SCRIPT CARE

Your Prescription for Excellence in Pharmacy Benefits Management

Script Care Ltd Three Tier Formulary

Effective: January 1, 2015

Physicians and Pharmacists: Please refer to this list when prescribing/dispensing medications.
All strengths and formulations of the medications listed within this document are considered preferred unless specifically noted. Some products may be covered at Non-preferred Branded Copay as determined by the plan's benefit design. Due to the constantly changing nature of drug therapy, the Formulary is a dynamic document and is subject to change without notice.

The **Script Care Three Tier Formulary** is a guide within select therapeutic categories for clients, plan participants and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in **Bold type** and generic products in Plain type.

Member specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.
Log in to www.scriptcare.com to check coverage and copay information for a specific medicine.

ANTI-INFECTIVES: Antibiotics

Drug Name	Tier	Programs and Limits
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
Azithromycin	1	
Bethkis	**2**	
Cefdinir	1	
Cefuroxime Tab	1	
Cephalexin	1	
Ciprodex Otic - *Suspension*	**3**	
Ciprofloxacin Tab	1	
Clarithromycin	1	
Clindamycin Cap	1	
Dificid	**3**	
Doxycycline Hyclate Cap	1	
Doxycycline Hyclate Tab *(Immediate Release)*	1	
Doxycycline Monohydrate Cap	1	
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Neomycin/Polymyxin/ HC Otic Suspension, - *Solution*	1	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate Macrocrystalline	1	
Ofloxacin Otic Solution	1	
Oracea	**3**	
Penicillin VK	1	
Solodyn	**3**	
Sulfamethoxazole- *Trimethoprim*	1	
Sulfamethoxazole- *Trimethoprim DS*	1	

ANTI-INFECTIVES: Anti Fungals

Drug Name	Tier	Programs and Limits
Fluconazole	1	
Nystatin Suspension	1	
Terbinafine Tab	1	

ANTI-INFECTIVES: Antivirals

Drug Name	Tier	Programs and Limits
Acyclovir Tab, Cap, Suspension	1	
Baraclude	**3**	**SD**
Famciclovir Tab	1	
Olysio	**2**	**SD**
Pegasys	**2**	**SD**
Sovaldi	**2**	**SD**
Tamiflu	**3**	
Valacyclovir	1	

ANTI-INFECTIVES: Cancer

Drug Name	Tier	Programs and Limits
Anastrozole	1	
Gleevec	**2**	**SD**
Letrozole	1	
Revlimid	**3**	**SD**
Tamoxifen Tab	1	
Tasigna	**2**	**SD**
Zytiga	**3**	**SD**

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CARDIOVASCULAR/HEART DISEASE: Anticoagulants

Drug Name	Tier	Programs and Limits
Aggrenox	**2**	
Brilinta	**2**	
Clopidogrel	1	
Coumadin	**3**	
Effient	**2**	
Eliquis	**3**	
Enoxaparin	1	
Pradaxa	**2**	
Warfarin	1	
Xarelto	**2**	

CARDIOVASCULAR/HEART DISEASE: High Blood Pressure

Drug Name	Tier	Programs and Limits
Amlodipine	1	
Amlodipine/Benazepril	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Azor	**2**	
Benazepril	1	
Benazepril/HCTZ	1	
Benicar	**2**	
Benicar HCT	**2**	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	**2**	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Coreg CR	**3**	
Diovan	**3**	
Doxazosin	1	
Dutoprol	**2**	
Edarbi	**3**	
Edarbyclor	**3**	
Enalapril	1	
Exforge	**2**	
Exforge HCT	**2**	
Felodipine	1	
Fosinopril	1	
Furosemide	1	

CARDIOVASCULAR/HEART DISEASE: High Blood Pressure (Cont.)

Drug Name	Tier	Programs and Limits
Guanfacine Tab	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	
Irbesartan/HCTZ	1	
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Tarka	**2**	
Tekturna	**2**	
Tekturna HCT	**2**	
Telmisartan	1	
Terazosin	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Tribenzor	**2**	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	

CARDIOVASCULAR/HEART DISEASE: High Cholesterol

Drug Name	Tier	Programs and Limits
Atorvastatin	1	
Crestor	**2**	
Fenofibrate	1	
Gemfibrozil	1	
Lipitor	**3**	**ST**
Lipofen	**3**	
Livalo	**3**	**ST**
Lovastatin	1	
Lovaza	**3**	

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CARDIOVASCULAR/HEART DISEASE: High Cholesterol (Cont.)

