAPSULE SR	NC														Opiate Agonists
KADIAN 200 MG CAPSULE SR	NC														Opiate Agonists
KADIAN 30 MG CAPSULE SR	NC														Opiate Agonists
KADIAN 50 MG CAPSULE SR	NC														Opiate Agonists
KADIAN 60 MG CAPSULE SR	NC														Opiate Agonists
KADIAN 80 MG CAPSULE SR	NC														Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
KALETRA SOL	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
KALETRA TAB 100-25MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
KALETRA TAB 200-50MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
KANAMYCIN INJ 333MG/ML	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
KAON-CL-10 TAB 10MEQ CR	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
KAPVAY 0.1 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Central Alpha-Agonists
KARIGEL GEL 0.5%	1	No	Yes	Yes	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
KARIGEL-N GEL 1.1%	1	No	Yes	Yes	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
KARIVA TAB 28 DAY	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
KAYEXALATE POW	3	Yes	No	No	No		No		No	No	No			No	Potassium-removing Agents
KCL 20 MEQ IN D5W & LACT RNG	1	No	Yes	No	No		No		No	No	No			No	Replacement Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
KCL 40 MEQ IN D5W & LACT RNG	1	No	Yes	No	No		No		No	No	No			No	Replacement Preparations
KCL 40 MEQ IN D5W/NACL 0.9%	1	No	Yes	No	No		No		No	No	No			No	Replacement Preparations
KCL 40 MEQ/NS 1,000 ML IV	1	No	Yes	No	No		No		No	No	No			No	Replacement Preparations
KCL IN NACL INJ 20 MEQ/L (0.15%) IN NACL 0.45%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D10/NACL INJ 0.15/0.2	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W INJ 0.075%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W INJ 0.15%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W INJ 0.224%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W INJ 0.3%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W/LR INJ 0.15%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W/LR INJ 0.3%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
KCL/D5W/NACL INJ .075/.2%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W/NACL INJ .075/.45	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W/NACL INJ .15/.33%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W/NACL INJ .15/.45%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W/NACL INJ .22/.45	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W/NACL INJ .224/.33	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W/NACL INJ .224/0.2	1	No	Yes	No	No		No		No	No	No			No	Replacement Preparations
KCL/D5W/NACL INJ 0.15/0.2	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W/NACL INJ 0.15/0.2	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W/NACL INJ 0.15/0.9	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W/NACL INJ 0.3/0.2%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/D5W/NACL INJ 0.3/0.45	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
KCL/D5W/NACL INJ 0.3/0.9%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/NACL INJ 0.15-0.9	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KCL/NACL INJ 0.3-0.9	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
KEFLEX CAP 250MG	3	Yes	No	No	No		No		No	No	No			No	First Generation Cephalosporins
KEFLEX CAP 500MG	3	Yes	No	No	No		No		No	No	No			No	First Generation Cephalosporins
KEFLEX CAP 750MG	3	No	No	No	No		No		No	No	No			No	First Generation Cephalosporins
KELNOR TAB 1/35	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
KENALOG AER SPRAY	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
KENALOG-10 10 MG/ML VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Adrenals
KENALOG-40 40 MG/ML VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Adrenals
KEPIVANCE INJ 6.25MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Cell Stimulants and Proliferants
KEPPRA INJ 500/5ML	3	Yes	No	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
KEPPRA SOL 100MG/ML	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
KEPPRA TAB 1000MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
KEPPRA TAB 250MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
KEPPRA TAB 500MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
KEPPRA TAB 750MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
KEPPRA XR 500 MG TABLET	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
KEPPRA XR 750 MG TABLET	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
KERALYT 6% GEL	3	Yes	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
KERLONE TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
KERLONE TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
KETEK 300 MG TABLET	NC														Other Macrolides
KETEK 400 MG TABLET	NC														Other Macrolides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
KETEK PAK 400 MG TABLET	NC														Other Macrolides
KETOCONAZOLE AER 2%	1	No	Yes	No	No		No		No	No	No			No	Antifungals
KETOCONAZOLE CRE 2%	1	No	Yes	No	No		No		No	No	No			No	Azoles
KETOCONAZOLE SHA 2%	1	No	Yes	No	No		No		No	No	No			No	Azoles
KETOCONAZOLE TAB 200MG	1	No	Yes	No	No		No		No	No	No			No	Azoles
KETOPROFEN CAP 200MG ER	1	No	Yes	Yes	No		No		No	No	Yes	30	30	No	Other Nonsteroidal Anti-inflammatory Agents
KETOPROFEN CAP 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
KETOPROFEN CAP 75MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
KETOROLAC INJ 15MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
KETOROLAC INJ 30MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
KETOROLAC SOL 0.4%	1	No	Yes	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
KETOROLAC SOL 0.5%	1	No	Yes	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
KETOROLAC TAB 10MG	1	No	Yes	No	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
KETOROLAC 30 MG/ML CARPUJECT	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
KETOROLAC 30 MG/ML SYRINGE	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
KETOTIFEN FUM 0.025% EYE DROPS	1	No	Yes	No	No		No		No	No	No			No	Antiallergic Agents
KINERET INJ	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Disease-Modifying Antirheumatic Agents
KIONEX POW USP	1	Yes	Yes	No	No		No		No	No	No			No	Potassium-removing Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
KIONEX 15 GM/60 ML SUSPENSION	3	No	No	No	No		No		No	No	No			No	Potassium-removing Agents
KLARON LOT 10%	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
KLONOPIN 0.5MG TABLET	3	Yes	No	Yes	No		No		Yes	No	No			No	Benzodiazepines
KLONOPIN 1MG TABLET	3	Yes	No	Yes	No		No		Yes	No	No			No	Benzodiazepines
KLONOPIN 2MG TABLET	3	Yes	No	Yes	No		No		Yes	No	No			No	Benzodiazepines
KLOR-CON 10 TAB 10MEQ ER	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
KLOR-CON 20 MEQ PACKET	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
KLOR-CON 8 TAB 8MEQ ER	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
KLOR-CON M10 TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
KLOR-CON M15 TAB	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
KLOR-CON M20 TAB 20MEQ ER	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
KOMBIGLYZE TAB 2.5-1000	2	No	No	Yes	No		No		No	No	No			No	Antidiabetic Agents, Miscellaneous
KOMBIGLYZE TAB 5-1000MG	2	No	No	Yes	No		No		No	No	No			No	Antidiabetic Agents, Miscellaneous
KOMBIGLYZE TAB 5-500MG	2	No	No	Yes	No		No		No	No	No			No	Antidiabetic Agents, Miscellaneous
K-PHOS ORIGINAL TABLET	3	No	No	Yes	No		No		No	No	No			No	Acidifying Agents
KRISTALOSE PAK 10GM	3	No	No	Yes	No		No		No	No	No			No	Ammonia Detoxicants
KRISTALOSE PAK 20GM	3	No	No	Yes	No		No		No	No	No			No	Ammonia Detoxicants
K-TABS TAB 10MEQ CR	3	Yes	No	Yes	No		No		No	No	No			No	Replacement Preparations
KURIC CRE 2%	1	No	Yes	No	No		No		No	No	No			No	Azoles
KUVAN TAB 100MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
K-VESCENT 20 MEQ PACKET	3	No	No	Yes	No		No		No	No	No			No	Replacement Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
KYTRIL 1 MG TABLET	NC														5-HT3 Receptor Antagonists
KYTRIL 1 MG/ML VIAL	NC														5-HT3 Receptor Antagonists
LABETALOL INJ 5MG/ML	1	No	Yes	No	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
LABETALOL TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
LABETALOL TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
LABETALOL TAB 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
LAC-HYDRIN 12% CREAM	NC														Basic Lotions and Liniments
LAC-HYDRIN 12% LOTION	NC														Basic Lotions and Liniments
LACLOTION LOT 12%	1	No	Yes	No	No		No		No	No	No			No	Basic Lotions and Liniments
LACRISERT MIS 5MG OP	2	No	No	No	No		No		No	No	No			No	EENT Drugs, Miscellaneous
LACTATED RINGER'S INJ	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
LACTATED RINGER'S SOL IRRIGAT	1	No	Yes	No	No		No		No	No	No			No	Irrigating Solutions

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LACTULOSE SOL 10GM/15	1	No	Yes	Yes	No		No		No	No	No			No	Ammonia Detoxicants
LAMICTAL CHW 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL CHW 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL KIT START 35 (BLUE)	3	No	No	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL KIT START 49 (ORANGE)	3	No	No	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL KIT START 98 (GREEN)	3	No	No	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL TAB 150MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL TAB 200MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL TAB 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL 25 MG TAB STARTER KIT	2	No	No	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LAMICTAL ODT TAB 100MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL ODT TAB 200MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL ODT TAB 25MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL ODT TAB 50MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL XR KIT (BLUE)	3	No	No	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL XR KIT (GREEN)	3	No	No	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL XR KIT (ORANGE)	3	No	No	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL XR TAB 100MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL XR TAB 200MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL XR TAB 25MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMICTAL XR TAB 50MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMISIL SPR 1%	3	No	No	No	No		No		No	No	No			No	Allylamines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LAMISIL TAB 250MG	3	Yes	No	No	No		No		No	No	No			No	Allylamines
LAMISIL ORAL GRANULES 125 MG PKT	3	No	No	No	No		No		No	No	No			No	Allylamines
LAMISIL ORAL GRANULES 187.5 MG PKT	3	No	No	No	No		No		No	No	No			No	Allylamines
LAMIVUDINE TAB 150 MG	1	No	Yes	Yes	No		No		No	No	No			No	Antiretrovirals
LAMIVUDINE TAB 300 MG	1	No	Yes	Yes	No		No		No	No	No			No	Antiretrovirals
LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG	1	No	Yes	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
LAMOTRIGINE CHW 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMOTRIGINE CHW 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMOTRIGINE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMOTRIGINE TAB 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LAMOTRIGINE TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LAMOTRIGINE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LANOXIN INJ 0.1MG/ML	2	No	No	No	No		No		No	No	No			No	Cardiotonic Agents
LANOXIN INJ 0.25MG/1	2	Yes	No	No	No		No		No	No	No			No	Cardiotonic Agents
LANOXIN TAB 0.125MG	1	Yes	Yes	Yes	No		No		No	No	No			No	Cardiotonic Agents
LANOXIN TAB 0.25MG	1	Yes	Yes	Yes	No		No		No	No	No			No	Cardiotonic Agents
LANSOPRAZOLE CAP 15MG	1	No	Yes	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
LANSOPRAZOLE CAP 30MG	1	No	Yes	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
LANSOPRAZOLE TAB 15MG ODT	1	No	Yes	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
LANSOPRAZOLE TAB 30MG ODT	1	No	Yes	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
LANTUS INJ 100/ML	1	No	Yes	Yes	No		No		No	No	No			No	Insulins
LANTUS INJ SOLOSTAR	2	No	No	Yes	No		No		No	No	No			No	Insulins
LASIX TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Loop Diuretics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LASIX TAB 40MG	3	Yes	No	Yes	No		No		No	No	No			No	Loop Diuretics
LASIX TAB 80MG	3	Yes	No	Yes	No		No		No	No	No			No	Loop Diuretics
LASTACAFT	NC														Antiallergic Agents
LATANOPROST 0.05 MG/ML OPHTHALMIC SOL	1	No	Yes	Yes	No		No		No	No	No			No	PROSTAGLANDIN ANALOGS
LATISSE OPHTHALMIC SOLUTION	NC														PROSTAGLANDIN ANALOGS
LATRIX SUS 50%	3	No	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
LATUDA 40 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
LATUDA 80 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
LAVOCLEN-4 ACNE WASH KIT	3	No	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
LAVOCLEN-4 CREAMY WASH	3	Yes	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
LAVOCLEN-8 ACNE WASH KIT	3	No	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LAVOCLEN-8 CREAMY WASH	3	No	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
LAZANDA SPR	NC														Opiate Agonists
LEENA TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
LEFLUNOMIDE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Disease-Modifying Antirheumatic Agents
LEFLUNOMIDE TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Disease-Modifying Antirheumatic Agents
LESCOL 20 MG CAPSULE	NC														HMG-CoA Reductase Inhibitors
LESCOL 40 MG CAPSULE	NC														HMG-CoA Reductase Inhibitors
LESCOL XL 80 MG TABLET SA	NC														HMG-CoA Reductase Inhibitors
LESSINA-28 TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
LETAIRIS TAB 10MG	4	No	No	Yes	Yes	ENDOTHELIN RECEPTOR ANTAGONISTS	No		No	No	No			No	Vasodilating Agents, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LETAIRIS TAB 5MG	4	No	No	Yes	Yes	ENDOTHELIN RECEPTOR ANTAGONISTS	No		No	No	No			No	Vasodilating Agents, Miscellaneous
LETROZOLE 2.5 MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Antineoplastic Agents
LEUCOVORIN CA INJ 100MG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
LEUCOVORIN CA INJ 350MG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
LEUCOVORIN CA TAB 10MG	1	No	Yes	No	No		No		No	No	No			No	Other Misc Therapeutic Agents
LEUCOVORIN CA TAB 15MG	1	No	Yes	No	No		No		No	No	No			No	Other Misc Therapeutic Agents
LEUCOVORIN CA TAB 25MG	1	No	Yes	No	No		No		No	No	No			No	Other Misc Therapeutic Agents
LEUCOVORIN CA TAB 5MG	1	No	Yes	No	No		No		No	No	No			No	Other Misc Therapeutic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LEUCOVORIN CAL 10 MG/ML VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
LEUCOVORIN CALCIUM 200 MG VL	1	No	Yes	No	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
LEUCOVORIN CALCIUM 50 MG VL	1	No	Yes	No	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
LEUCOVORIN CALCIUM 500 MG VL	1	No	Yes	No	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
LEUKERAN TAB 2MG	2	No	No	No	No		No		No	No	No			No	Antineoplastic Agents
LEUKINE INJ 250MCG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Hematopoietic Agents
LEUKINE INJ 500 MCG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Hematopoietic Agents
LEUPROLIDE INJ 1MG/0.2	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Antineoplastic Agents
LEUPROLIDE 1 MG/0.2 ML VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Antineoplastic Agents
LEUPROLIDE 2WK 1 MG/0.2 ML KT	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LEUSTATIN INJ 1MG/ML	4	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
LEVALBUTEROL NEB 1.25/0.5	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Selective beta-2-Adrenergic Agonists
LEVAQUIN INJ 25MG/ML	3	Yes	No	No	No		No		No	No	No			Yes	Quinolones
LEVAQUIN SOL 25MG/ML	3	Yes	No	No	No		No		No	No	No			No	Quinolones
LEVAQUIN TAB 250MG	3	Yes	No	No	No		No		No	No	No			No	Quinolones
LEVAQUIN TAB 500MG	3	Yes	No	No	No		No		No	No	No			No	Quinolones
LEVAQUIN TAB 750MG	3	Yes	No	No	No		No		No	No	No			No	Quinolones
LEVAQUIN 250 MG/50 ML D5W	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Quinolones
LEVAQUIN 500 MG/100 ML D5W	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Quinolones
LEVAQUIN/D5W INJ 750/150	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Quinolones
LEVATOL TAB 20MG	3	No	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
LEVEMIR INJ	1	No	Yes	Yes	No		No		No	No	No			No	Insulins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LEVEMIR INJ FLEXPEN	2	No	No	Yes	No		No		No	No	No			No	Insulins
LEVETIRACETAM INJ 500 MG/5ML (100 MG/ML)	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LEVETIRACETAM INJ 500/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LEVETIRACETAM SOL 100MG/ML	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LEVETIRACETAM TAB 1000MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LEVETIRACETAM TAB 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LEVETIRACETAM TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LEVETIRACETAM TAB 500MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LEVETIRACETAM TAB 750MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LEVETIRACETAM TAB 750MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LEVETIRACETAM/ NACL 1000 MG/100 ML	1	No	Yes	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LEVETIRACETAM/ NACL 1500 MG/100 ML	1	No	Yes	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LEVETIRACETAM/ NACL 500 MG/100 ML	1	No	Yes	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LEVITRA 10MG TABLET	2	No	No	No	No		No		Yes	No	Yes	6	30	No	DRUGS TO TREAT IMPOTENCY
LEVITRA 2.5MG TABLET	2	No	No	No	No		No		Yes	No	Yes	6	30	No	DRUGS TO TREAT IMPOTENCY
LEVITRA 20MG TABLET	2	No	No	No	No		No		Yes	No	Yes	6	30	No	DRUGS TO TREAT IMPOTENCY
LEVITRA 5MG TABLET	2	No	No	No	No		No		Yes	No	Yes	6	30	No	DRUGS TO TREAT IMPOTENCY
LEVOBUNOLOL SOL 0.25% OP	1	No	Yes	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
LEVOBUNOLOL SOL 0.5% OP	1	No	Yes	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LEVOCARNITINE INJ 200MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
LEVOCARNITINE SOL 1GM/10ML	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
LEVOCARNITINE TAB 330MG	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
LEVOCETIRIZI TAB DHCL 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Second Generation Antihistamines
LEVOCETIRIZINE SOL 2.5/5ML	NC														Second Generation Antihistamines
LEVOFLOX/D5W INJ 500/100M	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Quinolones
LEVOFLOXACIN 250 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Quinolones
LEVOFLOXACIN 5 MG/ML OPHTHALMIC SOLUTION	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
LEVOFLOXACIN 500 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Quinolones

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LEVOFLOXACIN 750 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Quinolones
LEVOFLOXACIN INJ 25MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Quinolones
LEVOFLOXACIN ORAL SOLN 25 MG/ML	1	No	Yes	No	No		No		No	No	No			No	Quinolones
LEVONORGESTREL 0.75 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Contraceptives
LEVORA-28 TAB 0.15/30	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
LEVORPHANOL TAB 2MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
LEVOTHROID TAB 100MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHROID TAB 112MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHROID TAB 125MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHROID TAB 137MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHROID TAB 150MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LEVOTHROID TAB 175MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHROID TAB 200MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHROID TAB 25MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHROID TAB 300MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHROID TAB 50MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHROID TAB 75MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHROID TAB 88MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHYROXINE 200 MCG VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Thyroid Agents
LEVOTHYROXINE 500 MCG VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Thyroid Agents
LEVOTHYROXINE INJ 100 MCG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Thyroid Agents
LEVOTHYROXINE TAB 100MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHYROXINE TAB 112MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LEVOTHYROXINE TAB 125MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHYROXINE TAB 137MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHYROXINE TAB 150MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHYROXINE TAB 175MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHYROXINE TAB 200MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHYROXINE TAB 25MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHYROXINE TAB 300MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHYROXINE TAB 50MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHYROXINE TAB 75MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOTHYROXINE TAB 88MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOXYL TAB 100MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOXYL TAB 112MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LEVOXYL TAB 125MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOXYL TAB 137MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOXYL TAB 150MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOXYL TAB 175MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOXYL TAB 200MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOXYL TAB 25MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOXYL TAB 50MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOXYL TAB 75MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEVOXYL TAB 88MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LEXAPRO SOL 5MG/5ML	2	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
LEXAPRO TAB 10MG	2	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
LEXAPRO TAB 20MG	2	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LEXAPRO TAB 5MG	2	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
LEXIVA SUS 50MG/ML	3	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
LEXIVA TAB 700MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
LIALDA TAB 1.2GM	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
LIDAMANTLE HC RELIEF MEDI PADS	NC														Antipruritics and Local Anesthetics
LIDO HCL-HC ACE 2-2% CRM KIT	3	No	No	No	No		No		No	No	No			No	Antipruritics and Local Anesthetics
LIDO/PRILOCN CRE 2.5-2.5%	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antipruritics and Local Anesthetics
LIDOCAINE GEL 2%	1	No	Yes	No	No		No		No	No	No			No	Antipruritics and Local Anesthetics
LIDOCAINE GEL 2% JELLY	1	No	Yes	No	No		No		No	No	No			No	Antipruritics and Local Anesthetics
LIDOCAINE INJ 0.5%	1	No	Yes	No	No		No		No	No	No			No	Local Anesthetics
LIDOCAINE INJ 1%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Local Anesthetics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LIDOCAINE OIN 5%	1	No	Yes	No	No		No		No	No	No			No	Antipruritics and Local Anesthetics
LIDOCAINE SOL 4%	1	No	Yes	No	No		No		No	No	No			No	Antipruritics and Local Anesthetics
LIDOCAINE 2% VISCOUS SOLN	1	No	Yes	No	No		No		No	No	No			No	LOCAL ANESTHETICS (EENT)
LIDOCAINE HCL 1% AMPUL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	LOCAL ANESTHETICS (PARENTERAL)
LIDOCAINE HCL 1% SYRINGE	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	LOCAL ANESTHETICS (PARENTERAL)
LIDOCAINE HCL 1.5% AMPUL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	LOCAL ANESTHETICS (PARENTERAL)
LIDOCAINE HCL 4% AMPUL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	LOCAL ANESTHETICS (PARENTERAL)
LIDODERM DIS 5%	3	No	No	No	No		No		No	No	No			No	Antipruritics and Local Anesthetics
LINCOCIN INJ 300MG/ML	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Lincomycins
LINDANE LOT 1%	3	No	No	No	No		No		No	No	No			No	Scabicides and Pediculicides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LINDANE SHA 1%	3	No	No	No	No		No		No	No	No			No	Scabicides and Pediculicides
LIOTHYRONINE INJ 10MCG/ML	1	No	Yes	No	No		No		No	No	No			No	Thyroid Agents
LIOTHYRONINE TAB 25MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LIOTHYRONINE TAB 50MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LIOTHYRONINE TAB 5MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
LIPITOR TAB 10MG	2	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
LIPITOR TAB 20MG	2	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
LIPITOR TAB 40MG	2	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
LIPITOR TAB 80MG	2	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
LIPOFEN CAP 150MG	3	No	No	Yes	No		No		No	No	No			No	Fibric Acid Derivatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LIPOFEN CAP 50MG	3	No	No	Yes	No		No		No	No	No			No	Fibric Acid Derivatives
LIPOSYN II INJ 10%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
LIPOSYN II INJ 20%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
LIPOSYN III INJ 10%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
LIPOSYN III INJ 20%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
LIPOSYN III INJ 30%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Caloric Agents
LISINOPRIL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LISINOPRIL TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LISINOPRIL TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LISINOPRIL TAB 30MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LISINOPRIL TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LISINOPRIL TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LISINOPRIL/HCTZ TAB 10-12.5	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LISINOPRIL/HCTZ TAB 20-12.5	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LISINOPRIL/HCTZ TAB 20-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LITHIUM CARB CAP 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Antimanic Agents
LITHIUM CARB CAP 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Antimanic Agents
LITHIUM CARB CAP 600MG	1	No	Yes	Yes	No		No		No	No	No			No	Antimanic Agents
LITHIUM CARB TAB 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Antimanic Agents
LITHIUM CARB TAB 300MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Antimanic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LITHIUM CARB TAB 450MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Antimanic Agents
LITHIUM CITR SYP 8MEQ/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Antimanic Agents
LITHOBID TAB 300MG CR	2	Yes	No	Yes	No		No		No	No	No			No	Antimanic Agents
LITHOSTAT TAB 250MG	NC														Ammonia Detoxicants
LIVALO 1 MG TABLET	NC														HMG-CoA Reductase Inhibitors
LIVALO 2 MG TABLET	NC														HMG-CoA Reductase Inhibitors
LIVALO 4 MG TABLET	NC														HMG-CoA Reductase Inhibitors
LO LOESTRIN FE TAB	3	No	No	Yes	No		No		No	No	No			No	Contraceptives
LO/OVRAL-28 TAB	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
LOCOID OIN 0.1%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
LOCOID SOL 0.1%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LOCOID 0.1% CREAM	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
LOCOID 0.1% LOTION	NC														Anti-inflammatory Agents
LOCOID LIPO CRE 0.1%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
LODOSYN TAB 25MG	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
LOESTRIN TAB 1/20-21	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
LOESTRIN 21 TAB 1.5/30	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
LOESTRIN 24 TAB FE	3	No	No	Yes	No		No		No	No	No			No	Contraceptives
LOESTRIN FE TAB 1.5/30	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
LOESTRIN FE TAB 1/20	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
LOFIBRA CAP 134MG	3	No	No	Yes	No		No		No	No	No			No	Fibric Acid Derivatives
LOFIBRA CAP 200MG	3	Yes	No	Yes	No		No		No	No	No			No	Fibric Acid Derivatives
LOFIBRA CAP 67MG	3	No	No	Yes	No		No		No	No	No			No	Fibric Acid Derivatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LOFIBRA TAB 160MG	3	No	No	Yes	No		No		No	No	No			No	Fibric Acid Derivatives
LOFIBRA TAB 54MG	3	No	No	Yes	No		No		No	No	No			No	Fibric Acid Derivatives
LOKARA LOT 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
LOMOTIL TAB 2.5MG	3	Yes	No	No	No		No		No	No	No			No	Antidiarrhea Agents
LONOX TAB 2.5MG	1	No	Yes	No	No		No		No	No	No			No	Antidiarrhea Agents
LOPERAMIDE CAP 2MG	1	No	Yes	No	No		No		No	No	No			No	Antidiarrhea Agents
LOPID 600 MG TABLET	NC														Fibric Acid Derivatives
LOPRESSOR INJ 5MG/5ML	3	Yes	No	No	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
LOPRESSOR TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
LOPRESSOR TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
LOPRESSOR HCT TAB 100/25MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LOPRESSOR HCT TAB 50-25MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
LOPROX GEL 0.77%	3	Yes	No	No	No		No		No	No	No			No	Hydroxypyridones
LOPROX SHA 1%	3	Yes	No	No	No		No		No	No	No			No	Hydroxypyridones
LORAZEPAM 0.5 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
LORAZEPAM 1 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
LORAZEPAM 2 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
LORAZEPAM 2 MG/ML CARPUJECT	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
LORAZEPAM 2 MG/ML HYPAK SYRN	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
LORAZEPAM 2 MG/ML VIAL	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
LORAZEPAM 4 MG/ML CARPUJECT	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LORAZEPAM 4 MG/ML VIAL	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
LORAZEPAM INTENSOL 2 MG/ML	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
LORCET TAB 10/650	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
LORCET PLUS TAB 7.5-650	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
LORTAB ELX	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
LORTAB 10 TAB	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
LORTAB 5 TAB	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
LORTAB 7.5 TAB	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
LOSARTAN POT TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
LOSARTAN POT TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
LOSARTAN POT TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LOSARTAN/HCT TAB 100-12.5	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
LOSARTAN/HCT TAB 100-25	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
LOSARTAN/HCT TAB 50-12.5	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
LOSEASONIQUE TAB	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
LOTEMAX SUS 0.5%	2	No	No	No	No		No		No	No	No			No	Corticosteroids
LOTEMAX 0.5% OP OINTMENT	2	No	No	No	No		No		No	No	No			No	Corticosteroids
LOTENSIN TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LOTENSIN TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LOTENSIN TAB 40MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LOTENSIN TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LOTENSIN HCT TAB 10-12.5	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LOTENSIN HCT TAB 20-12.5	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LOTENSIN HCT TAB 20-25MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LOTENSIN HCT TAB 5-6.25MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
LOTREL CAP 10-20MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
LOTREL CAP 10-40MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
LOTREL CAP 2.5-10MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
LOTREL CAP 5-10MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
LOTREL CAP 5-20MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LOTREL CAP 5-40MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
LOTRISONE CRE	3	Yes	No	No	No		No		No	No	No			No	Azoles
LOTRISONE LOT	3	Yes	No	No	No		No		No	No	No			No	Azoles
LOTRONEX TAB 0.5MG	2	No	No	Yes	Yes	ALOSETRON	No		No	No	Yes	60	30	No	Anti-inflammatory Agents
LOTRONEX TAB 1MG	2	No	No	Yes	Yes	ALOSETRON	No		No	No	Yes	60	30	No	Anti-inflammatory Agents
LOVASTATIN TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
LOVASTATIN TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
LOVASTATIN TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
LOVAZA CAP 1GM	2	No	No	Yes	No		No		No	No	No			No	Antilipemic Agents, Miscellaneous
LOVENOX INJ 100/1ML	3	Yes	No	No	Yes	LMWH	No		No	No	No			No	Heparins
LOVENOX INJ 120/0.8	3	Yes	No	No	Yes	LMWH	No		No	No	No			No	Heparins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LOVENOX INJ 150/1ML	3	Yes	No	No	Yes	LMWH	No		No	No	No			No	Heparins
LOVENOX INJ 30/0.3ML	3	Yes	No	No	Yes	LMWH	No		No	No	No			No	Heparins
LOVENOX INJ 300/3ML	3	No	No	No	Yes	LMWH	No		No	No	No			No	Heparins
LOVENOX INJ 40/0.4ML	3	Yes	No	No	Yes	LMWH	No		No	No	No			No	Heparins
LOVENOX INJ 60/0.6ML	3	Yes	No	No	Yes	LMWH	No		No	No	No			No	Heparins
LOVENOX INJ 80/0.8ML	3	Yes	No	No	Yes	LMWH	No		No	No	No			No	Heparins
LOW-OGESTREL TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
LOXAPINE CAP 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antipsychotics
LOXAPINE CAP 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antipsychotics
LOXAPINE CAP 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antipsychotics
LOXAPINE CAP 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antipsychotics
LOXITANE CAP 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antipsychotics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LOXITANE CAP 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antipsychotics
LOXITANE CAP 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antipsychotics
LOXITANE CAP 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antipsychotics
LUFYLLIN TAB 200MG	3	No	No	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
LUFYLLIN TAB 400MG	3	No	No	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
LUMIGAN SOL 0.01%	2	No	No	Yes	No		No		No	No	No			No	PROSTAGLANDIN ANALOGS
LUMIGAN SOL 0.03%	2	No	No	Yes	No		No		No	No	No			No	PROSTAGLANDIN ANALOGS
LUMINAL 130 MG/ML CARPUJECT	1	No	Yes	No	No		No		Yes	No	No			No	Barbiturates
LUMINAL 60 MG/ML CARPUJECT	1	No	Yes	No	No		No		Yes	No	No			No	Barbiturates
LUMIZYME INJ 50MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Enzymes