Drug Name	Tier	Programs and Limits
Niacin ER Tab	1	
Omega-3 Acid Cap 1 gm	1	
Pravastatin	1	
Simcor	**2**	
Simvastatin	1	
Simvastatin 80 mg	1	
Vascepa	**2**	
Vytorin	**2**	
Vytorin Tab 10-80 mg	**2**	
Welchol	**2**	
Zetia	**3**	

CARDIOVASCULAR/HEART DISEASE: Other

Drug Name	Tier	Programs and Limits
Amiodarone	1	
Amlodipine/Atorvastatin	1	
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate	1	
Nitrostat	**2**	
Ranexa	**2**	
Sotalol	1	

CARDIOVASCULAR/HEART DISEASE: Pulmonary Arterial Hypertension

Drug Name	Tier	Programs and Limits
Adcirca	**3**	SD
Letairis	**2**	LDSD
Opsumit	**2**	LDSD
Sildenafil Tab 20 mg	1	SD
Tracleer	**2**	LDSD

CENTRAL NERVOUS SYSTEM: Attention Deficit Disorder

Drug Name	Tier	Programs and Limits
Amphetamine-*Dextroamphetamine*	1	
Amphetamine-*Dextroamphetamine SR Cap 24Hr*	1	
Dexmethylphenidate	1	
Focalin XR	**3**	
Intuniv	**2**	
Methylphenidate Cap ER	1	
Methylphenidate ER Tab	1	
Methylphenidate HCL *Sa Osm ER Tab*	1	
Methylphenidate Tab	1	
Strattera	**2**	
Vyvanse	**2**	

CENTRAL NERVOUS SYSTEM: Depression

Drug Name	Tier	Programs and Limits
Amitriptyline	1	
Budeprion XL	1	
Bupropion	1	
Bupropion SR	1	
Citalopram	1	
Cymbalta	**3**	
Doxepin	1	
Duloxetine	1	
Escitalopram Tab	1	
Fluoxetine Cap *(not PMDD)*	1	
Forfivo XL	**2**	
Mirtazapine	1	
Nortriptyline	1	
Paroxetine	1	
Pristiq	**2**	
Sertraline	1	
Trazodone	1	
Venlafaxine	1	
Venlafaxine ER Cap	1	
Viibryd	**3**	

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CENTRAL NERVOUS SYSTEM: Migraine

Drug Name	Tier	Programs and Limits
Butalbital- Acetaminophen- *Caffeine Tab*	1	
Migranal	**3**	
Phrenilin	**3**	
Relpax	**3**	
Rizatriptan Tab, ODT	1	
Sumatriptan Tab and Spray	1	
Sumavel Dose	**3**	
Zomig Nasal Spray	**2**	

CENTRAL NERVOUS SYSTEM: Multiple Sclerosis

Drug Name	Tier	Programs and Limits
Ampyra	**2**	**LDSD**
Avonex Kit	**2**	**SD**
Avonex Pen Kit	**2**	**SD**
Avonex Prefill Kit	**2**	**SD**
Betaseron	**2**	**SD**
Copaxone	**2**	**SD**
Gilenya	**3**	**SD**
Rebif	**3**	**SD**
Rebif Titrtn	**3**	**SD**
Tecfidera	**2**	**LDSD**

CENTRAL NERVOUS SYSTEM: Sedatives/Hypnotics

Drug Name	Tier	Programs and Limits
Eszopiclone Tab	1	
Lunesta	**3**	
Silenor	**3**	
Temazepam	1	
Triazolam Tab	1	
Zolpidem	1	
Zolpidem ER	1	

CENTRAL NERVOUS SYSTEM: Seizure Disorders

Drug Name	Tier	Programs and Limits
Carbamazepine Tab	1	
Clonazepam	1	
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamictal	**2**	
Lamictal ODT	**2**	
Lamictal XR	**3**	
Lamotrigine	1	
Lamotrigine ER	1	
Levetiracetam	1	
Levetiracetam ER	1	
Lyrica Cap	**2**	
Onfi	**3**	
Oxcarbazepine	1	
Phenytoin	1	
Topiramate Tab	1	