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LUNESTA TAB 1MG	3	No	No	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
LUNESTA TAB 2MG	3	No	No	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
LUNESTA TAB 3MG	3	No	No	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
LUPRON DEPOT 11.25 MG 3MO KT	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
LUPRON DEPOT 22.5 MG 3MO KIT	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
LUPRON DEPOT 3.75 MG KIT	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
LUPRON DEPOT 7.5 MG KIT	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
LUPRON DEPOT INJ 30MG 4 MO KIT	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
LUPRON DEPOT INJ 45MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LUPRON DEPOT-PED 11.25 MG KT	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
LUPRON DEPOT-PED 15 MG KIT	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
LUPRON DEPOT-PED 7.5 MG KIT	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
LUTERA TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
LUVOX CR 100 MG CAPSULE	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
LUVOX CR 150 MG CAPSULE	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
LUXIQ 0.12% FOAM	NC														Anti-inflammatory Agents
LYBREL TAB 90-20MCG	3	No	No	Yes	No		No		No	No	No			No	Contraceptives
LYRICA CAP 100MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LYRICA CAP 150MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LYRICA CAP 200MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LYRICA CAP 225MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
LYRICA CAP 25MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LYRICA CAP 300MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LYRICA CAP 50MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LYRICA CAP 75MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
LYSIPLEX SYRUP	NC														VITAMIN B COMPLEX
LYSODREN TAB 500MG	2	No	No	No	No		No		No	No	No			No	Antineoplastic Agents
LYSTEDA	NC														Hemostatics
MACROBID CAP 100MG	3	Yes	No	No	No		No		No	No	No			No	Urinary Anti-infectives
MACRODANTIN CAP 100MG	3	Yes	No	No	No		No		No	No	No			No	Urinary Anti-infectives
MACRODANTIN CAP 25MG	3	No	No	No	No		No		No	No	No			No	Urinary Anti-infectives
MACRODANTIN CAP 50MG	3	Yes	No	No	No		No		No	No	No			No	Urinary Anti-infectives
MAG SULFATE 1%/D5W IV SOLN	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Anticonvulsants, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MAGNACET 10 MG/400 MG TABLET	3	No	No	No	No		No		No	No	No			No	Opiate Agonists
MAGNESIUM CHL 200 MG/ML VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Anticonvulsants, Miscellaneous
MAGNESIUM OXIDE 400 MG TAB	NC														Replacement Preparations
MAGNESIUM SU INJ 40MG/ML	1	No	Yes	No	No		No		No	No	No			Yes	Anticonvulsants, Miscellaneous
MAGNESIUM SU INJ 50%	1	No	Yes	No	No		No		No	No	No			Yes	Anticonvulsants, Miscellaneous
MAGNESIUM SU INJ 80MG/ML	1	No	Yes	No	No		No		No	No	No			Yes	Anticonvulsants, Miscellaneous
MAGNESIUM SULFATE 50% VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Anticonvulsants, Miscellaneous
MAKENA INJ	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Progestins
MALARONE TAB 250-100	3	Yes	No	No	No		No		No	No	No			No	Antimalarials
MALARONE TAB 62.5/25	3	No	No	No	No		No		No	No	No			No	Antimalarials
MALATHION LOT 0.5%	1	No	Yes	No	No		No		No	No	No			No	Scabicides and Pediculicides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MAPROTILINE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
MAPROTILINE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
MAPROTILINE TAB 75MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
MARGESIC CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	Barbiturates
MARGESIC-H CAP 500-5MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MARINOL CAP 10MG	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antiemetics, Miscellaneous
MARINOL CAP 2.5MG	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antiemetics, Miscellaneous
MARINOL CAP 5MG	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antiemetics, Miscellaneous
MARPLAN TAB 10MG	3	No	No	Yes	No		No		No	No	No			No	Monomine Oxidase Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MARTEN-TAB 325/50 TABLET	3	No	No	No	No		No		Yes	No	No			No	Barbiturates
MATULANE CAP 50MG	3	No	No	No	No		No		No	No	No			No	Antineoplastic Agents
MAVIK TAB 1MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
MAVIK TAB 2MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
MAVIK TAB 4MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
MAXAIR AUTOH AER 200MCG	3	No	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
MAXALT TAB 10MG	3	No	No	No	No		No		No	No	Yes	12	30	No	Selective Serotonin Agonists
MAXALT TAB 5MG	3	No	No	No	No		No		No	No	Yes	12	30	No	Selective Serotonin Agonists
MAXALT-MLT TAB 10MG	3	No	No	No	No		No		No	No	Yes	12	30	No	Selective Serotonin Agonists
MAXALT-MLT TAB 5MG	3	No	No	No	No		No		No	No	Yes	12	30	No	Selective Serotonin Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MAXARON FORTE CAPSULE	NC														IRON PREPARATIONS
MAXIDEX SUS 0.1% OP	3	No	No	No	No		No		No	No	No			No	Corticosteroids
MAXIDONE TAB	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
MAXIPIME INJ 1GM	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Fourth Generation Cephalosporins
MAXIPIME INJ 2GM	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Fourth Generation Cephalosporins
MAXITROL OIN 0.1% OP	3	Yes	No	No	No		No		No	No	No			No	Corticosteroids
MAXITROL SUS 0.1% OP	3	Yes	No	No	No		No		No	No	No			No	Corticosteroids
MAXZIDE TAB 75-50	3	Yes	No	Yes	No		No		No	No	No			No	Potassium-sparing Diuretics
MAXZIDE-25 TAB	3	Yes	No	Yes	No		No		No	No	No			No	Potassium-sparing Diuretics
MEBARAL 100 MG TABLET	3	Yes	No	Yes	No		No		Yes	No	No			No	BARBITURATES (ANTICONVULSANTS)
MEBARAL 32 MG TABLET	3	Yes	No	Yes	No		No		Yes	No	No			No	BARBITURATES (ANTICONVULSANTS)

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MEBARAL 50 MG TABLET	3	Yes	No	Yes	No		No		Yes	No	No			No	BARBITURATES (ANTICONVULSANTS)
MEBENDAZOLE CHW 100MG	1	No	Yes	No	No		No		No	No	No			No	Anthelmintics
MECLIZINE TAB 12.5MG	1	No	Yes	No	No		No		No	No	No			No	Antihistamines
MECLIZINE TAB 25MG	1	No	Yes	No	No		No		No	No	No			No	Antihistamines
MECLOFENAMATE SOD CAP 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
MECLOFENAMATE SOD CAP 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
MEDROL PAK 4MG	3	Yes	No	No	No		No		No	No	No			No	Adrenals
MEDROL TAB 16MG	3	Yes	No	No	No		No		No	No	No			No	Adrenals
MEDROL TAB 2MG	3	No	No	No	No		No		No	No	No			No	Adrenals
MEDROL TAB 32MG	3	Yes	No	No	No		No		No	No	No			No	Adrenals
MEDROL TAB 4MG	3	Yes	No	No	No		No		No	No	No			No	Adrenals

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MEDROL TAB 8MG	3	Yes	No	No	No		No		No	No	No			No	Adrenals
MEDROXYPROGESTERONE AC INJ 150MG/ML	1	No	Yes	No	No		No		No	No	No			No	Progestins
MEDROXYPROGESTERONE AC TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Progestins
MEDROXYPROGESTERONE AC TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Progestins
MEDROXYPROGESTERONE AC TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Progestins
MEFENAMIC ACID CAP 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammmtory Agents
MEFLOQUINE TAB 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Antimalarials
MEFOXIN 1 GM/50 ML PIGGYBACK	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Second Generation Cephalosporins
MEFOXIN 2 GM/50 ML PIGGYBACK	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Second Generation Cephalosporins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MEGACE ES SUS	3	No	No	Yes	No		No		No	No	No			No	Progestins
MEGACE ORAL SUS 40MG/ML	3	Yes	No	No	No		No		No	No	No			No	Antineoplastic Agents
MEGESTROL AC SUS 40MG/ML	1	No	Yes	No	No		No		No	No	No			No	Antineoplastic Agents
MEGESTROL AC TAB 20MG	1	No	Yes	No	No		No		No	No	No			No	Antineoplastic Agents
MEGESTROL AC TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Antineoplastic Agents
MELOXICAM SUS 7.5/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
MELOXICAM TAB 15MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
MELOXICAM TAB 7.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
MELPHALAN INJ 50MG	1	No	Yes	No	No		No		No	No	No			No	Antineoplastic Agents
MEMANTINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MEMANTINE TAB 5MG	1	No	Yes	No	No		No		No	No	No			No	Central Nervous System Agents, Misc
MENACTRA INJ	3	No	No	No	No		No		No	No	No			No	Vaccines
MENEST TAB 0.3MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
MENEST TAB 0.625MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
MENEST TAB 1.25MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
MENEST TAB 2.5MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
MENOMUNE INJ A/C/Y/W	3	No	No	No	No		No		No	No	No			No	Vaccines
MENOSTAR DIS 14MCG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
MENTAX CRE 1%	3	No	No	No	No		No		No	No	No			No	Benzylamines
MENVEO INJ	3	No	No	No	No		No		No	No	No			No	Vaccines
MEPERIDINE INJ 10MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MEPERIDINE INJ 25MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MEPERIDINE INJ 50MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MEPERIDINE INJ 75MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MEPERIDINE SOL 50MG/5ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MEPERIDINE TAB 100MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MEPERIDINE TAB 50MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MEPERIDINE 100 MG/ML AMPUL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MEPERITAB 100 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MEPERITAB 50 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MEPROBAMATE TAB 200MG	NC														Anxiolytics, Sedatives, & Hypnotics Misc
MEPROBAMATE TAB 400MG	NC														Anxiolytics, Sedatives, & Hypnotics Misc
MEPRON SUS	3	No	No	No	No		No		No	No	No			No	Antiprotozoals, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MERCAPTOPUR TAB 50MG	1	No	Yes	No	No		No		No	No	No			No	Antineoplastic Agents
MEROPENEM INJ 500MG	1	No	Yes	No	No		No		No	No	No			No	Carbapenems
MEROPENEM IV FOR SOLN 1000 MG	1	No	Yes	No	No		No		No	No	No			No	Carbapenems
MEROPENEM IV FOR SOLN 500 MG	1	No	Yes	No	No		No		No	No	No			No	Carbapenems
MERREM INJ 500MG	3	Yes	No	No	No		No		No	No	No			Yes	Carbapenems
MERREM 1 GM VIAL	3	No	No	No	No		No		No	No	No			No	Carbapenems
MERUVAX II INJ LIVE	3	No	No	No	No		No		No	No	No			No	Vaccines
MESALAMINE ENE 4GM	1	No	Yes	Yes	No		No		No	No	No			No	Anti-inflammatory Agents
MESNA INJ 1GM	1	No	Yes	No	No		No		No	No	No			No	Other Misc Therapeutic Agents
MESNEX INJ 1GM	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MESNEX TAB 400MG	3	No	No	No	No		No		No	No	No			No	Other Misc Therapeutic Agents
MESTINON SYP 60MG/5ML	3	No	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
MESTINON TAB 60MG	3	Yes	No	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
MESTINON TAB TIMESPAN	3	No	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
METADATE TAB 20MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METADATE CD CAP 10MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METADATE CD CAP 20MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METADATE CD CAP 30MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
METADATE CD CAP 40MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METADATE CD CAP 50MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METADATE CD CAP 60MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METAGLIP TAB 2.5-250M	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
METAGLIP TAB 2.5-500M	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
METAGLIP TAB 5-500MG	3	Yes	No	Yes	No		No		No	No	No			No	Sulfonylureas
METAPROTEREN OL SYP 10MG/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
METAPROTEREN OL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
METAPROTEREN OL TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
METAXALONE TAB 800MG	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
METFORMIN TAB 1000MG	1	No	Yes	Yes	No		No		No	No	No			No	Biguanides
METFORMIN TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Biguanides
METFORMIN TAB 500MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Biguanides
METFORMIN TAB 750MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Biguanides
METFORMIN TAB 850MG	1	No	Yes	Yes	No		No		No	No	No			No	Biguanides
METHADONE CON 10MG/ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
METHADONE INJ 10MG/ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
METHADONE SOL 10MG/5ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
METHADONE SOL 5MG/5ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
METHADONE TAB 10MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
METHADONE TAB 5MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
METHADONE HCL 40 MG DISKET	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
METHADOSE TAB 10MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
METHADOSE TAB 5MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
METHAMPHETAMINE TAB 5MG	NC														Amphetamines
METHAZOLAMIDE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	CARBONIC ANYDRASE INHIBITORS
METHAZOLAMIDE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	CARBONIC ANYDRASE INHIBITORS
METHENAMINE HIP TAB 1GM	1	No	Yes	No	No		No		No	No	No			No	Urinary Anti-infectives
METHENAMINE MD 0.5 GM TABLET	1	No	Yes	No	No		No		No	No	No			No	Urinary Anti-infectives
METHENAMINE MD 1 GM TABLET	1	No	Yes	No	No		No		No	No	No			No	Urinary Anti-infectives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
METHERGINE TAB 0.2MG	3	Yes	No	No	No		No		No	No	No			No	Oxytocics
METHERGINE 0.2 MG/ML AMPUL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Oxytocics
METHIMAZOLE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Antithyroid Agents
METHIMAZOLE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Antithyroid Agents
METHITEST TAB 10MG	3	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
METHOCARBAMOL TAB 500MG	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
METHOCARBAMOL TAB 750MG	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
METHOTREXATE INJ 1GM	1	No	Yes	No	No		No		No	No	No			No	Antineoplastic Agents
METHOTREXATE INJ 25MG/ML	1	No	Yes	No	No		No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
METHOTREXATE TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Antineoplastic Agents
METHSCOPOLAMINE TAB 2.5MG	1	No	Yes	No	No		No		No	No	No			No	Antimuscarinics/Antispasmodics
METHSCOPOLAMINE TAB 5MG	1	No	Yes	No	No		No		No	No	No			No	Antimuscarinics/Antispasmodics
METHYCLOTHIAZIDE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Thiazide Diuretics
METHYLDOPA TAB 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Alpha-Agonists
METHYLDOPA TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Alpha-Agonists
METHYLDOPA/HCTZ TAB 250/15	1	No	Yes	Yes	No		No		No	No	No			No	Central Alpha-Agonists
METHYLDOPA/HCTZ TAB 250/25	1	No	Yes	Yes	No		No		No	No	No			No	Central Alpha-Agonists
METHYLDOPATE INJ 250/5ML	1	No	Yes	No	No		No		No	No	No			No	Central Alpha-Agonists
METHYLERGON INJ 0.2MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Oxytocics
METHYLERGONOVINE MALEATE TAB 0.2 MG	1	No	Yes	No	No		No		No	No	No			No	Oxytocics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
METHYLIN CHW 10MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLIN CHW 2.5MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLIN CHW 5MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLIN SOL 10MG/5ML	3	Yes	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLIN SOL 5MG/5ML	3	Yes	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLIN TAB 10MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLIN TAB 20MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLIN TAB 5MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
METHYLIN ER TAB 10MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLIN ER TAB 20MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLPHENIDATE 1 MG/ML ORAL SOLUTION	1	No	Yes	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLPHENIDATE 2 MG/ML ORAL SOLUTION	1	No	Yes	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLPHENIDATE CAP 20MG ER	NC														Anorexigenics & Resp & Cereb Stim, Misc
METHYLPHENIDATE CAP 30MG ER	NC														Anorexigenics & Resp & Cereb Stim, Misc
METHYLPHENIDATE CAP 40MG ER	NC														Anorexigenics & Resp & Cereb Stim, Misc
METHYLPHENIDATE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
METHYLPHENIDATE TAB 18MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLPHENIDATE TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLPHENIDATE TAB 20MG SR	1	No	Yes	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLPHENIDATE TAB 27MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLPHENIDATE TAB 36MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLPHENIDATE TAB 54MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLPHENIDATE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
METHYLPREDNISOLONE PAK 4MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
METHYLPREDNISOLONE TAB 16MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
METHYLPREDNISOLONE TAB 32MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
METHYLPREDNISOLONE TAB 8MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
METHYLPREDNISOLONE ACE INJ 40MG/ML	1	No	Yes	No	No		No		No	No	No			No	Adrenals
METHYLPREDNISOLONE ACE INJ 80MG/ML	1	No	Yes	No	No		No		No	No	No			No	Adrenals
METHYLPREDNISOLONE SS INJ 1000MG	1	No	Yes	No	No		No		No	No	No			Yes	Adrenals
METHYLPREDNISOLONE SS INJ 125MG	1	No	Yes	No	No		No		No	No	No			Yes	Adrenals
METHYLPREDNISOLONE SS INJ 40MG	1	No	Yes	No	No		No		No	No	No			Yes	Adrenals

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
METHYLPREDNISOLONE SS INJ 2 GM	1	No	Yes	No	No		No		No	No	No			No	Adrenals
METHYLPREDNISOLONE SS INJ 500MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
METHYLPREDNISOLONE TAB 4MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
METIPRANOLOL SOL 0.3% OPH	1	No	Yes	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
METOCLOPRAMIDE INJ 5MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Prokinetic Agents
METOCLOPRAMIDE SOL 5MG/5ML	1	No	Yes	No	No		No		No	No	No			No	Prokinetic Agents
METOCLOPRAMIDE TAB 10MG	1	No	Yes	No	No		No		No	No	No			No	Prokinetic Agents
METOCLOPRAMIDE TAB 5MG	1	No	Yes	No	No		No		No	No	No			No	Prokinetic Agents
METOLAZONE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Thiazide-like Diuretics
METOLAZONE TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Thiazide-like Diuretics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
METOLAZONE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Thiazide-like Diuretics
METOPROLOL INJ 1MG/ML	1	No	Yes	No	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
METOPROLOL TAB 100MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
METOPROLOL TAB 200MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
METOPROLOL TAB 25MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
METOPROLOL TAB 50MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
METOPROLOL TAR TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
METOPROLOL TAR TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
METOPROLOL TAR TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
METOPROLOL/HC TZ TAB 100-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
METOPROLOL/HC TZ TAB 100-50MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
METOPROLOL/HC TZ TAB 50-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
METOZOLV ODT 10 MG TABLET	NC														Prokinetic Agents
METOZOLV ODT 5 MG TABLET	NC														Prokinetic Agents
METRO IV 500 MG/100 ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Antiprotozoals, Miscellaneous
METROCREAM CRE 0.75%	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
METROGEL GEL 1%	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
METROGEL 1% KIT	3	No	No	No	No		No		No	No	No			No	Local Anti-infectives, Miscellaneous
METROGEL-VAG GEL 0.75%	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
METROLOTION LOT 0.75%	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
METRONIDAZOLE CAP 375MG	1	No	Yes	No	No		No		No	No	No			No	Antiprotozoals, Miscellaneous
METRONIDAZOLE CRE 0.75%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
METRONIDAZOLE GEL 0.75%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
METRONIDAZOLE GEL 0.75%VAG	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
METRONIDAZOLE GEL 1%	1	No	Yes	Yes	No		No		No	No	No			No	Antibacterials
METRONIDAZOLE LOT 0.75%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
METRONIDAZOLE TAB 250MG	1	No	Yes	No	No		No		No	No	No			No	Antiprotozoals, Miscellaneous
METRONIDAZOLE TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Antiprotozoals, Miscellaneous
METRONIDAZOLE/NACL INJ 500MG	1	No	Yes	No	No		No		No	No	No			Yes	Antiprotozoals, Miscellaneous
MEVACOR TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
MEVACOR TAB 40MG	3	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
MEXILETINE CAP 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ib Antiarrhythmics
MEXILETINE CAP 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ib Antiarrhythmics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MEXILETINE CAP 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ib Antiarrhythmics
MG SO4/D5W INJ 10MG/ML	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
MIACALCIN INJ 200/ML	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Parathyroid
MIACALCIN SPR 200/ACT	3	Yes	No	Yes	No		No		No	No	No			No	Parathyroid
MICARDIS TAB 20MG	3	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
MICARDIS TAB 40MG	3	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
MICARDIS TAB 80MG	3	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
MICARDIS HCT TAB 40/12.5	3	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
MICARDIS HCT TAB 80/12.5	3	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MICARDIS HCT TAB 80/25MG	3	No	No	Yes	No		No		No	No	No			No	Angiotensin II Receptor Antagonists
MICONAZOLE 3 SUP 200MG	1	No	Yes	No	No		No		No	No	No			No	Azoles
MICROGESTIN TAB 1.5/30	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
MICROGESTIN TAB 1/20	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
MICROGESTIN TAB FE 1/20	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
MICROGESTIN TAB FE1.5/30	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
MICRO-K 10 MEQ EXTENCAPS	3	Yes	No	Yes	No		No		No	No	No			No	Replacement Preparations
MICRO-K 8 MEQ EXTENCAPS	3	Yes	No	Yes	No		No		No	No	No			No	Replacement Preparations
MICROZIDE CAP 12.5MG	3	Yes	No	No	No		No		No	No	No			No	Thiazide Diuretics
MIDAZOLAM HCL 1 MG/ML VIAL	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
MIDAZOLAM HCL 2 MG/ML SYRUP	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
MIDAZOLAM HCL 5 MG/ML SYRING	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MIDAZOLAM HCL 5 MG/ML VIAL	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
MIDODRINE TAB 10MG	1	No	Yes	No	No		No		No	No	No			No	alpha-Adrenergic Agonists
MIDODRINE TAB 2.5MG	1	No	Yes	No	No		No		No	No	No			No	alpha-Adrenergic Agonists
MIDODRINE TAB 5MG	1	No	Yes	No	No		No		No	No	No			No	alpha-Adrenergic Agonists
MIGERGOT SUP 2/100	1	No	Yes	No	No		No		No	No	No			No	Sympatholytic (Adrenergic Block) Agents
MIGRANAL SPR 4MG/ML	3	No	No	No	No		No		No	No	Yes	16	30	No	Sympatholytic (Adrenergic Block) Agents
MILLIPRED 10 MG/5ML SOLUTION	NC														Adrenals
MILLIPRED 5 MG TABLET	2	No	No	No	No		No		No	No	No			No	Adrenals
MINIPRESS CAP 1MG	3	Yes	No	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
MINIPRESS CAP 2MG	3	Yes	No	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
MINIPRESS CAP 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MINIRIN 0.1 MG/ML SPRAY	3	Yes	No	Yes	No		No		No	No	No			No	Pituitary
MINITRAN DIS 0.1MG/HR	1	Yes	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
MINITRAN DIS 0.2MG/HR	1	Yes	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
MINITRAN DIS 0.4MG/HR	1	Yes	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
MINITRAN DIS 0.6MG/HR	1	Yes	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
MINOCIN CAP 100MG	3	Yes	No	No	No		No		No	No	No			No	Tetracyclines
MINOCIN CAP 50MG	3	Yes	No	No	No		No		No	No	No			No	Tetracyclines
MINOCIN 50 MG COMBO PACK	3	No	No	No	No		No		No	No	No			No	Tetracyclines
MINOCYCLINE CAP 100MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
MINOCYCLINE CAP 50MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
MINOCYCLINE CAP 75MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
MINOCYCLINE TAB 100MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MINOCYCLINE TAB 50MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
MINOCYCLINE TAB 75MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
MINOCYCLINE 135 MG ER TABLET	NC														Tetracyclines
MINOCYCLINE 45 MG ER TABLET	NC														Tetracyclines
MINOCYCLINE 90 MG ER TABLET	NC														Tetracyclines
MINOCYCLINE HCL TAB SR 24HR 55 MG	NC														Tetracyclines
MINOXIDIL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Direct Vasodilators
MINOXIDIL TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Direct Vasodilators
MIRALAX PACKET	NC														Cathartics and Laxatives
MIRALAX POWDER	NC														Cathartics and Laxatives
MIRAPEX TAB 0.125MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MIRAPEX TAB 0.25MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
MIRAPEX TAB 0.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
MIRAPEX TAB 0.75MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
MIRAPEX TAB 1.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
MIRAPEX TAB 1MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
MIRAPEX ER TAB 0.375MG	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
MIRAPEX ER TAB 0.75MG	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
MIRAPEX ER TAB 1.5MG	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MIRAPEX ER TAB 3MG	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
MIRAPEX ER TAB 4.5MG	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
MIRTAZAPINE TAB 15MG	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
MIRTAZAPINE TAB 15MG ODT	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
MIRTAZAPINE TAB 30MG	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
MIRTAZAPINE TAB 30MG ODT	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
MIRTAZAPINE TAB 45MG	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
MIRTAZAPINE TAB 45MG ODT	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
MIRTAZAPINE TAB 7.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
MISOPROSTOL TAB 100MCG	1	No	Yes	Yes	No		No		No	No	No			No	Prostaglandins
MISOPROSTOL TAB 200MCG	1	No	Yes	Yes	No		No		No	No	No			No	Prostaglandins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MITOMYCIN INJ 20MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
MITOMYCIN 40 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
MITOMYCIN 5 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
MITOXANTRON INJ 2MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
M-M-R II INJ LIVE	3	No	No	No	No		No		No	No	No			No	Vaccines
MOBIC SUS 7.5/5ML	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
MOBIC TAB 15MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
MOBIC TAB 7.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
MODICON TAB 0.5/35	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
MOEXIPRIL TAB 15MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MOEXIPRIL TAB 7.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
MOEXIPRIL/HCTZ TAB 15-12.5	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
MOEXIPRIL/HCTZ TAB 15-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
MOEXIPRIL/HCTZ TAB 7.5-12.5	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
MOMETASONE CRE 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
MOMETASONE OIN 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
MOMETASONE SOL 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
MONODOX CAP 100MG	3	Yes	No	No	No		No		No	No	No			No	Tetracyclines
MONODOX CAP 50MG	3	Yes	No	No	No		No		No	No	No			No	Tetracyclines
MONODOX 75 MG CAPSULE	3	No	No	No	No		No		No	No	No			No	Tetracyclines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MONOKET TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
MONOKET TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
MONONESSA TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
MONOPRIL TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
MONOPRIL TAB 40MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
MONUROL PAK GRANULES	3	No	No	No	No		No		No	No	No			No	Urinary Anti-infectives
MORPHINE 0.5 MG/ML AMPUL P/F	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE 1 MG/ML AMPUL P/F	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE 1 MG/ML SYRINGE	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE 1 MG/ML/D5W 250 ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MORPHINE 10 MG/ML AMPUL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE 15 MG/ML VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE 2 MG/ML SYRINGE	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE 25 MG/ML SYRINGE	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE 4 MG/ML SYRINGE	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE 8 MG/ML VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE SUL CAP 100MG ER	NC														Opiate Agonists
MORPHINE SUL CAP 20MG ER	NC														Opiate Agonists
MORPHINE SUL CAP 30MG ER	NC														Opiate Agonists
MORPHINE SUL CAP 50MG ER	NC														Opiate Agonists
MORPHINE SUL CAP 60MG ER	NC														Opiate Agonists
MORPHINE SUL CAP 80MG ER	NC														Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MORPHINE SUL INJ 0.5MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE SUL INJ 1MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE SUL INJ 5MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE SUL SOL 10MG/5ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MORPHINE SUL SOL 20MG/5ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MORPHINE SUL SOL 20MG/ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MORPHINE SUL TAB 100MG ER	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MORPHINE SUL TAB 15MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MORPHINE SUL TAB 15MG ER	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MORPHINE SUL TAB 200MG ER	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MORPHINE SUL TAB 30MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MORPHINE SUL TAB 30MG ER	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MORPHINE SUL TAB 60MG ER	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MORPHINE SULF 10 MG SUPPOS	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MORPHINE SULF 20 MG SUPPOS	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MORPHINE SULF 30 MG SUPPOS	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MORPHINE SULF 5 MG SUPPOS	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MORPHINE SULF 5 MG/ML SYRN	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE SULFATE 25 MG/ML VL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE SULFATE 25MG/ML VL	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
MORPHINE SULFATE 50 MG/ML VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE/D5W 100 MG/100 ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists
MORPHINE/D5W 250 MG/250 ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MOTOFEN TAB	3	No	No	No	Yes	MOTOFEN	No		No	No	No			No	Antidiarrhea Agents
MOVIPREP SOL	3	No	No	No	No		No		No	No	No			No	Cathartics and Laxatives
MOXATAG ER TABLET	NC														Aminopenicillins
MOXEZA 0.5% OPHTHALMIC SOL	3	No	No	No	No		No		No	No	No			No	Antibacterials
MOZOBIL INJ	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Hematopoietic Agents
MS CONTIN 100 MG TABLET SA	NC														Opiate Agonists
MS CONTIN 15 MG TABLET SA	NC														Opiate Agonists
MS CONTIN 200 MG TABLET SA	NC														Opiate Agonists
MS CONTIN 30 MG TABLET SA	NC														Opiate Agonists
MS CONTIN 60 MG TABLET SA	NC														Opiate Agonists
MST 600 TABLET	1	No	Yes	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MUCOMYST-10 VIAL	3	Yes	No	No	Yes	ACETYLCYSTEINE	No		No	No	No			No	Mucolytic Agents
MULTAQ TAB 400MG	2	No	No	Yes	No		No		No	No	No			No	Class III Antiarrhythmics
MUPIROCIN OIN 2%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
MUSTARGEN INJ 10MG	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
MYAMBUTOL TAB 100MG	3	Yes	No	No	No		No		No	No	No			No	Antituberculosis Agents
MYAMBUTOL TAB 400MG	3	Yes	No	No	No		No		No	No	No			No	Antituberculosis Agents
MYCAMINE INJ 100MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Echinocandins
MYCAMINE INJ 50MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Echinocandins
MYCOBUTIN CAP 150MG	3	No	No	No	No		No		No	No	No			No	Antituberculosis Agents
MYCOPHENOLAT CAP 250MG	1	No	Yes	Yes	Yes	MYCOPHENOLATE	No		No	No	No			No	Immunosuppressive Agents
MYCOPHENOLAT TAB 500MG	1	No	Yes	Yes	Yes	MYCOPHENOLATE	No		No	No	No			No	Immunosuppressive Agents
MYDRAL SOL 0.5% OP	1	No	Yes	Yes	No		No		No	No	No			No	Mydriatics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MYDRAL SOL 1% OP	1	No	Yes	Yes	No		No		No	No	No			No	Mydriatics
MYDRIACYL SOL 1% OP	3	Yes	No	Yes	No		No		No	No	No			No	Mydriatics
MYFORTIC TAB 180MG	3	No	No	Yes	Yes	MYCOPHENOLATE	No		No	No	No			No	Immunosuppressive Agents
MYFORTIC TAB 360MG	3	No	No	Yes	Yes	MYCOPHENOLATE	No		No	No	No			No	Immunosuppressive Agents
MYOBLOC INJ 5000/ML	NC														MISCELLANEOUS THERAPEUTIC AGENTS
MYOBLOC 10,000 UNITS/2 ML VIAL	NC														MISCELLANEOUS THERAPEUTIC AGENTS
MYOBLOC 2,500 UNIT/0.5 ML VIAL	NC														MISCELLANEOUS THERAPEUTIC AGENTS
MYOZYME INJ 50MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Enzymes
MYSOLINE TAB 250MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsant Barbiturates
MYSOLINE TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsant Barbiturates