CENTRAL NERVOUS SYSTEM: Other

Drug Name	Tier	Programs and Limits
Abilify Tab	**2**	
Abilify Disc	**2**	
Abilify Solution	**2**	
Alprazolam Tab	1	
Benztropine	1	
Buspirone	1	
Carbidopa/Levodopa *Tab*	1	
Diazepam Tab	1	
Donepezil Tab	1	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Lithium Carbonate	1	
Lorazepam Tab	1	
Modafinil	1	
Namenda Tab	**2**	
Namenda XR	**2**	

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CENTRAL NERVOUS SYSTEM: Other (Cont.)

Drug Name	Tier	Programs and Limits
Olanzapine Tab	1	
Pramipexole	1	
Prochlorperazine	1	
Quetiapine	1	
Risperidone Tab	1	
Ropinirole	1	
Saphris	**2**	
Seroquel XR	**2**	
Zelapar	**3**	
Ziprasidone Cap	1	

DERMATOLOGY

Drug Name	Tier	Programs and Limits
Acanya Gel	**3**	
Acyclovir Ointment 5%	1	
Aczone Gel	**3**	
Atralin	**2**	
Benzaclin	**3**	
Carac	**2**	
Clindamycin Gel, Lotion, Solution	1	
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clobetasol Cream, Gel, Ointment	1	
Clobex	**3**	
Cloderm	**3**	
Clotrimazole/ Betamethasone Cream, Lotion	1	
Condylox	**3**	
Econazole Cream	1	
Desonide Cream	1	
Differin	**3**	
Elidel	**2**	
Epiduo	**3**	
Finacea	**2**	
Fluocinonide Cream, Gel, Ointment 0.05%	1	
Hydrocortisone Cream, 2.5%	1	
Ketoconazole Cream/ Shampoo	1	
Metrogel	**3**	
Metronidazole Gel 0.75%	1	
Mometasone	1	

DERMATOLOGY (cont.)

Drug Name	Tier	Programs and Limits
Mupirocin	1	
Nystatin Cream, Ointment,	1	
Nystatin/Triamcinolone Cream, Ointment	1	
Oxsoralen-Ul	**2**	
Permethrin Cream 5%	1	
Protopic Ointment	**2**	
Retin-A Micro	**3**	
Silver Sulfadiazine Cream 1%	1	
Taclonex	**3**	
Tretinoin Microsphere Gel	1	
Triamcinolone	1	
Vectical	**3**	
Zovirax Cream	**3**	
Zovirax Ointment	**2**	
Zyclara	**3**	

DIABETES/ENDOCRINE: Blood Glucose Monitoring

Drug Name	Tier	Programs and Limits
Accu-Chek Act/Gluc Calibration Liquid	**3**	
Accu-Chek Aviva Plus Test Strips	**2**	
Accu-Chek Aviva Test Strips	**2**	
Accu-Chek Comfort Test	**2**	
Accu-Chek Cpt/Gluc Calibration Liquid	**3**	
Accu-Chek DrumTest Strips	**2**	
Accu-Chek Kit Aviva Plus	**2**	
Accu-Chek Kit Compact	**2**	
Accu-Chek Kit Fastclix	**2**	
Accu-Chek Kit Multiclix	**2**	
Accu-Chek Kit Nano	**2**	
Accu-Chek Kit Softclix	**2**	
Accu-Chek Multiclix Lancets	**2**	
Accu-Chek Smart Calibration Liquid	**3**	
Accu-Chek Smart Test Strips	**2**	
Accu-Chek Sol Calibration Liquid	**3**	

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DIABETES/ENDOCRINE: Blood Glucose Monitoring (Cont.)

Drug Name	Tier	Programs and Limits
Accu-Chek Sol Comfort Calibration Liquid	**3**	
Fastclix Lancets	**2**	
Glucocard Test Strips	1	
Insulin Pen Needle	**2**	
Insulin Syringe/Needle	**2**	
Novofine Auto	**3**	
Novofine	**3**	
Novotwist	**3**	
Onetouch Kit Ultra Smart	**2**	
Onetouch Kit Ultra	**2**	
Onetouch Kit Ultra 2	**2**	
Onetouch Kit Ultra Mini	**2**	
Onetouch Kit Verio IQ	**2**	
Onetouch Test Strips	**2**	
Onetouch Ultra Blue Test Strips	**2**	
Onetouch Verio IQ Test Strips	**2**	
Onetouch Verio Test Strips	**2**	
Soft Touch Lancets	**2**	
Softclix Lan Mis Device	**3**	
Softclix Lancets	**2**	
Surestep Test Strips	**2**	
Truetrack Test Strips	1	

DIABETES/ENDOCRINE: Insulin

Drug Name	Tier	Programs and Limits
Humalog Vials	**2**	
Humalog Kwik Pen	**2**	
Humalog Mix 50/50 Kwik Pen	**2**	
Humalog Mix 50/50 Vials	**2**	
Humalog Mix 75/25 Kwik Pen	**2**	
Humalog Mix 75/25 Vials	**2**	
Humulin 70/30 Vials	**2**	
Humulin N Vials	**2**	
Humulin N Pen	**2**	
Humulin Pen 70/30	**2**	
Humulin R U-500	**2**	

DIABETES/ENDOCRINE: Insulin (Cont.)

Drug Name	Tier	Programs and Limits
Humulin R Vials	**2**	
Lantus Solostar	**2**	
Lantus Vials	**2**	
Levemir Flexpen	**2**	
Levemir Vials	**2**	
Novolin 70/30 Vials	**2**	
Novolin N Vials	**2**	
Novolin R Vials	**2**	
Novolog Flexpen	**2**	
Novolog Mix Flexpen	**2**	
Novolog Mix 70/30 Vials	**2**	
Novolog Penfill	**2**	
Novolog Vials	**2**	

DIABETES/ENDOCRINE: Non-Insulin

Drug Name	Tier	Programs and Limits
Byetta	**2**	
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
Glyburide	1	
Glyburide/Metformin	1	
Invokamet	**2**	
Invokana	**2**	
Janumet	**2**	
Janumet XR	**2**	
Januvia	**2**	
Jentadueto	**2**	
Kombiglyze	**2**	
Metformin	1	
Metformin ER	1	
Onglyza	**2**	
Pioglitazone	1	
Tradjenta	**2**	
Victoza	**3**	

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ENDOCRINE: Growth Hormone

Drug Name	Tier	Programs and Limits
Nutropin	**2**	**SD**
Nutropin AQ	**2**	**SD**
Saizen	**2**	**SD**
Tev-Tropin	**2**	**LDSD**

ENDOCRINE: Other

Drug Name	Tier	Programs and Limits
Calcitriol Cap	1	
Dexamethasone Tab	1	
Lupron Depot 3.75 mg, 11.25 mg	**3**	**SD**
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	**2**	**SD**
Methylprednisolone Tab	1	
Prednisolone	1	
Prednisone (5 mg/5 mL and 15 mg/5 mL)	1	
Sensipar	**3**	

EDOCRINE: Thyroid Hormone Replacement

Drug Name	Tier	Programs and Limits
Armour Thyroid	**3**	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Synthroid	**3**	

EYE CONDITIONS: Allergies

Drug Name	Tier	Programs and Limits
Azelastine Solution	1	
Pataday	**2**	
Patanol	**2**	

EYE CONDITIONS: Antibiotics

Drug Name	Tier	Programs and Limits
Ciprofloxacin	1	
Erythromycin Ointment	1	
Gentamicin	1	
Moxeza	**2**	
Polymyxin B/ Trimethoprim Solution	1	
Ofloxacin	1	
Tobramycin	1	LDSD
Tobramycin/Dexamethasone	1	
Vigamox	**2**	

EYE CONDITIONS: Glaucoma

Drug Name	Tier	Programs and Limits
Alphagan P	**2**	
Azopt	**2**	
Brimonidine	1	
Combigan	**2**	
Dorzolamide-Timolol Maleate	1	
Latanoprost	1	
Lumigan	**2**	
Timolol	1	
Timoptic Ocudose	**2**	
Travatan Z	**2**	