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
MYTELASE TAB 10MG	3	No	No	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
NABUMETONE TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
NABUMETONE TAB 750MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
NADOLOL TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
NADOLOL TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
NADOLOL TAB 80MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
NADOLOL/BENDROFLUMETHIAZIDE TAB 40-5MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
NADOLOL/BENDROFLUMETHIAZIDE TAB 80-5MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
NAFCILLIN INJ 10GM	1	No	Yes	No	No		No		No	No	No			Yes	Penicillinase-resistant Penicillins
NAFCILLIN INJ 1GM	1	No	Yes	No	No		No		No	No	No			Yes	Penicillinase-resistant Penicillins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NAFTIN 1% CREAM	3	No	No	No	No		No		No	No	No			No	Allylamines
NAFTIN 1% GEL	3	No	No	No	No		No		No	No	No			No	Allylamines
NAGLAZYME INJ 1MG/ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Enzymes
NALBUPHINE INJ 10MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Partial Agonists
NALBUPHINE INJ 20MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Partial Agonists
NALFON 200 MG PULVULE	NC														Nonsteroidal Anti-inflammatory Agents
NALFON CAP 400MG	NC														Nonsteroidal Anti-inflammatory Agents
NALLPEN/DEX INJ 1GM/50ML	3	No	No	No	No		No		No	No	No			Yes	Penicillinase-resistant Penicillins
NALLPEN/DEX INJ 2GM	3	No	No	No	No		No		No	No	No			No	Penicillinase-resistant Penicillins
NALOXONE INJ 0.4MG/ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Antagonists
NALOXONE INJ 1MG/ML	1	No	Yes	No	No		No		No	No	No			No	Opiate Antagonists
NALTREXONE TAB 50MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Antagonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NAMENDA SOL 10MG/5ML	2	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
NAMENDA TAB 10MG	2	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
NAMENDA TAB 5-10MG	2	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
NAMENDA TAB 5MG	2	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
NAMENDA TAB 14MG XR	3	No	No	No	No		No		No	No	No			No	Central Nervous System Agents, Misc
NAMENDA TAB 21MG XR	3	No	No	No	No		No		No	No	No			No	Central Nervous System Agents, Misc
NAMENDA TAB 28MG XR	3	No	No	No	No		No		No	No	No			No	Central Nervous System Agents, Misc
NAMENDA TAB 7MG XR	3	No	No	No	No		No		No	No	No			No	Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NAPHAZOLINE SOL 0.1% OP	1	No	Yes	No	No		No		No	No	No			No	Vasoconstrictors
NAPRELAN TAB 500MG CR	3	No	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
NAPRELAN TAB 750MG CR	3	No	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
NAPRELAN 375 TABLET SA	NC														Nonsteroidal Anti-inflammatory Agents
NAPROSYN SUS 125/5ML	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
NAPROSYN TAB 250MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
NAPROSYN TAB 375MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
NAPROSYN TAB 500MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NAPROXEN SUS 125/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
NAPROXEN TAB 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
NAPROXEN TAB 375MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
NAPROXEN TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
NAPROXEN DR TAB 375MG EC	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
NAPROXEN DR TAB 500MG EC	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
NAPROXEN SOD TAB 275MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
NAPROXEN SOD TAB 550MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NARATRIPTAN TAB 1MG	1	No	Yes	No	No		No		No	No	Yes	9	30	No	Selective Serotonin Agonists
NARATRIPTAN TAB 2.5MG	1	No	Yes	No	No		No		No	No	Yes	9	30	No	Selective Serotonin Agonists
NARDIL TAB 15MG	3	Yes	No	Yes	No		No		No	No	No			No	Monomine Oxidase Inhibitors
NASACORT AQ AER 55MCG/AC	3	Yes	No	No	No		No		No	No	No			No	Corticosteroids
NASAREL 29 MCG-0.025% SPRAY	NC														Corticosteroids
NASCOBAL NASAL GEL	NC														VITAMIN B COMPLEX
NASONEX SPR 50MCG/AC	2	No	No	Yes	No		No		No	No	No			No	Corticosteroids
NATACYN SUS 5% OP	3	No	No	No	No		No		No	No	No			No	Antifungals
NATEGLINIDE TAB 120MG	1	No	Yes	Yes	No		No		No	No	No			No	Meglitinides
NATEGLINIDE TAB 60MG	1	No	Yes	Yes	No		No		No	No	No			No	Meglitinides
NAVANE CAP 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Thioxanthenes
NAVANE CAP 20MG	3	No	No	Yes	No		No		No	No	No			No	Thioxanthenes

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NAVANE CAP 2MG	3	Yes	No	Yes	No		No		No	No	No			No	Thioxanthenes
NAVANE CAP 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Thioxanthenes
NAVELBINE INJ 50MG/5ML	NC														Antineoplastic Agents
NEBUPENT INH 300MG	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antiprotozoals, Miscellaneous
NECON TAB 0.5/35	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
NECON TAB 1/35-28	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
NECON TAB 1/50-28	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
NECON TAB 10/11-28	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
NECON 7/7/7 TAB 28 DAY	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
NEFAZODONE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Serotonin Modulators
NEFAZODONE TAB 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Serotonin Modulators
NEFAZODONE TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Serotonin Modulators

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NEFAZODONE TAB 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Serotonin Modulators
NEFAZODONE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Serotonin Modulators
NEMBUTAL SODIUM 50 MG/ML VIA	3	No	No	No	No		No		Yes	No	No			No	Barbiturates
NEO/BAC/POLY OIN OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
NEO/POLY GU SOL 40/ML IR	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
NEO/POLY/BAC OIN /HC 1%OP	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
NEO/POLY/DEX OIN 0.1% OP	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
NEO/POLY/DEX SUS 0.1% OP	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
NEO/POLY/GRA SOL OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
NEO/POLY/HC SOL 1% OTIC	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
NEO/POLY/HC SUS 1% OTIC	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
NEO/POLY/HC SUS OP	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NEO-FRADIN SOL 125/5ML	3	No	No	No	No		No		No	No	No			No	Aminoglycosides
NEOMYCIN TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Aminoglycosides
NEOMY-POLYMYXIN B 40 MG/ML AMP	1	No	Yes	No	No		No		No	No	No			No	ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE)
NEORAL CAP 100MG	2	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
NEORAL CAP 25MG	2	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
NEORAL SOL 100MG/ML	2	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
NEOSALUS FOAM DRESSING	NC														Devices
NEOSPORIN SOL OP	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
NEPHPLEX RX TABLET	NC														VITAMIN B COMPLEX
NEPHRAMINE INJ 5.4%	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
NEPHROCAPS SOFTGEL	NC														VITAMIN B COMPLEX

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NEPHRON FA TABLET	NC														IRON PREPARATIONS
NEPHRO-VITE RX TABLET	NC														VITAMIN B COMPLEX
NERVO B-12 TABLET SL	NC														VITAMIN B COMPLEX
NEULASTA INJ 6MG/0.6M	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Hematopoietic Agents
NEUMEGA INJ 5MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Hematopoietic Agents
NEUPOGEN INJ 300/0.5	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Hematopoietic Agents
NEUPOGEN INJ 480/0.8	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Hematopoietic Agents
NEUPOGEN INJ 480MCG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Hematopoietic Agents
NEUPOGEN 300 MCG/ML VIAL	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Hematopoietic Agents
NEURIN-SL TABLET SL	NC														VITAMIN B COMPLEX
NEURONTIN CAP 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
NEURONTIN CAP 300MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NEURONTIN CAP 400MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
NEURONTIN SOL 250/5ML	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
NEURONTIN TAB 600MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
NEURONTIN TAB 800MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
NEUTRAGARD GEL 1.1%	1	No	Yes	Yes	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
NEUTREXIN INJ 25MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Antiprotozoals, Miscellaneous
NEVANAC SUS 0.1%	3	No	No	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
NEXAVAR TAB 200MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
NEXCEDE 12.5 MG ORAL SOLUBLE FILM	NC														Nonsteroidal Anti-inflammatory Agents
NEXIUM CAP 20MG	2	No	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
NEXIUM CAP 40MG	2	No	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NEXIUM GRA 10MG DR	2	No	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
NEXIUM GRA 20MG DR	2	No	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
NEXIUM GRA 40MG DR	2	No	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
NEXIUM I.V. INJ 20MG	2	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Proton-pump Inhibitors
NEXIUM I.V. INJ 40MG	2	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Proton-pump Inhibitors
NEXPLANON IMP 68MG	3	No	No	No	No		No		No	No	No			No	Contraceptives
NEXT CHOICE TAB 0.75MG	1	No	Yes	No	No		No		No	No	No			No	Contraceptives
NIACOR 500 MG TABLET	NC														Antilipemic Agents, Miscellaneous
NIASPAN TAB 1000 ER	3	No	No	Yes	No		No		No	No	No			No	Antilipemic Agents, Miscellaneous
NIASPAN TAB 500MG ER	3	No	No	Yes	No		No		No	No	No			No	Antilipemic Agents, Miscellaneous
NIASPAN TAB 750MG ER	3	No	No	Yes	No		No		No	No	No			No	Antilipemic Agents, Miscellaneous
NIC 750 TABLET	NC														Multivitamin Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NICARDIPINE CAP 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NICARDIPINE CAP 30MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NICOMIDE TABLET	NC														Multivitamin Preparations
NICOTROL INH	3	No	No	No	No		No		No	No	No			No	Autonomic Drugs, Miscellaneous
NICOTROL NS SPR 10MG/ML	3	No	No	No	No		No		No	No	No			No	Autonomic Drugs, Miscellaneous
NIFEDIAC CC TAB 30MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NIFEDIAC CC TAB 60MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NIFEDIAC CC TAB 90MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NIFEDICAL XL TAB 30MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NIFEDICAL XL TAB 60MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NIFEDIPINE CAP 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NIFEDIPINE CAP 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NIFEDIPINE TAB 30MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NIFEDIPINE TAB 60MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NIFEDIPINE TAB 90MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NIFEREX GOLD TABLET	NC														IRON PREPARATIONS
NIFEREX-150 FORTE CAPSULE	NC														IRON PREPARATIONS
NILANDRON TAB 150MG	2	No	No	Yes	No		No		No	No	No			No	Antineoplastic Agents
NIMODIPINE CAP 30MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NIMOTOP 30 MG CAPSULE	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
NIPENT INJ 10MG	4	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
NIRAVAM 0.25 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
NIRAVAM 0.5 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
NIRAVAM 1 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NIRAVAM 2 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
NISOLDIPINE TAB 17MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NISOLDIPINE TAB 25.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NISOLDIPINE TAB 34MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NISOLDIPINE TAB 8.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NISOLDIPINE TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NISOLDIPINE TAB 30MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NISOLDIPINE TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Dihydropyridines
NITRO-BID OIN 2%	3	No	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
NITRO-DUR DIS 0.1MG/HR	3	Yes	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
NITRO-DUR DIS 0.2MG/HR	3	Yes	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
NITRO-DUR DIS 0.3MG/HR	3	No	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NITRO-DUR DIS 0.4MG/HR	3	Yes	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
NITRO-DUR DIS 0.6MG/HR	3	Yes	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
NITRO-DUR DIS 0.8MG/HR	3	No	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
NITROFURANTN SUS 25MG/5ML	1	No	Yes	No	No		No		No	No	No			No	Urinary Anti-infectives
NITROFURANTOIN CAP 100MG	1	No	Yes	No	No		No		No	No	No			No	Urinary Anti-infectives
NITROFURANTOIN MAC CAP 50MG	1	No	Yes	No	No		No		No	No	No			No	Urinary Anti-infectives
NITROFURANTOIN-MACRO 100 MG	1	No	Yes	No	No		No		No	No	No			No	Urinary Anti-infectives
NITROGLYCERIN DIS 0.1MG/HR	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
NITROGLYCERIN DIS 0.2MG/HR	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
NITROGLYCERIN DIS 0.4MG/HR	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
NITROGLYCERIN DIS 0.6MG/HR	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NITROGLYCERIN INJ 5MG/ML	1	No	Yes	No	No		No		No	No	No			No	Nitrates and Nitrites
NITROLINGUAL SPR PUMPSRA	3	No	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
NITROMIST AER	3	No	No	Yes	No		No		No	No	No			No	Nitrates and Nitrites
NITROSTAT SUB 0.3MG	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
NITROSTAT SUB 0.4MG	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
NITROSTAT SUB 0.6MG	1	No	Yes	Yes	No		No		No	No	No			No	Nitrates and Nitrites
NIZATIDINE CAP 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
NIZATIDINE CAP 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
NIZATIDINE SOL 15MG/ML	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
NIZORAL SHA 2%	3	Yes	No	No	No		No		No	No	No			No	Azoles
NORA-BE TAB 0.35MG	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
NORCO 10/325 TABLET	NC														Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NORCO 5/325 TABLET	NC														Opiate Agonists
NORCO 7.5/325 TABLET	NC														Opiate Agonists
NORDETTE-28 TAB	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
NORDITROPIN INJ 10/1.5ML	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
NORDITROPIN INJ 15/1.5ML	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
NORDITROPIN INJ 5/1.5ML	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
NORETHINDRONE ACE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Progestins
NORETHINDRONE ACETATE/ ETHINYL ESTRADIOL 1 MG/0.005 MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
NORFLEX INJ 30MG/ML	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NORINYL TAB 1+35-28	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
NORINYL TAB 1+50-28	3	No	No	Yes	No		No		No	No	No			No	Contraceptives
NORITATE CRE 1%	2	No	No	No	No		No		No	No	No			No	Antibacterials
NORMOSOL -M INJ /D5W	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations
NORMOSOL -R INJ /D5W	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations
NORMOSOL-R INJ PH 7.4	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations
NORMOSOL-R IV SOLUTION	3	No	No	No	No		No		No	No	No			No	Replacement Preparations
NOROXIN 400 MG TABLET	NC														Quinolones
NORPACE CAP 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Class Ia Antiarrhythmics
NORPACE CAP 100MG CR	3	No	No	Yes	No		No		No	No	No			No	Class Ia Antiarrhythmics
NORPACE CAP 150MG	3	Yes	No	Yes	No		No		No	No	No			No	Class Ia Antiarrhythmics
NORPACE CAP 150MG CR	3	Yes	No	Yes	No		No		No	No	No			No	Class Ia Antiarrhythmics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NORPRAMIN TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
NORPRAMIN TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
NORPRAMIN TAB 150MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
NORPRAMIN TAB 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
NORPRAMIN TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
NORPRAMIN TAB 75MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NOR-QD TAB 0.35MG	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
NORTREL (21) TAB 1/35	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
NORTREL (28) TAB 1/35	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
NORTREL 28 TAB 0.5/35	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
NORTREL7/7/7 TAB 28 DAYS	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
NORTRIPTYLINE CAP 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
NORTRIPTYLINE CAP 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
NORTRIPTYLINE CAP 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NORTRIPTYLINE CAP 75MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
NORTRIPTYLINE SOL 10MG/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
NORVASC TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
NORVASC TAB 2.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
NORVASC TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
NORVIR CAP 100MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
NORVIR SOL 80MG/ML	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
NORVIR TAB 100MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
NOVAMINE INJ 15%	3	Yes	No	No	No		No		No	No	No			No	Caloric Agents
NOVANTRONE INJ 2MG/ML	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NOVAREL INJ 10000UNT	3	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Gonadotropins
NOVOLIN INJ 70/30	1	No	Yes	Yes	No		No		No	No	No			No	Insulins
NOVOLIN 70/ INJ 30 INNLT	2	No	No	Yes	No		No		No	No	No			No	Insulins
NOVOLIN N INJ INNOLET	2	No	No	Yes	No		No		No	No	No			No	Insulins
NOVOLIN N INJ U-100	1	No	Yes	Yes	No		No		No	No	No			No	Insulins
NOVOLIN R INJ U-100	1	No	Yes	Yes	No		No		No	No	No			No	Insulins
NOVOLOG INJ 100/ML	1	No	Yes	Yes	No		No		No	No	No			No	Insulins
NOVOLOG INJ FLEXPEN	2	No	No	Yes	No		No		No	No	No			No	Insulins
NOVOLOG 100 UNITS/ML CARTRIDGE	2	No	No	Yes	No		No		No	No	No			No	Insulins
NOVOLOG MIX INJ 70/30	1	No	Yes	Yes	No		No		No	No	No			No	Insulins
NOVOLOG MIX INJ FLEXPEN	2	No	No	Yes	No		No		No	No	No			No	Insulins
NOXAFIL SUS 40MG/ML	3	No	No	Yes	No		No		No	No	No			No	Azoles

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NP THYROID TAB 30MG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
NP THYROID TAB 60MG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
NP THYROID TAB 90MG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
NPLATE 250 MCG VIAL	4	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
NPLATE 500 MCG VIAL	4	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
NUBAIN 10 MG/ML AMPUL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Partial Agonists
NUBAIN 20 MG/ML AMPUL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Opiate Partial Agonists
NUCYNTA 100 MG TABLET	NC														Opiate Agonists
NUCYNTA 50 MG TABLET	NC														Opiate Agonists
NUCYNTA 75 MG TABLET	NC														Opiate Agonists
NUCYNTA ER TAB 100MG	NC														Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NUCYNTA ER TAB 150MG	NC														Opiate Agonists
NUCYNTA ER TAB 200MG	NC														Opiate Agonists
NUCYNTA ER TAB 250MG	NC														Opiate Agonists
NUCYNTA ER TAB 50MG	NC														Opiate Agonists
NUEDEXTA CAPSULE	NC														Central Nervous System Agents, Misc
NULOJIX INJ 250MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Immunosuppressive Agents
NULYTELY SOL FLAV PKS	2	Yes	No	No	No		No		No	No	No			No	Cathartics and Laxatives
NULYTELY SOLUTION	2	No	No	No	No		No		No	No	No			No	Cathartics and Laxatives
NUTRIDOX 75MG CONVENIENCE KIT	NC														Tetracyclines
NUTRIVIT LIQUID	NC														Multivitamin Preparations
NUTROPIN INJ 10MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NUTROPIN INJ 5MG	4	Yes	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
NUTROPIN AQ INJ 10MG/2ML	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
NUTROPIN AQ INJ 10MG/2ML PEN CARTRIDGE	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
NUTROPIN AQ INJ 20MG/2ML PEN CARTRIDGE	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
NUVARING MIS	3	No	No	Yes	No		No		No	No	No			No	Contraceptives
NUVIGIL TAB 150MG	2	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
NUVIGIL TAB 250MG	2	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
NUVIGIL TAB 50MG	2	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
NUZON GEL	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
NYAMYC POW 100000	1	No	Yes	No	No		No		No	No	No			No	Polyenes

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
NYSTATIN CRE 100000	1	No	Yes	No	No		No		No	No	No			No	Polyenes
NYSTATIN OIN 100000	1	No	Yes	No	No		No		No	No	No			No	Polyenes
NYSTATIN POW 100000	1	No	Yes	No	No		No		No	No	No			No	Polyenes
NYSTATIN SUS 100000	1	No	Yes	No	No		No		No	No	No			No	Polyenes
NYSTATIN TAB 500000	1	No	Yes	No	No		No		No	No	No			No	Polyenes
NYSTATIN VAGINAL TABLET	1	No	Yes	No	No		No		No	No	No			No	Polyenes
NYSTATIN/TRIAM CRE	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
NYSTATIN/TRIAM OIN	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
NYSTOP POW 100000	1	No	Yes	No	No		No		No	No	No			No	Polyenes
OB COMPLETE CAPLET	NC														Multivitamin Preparations
OB COMPLETE DHA SOFTGEL	NC														Multivitamin Preparations
OCELLA TAB 3-0.03MG	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
OCTREOTIDE INJ 1000MCG	1	No	Yes	Yes	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
OCTREOTIDE INJ 100MCG	1	No	Yes	Yes	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
OCTREOTIDE INJ 200MCG	1	No	Yes	Yes	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
OCTREOTIDE INJ 500MCG	1	No	Yes	Yes	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
OCTREOTIDE INJ 50MCG/ML	1	No	Yes	Yes	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
OCUFEN SOL 0.03% OP	3	Yes	No	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
OCUFLOX DRO 0.3% OP	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
OFLOXACIN DRO 0.3% OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
OFLOXACIN DRO 0.3%OTIC	1	No	Yes	No	No		No		No	No	No			No	Antibacterials

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
OFLOXACIN TAB 200MG	1	No	Yes	No	No		No		No	No	No			No	Quinolones
OFLOXACIN TAB 300MG	1	No	Yes	No	No		No		No	No	No			No	Quinolones
OFLOXACIN TAB 400MG	1	No	Yes	No	No		No		No	No	No			No	Quinolones
OGEN TAB 0.625	3	Yes	No	Yes	No		No		No	No	No			No	Estrogens
OGESTREL TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
OLANZAPINE INJ 10MG	1	No	Yes	No	No		No		No	No	No			No	Antipsychotics
OLANZAPINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Antipsychotics
OLANZAPINE TAB 10MG ODT	1	No	Yes	Yes	No		No		No	No	No			No	Antipsychotics
OLANZAPINE TAB 15MG	1	No	Yes	Yes	No		No		No	No	Yes	30	30	No	Antipsychotics
OLANZAPINE TAB 15MG ODT	1	No	Yes	Yes	No		No		No	No	Yes	30	30	No	Antipsychotics
OLANZAPINE TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Antipsychotics
OLANZAPINE TAB 20MG	1	No	Yes	Yes	No		No		No	No	Yes	30	30	No	Antipsychotics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
OLANZAPINE TAB 20MG ODT	1	No	Yes	Yes	No		No		No	No	Yes	30	30	No	Antipsychotics
OLANZAPINE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Antipsychotics
OLANZAPINE TAB 5MG ODT	1	No	Yes	Yes	No		No		No	No	No			No	Antipsychotics
OLANZAPINE TAB 7.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Antipsychotics
OLEPTRO TAB 24HR150	3	No	No	Yes	No		No		No	No	No			No	Serotonin Modulators
OLEPTRO TAB 24HR300	3	No	No	Yes	No		No		No	No	No			No	Serotonin Modulators
OLUX 0.05% FOAM	NC														Anti-inflammatory Agents
OLUX-E 0.05% FOAM	NC														Anti-inflammatory Agents
OLUX-OLUX-E COMPLETE PACK	NC														Anti-inflammatory Agents
OMEPRAZOLE CAP 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
OMEPRAZOLE CAP 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Proton-pump Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
OMEPRazole 40 MG CAPSULE DR	NC														Proton-pump Inhibitors
OMNARIS 50 MCG NASAL SPRAY	NC														Corticosteroids
OMNICEF CAP 300MG	3	Yes	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
OMNICEF SUS 125/5ML	3	Yes	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
OMNICEF SUS 250/5ML	3	Yes	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
OMNITROPE 10 MG/ 1.5 ML CRTG	NC														Pituitary
OMNITROPE 5 MG/1.5 ML CRTG	NC														Pituitary
OMNITROPE PEN 10 DELIVERY SYSTEM	NC														Pituitary
OMNITROPE PEN 5 DELIVERY SYSTM	NC														Pituitary
ONCASPAR INJ 750/ML	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ONDANSETRON INJ 4MG/2ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ONDANSETRON SOL 4MG/5ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ONDANSETRON TAB 24MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ONDANSETRON TAB 4MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ONDANSETRON TAB 4MG ODT	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ONDANSETRON TAB 8MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ONDANSETRON TAB 8MG ODT	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ONDANSETRON 4 MG/2 ML AMPULE	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ONDANSETRON HCL 32 MG/50 ML BG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ONE-TABLET-DAILY	NC														Multivitamin Preparations
ONFI TAB 10MG	3	No	No	Yes	Yes	ONFI	No		No	No	No			No	Benzodiazepines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ONFI TAB 20MG	3	No	No	Yes	Yes	ONFI	No		No	No	No			No	Benzodiazepines
ONFI TAB 5MG	3	No	No	Yes	Yes	ONFI	No		No	No	No			No	Benzodiazepines
ONGLYZA TAB 2.5MG	2	No	No	Yes	No		No		No	No	No			No	Dipeptidyl Peptidase IV (DPP-4) Inhibitors
ONGLYZA TAB 5MG	2	No	No	Yes	No		No		No	No	No			No	Dipeptidyl Peptidase IV (DPP-4) Inhibitors
ONSOLIS 1200 MCG BUCCAL SOLUBLE FILM	NC														Opiate Agonists
ONSOLIS 200 MCG BUCCAL SOLUBLE FILM	NC														Opiate Agonists
ONSOLIS 400 MCG BUCCAL SOLUBLE FILM	NC														Opiate Agonists
ONSOLIS 600 MCG BUCCAL SOLUBLE FILM	NC														Opiate Agonists
ONSOLIS 800 MCG BUCCAL SOLUBLE FILM	NC														Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ONTAK INJ 150/ML	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
OPANA 10 MG TABLET	NC														Opiate Agonists
OPANA 5 MG TABLET	NC														Opiate Agonists
OPANA ER 10 MG TABLET	NC														Opiate Agonists
OPANA ER 15 MG TABLET	NC														Opiate Agonists
OPANA ER 20 MG TABLET	NC														Opiate Agonists
OPANA ER 30 MG TABLET	NC														Opiate Agonists
OPANA ER 40 MG TABLET	NC														Opiate Agonists
OPANA ER 5 MG TABLET	NC														Opiate Agonists
OPANA ER 7.5 MG TABLET	NC														Opiate Agonists
OPIUM TINCTURE	1	No	Yes	No	No		No		No	No	No			No	Antidiarrhea Agents
OPTIPRANOLOL SOL 0.3% OP	3	Yes	No	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
OPTIVAR DRO 0.05%	3	Yes	No	No	No		No		No	No	No			No	Antiallergic Agents
ORACEA 40 MG CAPSULE	NC														Tetracyclines
ORACIT SOL	3	No	No	No	No		No		No	No	No			No	Alkalinizing Agents
ORAMORPH SR TAB 100MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
ORAMORPH SR TAB 15MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
ORAMORPH SR TAB 30MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
ORAMORPH SR TAB 60MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
ORAP TAB 1MG	3	No	No	Yes	No		No		No	No	No			No	Miscellaneous Antipsychotics
ORAP TAB 2MG	3	No	No	Yes	No		No		No	No	No			No	Miscellaneous Antipsychotics
ORAPRED SOL 15MG/5ML	3	Yes	No	No	No		No		No	No	No			No	Adrenals
ORAPRED ODT TAB 10MG	3	No	No	No	No		No		No	No	No			No	Adrenals
ORAPRED ODT TAB 15MG	3	No	No	No	No		No		No	No	No			No	Adrenals
ORAPRED ODT TAB 30MG	3	No	No	No	No		No		No	No	No			No	Adrenals

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ORAVIG TAB 50MG	3	No	No	No	No		No		No	No	No			No	Azoles
ORENCIA INJ 250MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Disease-Modifying Antirheumatic Agents
ORENCIA INJ 125MG/ML	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Disease-Modifying Antirheumatic Agents
ORFADIN CAP 10MG	3	No	No	Yes	No		No		No	No	No			No	Other Misc Therapeutic Agents
ORFADIN CAP 2MG	3	No	No	Yes	No		No		No	No	No			No	Other Misc Therapeutic Agents
ORFADIN CAP 5MG	3	No	No	Yes	No		No		No	No	No			No	Other Misc Therapeutic Agents
ORPH/ASA/CAF TAB	NC														Salicylates
ORPHEN CPD TAB DS	NC														Salicylates

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ORPHENADRINE INJ 30MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
ORPHENADRINE TAB 100MG ER	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
ORSYTHIA TAB	1	No	Yes	No	No		No		No	No	No			No	Contraceptives
ORTHO EVRA DIS WEEK	3	No	No	Yes	No		No		No	No	No			No	Contraceptives
ORTHO MICRON TAB DIALPAK	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
ORTHO TRI- CYCLN LO TAB	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
ORTHO TRI- CYCLEN 28 TABLET	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
ORTHO-CEPT TAB 28	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
ORTHOCLONE INJ OKT3	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Immunosuppressive Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ORTHO-CYCLEN TAB 0.25/35	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
ORTHO-EST TAB 0.625	1	Yes	Yes	Yes	No		No		No	No	No			No	Estrogens
ORTHO-EST TAB 1.25	1	No	Yes	Yes	No		No		No	No	No			No	Estrogens
ORTHO-NOVUM TAB 7/7/7-28	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
ORTHO-NOVUM 1/35-28 TABLET	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
OSCION 6% CLEANSER	1	No	Yes	No	No		No		No	No	No			No	KERALOLYTIC AGENTS
OSMOPREP TAB 1.5GM	3	No	No	No	No		No		No	No	No			No	Cathartics and Laxatives
OVCON 50 TAB 28	3	No	No	Yes	No		No		No	No	No			No	Contraceptives
OVCON-35 TAB	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
OVIDE LOT 0.5%	3	Yes	No	No	No		No		No	No	No			No	Scabicides and Pediculicides
OXACILLIN INJ 10GM	1	No	Yes	No	No		No		No	No	No			Yes	Penicillinase-resistant Penicillins
OXACILLIN INJ 1GM	1	No	Yes	No	No		No		No	No	No			Yes	Penicillinase-resistant Penicillins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
OXACILLIN 1 GM ADD-VAN VIAL	1	No	Yes	No	No		No		No	No	No			No	Penicillinase-resistant Penicillins
OXACILLIN 2 GM ADD-VAN VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Penicillinase-resistant Penicillins
OXACILLIN 2 GM ADD-VANTAGE VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Penicillinase-resistant Penicillins
OXACILLIN 2 GM VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Penicillinase-resistant Penicillins
OXALIPLATIN INJ 100MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
OXALIPLATIN 50 MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
OXANDRIN TAB 10MG	3	Yes	No	No	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
OXANDRIN TAB 2.5MG	3	Yes	No	No	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
OXANDROLONE TAB 10MG	1	No	Yes	No	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
OXANDROLONE TAB 2.5MG	1	No	Yes	No	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
OXAPROZIN TAB 600MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
OXAZEPAM 10 MG CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
OXAZEPAM 15 MG CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
OXAZEPAM 30 MG CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
OXCARBAZEPINE SUS 300MG/5M	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
OXCARBAZEPINE TAB 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
OXCARBAZEPINE TAB 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
OXCARBAZEPINE TAB 600MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
OXECTA TAB 5 MG	NC														Opiate Agonists
OXECTA TAB 7.5 MG	NC														Opiate Agonists
OXISTAT CRE 1%	3	No	No	No	No		No		No	No	No			No	Azoles
OXISTAT LOT 1%	3	No	No	No	No		No		No	No	No			No	Azoles
OXSORALEN LOT 1%	3	No	No	No	No		No		No	No	No			No	Pigmenting Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
OXSORALEN-UL CAP 10MG	2	No	No	No	No		No		No	No	No			No	Pigmenting Agents
OXYBUTYNIN SYP 5MG/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
OXYBUTYNIN TAB 10MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
OXYBUTYNIN TAB 15MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
OXYBUTYNIN TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
OXYBUTYNIN TAB 5MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
OXYBUTYNIN 3% TOPICAL GEL	NC														Genitourinary Smooth Muscle Relaxants
OXYCODONE TAB 15MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCODONE TAB 30MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
OXYCODONE TAB 5MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCODONE 5 MG CAPSULE	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCODONE HCL 10 MG TABLET	NC														Opiate Agonists
OXYCODONE HCL 20 MG TABLET	NC														Opiate Agonists
OXYCODONE HCL 20 MG/ML SOL	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCODONE HCL 5 MG/5 ML SOL	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCODONE HCL CR 10 MG TABLET	1	No	Yes	No	No		No		No	No	Yes	120	30	No	Opiate Agonists
OXYCODONE HCL CR 20 MG TABLET	1	No	Yes	No	No		No		No	No	Yes	120	30	No	Opiate Agonists
OXYCODONE HCL CR 40 MG TABLET	1	No	Yes	No	No		No		No	No	Yes	120	30	No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
OXYCODONE HCL ER 80 MG TAB	1	No	Yes	No	No		No		No	No	Yes	120	30	No	Opiate Agonists
OXYCODONE/APAP CAP 5-500MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCODONE/APAP TAB 10-325MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCODONE/APAP TAB 10-650MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCODONE/APAP TAB 2.5-325	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCODONE/APAP TAB 5-325MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCODONE/APAP TAB 7.5-325	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCODONE/APAP TAB 7.5-500	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCODONE/ASATAB	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCODONE/ASA 4.88/325 TAB	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
OXYCODONE/IBU TAB 5-400MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCODONE-APAP 10-325 MG TAB	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
OXYCONTIN TAB 10MG CR	3	Yes	No	No	No		No		No	No	Yes	120	30	No	Opiate Agonists
OXYCONTIN TAB 20MG CR	3	Yes	No	No	No		No		No	No	Yes	120	30	No	Opiate Agonists
OXYCONTIN TAB 40MG CR	3	Yes	No	No	No		No		No	No	Yes	120	30	No	Opiate Agonists
OXYCONTIN TAB 80MG CR	3	Yes	No	No	No		No		No	No	Yes	120	30	No	Opiate Agonists
OXYCONTIN 15 MG TABLET SA	3	No	No	No	No		No		No	No	Yes	120	30	No	Opiate Agonists
OXYCONTIN 30 MG TABLET SA	3	No	No	No	No		No		No	No	Yes	120	30	No	Opiate Agonists
OXYCONTIN 60 MG TABLET SA	3	No	No	No	No		No		No	No	Yes	120	30	No	Opiate Agonists
OXYMORPHONE IR 10MG TABLET	NC														Opiate Agonists
OXYMORPHONE IR 5MG TABLET	NC														Opiate Agonists
OXYMORPHONE TAB 15MG ER	NC														Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
OXYMORPHONE TAB 7.5MG ER	NC														Opiate Agonists
OXYTROL DIS 3.9MG/24	2	No	No	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
PACERONE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Class III Antiarrhythmics
PACERONE TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Class III Antiarrhythmics
PACERONE TAB 400MG	1	No	Yes	Yes	No		No		No	No	No			No	Class III Antiarrhythmics
PACLITAXEL INJ 300/50ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Antineoplastic Agents
PACLITAXEL 100 MG/16.7 ML VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
PACLITAXEL 30 MG/5 ML VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
PACLITAXEL 6 MG/ML VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
PACNEX 7% WASH	NC														KERATOLYTIC AGENTS
PALGIC LIQ 4MG/5ML	2	Yes	No	No	No		No		No	No	No			No	Ethanolamine Derivatives
PALGIC TAB 4MG	2	Yes	No	No	No		No		No	No	No			No	Ethanolamine Derivatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PAMELOR CAP 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
PAMELOR CAP 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
PAMELOR CAP 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
PAMELOR CAP 75MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
PAMIDRONATE INJ 30/10ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Bone Resorption Inhibitors
PAMIDRONATE INJ 6MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Bone Resorption Inhibitors
PAMIDRONATE INJ 90/10ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Bone Resorption Inhibitors
PAMIDRONATE DISOD 30 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Bone Resorption Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PAMIDRONATE DISOD 90 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Bone Resorption Inhibitors
PAMINE TAB 2.5MG	3	Yes	No	No	No		No		No	No	No			No	Antimuscarinics/Antispasmodics
PAMINE FORTE TAB 5MG	3	Yes	No	No	No		No		No	No	No			No	Antimuscarinics/Antispasmodics
PAMINE FQ DOSE PACK KIT	NC														Antimuscarinics/Antispasmodics
PANCREAZE CAP 10500-25000-43750 UNIT	2	No	No	Yes	No		No		No	No	No			No	Digestants
PANCREAZE CAP 16800-40000-70000 UNIT	2	No	No	Yes	No		No		No	No	No			No	Digestants
PANCREAZE CAP 21000-37000-61000 UNIT	2	No	No	Yes	No		No		No	No	No			No	Digestants
PANCREAZE CAP 4200-10000-17500 UNIT	2	No	No	Yes	No		No		No	No	No			No	Digestants

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PANDEL CRE 0.1%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
PANLOR SS TAB	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
PANRETIN GEL 0.1%	4	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
PANTOPRAZOLE TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
PANTOPRAZOLE TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
PAPFYLL FOAM	NC														Skin and Mucous Membrane Agents, Misc
PARAFON FORT TAB DSC	3	Yes	No	No	No		No		No	No	No			No	CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
PARCAINE SOL 0.5% OP	1	No	Yes	No	No		No		No	No	No			No	Local Anesthetics
PARCOPA TAB 10-100MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PARCOPA TAB 25-100MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
PARCOPA TAB 25-250MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
PAREGORIC LIQUID	1	No	Yes	No	No		No		No	No	No			No	Antidiarrhea Agents
PARICALCITOL 2 MCG/ML INJ	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
PARICALCITOL 5 MCG/ML INJ	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
PARLODEL CAP 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
PARLODEL TAB 2.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
PARNATE TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Monomine Oxidase Inhibitors
PAROMOMYCIN CAP 250MG	1	No	Yes	No	No		No		No	No	No			No	Amebicides
PAROXETIN ER TAB 12.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PAROXETINE SUS 10MG/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PAROXETINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PAROXETINE TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PAROXETINE TAB 25MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PAROXETINE TAB 30MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PAROXETINE TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PAROXETINE 37.5 MG CR TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PASER GRA 4GM	3	No	No	No	No		No		No	No	No			No	Antituberculosis Agents
PATADAY SOL 0.2%	3	No	No	No	No		No		No	No	No			No	Antiallergic Agents
PATANASE SPR 0.6%	3	No	No	No	No		No		No	No	No			No	Antiallergic Agents
PATANOL SOL 0.1% OP	3	No	No	No	No		No		No	No	No			No	Antiallergic Agents
PAXIL SUS 10MG/5ML	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PAXIL TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PAXIL TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PAXIL TAB 30MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PAXIL TAB 40MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PAXIL CR TAB 12.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PAXIL CR TAB 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PAXIL CR TAB 37.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PCE TAB 333MG EC	3	No	No	No	No		No		No	No	No			No	Erythromycins
PCE TAB 500MG EC	3	No	No	No	No		No		No	No	No			No	Erythromycins
PEDIAPRED SOL 6.7/5ML	3	No	No	No	No		No		No	No	No			No	Adrenals
PEDIARIX INJ 0.5ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Vaccines
PEDI-DRI POW 100000	1	No	Yes	No	No		No		No	No	No			No	Polyenes
PEDVAX HIB INJ	3	No	No	No	No		No		No	No	No			No	Vaccines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PEG 3350 SOL ELECTROL	1	No	Yes	No	No		No		No	No	No			No	Cathartics and Laxatives
PEG 3350/ KCL SOLN/ SODIUM	1	No	Yes	No	No		No		No	No	No			No	Cathartics and Laxatives
PEGANONE TAB 250MG	3	No	No	No	No		No		No	No	No			No	Hydantoins
PEGASYS KIT	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Interferons
PEGASYS 180 MCG/ML VIAL	3	No	No	No	No		No		No	No	No			No	Interferons
PEG-INTRON KIT 120 RP	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Interferons
PEG-INTRON KIT 120 RP 4PK	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Interferons
PEG-INTRON KIT 150 RP	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Interferons
PEG-INTRON KIT 150 RP 4PK	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Interferons
PEG-INTRON KIT 50MCG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Interferons
PEG-INTRON KIT 50MCG RP	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Interferons
PEG-INTRON KIT 80MCG RP	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Interferons

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PEG-INTRON KIT 80MCG RP 4PK	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Interferons
PEG-INTRON 120 MCG KIT	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Interferons
PEG-INTRON 150 MCG KIT	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Interferons
PEG-INTRON 80 MCG KIT	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Interferons
PEN G PROC INJ 600000	1	No	Yes	No	No		No		No	No	No			No	Natural Penicillins
PEN G SOD INJ 5000000	1	No	Yes	No	No		No		No	No	No			Yes	Natural Penicillins
PENICILL GK/ INJ DEX 1MU	3	No	No	No	No		No		No	No	No			No	Natural Penicillins
PENICILLIN GK INJ 20MU	1	No	Yes	No	No		No		No	No	No			No	Natural Penicillins
PENICILLIN GK INJ 5MU	1	No	Yes	No	No		No		No	No	No			Yes	Natural Penicillins
PENICILLIN GK/ INJ DEX 2MU	1	No	Yes	No	No		No		No	No	No			Yes	Natural Penicillins
PENICILLIN GK/ INJ DEX 3MU	1	No	Yes	No	No		No		No	No	No			Yes	Natural Penicillins
PENICILLIN VK SOL 125/5ML	1	No	Yes	No	No		No		No	No	No			No	Natural Penicillins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PENICILLIN VK SOL 250/5ML	1	No	Yes	No	No		No		No	No	No			No	Natural Penicillins
PENICILLIN VK TAB 250MG	1	No	Yes	No	No		No		No	No	No			No	Natural Penicillins
PENICILLIN VK TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Natural Penicillins
PENLAC 8% SOLUTION	NC														Hydroxypyridones
PENNSAID 1.5% TOPICAL SOLUTION	NC														Skin and Mucous Membrane Agents, Misc
PENTACEL VIAL	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Vaccines
PENTAM 300 INJ 300MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Antiprotozoals, Miscellaneous
PENTASA CAP 250MG CR	3	No	No	Yes	No		No		No	No	No			No	Anti-inflammatory Agents
PENTASA CAP 500MG CR	3	No	No	Yes	No		No		No	No	No			No	Anti-inflammatory Agents
PENTAZOCINE/TAB NALOXONE	1	No	Yes	No	No		No		No	No	No			No	Opiate Partial Agonists
PENTAZOCINE/AP AP TAB 25-650MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Partial Agonists
PENTOPAK TAB 400MG CR	1	No	Yes	Yes	No		No		No	No	No			No	Hemorrhologic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PENTOSTATIN INJ 10MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
PENTOTHAL 250 MG SYRINGE	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	BARBITURATES (GENERAL ANESTHETICS)
PENTOTHAL 400 MG SYRINGE	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	BARBITURATES (GENERAL ANESTHETICS)
PENTOTHAL 500 MG SYRINGE	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	BARBITURATES (GENERAL ANESTHETICS)
PENTOXIFYLLINE TAB 400MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Hemorrhologic Agents
PEPCID SUS 40MG/5ML	3	No	No	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
PEPCID TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
PEPCID TAB 40MG	3	Yes	No	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
PEPCID 20 MG PIGGYBACK	NC														Histamine H2-Antagonists
PEPCID INJ 10MG/ML	3	No	No	No	No		No		No	No	No			No	Histamine H2-Antagonists
PERCOCET TAB 10-325MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PERCO CET TAB 10-650MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
PERCO CET TAB 2.5-325	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
PERCO CET TAB 5-325MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
PERCO CET TAB 7.5-325M	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
PERCO CET TAB 7.5-500	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
PERCODAN TAB	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
PERFOROMIST NEB 20MCG	3	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Selective beta-2- Adrenergic Agonists
PERIDEX SOL 0.12%	NC														EENT Anti- infectives, Miscellaneous
PERINDOPRIL TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin- Converting Enzyme Inhibitors
PERINDOPRIL TAB 4MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin- Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PERINDOPRIL TAB 8MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
PERIOGARD SOL 0.12%	1	No	Yes	No	No		No		No	No	No			No	Anti-infectives, Miscellaneous
PERIOSTAT TAB	3	Yes	No	No	No		No		No	No	No			No	Tetracyclines
PERIOSTAT 20 MG CAPSULE	3	No	No	No	No		No		No	No	No			No	Tetracyclines
PERMETHRIN CRE 5%	1	No	Yes	No	No		No		No	No	No			No	Scabicides and Pediculicides
PERPHENAZINE TAB 16MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
PERPHENAZINE TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
PERPHENAZINE TAB 4MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
PERPHENAZINE TAB 8MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
PERPHENAZINE/MIT TAB 2-10MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PERPHENAZINE/A MIT TAB 2-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
PERPHENAZINE/A MIT TAB 4-10MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
PERPHENAZINE/A MIT TAB 4-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
PERPHENAZINE/A MIT TAB 4-50MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
PERSANTINE TAB 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Vasodilating Agents, Miscellaneous
PERSANTINE TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Vasodilating Agents, Miscellaneous
PERSANTINE TAB 75MG	3	Yes	No	Yes	No		No		No	No	No			No	Vasodilating Agents, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PEXEVA 10 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PEXEVA 20 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PEXEVA 30 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PEXEVA 40 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PFIZERPEN-G INJ 20MU	1	No	Yes	No	No		No		No	No	No			Yes	Natural Penicillins
PFIZERPEN-G INJ 5MU	1	No	Yes	No	No		No		No	No	No			No	Natural Penicillins
PHENADOZ SUP 12.5MG	1	No	Yes	No	No		No		No	No	No			No	Phenothiazine Derivatives
PHENADOZ SUP 25MG	1	No	Yes	No	No		No		No	No	No			No	Phenothiazine Derivatives
PHENELZINE 15 MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Monomine Oxidase Inhibitors
PHENERGAN INJ 25MG/ML	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Phenothiazine Derivatives
PHENERGAN INJ 50MG/ML	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Phenothiazine Derivatives
PHENERGAN 12.5 MG TABLET	NC														Phenothiazine Derivatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PHENERGAN 25 MG TABLET	NC														Phenothiazine Derivatives
PHENOBARBITAL 100 MG TABLET	1	No	Yes	Yes	No		No		Yes	No	No			No	Barbiturates
PHENOBARBITAL 130 MG/ML VIAL	1	No	Yes	No	No		No		Yes	No	No			No	Barbiturates
PHENOBARBITAL 15 MG TABLET	1	No	Yes	Yes	No		No		Yes	No	No			No	Barbiturates
PHENOBARBITAL 16.2 MG TABLET	1	No	Yes	Yes	No		No		Yes	No	No			No	Barbiturates
PHENOBARBITAL 20 MG/5 ML ELIX	1	No	Yes	Yes	No		No		Yes	No	No			No	Barbiturates
PHENOBARBITAL 30 MG TABLET	1	No	Yes	Yes	No		No		Yes	No	No			No	Barbiturates
PHENOBARBITAL 32.4 MG TABLET	1	No	Yes	Yes	No		No		Yes	No	No			No	Barbiturates
PHENOBARBITAL 60 MG TABLET	1	No	Yes	Yes	No		No		Yes	No	No			No	Barbiturates

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PHENOBARBITAL 64.8 MG TABLET	1	No	Yes	Yes	No		No		Yes	No	No			No	Barbiturates
PHENOBARBITAL 65 MG/ML VIAL	1	No	Yes	No	No		No		Yes	No	No			No	Barbiturates
PHENOBARBITAL 97.2 MG TABLET	1	No	Yes	Yes	No		No		Yes	No	No			No	Barbiturates
PHENTERMINE 15 MG CAPSULE	NC														Anorexigenics & Resp & Cereb Stim, Misc
PHENTERMINE 30 MG CAPSULE	NC														Anorexigenics & Resp & Cereb Stim, Misc
PHENTERMINE 37.5 MG TABLET	NC														Anorexigenics & Resp & Cereb Stim, Misc
PHENTERMINE CAP 15 MG ER	NC														Anorexigenics & Resp & Cereb Stim, Misc
PHENTERMINE CAP 30 MG ER	NC														Anorexigenics & Resp & Cereb Stim, Misc
PHENYTEK CAP 200MG	2	No	No	Yes	No		No		No	No	No			No	Hydantoins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PHENYTEK CAP 300MG	2	No	No	Yes	No		No		No	No	No			No	Hydantoins
PHENYTOIN INJ 50MG/ML	1	No	Yes	No	No		No		No	No	No			No	Hydantoins
PHENYTOIN SUS 125/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Hydantoins
PHENYTOIN EX CAP 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Hydantoins
PHENYTOIN EX CAP 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Hydantoins
PHENYTOIN EX CAP 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Hydantoins
PHILITH TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
PHISOHEX LIQ 3%	3	No	No	No	No		No		No	No	No			No	Local Anti-infectives, Miscellaneous
PHOS-FLUR 1.1% GEL	1	No	Yes	Yes	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
PHOSLO CAP 667MG	3	Yes	No	Yes	No		No		No	No	No			No	Replacement Preparations
PHOSLYRA SOL	3	No	No	Yes	No		No		No	No	No			No	Replacement Preparations
PHOSPHOLINE SOL 0.125%OP	3	No	No	Yes	No		No		No	No	No			No	MIOTICS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PHOTOFRIN INJ 75MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
PHRENILIN FORTE CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.
PHYSIOLYTE SOL	1	No	Yes	No	No		No		No	No	No			No	Irrigating Solutions
PHYSIOSOL SOL IRRIGAT	3	Yes	No	No	No		No		No	No	No			No	Irrigating Solutions
PILOCARPINE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
PILOCARPINE TAB 7.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
PILOCARPINE 1% EYE DROPS	1	No	Yes	Yes	No		No		No	No	No			No	MIOTICS
PILOCARPINE 2% EYE DROPS	1	No	Yes	Yes	No		No		No	No	No			No	MIOTICS
PILOCARPINE 4% EYE DROPS	1	No	Yes	Yes	No		No		No	No	No			No	MIOTICS
PILOPINE HS GEL 4% OP	3	No	No	Yes	No		No		No	No	No			No	MIOTICS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PINDOLOL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PINDOLOL TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PIPERACILLIN 200 MG/ML / TAZOBACTAM 25 MG/ML INJECTABLE SOLUTION	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Extended-spectrum Penicillins
PIPERACILLIN INJ 3GM	1	No	Yes	No	No		No		No	No	No			Yes	Extended-spectrum Penicillins
PIPERACILLIN INJ 40GM	1	No	Yes	No	No		No		No	No	No			Yes	Extended-spectrum Penicillins
PIPERACILLIN SODIUM-TAZOBACTAM SODIUM FOR INJ 4-0.5 GM	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Penicillins
PIPERACILLIN/TAZOBACTAM INJ 3-0.375G	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Extended-spectrum Penicillins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PIROXICAM CAP 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
PIROXICAM CAP 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
PLAN B TAB 0.75MG	3	Yes	No	No	No		No		No	No	No			No	Contraceptives
PLAN B ONE-STEP 1.5 MG TABLET	3	No	No	No	No		No		No	No	No			No	Contraceptives
PLAQUENIL TAB 200MG	3	Yes	No	Yes	No		No		No	No	No			No	Antimalarials
PLASMA-LYTE INJ /D5W	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations
PLASMA-LYTE INJ -148	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations
PLASMA-LYTE INJ 56	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations
PLASMA-LYTE INJ 56/D5W	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations
PLASMA-LYTE INJ -A	3	No	No	No	No		No		No	No	No			Yes	Replacement Preparations
PLASMA-LYTE INJ -R	3	Yes	No	No	No		No		No	No	No			Yes	Replacement Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PLAVIX TAB 300MG	2	No	No	No	No		No		No	No	No			No	Platelet-Aggregation Inhibitors
PLAVIX TAB 75MG	2	No	No	Yes	No		No		No	No	No			No	Platelet-Aggregation Inhibitors
PLETAL TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Platelet-Aggregation Inhibitors
PLETAL TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Platelet-Aggregation Inhibitors
PODOCON-25 LIQUID	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
PODOFILOX SOL 0.5%	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
POLYCIN B OIN OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
POLYCITRA-K CRYSTALS PACKET	3	Yes	No	No	No		No		No	No	No			No	Alkalinizing Agents
POLY-DEX OIN 0.1% OP	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
POLY-DEX SUS 0.1% OP	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
POLYETH GLYC POW 3350 NF	1	No	Yes	No	No		No		No	No	No			No	Cathartics and Laxatives
POLYMYXIN B INJ 500000	1	No	Yes	No	No		No		No	No	No			Yes	Polymyxins
POLY-PRED SUS OP	3	No	No	No	No		No		No	No	No			No	Corticosteroids
POLYTRIM SOL OP	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
PONSTEL CAP 250MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
PONTOCAINE 2% SOLUTION	3	No	No	No	No		No		No	No	No			No	Antipruritics and Local Anesthetics
PORTIA-28 TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
POTASSIUM CHLORIDE 20% LIQ S/F	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
POTASSIUM CHLORIDE CAP 10MEQ ER	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
POTASSIUM CHLORIDE CAP 8MEQ ER	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
POTASSIUM CHLORIDE INJ 10MEQ/100ML	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
POTASSIUM CHLORIDE INJ 10MEQ/50ML	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
POTASSIUM CHLORIDE INJ 20MEQ/50ML	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
POTASSIUM CHLORIDE INJ 2MEQ/ML	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
POTASSIUM CHLORIDE INJ 30MEQ/100ML	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
POTASSIUM CHLORIDE TAB 10MEQ CR	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
POTASSIUM CHLORIDE TAB 8MEQ SR	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
POTASSIUM CITRATE TAB 1080MG (10MEQ)	1	No	Yes	No	No		No		No	No	No			No	Alkalinizing Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
POTASSIUM CITRATE TAB 540MG (5MEQ)	1	No	Yes	No	No		No		No	No	No			No	Alkalinizing Agents
POTASSIUM CL 10% LIQUID S/F	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
POTASSIUM CL 20 MEQ PACKET	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
POTASSIUM CL MICRO TAB 20MEQ ER	1	No	Yes	Yes	No		No		No	No	No			No	Replacement Preparations
POTIGA 200 MG TABLET	3	No	No	No	No		No		No	No	No			No	
POTIGA 300 MG TABLET	3	No	No	No	No		No		No	No	No			No	
POTIGA 400 MG TABLET	3	No	No	No	No		No		No	No	No			No	
POTIGA 50 MG TABLET	3	No	No	No	No		No		No	No	No			No	
PRADAXA CAP 150MG	3	No	No	No	No		No		No	No	No			No	Direct Thrombin Inhibitors
PRADAXA CAP 75MG	3	No	No	No	No		No		No	No	No			No	Direct Thrombin Inhibitors
PRAMIPEXOLE TAB 0.125MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PRAMIPEXOLE TAB 0.25MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
PRAMIPEXOLE TAB 0.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
PRAMIPEXOLE TAB 0.75MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
PRAMIPEXOLE TAB 1.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
PRAMIPEXOLE TAB 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
PRAMOX 1% GEL	NC														Antipruritics and Local Anesthetics
PRANDIMET 1 MG/500 MG TABLET	NC														Meglitinides
PRANDIMET 2 MG/500 MG TABLET	NC														Meglitinides
PRANDIN TAB 0.5MG	2	No	No	Yes	No		No		No	No	No			No	Meglitinides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PRANDIN TAB 1MG	2	No	No	Yes	No		No		No	No	No			No	Meglitinides
PRANDIN TAB 2MG	2	No	No	Yes	No		No		No	No	No			No	Meglitinides
PRAVACHOL TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
PRAVACHOL TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
PRAVACHOL TAB 40MG	3	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
PRAVACHOL TAB 80MG	3	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
PRAVASTATIN TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
PRAVASTATIN TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
PRAVASTATIN TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PRAVASTATIN TAB 80MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
PRAZOSIN HCL CAP 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
PRAZOSIN HCL CAP 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
PRAZOSIN HCL CAP 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
PRECOSE TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Alpha-Glucosidase Inhibitors
PRECOSE TAB 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Alpha-Glucosidase Inhibitors
PRECOSE TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Alpha-Glucosidase Inhibitors
PRED FORTE SUS 1% OP	3	Yes	No	No	No		No		No	No	No			No	Corticosteroids
PRED MILD SUS 0.12% OP	3	No	No	No	No		No		No	No	No			No	Corticosteroids
PRED SOD PHO SOL 1% OP	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
PRED-G SUS OP	3	No	No	No	No		No		No	No	No			No	Corticosteroids
PRED-G S.O.P OIN OP	3	No	No	No	No		No		No	No	No			No	Corticosteroids

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PREDNICARBAT CRE 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
PREDNICARBAT OIN 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
PREDNISOLONE SOL 15MG/5ML	1	No	Yes	No	No		No		No	No	No			No	Adrenals
PREDNISOLONE SUS 1% OP	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
PREDNISOLONE SYP 5MG/5ML	1	No	Yes	No	No		No		No	No	No			No	Adrenals
PREDNISON CON 5MG/ML	1	No	Yes	No	No		No		No	No	No			No	Adrenals
PREDNISON PAK 10MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
PREDNISON SOL 5MG/5ML	1	No	Yes	No	No		No		No	No	No			No	Adrenals
PREDNISON TAB 10MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
PREDNISON TAB 1MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
PREDNISON TAB 2.5MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
PREDNISON TAB 20MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PREDNISON TAB 50MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
PREDNISON TAB 5MG	1	No	Yes	No	No		No		No	No	No			No	Adrenals
PREFEST TAB	3	No	No	Yes	No		No		No	No	No			No	Estrogens
PREGNYL INJ 10000UNT	3	Yes	No	No	Yes	SPECIALTY	No		No	No	No			No	Gonadotropins
PRELONE SYP 15MG/5ML	3	Yes	No	No	No		No		No	No	No			No	Adrenals
PREMARIN INJ 25MG	2	No	No	No	No		No		No	No	No			No	Estrogens
PREMARIN TAB 0.3MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
PREMARIN TAB 0.45MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
PREMARIN TAB 0.625MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
PREMARIN TAB 0.9MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
PREMARIN TAB 1.25MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
PREMARIN VAG CRE 0.625MG	2	No	No	Yes	No		No		No	No	No			No	Estrogens
PREMASOL SOL 10%	1	No	Yes	No	No		No		No	No	No			Yes	Caloric Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PREMASOL SOL 6%	1	No	Yes	No	No		No		No	No	No			Yes	Caloric Agents
PREMPHASE TAB	2	No	No	Yes	No		No		No	No	No			No	Estrogens
PREMPRO TAB .625-2.5	2	No	No	Yes	No		No		No	No	No			No	Estrogens
PREMPRO TAB 0.3-1.5	2	No	No	Yes	No		No		No	No	No			No	Estrogens
PREMPRO TAB 0.45-1.5	2	No	No	Yes	No		No		No	No	No			No	Estrogens
PREMPRO TAB 0.625-5	2	No	No	Yes	No		No		No	No	No			No	Estrogens
PRENATABS TAB OBN	1	No	Yes	No	No		No		No	No	No			No	Multivitamin Preparations
PRENATAL-U CAPSULE	3	No	No	No	No		No		No	No	No			No	Multivitamin Preparations
PRENEXA CAPSULE	NC														Multivitamin Preparations
PREVACID CAP 15MG DR	3	Yes	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
PREVACID CAP 30MG DR	3	Yes	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
PREVACID TAB 15MG STB	3	Yes	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PREVACID TAB 30MG STB	3	Yes	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
PREVACID NAPRAPAC 500	NC														Nonsteroidal Anti-inflammatory Agents
PREVALITE POW 4GM	1	No	Yes	Yes	No		No		No	No	No			No	Bile Acid Sequestrants
PREVALITE POW 4GM PK	1	No	Yes	Yes	No		No		No	No	No			No	Bile Acid Sequestrants
PREVIDENT 1.1% GEL	3	Yes	No	Yes	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
PREVIDENT 5000 1.1%	NC														MISCELLANEOUS THERAPEUTIC AGENTS
PREVIDENT 5000 SENSITIVE PASTE	NC														MISCELLANEOUS THERAPEUTIC AGENTS
PREVIDENT DENTAL RINSE	NC														MISCELLANEOUS THERAPEUTIC AGENTS
PREVIFEM TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
PREVPAC PATIENT PACK	3	No	No	No	No		No		No	No	No			No	Proton-pump Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PREZISTA TAB 150MG	3	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
PREZISTA TAB 400MG	3	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
PREZISTA TAB 600MG	3	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
PREZISTA TAB 75MG	3	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
PREZISTA ORAL SUSPENSION 100MG/ML	3	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
PRIALT 100 MCG/ML VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	ANALGESICS AND ANTIPYRETICS, MISC.
PRIALT 25 MCG/ML VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	ANALGESICS AND ANTIPYRETICS, MISC.
PRIFTIN TAB 150MG	3	No	No	No	No		No		No	No	No			No	Antituberculosis Agents
PRILOSEC CAP 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
PRILOSEC CAP 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PRILOSEC 40 MG CAPSULE DR	NC														Proton-pump Inhibitors
PRIMAQUINE TAB 26.3MG	3	No	No	No	No		No		No	No	No			No	Antimalarials
PRIMAXIN IM INJ 500MG	2	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Carbapenems
PRIMAXIN IV INJ 250MG	2	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Carbapenems
PRIMAXIN IV INJ 500MG	2	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Carbapenems
PRIMIDONE TAB 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsant Barbiturates
PRIMIDONE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsant Barbiturates
PRIMSOL SOL 50MG/5ML	3	No	No	No	No		No		No	No	No			No	Urinary Anti-infectives
PRINIVIL TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
PRINIVIL TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PRINIVIL TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
PRINZIDE TAB 10-12.5	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
PRINZIDE TAB 20-12.5	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
PRISTIQ TAB 100MG	3	No	No	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake
PRISTIQ TAB 50MG	3	No	No	Yes	No		No		No	No	Yes	30	30	No	Selective Serotonin- and Norepinephrine-reuptake
PRIVIGEN INJ 20GRAMS	3	No	No	No	No		No		No	No	No			No	Serums
PROAIR HFA AER	1	No	Yes	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
PROAMATINE TAB 10MG	3	Yes	No	No	No		No		No	No	No			No	alpha-Adrenergic Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PROAMATINE TAB 2.5MG	3	Yes	No	No	No		No		No	No	No			No	alpha-Adrenergic Agonists
PROAMATINE TAB 5MG	3	Yes	No	No	No		No		No	No	No			No	alpha-Adrenergic Agonists
PROBEN/COLCH TAB 500-0.5	1	No	Yes	Yes	No		No		No	No	No			No	Uricosuric Agents
PROBENECID TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Uricosuric Agents
PROCAINAMIDE INJ 100MG/ML	1	No	Yes	No	No		No		No	No	No			No	Class Ia Antiarrhythmics
PROCAINAMIDE INJ 500MG/ML	1	No	Yes	No	No		No		No	No	No			No	Class Ia Antiarrhythmics
PROCALAMINE INJ 3%	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
PROCARDIA CAP 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
PROCARDIA XL TAB 30MG CR	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
PROCARDIA XL TAB 60MG CR	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
PROCARDIA XL TAB 90MG CR	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
PROCHIEVE GEL 4%	3	No	No	No	No		No		No	No	No			No	Progestins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PROCHIEVE GEL 8% VAG	3	No	No	No	No		No		No	No	No			No	Progestins
PROCHLORPERAZINE INJ 5MG/ML	1	No	Yes	No	No		No		No	No	No			No	Phenothiazines
PROCHLORPERAZINE SUP 25MG	1	No	Yes	No	No		No		No	No	No			No	Phenothiazines
PROCHLORPERAZINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
PROCHLORPERAZINE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
PROCRIT INJ 10000/ML	2	No	No	No	Yes	ES AGENTS	No		No	No	No			No	Hematopoietic Agents
PROCRIT INJ 2000/ML	2	No	No	No	Yes	ES AGENTS	No		No	No	No			No	Hematopoietic Agents
PROCRIT INJ 20000/ML	4	No	No	No	Yes	ES AGENTS	No		No	No	No			No	Hematopoietic Agents
PROCRIT INJ 3000/ML	2	No	No	No	Yes	ES AGENTS	No		No	No	No			No	Hematopoietic Agents
PROCRIT INJ 4000/ML	2	No	No	No	Yes	ES AGENTS	No		No	No	No			No	Hematopoietic Agents
PROCRIT INJ 40000/ML	4	No	No	No	Yes	ES AGENTS	No		No	No	No			No	Hematopoietic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PROCTOCORT CRE 1%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
PROCTOCREAM CRE -HC 2.5%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
PROCTO-PAK CRE 1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
PROCTOSOL HC CRE 2.5%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
PROCTOZONE CRE -HC 2.5%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
PROGLYCEM SUS 50MG/ML	3	No	No	Yes	No		No		No	No	No			No	Direct Vasodilators
PROGRAF CAP 0.5MG	2	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
PROGRAF CAP 1MG	2	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
PROGRAF CAP 5MG	2	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
PROGRAF INJ 5MG/ML	2	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
PROLASTIN INJ 500MG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Respiratory Tract Agents, Miscellaneous
PROLASTIN 1,000 MG VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Enzymes