EYE CONDITIONS: Other

Drug Name	Tier	Programs and Limits
Ketorolac Opthalmic Solution	1	
Prednisolone Opth	1	
Restasis	**3**	

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GASTROINTESTINAL: Acid Suppression

Drug Name	Tier	Programs and Limits
Carafate Suspension	**2**	
Dexilant	**2**	
Famotidine Tab 20 mg & 40 mg (Rx only)	1	
Lansoprazole (Rx only)	1	
Nexium (Rx only)	**2**	
Omeprazole (Rx only)	1	
Pantoprazole	1	
Rabeprazole	1	
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	

GASTROINTESTINAL: Nausea/Vomiting

Drug Name	Tier	Programs and Limits
Meclizine	1	
Metoclopramide	1	
Ondansetron Tab	1	
Transderm-Scop	**3**	

GASTROINTESTINAL: Other

Drug Name	Tier	Programs and Limits
Amitiza	**2**	
Apriso	**2**	
Asacol HD	**3**	
Canasa	**2**	
Creon	**2**	
Delzicol	**3**	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Halflytely Kit	**3**	
Moviprep	**3**	
Omeclamox Pak	**2**	
Pentasa	**3**	
Polyethylene Glycol 3350	1	
Pylera	**2**	
Suclear Bowel Prep	**3**	
Suprep Bowel Prep	**3**	
Uceris	**3**	
Zenpep (not 5,000 units)	**2**	

HIV/AIDS

Drug Name	Tier	Programs and Limits
Atripla	**2**	**SD**
Complera	**2**	**SD**
Epzicom	**2**	**SD**
Intelence	**2**	**SD**
Isentress	**2**	**SD**
Kaletra	**2**	**SD**
Norvir	**2**	**SD**
Prezista	**2**	**SD**
Reyataz	**2**	**SD**
Stribild	**2**	**SD**
Truvada	**2**	**SD**
Viread	**2**	**SD**

INFERTILITY

Drug Name	Tier	Programs and Limits
Follistim AQ	**2**	
Gonal-f	**2**	
Gonal-f RFF	**2**	
Ovidrel	**3**	

INFLAMMATORY CONDITIONS

Drug Name	Tier	Programs and Limits
Cimzia	**2**	**SD**
Enbrel	**3**	**SD, ST**
Enbrel SureClick	**3**	**SD, ST**
Humira Kit	**2**	**SD**
Humira Pen Kit	**2**	**SD**
Humira Pen Kit - *Crohns*	**2**	**SD**
Humira Pen Kit - *Psoriasis*	**2**	**SD**
Hydroxychloroquine	1	
Methotrexate Tab	1	
Orencia SC	**3**	**SD, ST**
Simponi	**2**	**SD**
Stelara	**2**	**SD**

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MEN'S HEALTH: Erectile Dysfunction

Drug Name	Tier	Programs and Limits
Cialis	**2**	
Levitra	**3**	
Viagra	**3**	

MEN'S HEALTH: Prostate

Drug Name	Tier	Programs and Limits
Alfuzosin	1	
Avodart	**2**	
Doxazosin	1	
Finasteride 5 mg	1	
Jalyn	**2**	
Rapaflo	**2**	
Tamsulosin	1	
Terazosin	1	

MEN'S HEALTH: Testosterone Therapy

Drug Name	Tier	Programs and Limits
Androderm	**2**	
Androgel	**2**	
Fortesta	**3**	
Testim	**2**	
Testosterone Cypionate IM Injection	1	

MISCELLANEOUS

Drug Name	Tier	Programs and Limits
Allopurinol	1	
Antipyrine/Benzocaine Otic Solution 5.4 - 1.4%	1	
Aranesp	**2**	**SD**
Benzonatate	1	
Botox 100, 200 unit Injection	**2**	**SD**
Chantix	**3**	
Cheratussin	1	
Chlorhexidine	1	
Colcrys	**2**	
Epipen 2-Pak	**2**	

MISCELLANEOUS (cont.)