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PROLASTIN-C	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Respiratory Tract Agents, Miscellaneous
PROLEUKIN INJ 22MU	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
PROLIA SOL 60MG/ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Bone Resorption Inhibitors
PROMACET TABLET	1	No	Yes	No	No		No		Yes	No	No			No	ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.
PROMACTA TAB 25MG	3	No	No	Yes	Yes	PROMACTA	No		No	No	No			No	Hematopoietic Agents
PROMACTA TAB 50MG	3	No	No	Yes	Yes	PROMACTA	No		No	No	No			No	Hematopoietic Agents
PROMACTA TAB 70MG	3	No	No	Yes	Yes	PROMACTA	No		No	No	No			No	Hematopoietic Agents
PROMACTA TAB 75MG	3	No	No	Yes	Yes	PROMACTA	No		No	No	No			No	Hematopoietic Agents
PROMETHAZINE 25 MG/ML SYRING	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Phenothiazine Derivatives
PROMETHAZINE 50 MG/ML AMPUL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Phenothiazine Derivatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PROMETHAZINE INJ 25MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Phenothiazine Derivatives
PROMETHAZINE INJ 50MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Phenothiazine Derivatives
PROMETHAZINE SUP 12.5MG	1	No	Yes	No	No		No		No	No	No			No	Phenothiazine Derivatives
PROMETHAZINE SUP 25MG	1	No	Yes	No	No		No		No	No	No			No	Phenothiazine Derivatives
PROMETHAZINE SYP 6.25/5ML	NC														Phenothiazine Derivatives
PROMETHAZINE TAB 12.5MG	NC														Phenothiazine Derivatives
PROMETHAZINE TAB 25MG	NC														Phenothiazine Derivatives
PROMETHAZINE TAB 50MG	NC														Phenothiazine Derivatives
PROMETHAZINE VC SYP 6.25-5/5	1	No	Yes	No	No		No		No	No	No			No	Phenothiazine Derivatives
PROMETHAZINE W/DM SYRUP	NC														Phenothiazine Derivatives
PROMETHAZINE/CODEINE SYRUP	NC														Phenothiazine Derivatives
PROMETHEGAN SUP 25MG	1	No	Yes	No	No		No		No	No	No			No	Phenothiazine Derivatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PROMETHEGAN SUP 50MG	1	No	Yes	No	No		No		No	No	No			No	Phenothiazine Derivatives
PROMETHEGAN 12.5 MG SUPPOS	1	No	Yes	No	No		No		No	No	No			No	Phenothiazine Derivatives
PROMETRIUM CAP 100MG	3	No	No	Yes	No		No		No	No	No			No	Progestins
PROMETRIUM CAP 200MG	3	No	No	Yes	No		No		No	No	No			No	Progestins
PROPAFENONE TAB 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
PROPAFENONE TAB 225MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
PROPAFENONE TAB 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
PROPAFENONE SR CAP 225MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
PROPAFENONE SR CAP 325MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
PROPAFENONE SR CAP 425MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
PROPANTHELIN TAB 15MG	1	No	Yes	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
PROPARACAINE SOL 0.5% OP	1	No	Yes	No	No		No		No	No	No			No	Local Anesthetics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PROPINE SOL 0.1% OP	3	Yes	No	Yes	No		No		No	No	No			No	Mydriatics
PROPRANOLOL CAP 120MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PROPRANOLOL CAP 160MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PROPRANOLOL CAP 60MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PROPRANOLOL CAP 80MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PROPRANOLOL INJ 1MG/ML	1	No	Yes	No	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PROPRANOLOL SOL 20MG/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PROPRANOLOL SOL 40MG/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PROPRANOLOL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PROPRANOLOL TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PROPRANOLOL TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PROPRANOLOL TAB 60MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PROPRANOLOL TAB 80MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PROPRANOLOL/HCTZ TAB 40/25	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PROPRANOLOL/HCTZ TAB 80/25	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
PROPYLTHIOURACIL TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Antithyroid Agents
PROQUAD INJ	2	No	No	No	No		No		No	No	No			No	Vaccines
PROQUIN XR TAB 500MG	3	No	No	No	No		No		No	No	No			No	Quinolones
PROSCAR TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Alpha Reductase Inhibitors
PROSOM TAB 2MG	3	Yes	No	No	No		No		No	No	No			No	Benzodiazepines
PROTECT CARDIO SOFTGEL	NC														Multivitamin Preparations
PROTECT PLUS LIQUID	NC														Multivitamin Preparations
PROTECT PLUS NR SOFTGEL	NC														Multivitamin Preparations
PROTECT PLUS SOFTGEL	NC														Multivitamin Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PROTONIX INJ 40MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Proton-pump Inhibitors
PROTONIX PAK	3	No	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
PROTONIX TAB 20MG	3	No	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
PROTONIX TAB 40MG	3	No	No	Yes	No		No		No	No	No			No	Proton-pump Inhibitors
PROTOPIC OIN 0.03%	2	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
PROTOPIC OIN 0.1%	2	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
PROTRIPTYLINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
PROTRIPTYLINE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
PROVENTIL AER HFA	2	Yes	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PROVERA TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Progestins
PROVERA TAB 2.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Progestins
PROVERA TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Progestins
PROVIGIL TAB 100MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
PROVIGIL TAB 200MG	3	No	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
PROZAC CAP 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PROZAC CAP 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PROZAC CAP 40MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PROZAC WEEKLY 90 MG CAPSULE	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
PRUDOXIN 5% CREAM	3	No	No	No	No		No		No	No	No			No	Antipruritics and Local Anesthetics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
PRYFLEX TABLET	NC														MISCELLANEOUS THERAPEUTIC AGENTS
PULMICORT INH 180MCG	3	No	No	Yes	No		No		No	No	No			No	Adrenals
PULMICORT INH 90MCG	3	No	No	Yes	No		No		No	No	No			No	Adrenals
PULMICORT SUS 0.25MG/2	3	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Adrenals
PULMICORT SUS 0.5MG/2	3	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Adrenals
PULMICORT SUS 1MG/2ML	3	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Adrenals
PULMOZYME SOL 1MG/ML	4	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Enzymes
PURINETHOL TAB 50MG	3	Yes	No	No	No		No		No	No	No			No	Antineoplastic Agents
PYLERA CAP	3	No	No	No	No		No		No	No	No			No	Anti-infectives, Miscellaneous
PYRAZINAMIDE TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Antituberculosis Agents
PYRIDOSTIGMINE TAB 60MG	1	No	Yes	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
QUALAQUIN CAP 324MG	3	No	No	No	No		No		No	No	Yes	42	7	No	Antimalarials
QUASENSE TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
QUESTRAN POW 4GM	3	No	No	Yes	No		No		No	No	No			No	Bile Acid Sequestrants
QUESTRAN POW 4GM LITE	3	No	No	Yes	No		No		No	No	No			No	Bile Acid Sequestrants
QUESTRAN LIGHT PACKET	3	No	No	Yes	No		No		No	No	No			No	Bile Acid Sequestrants
QUESTRAN PACKET	3	No	No	Yes	No		No		No	No	No			No	Bile Acid Sequestrants
QUINAPRIL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
QUINAPRIL TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
QUINAPRIL TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
QUINAPRIL TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
QUINAPRIL/HCTZ TAB 10-12.5	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
QUINAPRIL/HCTZ TAB 20-12.5	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
QUINAPRIL/HCTZ TAB 20-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
QUINARETIC TAB 20-12.5	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
QUINIDINE GL INJ 80MG/ML	1	No	Yes	No	No		No		No	No	No			No	Class Ia Antiarrhythmics
QUINIDINE GL TAB 324MG CR	1	No	Yes	Yes	No		No		No	No	No			No	Class Ia Antiarrhythmics
QUINIDINE SU TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ia Antiarrhythmics
QUINIDINE SU TAB 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Class Ia Antiarrhythmics
QUINIDINE SU TAB 300MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Class Ia Antiarrhythmics
QUININE SULFATE 200 MG CAP	NC														Antimalarials

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
QUININE SULFATE 260 MG TAB	NC														Antimalarials
QUININE SULFATE 324 MG CAP	NC														Antimalarials
QUININE SULFATE 325 MG CAP	NC														Antimalarials
QUIXIN SOL 0.5%	3	No	No	No	No		No		No	No	No			No	Antibacterials
QUTENZA KIT 8%	NC														MISCELLANEOUS THERAPEUTIC AGENTS
QVAR AER 40MCG	3	No	No	Yes	No		No		No	No	No			No	Adrenals
QVAR AER 80MCG	3	No	No	Yes	No		No		No	No	No			No	Adrenals
RABAVERT INJ	3	No	No	No	No		No		No	No	No			No	Vaccines
RAMIPRIL CAP 1.25MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
RAMIPRIL CAP 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RAMIPRIL CAP 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
RAMIPRIL CAP 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
RAMIPRIL TAB 1.25MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
RAMIPRIL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
RAMIPRIL TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
RAMIPRIL TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
RANEXA TAB 1000MG	2	No	No	Yes	No		No		No	No	No			No	Cardiac Drugs, Miscellaneous
RANEXA TAB 500MG	2	No	No	Yes	No		No		No	No	No			No	Cardiac Drugs, Miscellaneous
RANITIDINE CAP 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RANITIDINE CAP 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
RANITIDINE INJ 150/6ML	1	No	Yes	No	No		No		No	No	No			No	Histamine H2-Antagonists
RANITIDINE SYP 15MG/ML	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
RANITIDINE TAB 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
RANITIDINE TAB 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
RANITIDINE 1,000 MG/40 ML VIAL	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Histamine H2-Antagonists
RAPAFLO 4 MG CAPSULE	NC														Other Misc Therapeutic Agents
RAPAFLO 8 MG CAPSULE	NC														Other Misc Therapeutic Agents
RAPAMUNE SOL 1MG/ML	2	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
RAPAMUNE TAB 0.5MG	2	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
RAPAMUNE TAB 1MG	2	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RAPAMUNE TAB 2MG	2	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
RAPIFLUX TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
RAZADYNE SOL 4MG/ML	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
RAZADYNE TAB 12MG	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
RAZADYNE TAB 4MG	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
RAZADYNE TAB 8MG	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
RAZADYNE ER CAP 16MG	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
RAZADYNE ER CAP 24MG	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
RAZADYNE ER CAP 8MG	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RE DUALVIT F CAPSULE	3	No	No	No	No		No		No	No	No			No	IRON PREPARATIONS
RE DUALVIT PLUS CAPSULE	3	No	No	No	No		No		No	No	No			No	IRON PREPARATIONS
REBETOL CAP 200MG	4	Yes	No	No	Yes	SPECIALTY	No		No	No	No			No	Nucleosides and Nucleotides
REBETOL SOL 40MG/ML	3	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Nucleosides and Nucleotides
REBIF INJ 22/0.5	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Biologic Response Modifiers
REBIF INJ 44/0.5	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Biologic Response Modifiers
REBIF TITRATION SOL PACK	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Biologic Response Modifiers
RECLAST 5 MG/100 ML INJECTION	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Bone Resorption Inhibitors
RECLIPSEN TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
RECOMBIVAX-HB INJ 10MCG/ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Vaccines
RECOMBIVAX-HB INJ 40MCG/ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Vaccines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RECTIV 0.4% OINTMENT	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
REGLAN INJ 5MG/ML	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Prokinetic Agents
REGLAN TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Prokinetic Agents
REGLAN TAB 5MG	3	Yes	No	No	No		No		No	No	No			No	Prokinetic Agents
REGONOL INJ 5MG/ML	3	No	No	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
REGRANEX GEL 0.01%	2	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
RELAGESIC LIQUID	NC														ANALGESICS AND ANTIPYRETICS, MISC.
RELENZA MIS DISKHALE	3	No	No	No	No		No		No	No	No			No	Neuraminidase Inhibitors
RELION R INJ 100/ML	2	No	No	Yes	No		No		No	No	No			No	Insulins
RELISTOR INJ 12/0.6ML	3	No	No	No	Yes	SPECIALTY	No		No	No	No			No	GI Drugs, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RELISTOR 12 MG/0.6 ML KIT	NC														GI Drugs, Miscellaneous
REL PAX TAB 20MG	3	No	No	No	No		No		No	No	Yes	6	30	No	Selective Serotonin Agonists
REL PAX TAB 40MG	3	No	No	No	No		No		No	No	Yes	6	30	No	Selective Serotonin Agonists
REMERON TAB 15MG	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
REMERON TAB 30MG	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
REMERON TAB 45MG	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
REMERON SLTB TAB 15MG	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
REMERON SLTB TAB 30MG	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
REMERON SLTB TAB 45MG	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
REMICADE INJ 100MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Disease-Modifying Antirheumatic Agents
REMODULIN INJ 10MG/ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Vasodilating Agents, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
REMODULIN INJ 1MG/ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Vasodilating Agents, Miscellaneous
REMODULIN INJ 2.5MG/ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Vasodilating Agents, Miscellaneous
REMODULIN INJ 5MG/ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Vasodilating Agents, Miscellaneous
RENAGEL TAB 400MG	NC														Phosphate-removing Agents
RENAGEL TAB 800MG	NC														Phosphate-removing Agents
RENAMIN INJ 6.5%	3	No	No	No	No		No		No	No	No			No	Caloric Agents
RENATABS WITH IRON TABLET	NC														VITAMIN B COMPLEX
RENAX 5.5 TABLET	NC														Multivitamin Preparations
RENVELA PAK 0.8GM	2	No	No	Yes	No		No		No	No	No			No	Phosphate-removing Agents
RENVELA PAK 2.4GM	2	No	No	Yes	No		No		No	No	No			No	Phosphate-removing Agents
RENVELA TAB 800MG	2	No	No	Yes	No		No		No	No	No			No	Phosphate-removing Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
REPAN TABLET	1	No	Yes	No	No		No		Yes	No	Yes	50	30	No	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB
REPLIVA 21/7 TABLET	NC														IRON PREPARATIONS
REPREXAIN TAB 10-200MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
REPREXAIN TAB 2.5-200	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
REPREXAIN TAB 5-200MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
REQUIP TAB 0.25MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
REQUIP TAB 0.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
REQUIP TAB 1MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
REQUIP TAB 2MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
REQUIP TAB 3MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
REQUIP TAB 4MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
REQUIP TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
REQUIP XL 12 MG TABLET	NC														Central Nervous System Agents, Misc
REQUIP XL 2 MG TABLET ER	NC														Central Nervous System Agents, Misc
REQUIP XL 4 MG TABLET ER	NC														Central Nervous System Agents, Misc
REQUIP XL 6 MG TABLET	NC														Central Nervous System Agents, Misc
REQUIP XL 8 MG TABLET ER	NC														Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RESCRIPTOR TAB 100 MG	2	No	No	Yes	No		No		No	No	No			No	Nonnucleoside Reverse Transcriptase Inhibitors
RESCRIPTOR TAB 200MG	2	No	No	Yes	No		No		No	No	No			No	Nonnucleoside Reverse Transcriptase Inhibitors
RESERPINE TAB 0.1MG	1	No	Yes	Yes	No		No		No	No	No			No	Peripheral Adrenergic Inhibitors
RESERPINE TAB 0.25MG	1	No	Yes	Yes	No		No		No	No	No			No	Peripheral Adrenergic Inhibitors
RESTASIS EMU 0.05%	3	No	No	Yes	Yes	RESTASIS	No		No	No	No			No	EENT Anti-inflammatory Agents, Misc
RESTORIL 15 MG CAPSULE	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
RESTORIL 22.5 MG CAPSULE	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
RESTORIL 30 MG CAPSULE	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
RESTORIL 7.5 MG CAPSULE	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RETIN-A 0.01% GEL	NC														Cell Stimulants and Proliferants
RETIN-A 0.025% CREAM	NC														Cell Stimulants and Proliferants
RETIN-A 0.025% GEL	NC														Cell Stimulants and Proliferants
RETIN-A 0.05% CREAM	NC														Cell Stimulants and Proliferants
RETIN-A 0.1% CREAM	NC														Cell Stimulants and Proliferants
RETIN-A MICRO 0.04% GEL	NC														Cell Stimulants and Proliferants
RETIN-A MICRO 0.1% GEL	NC														Cell Stimulants and Proliferants
RETROVIR CAP 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
RETROVIR INJ 10MG/ML	3	No	No	No	No		No		No	No	No			Yes	Nucleoside & Nucleotide Rev Transcriptase Inhib
RETROVIR SYP 50MG/5ML	3	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RETROVIR TAB 300MG	3	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
REVATIO INJ	4	No	No	No	Yes	PHOSPHODIESTERASE INHIBITORS	No		No	No	No			No	Phosphodiesterase Inhibitors
REVATIO TAB 20MG	4	No	No	Yes	Yes	PHOSPHODIESTERASE INHIBITORS	No		No	No	Yes	90	30	No	Phosphodiesterase Inhibitors
REVIA TAB 50MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Antagonists
REVLIMID CAP 10MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	Yes	No			No	Biologic Response Modifiers
REVLIMID CAP 15MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	Yes	No			No	Biologic Response Modifiers
REVLIMID CAP 25MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	Yes	No			No	Biologic Response Modifiers
REVLIMID CAP 5MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	Yes	No			No	Biologic Response Modifiers
REVONTO INJ 20MG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	DIRECT-ACTING SKELETAL MUSCLE RELAXANTS
REYATAZ CAP 100MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
REYATAZ CAP 150MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
REYATAZ CAP 200MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
REYATAZ CAP 300MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
RHEUMATREX TAB 2.5MG	3	No	No	Yes	No		No		No	No	No			No	Antineoplastic Agents
RHINOCORT SUS AQUA	2	No	No	Yes	No		No		No	No	No			No	Corticosteroids
RIBAPAK PAK 1000/DAY	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
RIBAPAK PAK 1200/DAY	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
RIBAPAK PAK 800/DAY	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
RIBASPHERE CAP 200MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
RIBASPHERE TAB 200MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
RIBASPHERE TAB 400MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
RIBASPHERE TAB 600MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
RIBATAB TAB 1200/DAY	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RIBATAB 400-600 MG DOSEPACK	3	Yes	No	No	No		No		No	No	No			No	Nucleosides and Nucleotides
RIBAVIRIN CAP 200MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
RIBAVIRIN TAB 200MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
RIBAVIRIN TAB 400MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
RIBAVIRIN TAB 600MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
RIDAURA CAP 3MG	2	No	No	Yes	No		No		No	No	No			No	Gold Compounds
RIFADIN CAP 150MG	3	Yes	No	No	No		No		No	No	No			No	Antituberculosis Agents
RIFADIN CAP 300MG	3	Yes	No	No	No		No		No	No	No			No	Antituberculosis Agents
RIFADIN INJ 600 MG	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Antituberculosis Agents
RIFAMATE CAP	3	Yes	No	No	No		No		No	No	No			No	Antituberculosis Agents
RIFAMPIN CAP 150MG	1	No	Yes	No	No		No		No	No	No			No	Antituberculosis Agents
RIFAMPIN CAP 300MG	1	No	Yes	No	No		No		No	No	No			No	Antituberculosis Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RIFAMPIN INJ 600 MG	1	No	Yes	No	No		No		No	No	No			No	Antituberculosis Agents
RIFATER TAB	3	No	No	No	No		No		No	No	No			No	Antituberculosis Agents
RILUTEK TAB 50MG	3	No	No	Yes	Yes	RILUZOLE	No		No	No	No			No	Central Nervous System Agents, Misc
RIMANTADINE TAB 100MG	1	No	Yes	No	No		No		No	No	No			No	Adamantanes
RINGERS INJ	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
RINGERS IRR SOL	1	No	Yes	No	No		No		No	No	No			No	Irrigating Solutions
RIOMET SOL	2	No	No	Yes	No		No		No	No	No			No	Biguanides
RISPERDAL SOL 1MG/ML	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERDAL TAB 0.25MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERDAL TAB 0.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERDAL TAB 1MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERDAL TAB 2MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RISPERDAL TAB 3MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERDAL TAB 4MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERDAL CONSTA INJ 12.5MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
RISPERDAL CONSTA INJ 25MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
RISPERDAL CONSTA INJ 37.5MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
RISPERDAL CONSTA INJ 50MG	4	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
RISPERDAL M TAB 0.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERDAL M TAB 1MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERDAL M TAB 2MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERDAL M TAB 3MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RISPERDAL M TAB 4MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERIDONE SOL 1MG/ML	1	No	Yes	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERIDONE TAB 0.25 ODT	1	No	Yes	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERIDONE TAB 0.25MG	1	No	Yes	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERIDONE TAB 0.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERIDONE TAB 0.5MG OD	1	No	Yes	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERIDONE TAB 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERIDONE TAB 1MG ODT	1	No	Yes	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERIDONE TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERIDONE TAB 2MG ODT	1	No	Yes	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERIDONE TAB 3MG	1	No	Yes	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERIDONE TAB 3MG ODT	1	No	Yes	Yes	No		No		No	No	No			No	Atypical Antipsychotics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RISPERIDONE TAB 4MG	1	No	Yes	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RISPERIDONE TAB 4MG ODT	1	No	Yes	Yes	No		No		No	No	No			No	Atypical Antipsychotics
RITALIN TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
RITALIN TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
RITALIN TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Anorexigenics & Resp & Cereb Stim, Misc
RITALIN LA 10 MG CAPSULE	NC														Anorexigenics & Resp & Cereb Stim, Misc
RITALIN LA 20 MG CAPSULE	NC														Anorexigenics & Resp & Cereb Stim, Misc
RITALIN LA 30 MG CAPSULE	NC														Anorexigenics & Resp & Cereb Stim, Misc
RITALIN LA 40 MG CAPSULE	NC														Anorexigenics & Resp & Cereb Stim, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RITALIN-SR 20 MG TABLET SA	NC														Anorexigenics & Resp & Cereb Stim, Misc
RITUXAN INJ 500MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
RIVASTIGMINE CAP 1.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
RIVASTIGMINE CAP 3MG	1	No	Yes	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
RIVASTIGMINE CAP 4.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
RIVASTIGMINE CAP 6MG	1	No	Yes	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
ROBAXIN TAB 500MG	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ROBAXIN 100 MG/ML VIAL	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
ROBAXIN-750 TAB 750MG	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
ROBINUL INJ 0.2MG/ML	3	No	No	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
ROBINUL TAB 1MG	3	Yes	No	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
ROBINUL FORT TAB 2MG	3	Yes	No	No	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
ROCALTROL CAP 0.25MCG	3	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
ROCALTROL CAP 0.5MCG	3	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
ROCALTROL SOL 1MCG/ML	3	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
ROCEPHIN INJ 1GM	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Third Generation Cephalosporins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ROCEPHIN 500 MG VIAL	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Third Generation Cephalosporins
ROCURONIUM 100 MG/10 ML VIAL	NC														NEUROMUSCULAR BLOCKING AGENTS
ROCURONIUM 50 MG/5 ML VIAL	NC														NEUROMUSCULAR BLOCKING AGENTS
ROMYCIN OIN OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
ROPINIROLE TAB 0.25MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ROPINIROLE TAB 0.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ROPINIROLE TAB 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ROPINIROLE TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ROPINIROLE TAB 3MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ROPINIROLE TAB 4MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ROPINIROLE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ROSADERM CLEANSER KIT	NC														Local Anti-infectives, Miscellaneous
ROSANIL CLEANSER KIT	NC														Local Anti-infectives, Miscellaneous
ROTARIX	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Vaccines
ROTARIX 10E6/ML SUSPENSION	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Vaccines
ROTATEQ SUS	3	No	No	No	No		No		No	No	No			No	Vaccines
ROWASA KIT 4GM	3	Yes	No	Yes	No		No		No	No	No			No	Anti-inflammatory Agents
ROXICET SOL 5-325/5	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
ROXICET TAB 5-325MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ROXICET TAB 5-500MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
ROXICODONE TAB 15MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
ROXICODONE TAB 30MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
ROXICODONE TAB 5MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
ROZEREM TAB 8MG	2	No	No	Yes	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
RYTHMOL TAB 150MG	3	Yes	No	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
RYTHMOL TAB 225MG	3	Yes	No	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
RYTHMOL TAB 300MG	3	Yes	No	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
RYTHMOL SR CAP 225MG	3	Yes	No	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
RYTHMOL SR CAP 325MG	3	Yes	No	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
RYTHMOL SR CAP 425MG	3	Yes	No	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
RYZOLT 100 MG TABLET	NC														Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
RYZOLT 200 MG TABLET	NC														Opiate Agonists
RYZOLT 300 MG TABLET	NC														Opiate Agonists
SABRIL POW 500MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
SABRIL TAB 500MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
SAFYRAL TABLET	3	No	No	Yes	No		No		No	No	No			No	Contraceptives
SAIZEN INJ 5MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
SAIZEN INJ 8.8MG	3	No	No	Yes	Yes	IV AND IM DRUGS	No		No	No	No			No	Pituitary
SAIZEN 8.8 MG CLICK.EASY CARTG	3	No	No	Yes	Yes	IV AND IM DRUGS	No		No	No	No			No	Pituitary
SALACYN CRE 6%	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
SALAGEN TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
SALAGEN TAB 7.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SALEX 6% CREAM KIT	3	No	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
SALEX 6% LOTION KIT	3	No	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
SALEX 6% SHAMPOO	3	Yes	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
SALICYLIC 6% SHAMPOO	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
SALICYLIC ACID 6% CREAM	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
SALICYLIC ACID 6% CREAM KIT	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
SALICYLIC ACID 6% GEL	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
SALICYLIC ACID 6% LOTION	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
SALICYLIC ACID 6% LOTION KIT	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
SALKERA 6% FOAM	NC														KERATOLYTIC AGENTS
SALSALATE 500 MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SALSALATE 750 MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
SAL-TROPINE 0.4 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
SALVAX 6% FOAM	NC														KERATOLYTIC AGENTS
SAMSCA 15 MG TABLET	NC														DIURETICS, MISCELLANEOUS
SAMSCA 30 MG TABLET	NC														DIURETICS, MISCELLANEOUS
SANCTURA TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
SANCTURA XR CAP 60MG	3	No	No	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
SANCUSO 3.1 MG/24 HR PATCH	NC														5-HT3 Receptor Antagonists
SANDIMMUNE CAP 100MG	2	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SANDIMMUNE CAP 25MG	2	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
SANDIMMUNE INJ 50MG/ML	2	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
SANDIMMUNE SOL 100MG/ML	2	Yes	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
SANDOSTATIN INJ 1000MCG (1MG/ML)	4	Yes	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
SANDOSTATIN INJ 100MCG (0.1MG/ML)	4	Yes	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
SANDOSTATIN INJ 200MCG (0.2MG/ML)	4	Yes	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
SANDOSTATIN INJ 500MCG (0.5MG/ML)	4	Yes	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
SANDOSTATIN INJ 50MCG/ML (0.05MG/ML)	3	Yes	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
SANDOSTATIN KIT LAR 10MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SANDOSTATIN KIT LAR 20MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
SANDOSTATIN KIT LAR 30MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
SANTYL OIN 250/GM	2	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
SAPHRIS SUB 10MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
SAPHRIS SUB 5MG	3	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
SARAFEM 10 MG PULVULE	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
SARAFEM 20 MG PULVULE	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
SAVELLA 100 MG TABLET	NC														Selective Serotonin- and Norepinephrine-reuptake
SAVELLA 12.5 MG TABLET	NC														Selective Serotonin- and Norepinephrine-reuptake

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SAVELLA 25 MG TABLET	NC														Selective Serotonin- and Norepinephrine-reuptake
SAVELLA 50 MG TABLET	NC														Selective Serotonin- and Norepinephrine-reuptake
SAVELLA TITRATION PACK	NC														Selective Serotonin- and Norepinephrine-reuptake
SCOPACE 0.4 MG TABLET	3	No	No	No	No		No		No	No	No			No	Antiemetics, Miscellaneous
SEASONALE TAB	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
SEASONIQUE TAB	3	No	No	Yes	No		No		No	No	No			No	Contraceptives
SECONAL SODIUM 100 MG CAPSULE	3	No	No	No	No		No		Yes	No	No			No	Barbiturates
SECTRAL 200 MG CAPSULE	NC														Beta-Adrenergic Blocking Agents
SECTRAL 400 MG CAPSULE	NC														Beta-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SEDAPAP TABLET	3	No	No	No	No		No		Yes	No	No			No	ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.
SELEGILINE CAP 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
SELEGILINE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
SELENIUM SUL SHA 2.5%	1	No	Yes	No	No		No		No	No	No			No	Local Anti-infectives, Miscellaneous
SELFEMRA 10 MG CAPSULE	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
SELFEMRA 20 MG CAPSULE	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
SELSUN SHA 2.5%	3	Yes	No	No	No		No		No	No	No			No	Local Anti-infectives, Miscellaneous
SELZENTRY TAB 150MG	2	No	No	Yes	No		No		No	No	No			No	HIV Fusion Inhibitors
SELZENTRY TAB 300MG	2	No	No	Yes	No		No		No	No	No			No	HIV Fusion Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SEMPREX-D CAP 8-60MG	3	No	No	No	No		No		No	No	No			No	Second Generation Antihistamines
SENSIPAR TAB 30MG	2	No	No	Yes	No		No		No	No	No			No	Other Misc Therapeutic Agents
SENSIPAR TAB 60MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
SENSIPAR TAB 90MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
SEPTRA TAB 400-80MG	3	Yes	No	No	No		No		No	No	No			No	Sulfonamides
SEPTRA DS TAB 800-160	3	Yes	No	No	No		No		No	No	No			No	Sulfonamides
SEREVENT DIS AER 50MCG	2	No	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
SEROMYCIN CAP 250MG	3	No	No	No	No		No		No	No	No			No	Antituberculosis Agents
SEROPHENE 50 MG TABLET	NC														Estrogen Agonist-Antagonists
SEROQUEL TAB 100MG	2	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SEROQUEL TAB 200MG	2	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
SEROQUEL TAB 25MG	2	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
SEROQUEL TAB 300MG	2	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
SEROQUEL TAB 400MG	2	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
SEROQUEL TAB 50MG	2	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
SEROQUEL XR TAB 150MG	2	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
SEROQUEL XR TAB 200MG	2	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
SEROQUEL XR TAB 300MG	2	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
SEROQUEL XR TAB 400MG	2	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
SEROQUEL XR TAB 50MG	2	No	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
SEROSTIM INJ 4MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
SEROSTIM INJ 5MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SEROSTIM INJ 6MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
SERTRALINE CON 20MG/ML	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
SERTRALINE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
SERTRALINE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
SERTRALINE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
SF 1.1% GEL	1	No	Yes	Yes	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
SF 5000 PLUS CREAM	1	No	Yes	Yes	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
SILENOR TAB 3MG	NC														Tricyclics and Other Norepinephrine-reuptake Inhib
SILENOR TAB 6MG	NC														Tricyclics and Other Norepinephrine-reuptake Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SILVADENE CRE 1%	3	Yes	No	No	No		No		No	No	No			No	Local Anti-infectives, Miscellaneous
SILVER SULFA CRE 1%	1	No	Yes	No	No		No		No	No	No			No	Local Anti-infectives, Miscellaneous
SIMCOR TAB 1000-20	3	No	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
SIMCOR TAB 1000-40	3	No	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
SIMCOR TAB 500-20MG	3	No	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
SIMCOR TAB 500-40MG	3	No	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
SIMCOR TAB 750-20MG	3	No	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
SIMPONI INJ 50MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Disease-Modifying Antirheumatic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SIMULECT INJ 20MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Immunosuppressive Agents
SIMULECT 10 MG VIAL	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
SIMVASTATIN TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
SIMVASTATIN TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
SIMVASTATIN TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
SIMVASTATIN TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
SIMVASTATIN TAB 80MG	1	No	Yes	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
SINEMET TAB 10/100	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SINEMET TAB 25/100	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
SINEMET TAB 25/250	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
SINEMET CR TAB 25/100	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
SINEMET CR TAB 50/200	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
SINGULAIR CHW 4MG	2	No	No	Yes	No		No		No	No	No			No	Leukotriene Modifiers
SINGULAIR CHW 5MG	2	No	No	Yes	No		No		No	No	No			No	Leukotriene Modifiers
SINGULAIR GRA 4MG	2	No	No	Yes	No		No		No	No	No			No	Leukotriene Modifiers
SINGULAIR TAB 10MG	2	No	No	Yes	No		No		No	No	No			No	Leukotriene Modifiers
SKELAXIN 800 MG TABLET	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SKELID TAB 200MG	3	No	No	No	No		No		No	No	No			No	Bone Resorption Inhibitors
SMZ/TMP DS TAB 800-160	1	No	Yes	No	No		No		No	No	No			No	Sulfonamides
SMZ-TMP INJ 400-80/5	1	No	Yes	No	No		No		No	No	No			Yes	Sulfonamides
SMZ-TMP SUS 200-40/5	1	No	Yes	No	No		No		No	No	No			No	Sulfonamides
SMZ-TMP TAB 400-80MG	1	No	Yes	No	No		No		No	No	No			No	Sulfonamides
SODIUM BICARB INJ 7.5%	1	No	Yes	No	No		No		No	No	No			Yes	Alkalinizing Agents
SODIUM BICARB INJ 8.4%	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Alkalinizing Agents
SODIUM CHLOR SOL 0.9% IRR	1	No	Yes	No	No		No		No	No	No			No	Irrigating Solutions
SODIUM CHLORIDE 0.9% IRRIG	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Irrigating Solutions
SODIUM CHLORIDE INJ 0.45%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
SODIUM CHLORIDE INJ 0.9%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SODIUM CHLORIDE INJ 2.5MEQ/ML	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
SODIUM CHLORIDE INJ 3%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
SODIUM CHLORIDE INJ 5%	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
SODIUM CITRATE/CITRIC ACID SOL	1	No	Yes	No	No		No		No	No	No			No	Alkalinizing Agents
SODIUM EDECRIN INJ 50MG	1	No	Yes	No	No		No		No	No	No			No	Loop Diuretics
SODIUM FLUORIDE GEL	NC														MISCELLANEOUS THERAPEUTIC AGENTS
SODIUM FLUORIDE TAB 1MG F	1	No	Yes	Yes	No		No		No	No	No			No	Other Misc Therapeutic Agents
SODIUM LACTATE INJ 1/6M	1	No	Yes	No	No		No		No	No	No			Yes	Alkalinizing Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SODIUM LACTATE INJ 5MEQ/ML	1	No	Yes	No	No		No		No	No	No			Yes	Alkalinizing Agents
SODIUM PHENYLBUTYRATE TAB 500 MG	1	No	Yes	Yes	No		No		No	No	No			No	Ammonia Detoxicants
SODIUM POLYSULFIDE POW	1	No	Yes	No	No		No		No	No	No			No	Potassium-removing Agents
SODIUM SULFACET SOL 10% OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
SODIUM SULFACETAMIDE 10% LOT	1	No	Yes	No	No		No		No	No	No			No	Local Anti-infectives, Miscellaneous
SODIUM SULF-SULFUR WASH	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
SOLARAZE GEL 3% W/W	2	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
SOLIA TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
SOLIRIS 10MG/ML VIAL	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	COMPLEMENT INHIBITORS
SOLODYN 105 MG TABLET	NC														Tetracyclines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SOLODYN 115 MG EXTENDED RELEASE TABLET	NC														Tetracyclines
SOLODYN 135 MG TABLET	NC														Tetracyclines
SOLODYN 45 MG TABLET	NC														Tetracyclines
SOLODYN 55 MG TABLET	NC														Tetracyclines
SOLODYN 65 MG EXTENDED RELEASE TABLET	NC														Tetracyclines
SOLODYN 80 MG TABLET	NC														Tetracyclines
SOLODYN 90 MG TABLET	NC														Tetracyclines
SOLU-CORTEF INJ 100MG	3	No	No	No	No		No		No	No	No			No	Adrenals
SOLU-CORTEF INJ 250MG	3	No	No	No	No		No		No	No	No			No	Adrenals
SOLU-CORTEF 1,000 MG ACT-O-VL	3	No	No	No	No		No		No	No	No			No	Adrenals

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SOLU-CORTEF 500 MG ACT-O-VL	3	Yes	No	No	No		No		No	No	No			No	Adrenals
SOLU-MEDROL INJ 125MG	3	No	No	No	No		No		No	No	No			Yes	Adrenals
SOLU-MEDROL INJ 2GM	3	No	No	No	No		No		No	No	No			Yes	Adrenals
SOLU-MEDROL INJ 40MG	3	Yes	No	No	No		No		No	No	No			Yes	Adrenals
SOLU-MEDROL INJ 500MG	3	No	No	No	No		No		No	No	No			Yes	Adrenals
SOLU-MEDROL 1,000 MG VIAL	3	No	No	No	No		No		No	No	No			No	Adrenals
SOMA TAB 250MG	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
SOMA TAB 350MG	NC														CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SOMATULINE INJ 120/.5ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
SOMATULINE INJ 60/0.2ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
SOMATULINE INJ 90/0.3ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Other Misc Therapeutic Agents
SOMAVERT INJ 10MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Somatotropin Antagonists
SOMAVERT INJ 15MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Somatotropin Antagonists
SOMAVERT INJ 20MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Somatotropin Antagonists
SOMNOTE 500 MG SOFTGEL	3	No	No	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
SONATA 10 MG CAPSULE	NC														Anxiolytics, Sedatives, & Hypnotics Misc
SONATA 5 MG CAPSULE	NC														Anxiolytics, Sedatives, & Hypnotics Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SORIATANE CAP 17.5MG	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
SORIATANE CAP 22.5MG	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
SORIATANE 10 MG CAPSULE	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
SORIATANE 25 MG CAPSULE	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
SORILUX	NC														Skin and Mucous Membrane Agents, Misc
SORINE TAB 120MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
SORINE TAB 160MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
SORINE TAB 240MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
SORINE TAB 80MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
SOTALOL AF 120 MG TABLET	1	No	Yes	Yes	No		No		No	No	Yes	60	30	No	Beta-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SOTALOL AF 160 MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
SOTALOL AF 80 MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
SOTALOL HCL INJ 150/10ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Beta-Adrenergic Blocking Agents
SOTALOL HCL TAB 120MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
SOTALOL HCL TAB 160MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
SOTALOL HCL TAB 240MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
SOTALOL HCL TAB 80MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
SOTRET CAP 10MG	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
SOTRET CAP 20MG	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
SOTRET CAP 30MG	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SOTRET CAP 40MG	1	No	Yes	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
SPECTRACEF TAB 200MG	3	No	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
SPECTRACEF TAB 400MG	3	No	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
SPIRIVA CAP HANDIHLR	2	No	No	Yes	No		No		No	No	No			No	Antimuscarinics/Anti spasmodics
SPIRONOLACTONE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Mineralocorticoid (Aldost) Recept Antag
SPIRONOLACTONE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Mineralocorticoid (Aldost) Recept Antag
SPIRONOLACTONE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Mineralocorticoid (Aldost) Recept Antag
SPIRONOLACTONE/HCTZ TAB 25/25	1	No	Yes	Yes	No		No		No	No	No			No	Mineralocorticoid (Aldost) Recept Antag
SPORANOX CAP 100MG	3	Yes	No	No	Yes	ITRACONAZOLE	No		No	No	No			No	Azoles
SPORANOX CAP PULSEPAK	3	Yes	No	No	Yes	ITRACONAZOLE	No		No	No	No			No	Azoles

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SPORANOX SOL 10MG/ML	3	No	No	No	Yes	ITRACONAZOLE	No		No	No	No			No	Azoles
SPRINTEC 28 TAB 28 DAY	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
SPRIX SPR 15.75MG	NC														Nonsteroidal Anti-inflammatory Agents
SPRYCEL TAB 100MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
SPRYCEL TAB 140MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
SPRYCEL TAB 20MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
SPRYCEL TAB 50MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
SPRYCEL TAB 70MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
SPRYCEL TAB 80MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
SPS 15 GM/60 ML SUSPENSION	1	No	Yes	No	No		No		No	No	No			No	Potassium-removing Agents
SRONYX TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
SSD CRE 1%	1	No	Yes	No	No		No		No	No	No			No	Local Anti-infectives, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
STADOL 2 MG/ML VIAL	NC														Opiate Partial Agonists
STAGESIC CAP 500-5MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
STALEVO 100 TAB	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
STALEVO 125 TAB	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
STALEVO 150 TAB	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
STALEVO 200 TAB	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
STALEVO 50 TAB	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
STALEVO 75 TAB	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
STANNOUS FLUOR 0.63% RINSE	NC														MISCELLANEOUS THERAPEUTIC AGENTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
STARLIX TAB 120MG	3	Yes	No	Yes	No		No		No	No	No			No	Meglitinides
STARLIX TAB 60MG	3	Yes	No	Yes	No		No		No	No	No			No	Meglitinides
STAVUDINE CAP 15MG	1	No	Yes	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
STAVUDINE CAP 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
STAVUDINE CAP 30MG	1	No	Yes	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
STAVUDINE CAP 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
STAVUDINE SOL 1MG/ML	1	No	Yes	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
STAVZOR CAP 125MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
STAVZOR CAP 250MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
STAVZOR CAP 500MG	3	No	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
STELARA INJ 45MG/0.5	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Immunosuppressive Agents
STELARA INJ 90MG/ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Immunosuppressive Agents
STERIL WATER SOL IRRIG	1	No	Yes	No	No		No		No	No	No			No	Irrigating Solutions
STIMATE SOL 1.5MG/ML	3	No	No	Yes	No		No		No	No	No			No	Pituitary
STRATTERA CAP 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
STRATTERA CAP 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
STRATTERA CAP 18MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
STRATTERA CAP 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
STRATTERA CAP 40MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
STRATTERA CAP 60MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
STRATTERA CAP 80MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
STREPTOMYCIN INJ 1GM	1	No	Yes	No	No		No		No	No	No			No	Aminoglycosides
STRIANT MIS 30MG	3	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
STROMECTOL TAB 3MG	3	No	No	No	No		No		No	No	No			No	Anthelmintics
STROVITE ADVANCE + D CAPLET	NC														Multivitamin Preparations
STROVITE ADVANCE CAPLET	NC														Multivitamin Preparations
STROVITE TABLET	NC														VITAMIN B COMPLEX
SUBOXONE SUBLINGUAL TAB 2-0.5MG	3	No	No	No	No		No		No	No	No			No	Opiate Partial Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SUBOXONE SUBLINGUAL TAB 8-2MG	3	No	No	No	No		No		No	No	No			No	Opiate Partial Agonists
SUBOXONE ORAL STRIP 2-0.5 MG	NC														Opiate Partial Agonists
SUBOXONE ORAL STRIP 8-2 MG	NC														Opiate Partial Agonists
SUBUTEX SUB 2MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Partial Agonists
SUBUTEX SUB 8MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Partial Agonists
SUCRAID SOL 8500/ML	NC														Enzymes
SUCRALFATE TAB 1GM	1	No	Yes	Yes	No		No		No	No	No			No	Protectants
SUCRALFATE 1 GM/10 ML SUSP	1	No	Yes	Yes	No		No		No	No	No			No	Protectants
SULAR TAB 17MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
SULAR TAB 25.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
SULAR TAB 34MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SULAR TAB 8.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Dihydropyridines
SULF/PRED NA SOL OP	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
SULFACETAMIDE LOT 10%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
SULFACETAMIDE SOD 10% TOP SUSP	1	No	Yes	No	No		No		No	No	No			No	Local Anti-infectives, Miscellaneous
SULFADIAZINE TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Sulfonamides
SULFAMYLON CRE 85MG/GM	3	No	No	No	No		No		No	No	No			No	Local Anti-infectives, Miscellaneous
SULFAMYLON PAK 5%	3	No	No	No	No		No		No	No	No			No	Local Anti-infectives, Miscellaneous
SULFASALAZINE DR 500 MG TAB	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonamides
SULFASALAZINE TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonamides
SULFATRIM SUS 200-40/5	1	No	Yes	No	No		No		No	No	No			No	Sulfonamides
SULFAZINE TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonamides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SULFAZINE EC TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonamides
SULF-PRED 0.25% EYE DROPS	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
SULINDAC TAB 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
SULINDAC TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
SUMATRIPTAN INJ 4MG/0.5	1	No	Yes	No	No		No		No	No	Yes	48	30	No	Selective Serotonin Agonists
SUMATRIPTAN INJ 6MG/0.5	1	No	Yes	No	No		No		No	No	Yes	48	30	No	Selective Serotonin Agonists
SUMATRIPTAN TAB 100MG	1	No	Yes	No	No		No		No	No	Yes	9	30	No	Selective Serotonin Agonists
SUMATRIPTAN TAB 25MG	1	No	Yes	No	No		No		No	No	Yes	9	30	No	Selective Serotonin Agonists
SUMATRIPTAN TAB 50MG	1	No	Yes	No	No		No		No	No	Yes	9	30	No	Selective Serotonin Agonists
SUMATRIPTAN 12 MG/ML SYRINGE	1	No	Yes	No	No		No		No	No	Yes	48	30	No	Selective Serotonin Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SUMATRIPTAN 20 MG NASAL SPRAY	1	No	Yes	No	No		No		No	No	Yes	160	30	No	Selective Serotonin Agonists
SUMATRIPTAN 5 MG NASAL SPRAY	1	No	Yes	No	No		No		No	No	Yes	160	30	No	Selective Serotonin Agonists
SUMATRIPTAN 6 MG/5 ML VIAL	1	No	Yes	No	No		No		No	No	Yes	48	30	No	Selective Serotonin Agonists
SUMATRIPTAN INJECTION 4 MG KIT	1	No	Yes	No	No		No		No	No	Yes	48	30	No	Selective Serotonin Agonists
SUMATRIPTAN INJECTION 4 MG KIT REFILL	1	No	Yes	No	No		No		No	No	Yes	48	30	No	Selective Serotonin Agonists
SUMATRIPTAN INJECTION 6 MG KIT	1	No	Yes	No	No		No		No	No	Yes	48	30	No	Selective Serotonin Agonists
SUMATRIPTAN INJECTION 6 MG KIT REFILL	1	No	Yes	No	No		No		No	No	Yes	48	30	No	Selective Serotonin Agonists
SUMAVEL DOSE INJ 6MG/0.5	NC														Selective Serotonin Agonists
SUMAXIN CLEANSING PADS	NC														KERATOLYTIC AGENTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SUPERVITE LIQUID	NC														VITAMIN B COMPLEX
SUPERVITE TABLET	NC														VITAMIN B COMPLEX
SUPPORT-500 CAPSULE	NC														VITAMIN B COMPLEX
SUPPRELIN-LA IMPLANT	3	No	No	No	No		No		No	No	No			No	Gonadotropins
SUPRAX SUS 100/5ML	3	No	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
SUPRAX 200 MG/5 ML SUSPENSION	3	No	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
SUPRAX 400 MG TABLET	3	No	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
SUPRENZA 30 MG	NC														Anorexigenics & Resp & Cereb Stim, Misc
SUPRENZA 15 MG	NC														Anorexigenics & Resp & Cereb Stim, Misc
SUPREP	NC														Cathartics and Laxatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SURMONTIL CAP 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
SURMONTIL CAP 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
SURMONTIL CAP 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
SUSTIVA CAP 200MG	2	No	No	Yes	No		No		No	No	No			No	Nonnucleoside Reverse Transcriptase Inhibitors
SUSTIVA CAP 50MG	2	No	No	Yes	No		No		No	No	No			No	Nonnucleoside Reverse Transcriptase Inhibitors
SUSTIVA TAB 600MG	2	No	No	Yes	No		No		No	No	No			No	Nonnucleoside Reverse Transcriptase Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SUTENT CAP 12.5MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
SUTENT CAP 25MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
SUTENT CAP 50MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
SYLATRON KIT 296MCG	4	No	No	Yes	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
SYLATRON KIT 444MCG	4	No	No	Yes	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
SYLATRON KIT 888MCG	4	No	No	Yes	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
SYMBICORT AER 160-4.5	2	No	No	Yes	No		No		No	No	No			No	Adrenals
SYMBICORT AER 80-4.5	2	No	No	Yes	No		No		No	No	No			No	Adrenals
SYMBYAX CAP 12-25MG	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
SYMBYAX CAP 12-50MG	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
SYMBYAX CAP 3-25MG	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
SYMBYAX CAP 6-25MG	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SYMBYAX CAP 6-50MG	3	No	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
SYMLINPEN 60 INJ 1000MCG	3	No	No	Yes	No		No		No	No	No			No	Amylinomimetics
SYMLN PEN 120 INJ 1000MCG	3	No	No	Yes	No		No		No	No	No			No	Amylinomimetics
SYNAGIS INJ 50MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Monoclonal Antibodies
SYNAGIS 100 MG/1 ML VIAL	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Monoclonal Antibodies
SYNALGOS-DC CAP	3	No	No	No	No		No		No	No	No			No	Opiate Agonists
SYNAREL SOL 2MG/ML	4	No	No	No	Yes	NAFARELIN ACETATE	No		No	No	No			No	Gonadotropins
SYNERA DIS 70-70MG	3	No	No	No	No		No		No	No	No			No	Antipruritics and Local Anesthetics
SYNERCID INJ 500MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			Yes	Streptogramins
SYNTHROID TAB 100MCG	1	Yes	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
SYNTHROID TAB 112MCG	1	Yes	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
SYNTHROID TAB 125MCG	1	Yes	Yes	Yes	No		No		No	No	No			No	Thyroid Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
SYNTHROID TAB 137MCG	1	Yes	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
SYNTHROID TAB 150MCG	1	Yes	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
SYNTHROID TAB 175MCG	1	Yes	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
SYNTHROID TAB 200MCG	1	Yes	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
SYNTHROID TAB 25MCG	1	Yes	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
SYNTHROID TAB 300MCG	1	Yes	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
SYNTHROID TAB 50MCG	1	Yes	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
SYNTHROID TAB 75MCG	1	Yes	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
SYNTHROID TAB 88MCG	1	Yes	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
SYPRINE CAP 250MG	3	No	No	No	No		No		No	No	No			No	Heavy Metal Antagonists
TABLOID TAB 40MG	3	No	No	No	No		No		No	No	No			No	Antineoplastic Agents
TACLONEX OIN	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TACLONEX SCALP SUSPENSION	NC														Skin and Mucous Membrane Agents, Misc
TACROLIMUS CAP 0.5MG	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
TACROLIMUS CAP 1MG	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
TACROLIMUS CAP 5MG	1	No	Yes	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
TALACEN CAPLET	NC														Opiate Partial Agonists
TALWIN 30 MG/ML VIAL	NC														Opiate Partial Agonists
TALWIN NX TABLET	NC														Opiate Partial Agonists
TAMBOCOR TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
TAMBOCOR TAB 150MG	3	Yes	No	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
TAMBOCOR TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Class Ic Antiarrhythmics
TAMIFLU CAP 30MG	3	No	No	No	No		No		No	No	No			No	Neuraminidase Inhibitors
TAMIFLU CAP 45MG	3	No	No	No	No		No		No	No	No			No	Neuraminidase Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TAMIFLU CAP 75MG	3	No	No	No	No		No		No	No	No			No	Neuraminidase Inhibitors
TAMIFLU SUS 12MG/ML	3	No	No	No	No		No		No	No	No			No	Neuraminidase Inhibitors
TAMIFLU SUS 6MG/ML	3	No	No	No	No		No		No	No	No			No	Neuraminidase Inhibitors
TAMOXIFEN TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Antineoplastic Agents
TAMOXIFEN TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Antineoplastic Agents
TAMSULOSIN CAP 0.4MG	1	No	Yes	Yes	No		No		No	No	No			No	Sympatholytic (Adrenergic Block) Agents
TANDEM DHA CAPSULE	3	No	No	No	No		No		No	No	No			No	Multivitamin Preparations
TANDEM F CAPSULE	NC														IRON PREPARATIONS
TANDEM OB CAPSULE	3	No	No	No	No		No		No	No	No			No	Multivitamin Preparations
TANDEM PLUS CAPSULE	NC														IRON PREPARATIONS
TAPAZOLE TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Antithyroid Agents
TAPAZOLE TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Antithyroid Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TARCEVA TAB 100MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
TARCEVA TAB 150MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
TARCEVA TAB 25MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
TARGRETIN CAP 75MG	4	No	No	Yes	No		No		No	No	No			No	Antineoplastic Agents
TARGRETIN GEL 1%	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
TARKA TAB 1-240 CR	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TARKA TAB 2-180 CR	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TARKA TAB 2-240 CR	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TARKA TAB 4-240 CR	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TARON GRA CRYSTALS	1	No	Yes	No	No		No		No	No	No			No	Alkalinizing Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TASIGNA CAP 200MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
TASIGNA CAP 150MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
TASMAR 100 MG TABLET	NC														Central Nervous System Agents, Misc
TASMAR 200 MG TABLET	NC														Central Nervous System Agents, Misc
TAXOTERE INJ 20MG/1ML	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
TAXOTERE INJ 80MG/2ML	4	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
TAZICEF INJ 1GM	1	Yes	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
TAZICEF INJ 2GM	1	No	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
TAZICEF INJ 6GM	1	No	Yes	No	No		No		No	No	No			Yes	Third Generation Cephalosporins
TAZICEF 1 GM/50 ML BAG	3	No	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
TAZORAC CRE 0.05%	2	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TAZORAC CRE 0.1%	2	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
TAZORAC GEL 0.05%	2	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
TAZORAC GEL 0.1%	2	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
TAZTIA XT CAP 120MG/24	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TAZTIA XT CAP 180MG/24	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TAZTIA XT CAP 240MG/24	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TAZTIA XT CAP 300MG/24	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TAZTIA XT CAP 360MG/24	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TEFLARO INJ 400MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Fourth Generation Cephalosporins
TEFLARO INJ 600MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Fourth Generation Cephalosporins
TEGRETOL CHW 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TEGRETOL SUS 100/5ML	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TEGRETOL TAB 200MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TEGRETOL XR TAB 100MG	2	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TEGRETOL XR TAB 200MG	2	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TEGRETOL XR TAB 400MG	2	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TEKAMLO TAB 150-10MG	2	No	No	Yes	No		No		No	No	No			No	Renin Inhibitors
TEKAMLO TAB 150-5MG	2	No	No	Yes	No		No		No	No	No			No	Renin Inhibitors
TEKAMLO TAB 300-10MG	2	No	No	Yes	No		No		No	No	No			No	Renin Inhibitors
TEKAMLO TAB 300-5MG	2	No	No	Yes	No		No		No	No	No			No	Renin Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TEKTURNA TAB 150MG	2	No	No	Yes	No		No		No	No	No			No	Renin Inhibitors
TEKTURNA TAB 300MG	2	No	No	Yes	No		No		No	No	No			No	Renin Inhibitors
TEKTURNA HCT TAB 150-12.5	2	No	No	Yes	No		No		No	No	No			No	Renin Inhibitors
TEKTURNA HCT TAB 150-25MG	2	No	No	Yes	No		No		No	No	No			No	Renin Inhibitors
TEKTURNA HCT TAB 300-12.5	2	No	No	Yes	No		No		No	No	No			No	Renin Inhibitors
TEKTURNA HCT TAB 300-25MG	2	No	No	Yes	No		No		No	No	No			No	Renin Inhibitors
TEMAZEPAM 15 MG CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
TEMAZEPAM 22.5 MG CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
TEMAZEPAM 30 MG CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
TEMAZEPAM 7.5MG CAPSULE	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
TEMOVATE CRE 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
TEMOVATE GEL 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TEMOVATE OIN 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
TEMOVATE SOL 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
TEMOVATE E 0.05% CREAM	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
TENCON TABLET	3	No	No	No	No		No		No	No	No			No	ANALGESICS AND ANTIPYRETICS, MISC.
TENEX TAB 1MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Alpha-Agonists
TENEX TAB 2MG	3	Yes	No	Yes	No		No		No	No	No			No	Central Alpha-Agonists
TENORETIC TAB 100	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
TENORETIC TAB 50	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
TENORMIN TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
TENORMIN TAB 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
TENORMIN TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TEQUIN 400 MG TABLET	NC														Quinolones
TERAZOL 3 CRE 0.8%	3	Yes	No	No	No		No		No	No	No			No	Azoles
TERAZOL 3 SUP 80MG	3	Yes	No	No	No		No		No	No	No			No	Azoles
TERAZOL 7 CRE 0.4%	3	Yes	No	No	No		No		No	No	No			No	Azoles
TERAZOSIN CAP 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
TERAZOSIN CAP 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
TERAZOSIN CAP 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
TERAZOSIN CAP 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Alpha-Adrenergic Blocking Agents
TERBINAFINE TAB 250MG	1	No	Yes	No	No		No		No	No	No			No	Allylamines
TERBUTALINE INJ 1MG/ML	1	No	Yes	No	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
TERBUTALINE TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TERBUTALINE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
TERCONAZOLE CRE 0.4%	1	No	Yes	No	No		No		No	No	No			No	Azoles
TERCONAZOLE CRE 0.8%	1	No	Yes	No	No		No		No	No	No			No	Azoles
TERCONAZOLE SUP 80MG	1	No	Yes	No	No		No		No	No	No			No	Antifungals
TERCONAZOLE 0.8% VAGINAL CR	1	No	Yes	No	No		No		No	No	No			No	Azoles
TERSI 2.25% FOAM	3	No	No	No	No		No		No	No	No			No	Local Anti-infectives, Miscellaneous
TESTIM GEL 1%(50MG)	2	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
TESTOST CYP INJ 100MG/ML	1	No	Yes	No	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
TESTOSTERONE CYP 200 MG/ML	1	No	Yes	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Androgens
TESTOSTERONE ENAN INJ 200MG/ML	1	No	Yes	No	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TESTRED CAP 10MG	3	No	No	Yes	Yes	ANABOLIC STEROIDS	No		No	No	No			No	Androgens
TETANUS TOX INJ 5LF ADS	1	No	Yes	No	No		No		No	No	No			No	Toxoids
TETANUS/DIPHTHERIA TOX INJ 2-2 LF	2	No	No	No	No		No		No	No	No			No	Toxoids
TETRACYCLINE CAP 250MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
TETRACYCLINE CAP 500MG	1	No	Yes	No	No		No		No	No	No			No	Tetracyclines
TEVETEN 400 MG TILTAB	NC														Angiotensin II Receptor Antagonists
TEVETEN 600 MG TABLET	NC														Angiotensin II Receptor Antagonists
TEVETEN HCT 600-12.5 MG TAB	NC														Angiotensin II Receptor Antagonists
TEVETEN HCT 600-25 MG TAB	NC														Angiotensin II Receptor Antagonists
TEV-TROPIN INJ 5MG	3	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TEXACORT SOL 2.5%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
THALITONE TAB 15MG	3	No	No	Yes	No		No		No	No	No			No	Thiazide-like Diuretics
THALOMID CAP 100MG	4	No	No	Yes	Yes	SPECIALTY-CC	No		No	No	No			No	Biologic Response Modifiers
THALOMID CAP 150MG	4	No	No	Yes	Yes	SPECIALTY-CC	No		No	No	No			No	Biologic Response Modifiers
THALOMID CAP 200MG	4	No	No	Yes	Yes	SPECIALTY-CC	No		No	No	No			No	Biologic Response Modifiers
THALOMID CAP 50MG	4	No	No	Yes	Yes	SPECIALTY-CC	No		No	No	No			No	Biologic Response Modifiers
THEO-24 CAP 100MG CR	2	No	No	Yes	No		No		No	No	Yes	30	30	No	Respiratory Smooth Muscle Relaxants
THEO-24 CAP 200MG CR	2	No	No	Yes	No		No		No	No	Yes	30	30	No	Respiratory Smooth Muscle Relaxants
THEO-24 CAP 300MG CR	2	No	No	Yes	No		No		No	No	Yes	30	30	No	Respiratory Smooth Muscle Relaxants
THEO-24 CAP 400MG ER	2	No	No	Yes	No		No		No	No	Yes	30	30	No	Respiratory Smooth Muscle Relaxants

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
THEOCHRON TAB 100MG CR	1	No	Yes	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
THEOCHRON TAB 200MG CR	1	No	Yes	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
THEOCHRON TAB 300MG CR	1	No	Yes	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
THEOPHYLLINE ER 400 MG TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
THEOPHYLLINE SOL 80/15ML	1	No	Yes	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
THEOPHYLLINE TAB 100MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
THEOPHYLLINE TAB 200MG CR	1	No	Yes	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
THEOPHYLLINE TAB 200MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
THEOPHYLLINE TAB 300MG CR	1	No	Yes	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
THEOPHYLLINE TAB 300MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
THEOPHYLLINE TAB 450MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
THERACYS 81 MG VIAL	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Vaccines
THERA-FLUR-N GEL DROPS	3	No	No	Yes	No		No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
THERMAZENE CRE 1%	1	No	Yes	No	No		No		No	No	No			No	Local Anti-infectives, Miscellaneous
THIOLA TAB 100MG	NC														MISCELLANEOUS THERAPEUTIC AGENTS
THIORIDAZINE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
THIORIDAZINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
THIORIDAZINE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
THIORIDAZINE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
THIOTEPA INJ 15MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Antineoplastic Agents
THIOTHIXENE CAP 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Thioxanthenes
THIOTHIXENE CAP 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Thioxanthenes
THIOTHIXENE CAP 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Thioxanthenes
THIOTHIXENE CAP 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Thioxanthenes
THYMOGLOBULN INJ 25MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Immunosuppressive Agents
THYROLAR-1 TAB 60MG	2	No	No	Yes	No		No		No	No	No			No	Thyroid Agents
THYROLAR-1/2 TAB 30MG	2	No	No	Yes	No		No		No	No	No			No	Thyroid Agents
THYROLAR-1/4 TAB 15MG	2	No	No	Yes	No		No		No	No	No			No	Thyroid Agents
THYROLAR-2 TAB 120MG	2	No	No	Yes	No		No		No	No	No			No	Thyroid Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
THYROLAR-3 TAB 180MG	2	No	No	Yes	No		No		No	No	No			No	Thyroid Agents
TIAGABINE TAB 2 MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TIAGABINE TAB 4 MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TIAZAC CAP 120MG/24	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TIAZAC CAP 180MG/24	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TIAZAC CAP 240MG/24	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TIAZAC CAP 300MG/24	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TIAZAC CAP 360MG/24	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TIAZAC CAP 420MG/24	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TICE BCG VACCINE VIAL	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Vaccines
TICLOPIDINE TAB 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Platelet-Aggregation Inhibitors
TIGAN CAP 300MG	3	Yes	No	No	No		No		No	No	No			No	Antihistamines
TIGAN INJ 100MG/ML	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antihistamines
TIKOSYN CAP 125MCG	3	No	No	Yes	No		No		No	No	No			No	Class III Antiarrhythmics
TIKOSYN CAP 250MCG	3	No	No	Yes	No		No		No	No	No			No	Class III Antiarrhythmics
TIKOSYN CAP 500MCG	3	No	No	Yes	No		No		No	No	No			No	Class III Antiarrhythmics
TILIA FE 28 TABLET	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
TIMENTIN INJ 3.1GM	3	No	No	No	No		No		No	No	No			Yes	Extended-spectrum Penicillins
TIMENTIN 3.1 GM/100 ML ISO	3	No	No	No	No		No		No	No	No			No	Extended-spectrum Penicillins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TIMENTIN 31 GM BULK VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Extended-spectrum Penicillins
TIMOLOL GEL SOL 0.25% OP	1	No	Yes	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
TIMOLOL GEL SOL 0.5% OP	1	No	Yes	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
TIMOLOL MAL SOL 0.25% OP	1	No	Yes	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
TIMOLOL MAL SOL 0.5% OP	1	No	Yes	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
TIMOLOL MAL TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
TIMOLOL MAL TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
TIMOLOL MAL TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
TIMOPTIC 0.25% OCUDOSE DROP	NC														Beta Adrenergic Blocking Agents
TIMOPTIC 0.25% OCUM PLS DRP	3	Yes	No	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
TIMOPTIC 0.5% OCUDOSE DROP	NC														Beta Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TIMOPTIC 0.5% OCUM PLUS DRP	3	Yes	No	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
TIMOPTIC OCU SOL 0.25% OP	3	No	No	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
TIMOPTIC OCU SOL 0.5% OP	3	No	No	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
TIMOPTIC-XE SOL 0.25% OP	3	Yes	No	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
TIMOPTIC-XE SOL 0.5% OP	3	Yes	No	Yes	No		No		No	No	No			No	Beta Adrenergic Blocking Agents
TINDAMAX TAB 250MG	NC														Antiprotozoals, Miscellaneous
TINDAMAX TAB 500MG	NC														Antiprotozoals, Miscellaneous
TINIDAZOLE 500 MG TABLET	1	No	Yes	No	No		No		No	No	No			No	Antiprotozoals, Miscellaneous
TIS-U-SOL SOL	1	No	Yes	No	No		No		No	No	No			No	Irrigating Solutions
TIZANIDINE TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TIZANIDINE TAB 4MG	1	No	Yes	Yes	No		No		No	No	No			No	CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
TOBI NEB 300/5ML	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Aminoglycosides
TOBRADEX OIN OP	3	No	No	No	No		No		No	No	No			No	Corticosteroids
TOBRADEX SUS OP	3	Yes	No	No	No		No		No	No	No			No	Corticosteroids
TOBRADEX 0.3%/0.05% OPTHALMIC SUSPENSION	3	No	No	No	No		No		No	No	No			No	Corticosteroids
TOBRAMYCIN INJ 10MG/ML	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
TOBRAMYCIN INJ 80MG/2ML	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
TOBRAMYCIN SOL 0.3% OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
TOBRAMYCIN/ DEXAMETH 0.3-0.1% OPTH SUS	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TOBRAMYCIN/NA CL INJ 60/0.9	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
TOBRAMYCIN/NA CL INJ 80/0.9	1	No	Yes	No	No		No		No	No	No			Yes	Aminoglycosides
TOBRASOL SOL 0.3% OP	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
TOBEX OIN 0.3% OP	3	No	No	No	No		No		No	No	No			No	Antibacterials
TOBEX SOL 0.3% OP	3	Yes	No	No	No		No		No	No	No			No	Antibacterials
TOFRANIL TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
TOFRANIL TAB 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
TOFRANIL TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TOFRANIL-PM CAP 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
TOFRANIL-PM CAP 125MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
TOFRANIL-PM CAP 150MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
TOFRANIL-PM CAP 75MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
TOLAZAMIDE TAB 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
TOLAZAMIDE TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
TOLBUTAMIDE TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Sulfonylureas
TOLMETIN SOD CAP 400MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammtory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TOLMETIN SOD TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
TOLMETIN SOD TAB 600MG	1	No	Yes	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammatory Agents
TOPAMAX TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TOPAMAX TAB 200MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TOPAMAX TAB 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TOPAMAX TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TOPAMAX SPR CAP 15MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TOPAMAX SPR CAP 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TOPICORT CRE 0.25%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
TOPICORT GEL 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
TOPICORT OIN 0.25%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TOPICORT LP CRE 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
TOPIRAMATE CAP 15MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TOPIRAMATE CAP 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TOPIRAMATE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TOPIRAMATE TAB 200MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TOPIRAMATE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TOPIRAMATE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TOPOSAR INJ 1GM/50ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
TOPOTECAN INJ 4MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
TOPROL XL TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
TOPROL XL TAB 200MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
TOPROL XL TAB 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TOPROL XL TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
TORISEL SOL 25MG/ML	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
TORSEMIDE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Loop Diuretics
TORSEMIDE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Loop Diuretics
TORSEMIDE TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Loop Diuretics
TORSEMIDE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Loop Diuretics
TOVIAZ 4 MG TABLET	NC														Genitourinary Smooth Muscle Relaxants
TOVIAZ 8 MG TABLET	NC														Genitourinary Smooth Muscle Relaxants
TPN ELECTROL INJ	1	No	Yes	No	No		No		No	No	No			Yes	Replacement Preparations
TRACLEER TAB 125MG	4	No	No	Yes	Yes	ENDOTHELIN RECEPTOR ANTAGONISTS	No		No	Yes	No			No	Vasodilating Agents, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TRACLEER TAB 62.5MG	4	No	No	Yes	Yes	ENDOTHELIN RECEPTOR ANTAGONISTS	No		No	Yes	No			No	Vasodilating Agents, Miscellaneous
TRADJENTA TAB 5MG	2	No	No	Yes	No		No		No	No	No			No	Dipeptidyl Peptidase IV (DPP-4) Inhibitors
TRAMADL/APAP TAB 37.5-325	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
TRAMADOL 100 MG EXTENDED RELEASE TAB	NC														Opiate Agonists
TRAMADOL 200 MG EXTENDED RELEASE TAB	NC														Opiate Agonists
TRAMADOL HCL TAB 300MG ER	NC														Opiate Agonists
TRAMADOL HCL TAB 50MG	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
TRANDATE TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
TRANDATE TAB 200MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
TRANDATE TAB 300MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TRANDO/VERAP TAB 2-240 CR	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TRANDOLAPRIL TAB 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
TRANDOLAPRIL TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
TRANDOLAPRIL TAB 4MG	1	No	Yes	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
TRANDOLAPRIL/ ERAPAMIL TAB 1- 240 CR	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TRANDOLAPRIL/ ERAPAMIL TAB 2- 180 CR	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TRANDOLAPRIL/ ERAPAMIL TAB 2- 240 CR	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
TRANDOLAPRIL/ ERAPAMIL TAB 4- 240 CR	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TRANEXAMIC ACID 100 MG/ML INJ	1	No	Yes	No	No		No		No	No	No			No	Hemostatics
TRANSDERM-SC DIS 1.5MG	3	No	No	No	No		No		No	No	No			No	Antiemetics, Miscellaneous
TRANXENE T-TAB 15 MG	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
TRANXENE T-TAB 3.75 MG	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
TRANXENE T-TAB 7.5 MG	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
TRANLYCYPROMINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Monomine Oxidase Inhibitors
TRAVASOL INJ 10%	1	No	Yes	No	No		No		No	No	No			Yes	Caloric Agents
TRAVATAN Z DRO 0.004%	2	No	No	Yes	No		No		No	No	No			No	PROSTAGLANDIN ANALOGS
TRAZODONE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Serotonin Modulators
TRAZODONE TAB 150MG	1	No	Yes	Yes	No		No		No	No	No			No	Serotonin Modulators
TRAZODONE TAB 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Serotonin Modulators
TRAZODONE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Serotonin Modulators

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TREANDA INJ 100MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
TRECTOR TAB 250MG	3	No	No	No	No		No		No	No	No			No	Antituberculosis Agents
TRELSTAR INJ 11.3MG/ML	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
TRELSTAR DEP INJ 3.75MG	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
TRELSTAR LA INJ 11.25MG	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
TRELSTAR MIX INJ 22.5MG	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
TRENTAL 400 MG TABLET SA	NC														Hemorrhologic Agents
TRETINOIN CAP 10MG	1	No	Yes	No	No		No		No	No	No			No	Antineoplastic Agents
TRETINOIN CRE 0.025%	1	No	Yes	No	No		No		No	No	No			No	Cell Stimulants and Proliferants
TRETINOIN CRE 0.05%	1	No	Yes	No	No		No		No	No	No			No	Cell Stimulants and Proliferants
TRETINOIN CRE 0.1%	1	No	Yes	No	No		No		No	No	No			No	Cell Stimulants and Proliferants
TRETINOIN GEL 0.01%	1	No	Yes	No	No		No		No	No	No			No	Cell Stimulants and Proliferants

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TRETINOIN GEL 0.025%	1	No	Yes	No	No		No		No	No	No			No	Cell Stimulants and Proliferants
TREXALL TAB 10MG	2	No	No	No	No		No		No	No	No			No	Antineoplastic Agents
TREXALL TAB 15MG	2	No	No	No	No		No		No	No	No			No	Antineoplastic Agents
TREXALL TAB 5MG	2	No	No	No	No		No		No	No	No			No	Antineoplastic Agents
TREXALL TAB 7.5MG	2	No	No	No	No		No		No	No	No			No	Antineoplastic Agents
TREXIMET TABLET	NC														Selective Serotonin Agonists
TREZIX CAP	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
TRIAMCINOLONE ACETONIDE 0.055 MG INTRANASAL SPRAY	1	No	Yes	No	No		No		No	No	No			No	Corticosteroids
TRIAMCINOLONE CRE 0.025%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
TRIAMCINOLONE CRE 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
TRIAMCINOLONE CRE 0.5%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TRIAMCINOLONE LOT 0.025%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
TRIAMCINOLONE LOT 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
TRIAMCINOLONE OIN 0.025%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
TRIAMCINOLONE OIN 0.05%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
TRIAMCINOLONE OIN 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
TRIAMCINOLONE OIN 0.5%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
TRIAMCINOLONE/ORA PST 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
TRIAMTERENE/HCTZ CAP 37.5-25	1	No	Yes	No	No		No		No	No	No			No	Potassium-sparing Diuretics
TRIAMTERENE/HCTZ CAP 50-25MG	1	No	Yes	Yes	No		No		No	No	No			No	Potassium-sparing Diuretics
TRIAMTERENE/HCTZ TAB 37.5-25	1	No	Yes	Yes	No		No		No	No	No			No	Potassium-sparing Diuretics
TRIAMTERENE/HCTZ TAB 75-50MG	1	No	Yes	Yes	No		No		No	No	No			No	Potassium-sparing Diuretics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TRIAZOLAM 0.125 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
TRIAZOLAM 0.25 MG TABLET	1	No	Yes	No	No		No		Yes	No	No			No	Benzodiazepines
TRIBENZOR TAB 20-5-12.5 MG	2	No	No	Yes	No		No		No	No	No			No	Dihydropyridines
TRIBENZOR TAB 40-10-12.5 MG	2	No	No	Yes	No		No		No	No	No			No	Dihydropyridines
TRIBENZOR TAB 40-10-25 MG	2	No	No	Yes	No		No		No	No	No			No	Dihydropyridines
TRIBENZOR TAB 40-5-12.5 MG	2	No	No	Yes	No		No		No	No	No			No	Dihydropyridines
TRIBENZOR TAB 40-5-25 MG	2	No	No	Yes	No		No		No	No	No			No	Dihydropyridines
TRICARE DHA 301 CAPSULE	NC														Multivitamin Preparations
TRICARE PRENATAL TABLET	3	No	No	No	No		No		No	No	No			No	Multivitamin Preparations
TRICOR TAB 145MG	3	No	No	Yes	No		No		No	No	No			No	Fibric Acid Derivatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TRICOR TAB 48MG	3	No	No	Yes	No		No		No	No	No			No	Fibric Acid Derivatives
TRIDERM CRE 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
TRIDERM OIN 0.1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents
TRIFLUOPERAZINE TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
TRIFLUOPERAZINE TAB 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
TRIFLUOPERAZINE TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
TRIFLUOPERAZINE TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Phenothiazines
TRIFLURIDINE SOL 1% OP	1	No	Yes	No	No		No		No	No	No			No	Antivirals
TRIGLIDE 160 MG TABLET	NC														Fibric Acid Derivatives
TRIGLIDE 50 MG TABLET	NC														Fibric Acid Derivatives
TRIHEXYPHENIDYL ELX 0.4MG/ML	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TRIHEXYPHENIDY L TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
TRIHEXYPHENIDY L TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
TRIHIBIT KIT P/F	3	No	No	No	No		No		No	No	No			No	Toxoids
TRI-LEGEST TAB FE	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
TRILEPTAL SUS 300MG/5M	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TRILEPTAL TAB 150MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TRILEPTAL TAB 300MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TRILEPTAL TAB 600MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
TRILIPIX 135 MG CAPSULE	NC														Fibric Acid Derivatives
TRILIPIX 45 MG CAPSULE	NC														Fibric Acid Derivatives
TRILYTE SOL W/ FLAVOR PACKETS	1	No	Yes	No	No		No		No	No	No			No	Cathartics and Laxatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TRIMESIS RX TAB	3	No	No	No	No		No		No	No	No			No	Multivitamin Preparations
TRIMETHOBENZA MIDE CAP 300MG	1	No	Yes	No	No		No		No	No	No			No	Antihistamines
TRIMETHOBENZA MIDE INJ 100MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antihistamines
TRIMETHOPRIM SOL POLYMYXN	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
TRIMETHOPRIM TAB 100MG	1	No	Yes	No	No		No		No	No	No			No	Urinary Anti-infectives
TRIMIPRAMINE CAP 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
TRIMIPRAMINE CAP 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
TRIMIPRAMINE CAP 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
TRINESSA TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TRI-NORINYL TAB 28	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
TRIPEDIA SUS P/F	3	No	No	No	No		No		No	No	No			No	Toxoids
TRI-PREVIFEM TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
TRISENOX SOL 10MG/10M	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
TRI-SPRINTEC TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
TRIVEEN-U CAP	3	No	No	No	No		No		No	No	No			No	Multivitamin Preparations
TRIVORA-28 TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
TRIZIVIR TAB	2	No	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
TROPHAMINE INJ 10%	1	No	Yes	No	No		No		No	No	No			Yes	Caloric Agents
TROPHAMINE INJ 6%	3	No	No	No	No		No		No	No	No			Yes	Caloric Agents
TROPICAMIDE SOL 0.5% OP	1	No	Yes	Yes	No		No		No	No	No			No	Mydriatics
TROPICAMIDE SOL 1% OP	1	No	Yes	Yes	No		No		No	No	No			No	Mydriatics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TROSPIUM CL TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
TRUSOPT SOL 2% OP	3	Yes	No	Yes	No		No		No	No	No			No	CARBONIC ANYDRASE INHIBITORS
TRUVADA TAB	2	No	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
TWINJECT INJ 0.15MG	3	No	No	No	No		No		No	No	No			No	alpha- and beta-Adrenergic Agonists
TWINJECT INJ 0.3MG	3	No	No	No	No		No		No	No	No			No	alpha- and beta-Adrenergic Agonists
TWINRIX INJ	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Vaccines
TWYNSTA TAB 40-10MG	NC														Dihydropyridines
TWYNSTA TAB 40-5MG	NC														Dihydropyridines
TWYNSTA TAB 80-10MG	NC														Dihydropyridines
TWYNSTA TAB 80-5MG	NC														Dihydropyridines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
TYGACIL INJ 50MG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Glycylcyclines
TYKERB TAB 250MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
TYLENOL/COD TAB #3	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
TYLENOL/COD TAB #4	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
TYLOX CAP 5-500MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
TYPHIM VI INJ	3	No	No	No	No		No		No	No	No			No	Vaccines
TYSABRI INJ	4	No	No	No	Yes	SPECIALTY	No		No	Yes	No			No	Biologic Response Modifiers
TYVASO 6 MCG SOLUTION FOR INHALATION	3	No	No	Yes	No		No		No	No	No			No	Vasodilating Agents, Miscellaneous
TYZEKA TAB 600MG	2	No	No	Yes	No		No		No	No	No			No	Nucleosides and Nucleotides
TYZINE SOL 0.1%	3	No	No	No	No		No		No	No	No			No	Vasoconstrictors
TYZINE PED DRO 0.05%	3	No	No	No	No		No		No	No	No			No	Vasoconstrictors
U-CORT CRE 1%	1	No	Yes	No	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ULESFIA (BENZYL ALCOHOL) 5% LOTION	NC														PHARMACEUTICAL AIDS
ULORIC 40 MG TABLET	2	No	No	Yes	No		Yes	You must try ALLOPURINOL before you can take ULORIC.	No	No	No			No	Other Misc Therapeutic Agents
ULORIC 80 MG TABLET	2	No	No	Yes	No		Yes	You must try ALLOPURINOL before you can take ULORIC.	No	No	No			No	Other Misc Therapeutic Agents
ULTRABAG/ SOL DIANEAL	3	No	No	No	No		No		No	No	No			No	Irrigating Solutions
ULTRABAG/PD2 SOL DIANEAL	3	No	No	No	No		No		No	No	No			No	Irrigating Solutions
ULTRACET TAB 37.5-325	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
ULTRAM TAB 50MG	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
ULTRAM ER 100 MG TABLET	NC														Opiate Agonists
ULTRAM ER 200 MG TABLET	NC														Opiate Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ULTRAM ER 300 MG TABLET	NC														Opiate Agonists
ULTRAVATE CRE 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
ULTRAVATE OIN 0.05%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
ULTRAVATE PAC KIT	NC														Anti-inflammatory Agents
UMECTA 40% EMULSION	3	No	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
UMECTA 40% MOUSSE	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
UMECTA 40% NAIL FILM PEN	NC														KERATOLYTIC AGENTS
UMECTA 40% SUSPENSION	3	No	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
UMECTA PD 40% EMULSION	3	No	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
UMECTA PD 40% SUSPENSION	3	No	No	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
UNASYN INJ 15GM	3	Yes	No	No	No		No		No	No	No			Yes	Aminopenicillins
UNASYN INJ 3GM	3	Yes	No	No	No		No		No	No	No			Yes	Aminopenicillins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
UNASYN 1.5 GM ADD-VANTAGE VL	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Aminopenicillins
UNASYN 1.5 GM PIGGYBACK VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Aminopenicillins
UNASYN 1.5 GM VIAL	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Aminopenicillins
UNASYN 3 GM ADD-VANTAGE VIAL	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Aminopenicillins
UNASYN 3 GM PIGGYBACK VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Aminopenicillins
UNIPHYL TAB 400MG CR	2	Yes	No	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
UNIPHYL TAB 600MG CR	2	Yes	No	Yes	No		No		No	No	No			No	Respiratory Smooth Muscle Relaxants
UNIRETIC TAB 15-12.5	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
UNIRETIC TAB 15-25MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
UNIRETIC TAB 7.5-12.5	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
UNITHROID TAB 100MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
UNITHROID TAB 112MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
UNITHROID TAB 125MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
UNITHROID TAB 137MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
UNITHROID TAB 150MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
UNITHROID TAB 175MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
UNITHROID TAB 200MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
UNITHROID TAB 25MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
UNITHROID TAB 300MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
UNITHROID TAB 50MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
UNITHROID TAB 75MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
UNITHROID TAB 88MCG	1	No	Yes	Yes	No		No		No	No	No			No	Thyroid Agents
UNIVASC TAB 15MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
UNIVASC TAB 7.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
URAMAXIN 45% NAIL GEL	NC														KERATOLYTIC AGENTS
UREA 40% CREAM	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
UREA 40% GEL	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
UREA 40% LOTION	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
UREA-C40 LOT 40%	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
URECHOLINE TAB 10MG	3	Yes	No	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
URECHOLINE TAB 25MG	3	Yes	No	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
URECHOLINE TAB 50MG	3	Yes	No	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
URECHOLINE TAB 5MG	3	Yes	No	No	No		No		No	No	No			No	Parasympathomimetic (Cholinergic) Agents
UREX TAB 1GM	NC														Urinary Anti-infectives
URISPAS 100 MG TABLET	NC														Genitourinary Smooth Muscle Relaxants
UROCIT-K 10 TAB	NC														Alkalinizing Agents
UROCIT-K 5 TAB	NC														Alkalinizing Agents
UROQID-ACID NO.2 500/500 TB	3	No	No	No	No		No		No	No	No			No	Urinary Anti-infectives
UROXATRAL TAB 10MG	3	No	No	Yes	No		No		No	No	No			No	Sympatholytic (Adrenergic Block) Agents
URSO 250 TAB 250MG	3	Yes	No	Yes	No		No		No	No	No			No	Cholelitholytic Agents
URSO FORTE TAB 500MG	3	Yes	No	Yes	No		No		No	No	No			No	Cholelitholytic Agents
URSODIOL CAP 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Cholelitholytic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
URSODIOL TAB 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Cholelitholytic Agents
URSODIOL TAB 500MG	1	No	Yes	Yes	No		No		No	No	No			No	Cholelitholytic Agents
UVADEX INJ 20MCG/ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Pigmenting Agents
VAGIFEM TAB 10MCG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
VALACYCLOVIR TAB 1GM	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
VALACYCLOVIR TAB 500MG	1	No	Yes	No	No		No		No	No	No			No	Nucleosides and Nucleotides
VALCYTE SOL 50MG/ML	2	No	No	Yes	No		No		No	No	No			No	Nucleosides and Nucleotides
VALCYTE TAB 450MG	2	No	No	Yes	No		No		No	No	No			No	Nucleosides and Nucleotides
VALIUM 10 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
VALIUM 2 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
VALIUM 5 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
VALPROATE INJ 100MG/ML	1	No	Yes	No	No		No		No	No	No			No	Anticonvulsants, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VALPROIC ACD CAP 250MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
VALPROIC ACD SYP 250/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
VALTREX TAB 1GM	3	Yes	No	No	No		No		No	No	No			No	Nucleosides and Nucleotides
VALTREX TAB 500MG	3	Yes	No	No	No		No		No	No	No			No	Nucleosides and Nucleotides
VALTURNA TAB 150-160	2	No	No	Yes	No		No		No	No	No			No	Renin Inhibitors
VALTURNA TAB 300-320	2	No	No	Yes	No		No		No	No	No			No	Renin Inhibitors
VANCOCIN HCL CAP 125MG	3	No	No	No	No		No		No	No	No			No	Glycopeptides
VANCOCIN HCL CAP 250MG	3	No	No	No	No		No		No	No	No			No	Glycopeptides
VANCOMYCIN INJ 1000MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Glycopeptides
VANCOMYCIN INJ 10GM	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Glycopeptides
VANCOMYCIN 1 GM ADD-VAN VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Glycopeptides
VANCOMYCIN 5 GM VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Glycopeptides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VANCOMYCIN 500 MG A/V VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Glycopeptides
VANCOMYCIN 500 MG VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Glycopeptides
VANCOMYCIN/DEX INJ 1GM	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			Yes	Glycopeptides
VANDAZOLE GEL 0.75%	1	No	Yes	No	No		No		No	No	No			No	Antibacterials
VANDETANIB TAB 100MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
VANDETANIB TAB 300 MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
VANOS 0.1% CREAM	NC														Anti-inflammatory Agents
VANOXIDE HC LOTION KIT	NC														KERATOLYTIC AGENTS
VANTIN TAB 200MG	3	Yes	No	No	No		No		No	No	No			No	Third Generation Cephalosporins
VAQTA INJ 25/0.5ML	3	No	No	No	No		No		No	No	No			No	Vaccines
VAQTA 50 UNITS/ML SYRINGE	3	No	No	No	No		No		No	No	No			No	Vaccines
VARIVAX INJ	3	No	No	No	No		No		No	No	No			No	Vaccines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VASERETIC TAB 10-25MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
VASOTEC TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
VASOTEC TAB 2.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
VASOTEC TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
VASOTEC TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
VECTIBIX INJ 100MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
VECTICAL OIN 3MCG/GM	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
VELCADE INJ 3.5MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
VELIVET PAK	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VELTIN GEL	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
VENLAFAXINE CAP 150MG XR	1	No	Yes	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake
VENLAFAXINE CAP 37.5MG XR	1	No	Yes	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake
VENLAFAXINE CAP 75MG XR	1	No	Yes	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake
VENLAFAXINE TAB 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake
VENLAFAXINE TAB 150MG ER	3	Yes	No	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VENLAFAXINE TAB 150MG ER	3	No	No	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine- reuptake
VENLAFAXINE TAB 225MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine- reuptake
VENLAFAXINE TAB 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine- reuptake
VENLAFAXINE TAB 37.5 ER	3	Yes	No	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine- reuptake
VENLAFAXINE TAB 37.5 ER	3	No	No	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine- reuptake
VENLAFAXINE TAB 37.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine- reuptake

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VENLAFAXINE TAB 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake
VENLAFAXINE TAB 75MG	1	No	Yes	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake
VENLAFAXINE TAB 75MG ER	3	Yes	No	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake
VENLAFAXINE TAB 75MG ER	3	No	No	Yes	No		No		No	No	No			No	Selective Serotonin- and Norepinephrine-reuptake
VENTAVIS SOL 10MCG/ML	4	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vasodilating Agents, Miscellaneous
VENTAVIS 20 MCG/ML SOLUTION	4	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vasodilating Agents, Miscellaneous
VENTOLIN HFA AER	2	No	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VERAMYST SPR 27.5MCG	3	No	No	Yes	No		No		No	No	No			No	Corticosteroids
VERAPAMIL CAP 100MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERAPAMIL CAP 120MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERAPAMIL CAP 180MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERAPAMIL CAP 200MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERAPAMIL CAP 240MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERAPAMIL CAP 300MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERAPAMIL INJ 2.5MG/ML	1	No	Yes	No	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VERAPAMIL TAB 120MG	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERAPAMIL TAB 120MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERAPAMIL TAB 180MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERAPAMIL TAB 240MG ER	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERAPAMIL TAB 40MG	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERAPAMIL TAB 80MG	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERAPAMIL CAP 360 MG SR	1	No	Yes	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERDESO AER 0.05%	3	No	No	No	No		No		No	No	No			No	Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VEREGEN OIN 15%	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
VERELAN CAP 120MG SR	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERELAN CAP 180MG	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERELAN CAP 240MG SR	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERELAN CAP 360MG SR	3	Yes	No	Yes	No		No		No	No	No			No	Calcium-Channel Blocking Agents, Misc
VERELAN PM 100 MG CAP PELLETT	NC														Calcium-Channel Blocking Agents, Misc
VERELAN PM 200 MG CAP PELLETT	NC														Calcium-Channel Blocking Agents, Misc
VERELAN PM 300 MG CAP PELLETT	NC														Calcium-Channel Blocking Agents, Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VERIPRED 20 SOL 20MG/5ML	3	No	No	No	No		No		No	No	No			No	Adrenals
VESICARE TAB 10MG	3	No	No	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
VESICARE TAB 5MG	3	No	No	Yes	No		No		No	No	No			No	Genitourinary Smooth Muscle Relaxants
VESTURA TAB 3-0.02MG	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
VEXOL SUS 1% OP	3	No	No	No	No		No		No	No	No			No	Corticosteroids
VFEND SUS 40MG/ML	3	No	No	No	Yes	VORICONAZOLE	No		No	No	No			No	Azoles
VFEND TAB 200MG	3	No	No	No	Yes	VORICONAZOLE	No		No	No	No			No	Azoles
VFEND TAB 50MG	3	No	No	No	Yes	VORICONAZOLE	No		No	No	No			No	Azoles
VFEND IV INJ 200MG	3	No	No	No	Yes	VORICONAZOLE	No		No	No	No			Yes	Azoles
VIAGRA 100 MG TABLET	2	No	No	No	No		No		Yes	No	Yes	6	30	No	DRUGS TO TREAT IMPOTENCY

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VIAGRA 25 MG TABLET	2	No	No	No	No		No		Yes	No	Yes	6	30	No	DRUGS TO TREAT IMPOTENCY
VIAGRA 50 MG TABLET	2	No	No	No	No		No		Yes	No	Yes	6	30	No	DRUGS TO TREAT IMPOTENCY
VIBATIV INJECTION	3	No	No	No	No		No		No	No	No			No	Glycopeptides
VIBRAMYCIN CAP 100MG	3	Yes	No	No	No		No		No	No	No			No	Tetracyclines
VIBRAMYCIN 25 MG/5 ML SUSP	NC														Tetracyclines
VIBRAMYCIN 50 MG/5 ML SYRUP	NC														Tetracyclines
VIBRATAB TAB 100MG	3	Yes	No	No	No		No		No	No	No			No	Tetracyclines
VICODIN 5/500 TABLET	NC														Opiate Agonists
VICODIN ES TABLET	NC														Opiate Agonists
VICODIN HP TABLET	NC														Opiate Agonists
VICON FORTE CAPSULE	NC														VITAMIN B COMPLEX

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VICOPROFEN TAB	3	Yes	No	No	No		No		No	No	No			No	Opiate Agonists
VICTOZA INJ 18MG/3ML	2	No	No	Yes	No		No		No	No	No			No	Incretin Mimetics
VICTRELIS CAP 200MG	4	No	No	No	Yes	BOCEPREVIR	No		No	No	No			No	Nucleosides and Nucleotides
VIDAZA INJ 100MG	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
VIDEX SOL 2GM	3	No	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
VIDEX 4 GM PEDIATRIC SOLN	3	No	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
VIDEX EC CAP 125MG	3	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
VIDEX EC CAP 200MG	3	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
VIDEX EC CAP 250MG	3	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VIDEX EC CAP 400MG	3	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
VIGAMOX DRO 0.5%	2	No	No	No	No		No		No	No	No			No	Antibacterials
VIIBRYD 10 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Serotonin Modulators
VIIBRYD 20 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Serotonin Modulators
VIIBRYD 40 MG TABLET	3	No	No	Yes	No		No		No	No	No			No	Serotonin Modulators
VIMPAT INJ 200MG/20	3	No	No	No	Yes	VIMPAT	No		No	No	No			No	Anticonvulsants, Miscellaneous
VIMPAT SOL 10MG/ML	3	No	No	Yes	Yes	VIMPAT	No		No	No	No			No	Anticonvulsants, Miscellaneous
VIMPAT TAB 100MG	3	No	No	Yes	Yes	VIMPAT	No		No	No	No			No	Anticonvulsants, Miscellaneous
VIMPAT TAB 150MG	3	No	No	Yes	Yes	VIMPAT	No		No	No	No			No	Anticonvulsants, Miscellaneous
VIMPAT TAB 200MG	3	No	No	Yes	Yes	VIMPAT	No		No	No	No			No	Anticonvulsants, Miscellaneous
VIMPAT TAB 50MG	3	No	No	Yes	Yes	VIMPAT	No		No	No	No			No	Anticonvulsants, Miscellaneous
VINATE AZ EXTRA TABLETS	3	No	No	No	No		No		No	No	No			No	Multivitamin Preparations

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VINATE CAL TAB	3	No	No	No	No		No		No	No	No			No	Multivitamin Preparations
VINBLASTINE INJ 10MG	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
VINBLASTINE 1 MG/ML VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
VINCASAR PFS INJ 1MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
VINCRISTINE INJ 1MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
VINOELBINE INJ 10MG/ML	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
VINOELBINE 50 MG/5 ML VIAL	1	No	Yes	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
VIRACEPT POW 50MG/GM	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
VIRACEPT TAB 250MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
VIRACEPT TAB 625MG	2	No	No	Yes	No		No		No	No	No			No	HIV Protease Inhibitors
VIRAMUNE SUS 50MG/5ML	2	No	No	Yes	No		No		No	No	No			No	Nonnucleoside Reverse Transcriptase Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VIRAMUNE TAB 200MG	2	No	No	Yes	No		No		No	No	No			No	Nonnucleoside Reverse Transcriptase Inhibitors
VIRAMUNE XR TAB	2	No	No	Yes	No		No		No	No	No			No	Nonnucleoside Reverse Transcriptase Inhibitors
VIRAZOLE INH 6GM	3	No	No	No	No		No		No	No	No			No	Nucleosides and Nucleotides
VIREAD TAB 300MG	2	No	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
VIROPTIC SOL 1% OP	3	Yes	No	No	No		No		No	No	No			No	Antivirals
VISICOL TAB 1.5GM	2	No	No	No	No		No		No	No	No			No	Cathartics and Laxatives
VISTARIL CAP 25MG	NC														Anxiolytics, Sedatives, & Hypnotics Misc
VISTARIL CAP 50MG	NC														Anxiolytics, Sedatives, & Hypnotics Misc

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VISTARIL 25 MG/5 ML ORAL SUSP	NC														Anxiolytics, Sedatives, & Hypnotics Misc
VISTIDE INJ 75MG/ML	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Nucleosides and Nucleotides
VITACON FORTE CAPSULE	NC														VITAMIN B COMPLEX
VITAFOL-OB CAPLET	3	No	No	No	No		No		No	No	No			No	Multivitamin Preparations
VITAFOL-PN CAPLET	3	No	No	No	No		No		No	No	No			No	Multivitamin Preparations
VITAMIN K 10 MG/ML AMPUL	NC														VITAMIN K ACTIVITY
VITAPLEX PLUS TABLET	NC														Multivitamin Preparations
VITAPLEX TABLET	NC														VITAMIN B COMPLEX
VIVACTIL TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib
VIVACTIL TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Tricyclics and Other Norepinephrine-reuptake Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VIVAGLOBIN SOL 160MG/ML	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Serums
VIVELLE-DOT DIS 0.025MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
VIVELLE-DOT DIS 0.0375MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
VIVELLE-DOT DIS 0.05MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
VIVELLE-DOT DIS 0.075MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
VIVELLE-DOT DIS 0.1MG	3	No	No	Yes	No		No		No	No	No			No	Estrogens
VIVITROL INJ 380MG	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Opiate Antagonists
VIVOTIF BERN CAP EC	NC														Vaccines
VOLTAREN GEL 1%	3	No	No	Yes	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
VOLTAREN TAB 75MG EC	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammmtory Agents
VOLTAREN 0.1% EYE DROPS	NC														Nonsteroidal Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VOLTAREN-XR TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Nonsteroidal Anti-inflammmtory Agents
VORICONAZOLE TAB 200 MG	1	No	Yes	No	Yes	VORICONAZOLE	No		No	No	No			No	Azoles
VORICONAZOLE TAB 50 MG	1	No	Yes	No	Yes	VORICONAZOLE	No		No	No	No			No	Azoles
VOSPIRE ER TAB 4MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
VOSPIRE ER TAB 8MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective beta-2-Adrenergic Agonists
VOTRIENT TAB 200MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
VPRIV INJ 400UNIT	4	No	No	No	Yes	SPECIALTY	No		No	No	No			No	Enzymes
VUMON 10 MG/ML AMPUL	4	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
VUSION OINTMENT	3	No	No	No	No		No		No	No	No			No	Azoles
VYTORIN TAB 10-10MG	3	No	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
VYTORIN TAB 10-20MG	3	No	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
VYTORIN TAB 10-40MG	3	No	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
VYTORIN TAB 10-80MG	3	No	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
VYVANSE CAP 20MG	3	No	No	Yes	No		No		No	No	No			No	Amphetamines
VYVANSE CAP 30MG	3	No	No	Yes	No		No		No	No	No			No	Amphetamines
VYVANSE CAP 40MG	3	No	No	Yes	No		No		No	No	No			No	Amphetamines
VYVANSE CAP 50MG	3	No	No	Yes	No		No		No	No	No			No	Amphetamines
VYVANSE CAP 60MG	3	No	No	Yes	No		No		No	No	No			No	Amphetamines
VYVANSE CAP 70MG	3	No	No	Yes	No		No		No	No	No			No	Amphetamines
WARFARIN TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
WARFARIN TAB 1MG	1	No	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
WARFARIN TAB 2.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
WARFARIN TAB 2MG	1	No	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
WARFARIN TAB 3MG	1	No	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
WARFARIN TAB 4MG	1	No	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
WARFARIN TAB 5MG	1	No	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
WARFARIN TAB 6MG	1	No	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
WARFARIN TAB 7.5MG	1	No	Yes	Yes	No		No		No	No	No			No	Coumarin Derivatives
WELCHOL PAK 3.75GM	3	No	No	Yes	Yes	COLESEVELAM	No		No	No	No			No	Bile Acid Sequestrants
WELCHOL TAB 625MG	3	No	No	Yes	Yes	COLESEVELAM	No		No	No	No			No	Bile Acid Sequestrants
WELLBUTRIN TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
WELLBUTRIN TAB 100MG SR	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
WELLBUTRIN TAB 150MG SR	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
WELLBUTRIN TAB 200MG SR	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
WELLBUTRIN TAB 75MG	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
WELLBUTRIN TAB XL 150MG	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
WELLBUTRIN TAB XL 300MG	3	Yes	No	Yes	No		No		No	No	No			No	Miscellaneous Antidepressants
WESTCORT OIN 0.2%	3	Yes	No	No	No		No		No	No	No			No	Anti-inflammatory Agents
XALATAN SOL 0.005%	3	Yes	No	Yes	No		No		No	No	No			No	PROSTAGLANDIN ANALOGS
XALKORI CAP 200MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
XALKORI CAP 250MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
XANAX 0.25 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
XANAX 0.5 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
XANAX 1 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
XANAX 2 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
XANAX XR 0.5 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
XANAX XR 1 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
XANAX XR 2 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
XANAX XR 3 MG TABLET	3	Yes	No	No	No		No		Yes	No	No			No	Benzodiazepines
XARELTO TAB 15MG	3	No	No	Yes	No		No		No	No	No			No	Anticoagulants
XARELTO TAB 20MG	3	No	No	Yes	No		No		No	No	No			No	Anticoagulants
XARELTO TAB 10MG	3	No	No	No	No		No		No	No	No			No	Anticoagulants
XENAZINE TAB 12.5MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Central Nervous System Agents, Misc
XENAZINE TAB 25MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Central Nervous System Agents, Misc
XEOMIN 100 UNITS	NC														Other Misc Therapeutic Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
XEOMIN 50 UNITS	NC														Other Misc Therapeutic Agents
XERAC AC 6.25% SOLUTION	3	No	No	No	No		No		No	No	No			No	ASTRINGENTS
XERESE CREAM	3	No	No	No	No		No		No	No	No			No	Antivirals
XGEVA	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Bone Resorption Inhibitors
XIBROM SOL 0.09%	3	Yes	No	No	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents
XIFAXAN TAB 200MG	3	No	No	No	No		No		No	No	No			No	Rifamycins
XIFAXAN TAB 550MG	3	No	No	Yes	No		No		No	No	No			No	Rifamycins
XODOL 10/300 TABLET	NC														Opiate Agonists
XODOL 5/300 TABLET	NC														Opiate Agonists
XODOL 7.5/300 TABLET	NC														Opiate Agonists
XOLAIR SOL 150MG	4	No	No	No	Yes	XOLAIR	No		No	No	No			No	Respiratory Tract Agents, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
XOLEGEL GEL 2%	3	No	No	No	No		No		No	No	No			No	Azoles
XOPENEX NEB 0.31MG	3	No	No	Yes	Yes	PART B DRUGS	Yes	You must try ALBUTEROL or LEVALBUTEROL before you can take XOPENEX.	No	No	No			No	Selective beta-2-Adrenergic Agonists
XOPENEX NEB 0.63MG	3	No	No	Yes	Yes	PART B DRUGS	Yes	You must try ALBUTEROL or LEVALBUTEROL before you can take XOPENEX.	No	No	No			No	Selective beta-2-Adrenergic Agonists
XOPENEX NEB 1.25/3ML	3	No	No	Yes	Yes	PART B DRUGS	Yes	You must try ALBUTEROL or LEVALBUTEROL before you can take XOPENEX.	No	No	No			No	Selective beta-2-Adrenergic Agonists
XOPENEX 1.25 MG/0.5 ML SOLN	3	Yes	No	Yes	Yes	PART B DRUGS	Yes	You must try ALBUTEROL or LEVALBUTEROL before you can take XOPENEX.	No	No	No			No	Selective beta-2-Adrenergic Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
XOPENEX HFA AER	3	No	No	Yes	No		Yes	You must try ALBUTEROL or LEVALBUTEROL before you can take XOPENEX.	No	No	No			No	Selective beta-2-Adrenergic Agonists
X-VIATE GEL 40%	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
X-VIATE LOT 40%	1	No	Yes	No	No		No		No	No	No			No	KERATOLYTIC AGENTS
XYLOCAINE GEL 2%	3	Yes	No	No	No		No		No	No	No			No	Antipruritics and Local Anesthetics
XYLOCAINE INJ 0.5%	3	Yes	No	No	No		No		No	No	No			No	Local Anesthetics
XYLOCAINE INJ 1%	3	Yes	No	No	No		No		No	No	No			No	Local Anesthetics
XYLOCAINE INJ MPF 1.5%	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	LOCAL ANESTHETICS (PARENTERAL)
XYLOCAINE INJ - MPF 4%	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	LOCAL ANESTHETICS (PARENTERAL)
XYLOCAINE SOL 4%	3	Yes	No	No	No		No		No	No	No			No	Antipruritics and Local Anesthetics
XYLOCAINE IV 2% AMPUL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Local Anesthetics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
XYREM SOL 500MG/ML	3	No	No	No	Yes	SODIUM OXYBATE	No		No	Yes	No			No	Central Nervous System Agents, Misc
XYZAL TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Second Generation Antihistamines
XYZAL 2.5 MG/5ML SOLUTION	NC														Second Generation Antihistamines
YASMIN 28 TAB 3-0.03MG	3	Yes	No	Yes	No		No		No	No	No			No	Contraceptives
YAZ TAB 3- 0.02MG	3	No	No	Yes	No		No		No	No	No			No	Contraceptives
YERVOY INJ 50MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
YF-VAX INJ	3	No	No	No	No		No		No	No	No			No	Vaccines
ZACARE 4% KIT	NC														KERATOLYTIC AGENTS
ZACARE 8% KIT	NC														KERATOLYTIC AGENTS
ZAFIRLUKAST TAB 10MG	1	No	Yes	Yes	No		No		No	No	No			No	Leukotriene Modifiers
ZAFIRLUKAST TAB 20MG	1	No	Yes	Yes	No		No		No	No	No			No	Leukotriene Modifiers

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZALEPLON 10 MG CAPSULE	NC														Anxiolytics, Sedatives, & Hypnotics Misc
ZALEPLON 5 MG CAPSULE	NC														Anxiolytics, Sedatives, & Hypnotics Misc
ZANAFLEX CAP 2MG	3	No	No	Yes	No		No		No	No	No			No	CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
ZANAFLEX CAP 4MG	3	No	No	Yes	No		No		No	No	No			No	CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
ZANAFLEX CAP 6MG	3	No	No	Yes	No		No		No	No	No			No	CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZANAFLEX TAB 4MG	3	Yes	No	Yes	No		No		No	No	No			No	CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
ZANOSAR INJ 1GM	3	No	No	No	Yes	PART B DRUGS	No		No	No	No			No	Antineoplastic Agents
ZANTAC INJ 25MG/ML	3	Yes	No	No	No		No		No	No	No			No	Histamine H2-Antagonists
ZANTAC SYP 15MG/ML	3	Yes	No	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
ZANTAC TAB 150MG	3	Yes	No	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
ZANTAC TAB 300MG	3	Yes	No	Yes	No		No		No	No	No			No	Histamine H2-Antagonists
ZANTAC 150 MG EFFERDOSE TAB	NC														Histamine H2-Antagonists
ZANTAC 150 MG GRANULES	NC														Histamine H2-Antagonists
ZANTAC 25 EFFERDOSE TABLET	NC														Histamine H2-Antagonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZANTAC 50 MG/50 ML PLAST-BAG	NC														Histamine H2-Antagonists
ZARAH	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
ZARONTIN CAP 250MG	3	Yes	No	Yes	No		No		No	No	No			No	Succinimides
ZARONTIN SOL 250/5ML	3	Yes	No	Yes	No		No		No	No	No			No	Succinimides
ZAROXOLYN TAB 2.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Thiazide-like Diuretics
ZAROXOLYN TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Thiazide-like Diuretics
ZAVESCA CAP 100MG	2	No	No	Yes	No		No		No	No	No			No	Other Misc Therapeutic Agents
ZAZOLE CRE 0.4%	1	No	Yes	No	No		No		No	No	No			No	Azoles
ZAZOLE CRE 0.8%	1	No	Yes	No	No		No		No	No	No			No	Azoles
ZAZOLE SUP 80MG	1	No	Yes	No	No		No		No	No	No			No	Azoles
ZEBETA TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
ZEBETA TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZEBUTAL CAPSULE 50-500-40	3	No	No	No	No		No		Yes	No	Yes	50	30	No	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB
ZEGERID 20 MG CAPSULE	NC														Proton-pump Inhibitors
ZEGERID 20 MG PACKET	NC														Proton-pump Inhibitors
ZEGERID 40 MG CAPSULE	NC														Proton-pump Inhibitors
ZEGERID 40 MG PACKET	NC														Proton-pump Inhibitors
ZEGERID TABLET	NC														Proton-pump Inhibitors
ZELAPAR TAB 1.25MG	3	No	No	Yes	No		No		No	No	No			No	Central Nervous System Agents, Misc
ZELBORAF TAB 240MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
ZEMAIRA INJ 1000MG	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Respiratory Tract Agents, Miscellaneous
ZEMPLAR CAP 1MCG	3	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZEMPLAR CAP 2MCG	3	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
ZEMPLAR CAP 4MCG	3	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
ZEMPLAR INJ 2MCG/ML	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
ZEMPLAR INJ 5MCG/ML	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	Vitamin D
ZENCHENT TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
ZENIEVA CREAM	NC														Devices
ZENPEP CAP 10000UNT	3	No	No	Yes	No		No		No	No	No			No	Digestants
ZENPEP CAP 15000UNT	3	No	No	Yes	No		No		No	No	No			No	Digestants
ZENPEP CAP 20000UNT	3	No	No	Yes	No		No		No	No	No			No	Digestants
ZENPEP CAP 5000UNIT	3	No	No	Yes	No		No		No	No	No			No	Digestants
ZEOSA CHW	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
ZERIT CAP 15MG	3	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
ZERIT CAP 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZERIT CAP 30MG	3	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
ZERIT CAP 40MG	3	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
ZERIT SOL 1MG/ML	3	Yes	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
ZERLOR TAB	1	No	Yes	No	No		No		No	No	No			No	Opiate Agonists
ZERVALX 1 MG TABLET	NC														VITAMIN B COMPLEX
ZESTORETIC TAB 10-12.5	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ZESTORETIC TAB 20-12.5	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ZESTORETIC TAB 20-25MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ZESTRIL TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZESTRIL TAB 2.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ZESTRIL TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ZESTRIL TAB 30MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ZESTRIL TAB 40MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ZESTRIL TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Angiotensin-Converting Enzyme Inhibitors
ZETIA TAB 10MG	3	No	No	Yes	No		No		No	No	No			No	Cholesterol Absorption Inhibitors
ZIAC TAB 10/6.25	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
ZIAC TAB 2.5/6.25	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents
ZIAC TAB 5/6.25MG	3	Yes	No	Yes	No		No		No	No	No			No	Beta-Adrenergic Blocking Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZIAGEN SOL 20MG/ML	2	No	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
ZIAGEN TAB 300MG	2	No	No	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
ZIANA GEL	3	No	No	No	No		No		No	No	No			No	Skin and Mucous Membrane Agents, Misc
ZIDOVUDINE CAP 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
ZIDOVUDINE SYP 50MG/5ML	1	No	Yes	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
ZIDOVUDINE TAB 300MG	1	No	Yes	Yes	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
ZIDOVUDINE IV SOLN 10 MG/ML	1	No	Yes	No	No		No		No	No	No			No	Nucleoside & Nucleotide Rev Transcriptase Inhib
ZINACEF INJ 1.5GM	3	Yes	No	No	No		No		No	No	No			Yes	Second Generation Cephalosporins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZINACEF INJ 7.5 GM	3	Yes	No	No	No		No		No	No	No			Yes	Second Generation Cephalosporins
ZINACEF INJ 750MG	3	Yes	No	No	No		No		No	No	No			Yes	Second Generation Cephalosporins
ZINACEF/D5W INJ 750MG PB	3	No	No	No	No		No		No	No	No			Yes	Second Generation Cephalosporins
ZINACEF/H2O INJ 1.5GM PB	3	No	No	No	No		No		No	No	No			Yes	Second Generation Cephalosporins
ZINC SULFATE 220 MG CAPSULE	NC														Replacement Preparations
ZINECARD INJ 250MG	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Other Misc Therapeutic Agents
ZINECARD 500 MG VIAL	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	MISCELLANEOUS THERAPEUTIC AGENTS
ZINOTIC EAR DROPS	3	Yes	No	No	No		No		No	No	No			No	EENT Anti-infectives, Miscellaneous

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZIPSOR 25 MG CAPSULE	NC														Other Nonsteroidal Anti-inflammtory Agents
ZIRGAN GEL 0.15%	3	No	No	No	No		No		No	No	No			No	Antivirals
ZITHROMAX INJ 500MG	3	Yes	No	No	No		No		No	No	No			Yes	Other Macrolides
ZITHROMAX SUS 100/5ML	3	Yes	No	No	No		No		No	No	No			No	Other Macrolides
ZITHROMAX SUS 200/5ML	3	Yes	No	No	No		No		No	No	No			No	Other Macrolides
ZITHROMAX TAB 250MG	3	Yes	No	No	No		No		No	No	No			No	Other Macrolides
ZITHROMAX TAB 500MG	3	Yes	No	No	No		No		No	No	No			No	Other Macrolides
ZITHROMAX TAB 600MG	3	Yes	No	No	No		No		No	No	No			No	Other Macrolides
ZITHROMAX TAB TRI-PAK	3	Yes	No	No	No		No		No	No	No			No	Other Macrolides
ZITHROMAX TAB Z-PAK	3	Yes	No	No	No		No		No	No	No			No	Other Macrolides
ZITHROMAX 1 GM POWDER PACKET	3	Yes	No	No	No		No		No	No	No			No	Other Macrolides

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZMAX SUS 2GM	3	No	No	No	No		No		No	No	No			No	Other Macrolides
ZOCOR TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
ZOCOR TAB 20MG	3	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
ZOCOR TAB 40MG	3	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
ZOCOR TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
ZOCOR TAB 80MG	3	Yes	No	Yes	No		No		No	No	No			No	HMG-CoA Reductase Inhibitors
ZODERM 5.75% HYDRATING WASH	NC														KERATOLYTIC AGENTS
ZOFRAN INJ 40/20ML	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ZOFRAN SOL 4MG/5ML	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZOFRAN TAB 4MG	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ZOFRAN TAB 8MG	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ZOFRAN ODT TAB 4MG	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ZOFRAN ODT TAB 8MG	3	Yes	No	No	Yes	PART B DRUGS	No		No	No	No			No	5-HT3 Receptor Antagonists
ZOLADEX 10.8 MG IMPLANT SYRN	2	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Antineoplastic Agents
ZOLADEX 3.6 MG IMPLANT SYRN	2	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Antineoplastic Agents
ZOLINZA CAP 100MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
ZOLOFT CON 20MG/ML	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
ZOLOFT TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
ZOLOFT TAB 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors
ZOLOFT TAB 50MG	3	Yes	No	Yes	No		No		No	No	No			No	Selective-serotonin Reuptake Inhibitors

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZOLPIDEM TAB 10MG	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
ZOLPIDEM TAB 5MG	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
ZOLPIDEM ER TAB 12.5MG	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
ZOLPIDEM TAR TAB 6.25MG	1	No	Yes	No	No		No		No	No	No			No	Anxiolytics, Sedatives, & Hypnotics Misc
ZOLPIMIST 10 MG ORAL SPRAY	NC														Anxiolytics, Sedatives, & Hypnotics Misc
ZOLPIMIST 5 MG ORAL SPRAY	NC														Anxiolytics, Sedatives, & Hypnotics Misc
ZOMETA INJ 4MG/100	2	No	No	No	No		No		No	No	No			Yes	Bone Resorption Inhibitors
ZOMETA INJ 4MG/5ML	2	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Bone Resorption Inhibitors
ZOMIG SPR 5MG	3	No	No	No	No		No		No	No	Yes	6	30	No	Selective Serotonin Agonists

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZOMIG TAB 2.5MG	3	No	No	No	No		No		No	No	Yes	6	30	No	Selective Serotonin Agonists
ZOMIG TAB 5MG	3	No	No	No	No		No		No	No	Yes	6	30	No	Selective Serotonin Agonists
ZOMIG ZMT TAB 2.5 MG	3	No	No	No	No		No		No	No	Yes	6	30	No	Selective Serotonin Agonists
ZOMIG ZMT TAB 5MG	3	No	No	No	No		No		No	No	Yes	6	30	No	Selective Serotonin Agonists
ZONALON CRE 5%	3	No	No	No	No		No		No	No	No			No	Antipruritics and Local Anesthetics
ZONEGRAN CAP 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
ZONEGRAN CAP 25MG	3	Yes	No	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
ZONISAMIDE CAP 100MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
ZONISAMIDE CAP 25MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
ZONISAMIDE CAP 50MG	1	No	Yes	Yes	No		No		No	No	No			No	Anticonvulsants, Miscellaneous
ZORBTIVE INJ 8.8MG	4	No	No	Yes	Yes	SPECIALTY	No		No	No	No			No	Pituitary
ZORPRIN 800 MG TABLET SA	1	No	Yes	Yes	No		No		No	No	No			No	Nonsteroidal Anti-inflammatory Agents

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZORTRESS TAB 0.25MG	3	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
ZORTRESS TAB 0.5MG	3	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
ZORTRESS TAB 0.75MG	3	No	No	Yes	Yes	PART B DRUGS	No		No	No	No			No	Immunosuppressive Agents
ZOSTAVAX INJ	2	No	No	No	No		No		No	No	No			No	Vaccines
ZOSYN INJ 3-0.375G	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Extended-spectrum Penicillins
ZOSYN SOL 2-0.25GM	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Extended-spectrum Penicillins
ZOSYN SOL 3-0.375G	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			Yes	Extended-spectrum Penicillins
ZOSYN 2/0.25 GRAM VIAL	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Extended-spectrum Penicillins
ZOSYN 36/4.5 GRAM BULK VIAL	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Extended-spectrum Penicillins
ZOSYN 4/0.5 GM PRE-MIX BAG	3	No	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Extended-spectrum Penicillins

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZOSYN 4/0.5 GRAM VIAL	3	Yes	No	No	Yes	IV AND IM DRUGS	No		No	No	No			No	Extended-spectrum Penicillins
ZOVIA 1/35E TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
ZOVIA 1/50E TAB	1	No	Yes	Yes	No		No		No	No	No			No	Contraceptives
ZOVIRAX CAP 200MG	3	Yes	No	No	No		No		No	No	No			No	Nucleosides and Nucleotides
ZOVIRAX CRE 5%	3	No	No	No	No		No		No	No	No			No	Antivirals
ZOVIRAX OIN 5%	3	No	No	No	No		No		No	No	No			No	Antivirals
ZOVIRAX SUS 200/5ML	3	Yes	No	No	No		No		No	No	No			No	Nucleosides and Nucleotides
ZOVIRAX TAB 400MG	3	Yes	No	No	No		No		No	No	No			No	Nucleosides and Nucleotides
ZOVIRAX TAB 800MG	3	Yes	No	No	No		No		No	No	No			No	Nucleosides and Nucleotides
ZUPLENZ 4 MG	NC														5-HT3 Receptor Antagonists
ZUPLENZ 8 MG	NC														5-HT3 Receptor Antagonists
ZYBAN TAB 150MG SR	3	Yes	No	No	No		No		No	No	No			No	Miscellaneous Antidepressants

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZYCLARA CRE 3.75%	NC														Skin and Mucous Membrane Agents, Misc
ZYDONE 10/400 MG TABLET	NC														Opiate Agonists
ZYDONE 5/400 MG TABLET	NC														Opiate Agonists
ZYDONE 7.5/400 MG TABLET	NC														Opiate Agonists
ZYFLO 600 MG FILMTAB	NC														Leukotriene Modifiers
ZYFLO CR TAB 600MG	2	No	No	Yes	No		No		No	No	No			No	Leukotriene Modifiers
ZYLET SUS 0.5-0.3%	3	No	No	No	No		No		No	No	No			No	Corticosteroids
ZYLOPRIM TAB 100MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Misc Therapeutic Agents
ZYLOPRIM TAB 300MG	3	Yes	No	Yes	No		No		No	No	No			No	Other Misc Therapeutic Agents
ZYMAR DRO 0.3%	3	No	No	No	No		No		No	No	No			No	Antibacterials
ZYMAXID SOL 0.5%	3	No	No	No	No		No		No	No	No			No	Antibacterials

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZYPREXA INJ 10MG	3	Yes	No	No	No		No		No	No	No			No	Atypical Antipsychotics
ZYPREXA TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
ZYPREXA TAB 15MG	3	Yes	No	Yes	No		No		No	No	Yes	30	30	No	Atypical Antipsychotics
ZYPREXA TAB 2.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
ZYPREXA TAB 20MG	3	Yes	No	Yes	No		No		No	No	Yes	30	30	No	Atypical Antipsychotics
ZYPREXA TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
ZYPREXA TAB 7.5MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
ZYPREXA RELP INJ 405MG	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
ZYPREXA REPRLVV 210 MG EXTENDED RELEASE INJECTABLE SUSPENSION	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZYPREXA REPRELVV 300 MG EXTENDED RELEASE INJECTABLE SUSPENSION	3	No	No	No	No		No		No	No	No			No	Atypical Antipsychotics
ZYPREXA ZYDI TAB 10MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
ZYPREXA ZYDI TAB 15MG	3	Yes	No	Yes	No		No		No	No	Yes	30	30	No	Atypical Antipsychotics
ZYPREXA ZYDI TAB 20MG	3	Yes	No	Yes	No		No		No	No	Yes	30	30	No	Atypical Antipsychotics
ZYPREXA ZYDI TAB 5MG	3	Yes	No	Yes	No		No		No	No	No			No	Atypical Antipsychotics
ZYRTEC 1 MG/ML SYRUP	NC														Second Generation Antihistamines
ZYRTEC 10 MG CHEWABLE TABLET	NC														Second Generation Antihistamines
ZYRTEC 10 MG TABLET	NC														Second Generation Antihistamines

Drug Name	Tier Level	GE	CG	Mail-Order	Prior Auth (PA)	PA Criteria Name	Step Therapy	Step Therapy Criteria	ED	LA	Quantity Limit (QL)	QL Amount	QL Days	HI	Description
ZYRTEC 5 MG CHEWABLE TABLET	NC														Second Generation Antihistamines
ZYRTEC 5 MG TABLET	NC														Second Generation Antihistamines
ZYRTEC-D TABLET	NC														Second Generation Antihistamines
ZYTIGA TAB 250MG	4	No	No	No	Yes	SPECIALTY-CC	No		No	No	No			No	Antineoplastic Agents
ZYVOX SOL 2MG/ML	3	No	No	No	Yes	LINEZOLID	No		No	No	No			Yes	Oxazolidinones
ZYVOX SUS 100MG/5M	2	No	No	No	Yes	LINEZOLID	No		No	No	No			No	Oxazolidinones
ZYVOX TAB 600MG	2	No	No	No	Yes	LINEZOLID	No		No	No	No			No	Oxazolidinones