Drug Name	Tier	Programs and Limits
Euflexxa	**3**	**SD**
Fosrenol	**3**	
Hydrocortisone AC Suppository 25 mg	1	
Hydromet	1	
Lidocaine Viscous Solution 2%	1	
Makena	**2**	
Phenazopyridine (Rx only)	1	
Phentermine Tab	1	
Procrit[SD]	**2**	**SD**
Promethazine DM Syrup	1	
Promethazine/Codeine Syrup	1	
Pulmozyme	**2**	**SD**
Rectiv	**3**	
Renvela	**2**	
Rezira	**3**	
Suboxone Film	**2**	
Synagis	**2**	**LDSD**
Synvisc	**2**	**SD**
Uloric	**2**	
Zubsolv	**2**	
Zutripro	**3**	

MUSCULOSKELETAL: Osteoporosis

Drug Name	Tier	Programs and Limits
Actonel	**3**	
Alendronate Tab	1	
Evista	**3**	
Forteo	**2**	**SD**
Ibandronate Tab	1	
Raloxifene	1	

MUSCULOSKELETAL: Other

Drug Name	Tier	Programs and Limits
Baclofen Tab	1	
Carisoprodol	1	
Cyclobenzaprine Tab-5, 10 mg	1	
Metaxalone	1	
Methocarbamol	1	
Tizanidine	1	

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MUSCULOSKELETAL: Pain Relief

Drug Name	Tier	Programs and Limits
Acetaminophen w/ Codeine	1	
Cambia	**3**	
Celebrex	**3**	
Diclofenac Tab	1	
Endocet Tab	1	
Etodolac	1	
Fentanyl Patch	1	
Gralise	**3**	
Hydrocodone w/ Ibuprofen Tab 7.5-200 mg	1	
Hydrocodone/APAP 5, 7.5, 10/325 mg	1	
Hydromorphone Tab	1	
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Lazanda	**3**	
Lidocaine Patch 5%	1	
Meloxicam	1	
Methadone Tab	1	
Morphine Sulfate ER Tab	1	
Nabumetone	1	
Naproxen (Rx only)	1	
Nucynta	**3**	
Nucynta ER	**2**	
Oxycodone Tab *5, 15, 30 mg*	1	
Oxycodone *w/ Acetaminophen*	1	
Oxycontin	**2**	
Sprix	**3**	
Subsys	**3**	
Tramadol Tab 50 mg	1	
Tramadol w/ *Acetaminophen*	1	
Vicodin	**1**	
Vicodin ES	**1**	
Voltaren Gel	**2**	

OVERACTIVE BLADDER

Drug Name	Tier	Programs and Limits
Enablex	**3**	
Gelnique	**2**	
Oxybutynin	1	
Oxybutynin ER	1	
Tolterodine ER	1	
Toviaz	**3**	
Vesicare	**2**	

RESPIRATORY: Asthma/COPD

Drug Name	Tier	Programs and Limits
Advair Diskus	**2**	
Advair HFA	**2**	
Aerospan	**3**	
Albuterol Nebulizer Solution	1	
Asmanex	**2**	
Breo Ellipta	**2**	
Budesonide	1	
Combivent Respimat	**2**	
Dulera	**3**	
Flovent Diskus	**2**	
Flovent HFA	**2**	
Foradil	**2**	
Ipratropium/Albuterol	1	
Levalbuterol Nebulizer Solution	1	
Montelukast	1	
Perforomist	**3**	
Proair HFA	**2**	
Proventil	**3**	
Pulmicort Flexhaler	**2**	
Qvar	**2**	
Serevent Diskus	**2**	
Spiriva	**2**	
Symbicort	**2**	
Tudorza Pressair	**2**	
Ventolin HFA	**2**	
Xolair	**2**	**LDSD**
Xopenex HFA	**3**	

SCRIPT CARE

Your Prescription for Excellence in Pharmacy Benefits Management

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RESPIRATORY: Nasal Allergies

Drug Name	Tier	Programs and Limits
Azelastine Spray	1	
Dymista Spray	**3**	
Fluticasone Spray	1	
Ipratropium Spray	1	
Nasonex	**2**	
Omnaris	**3**	
Triamcinolone Spray	1	
Veramyst	**2**	
Zetonna	**3**	

RESPIRATORY: Oral Allergies

Drug Name	Tier	Programs and Limits
Cetirizine	1	
Promethazine Tab	1	
Desloratadine	1	
Levocetirizine	1	
Loratadine	1	

TRANSPLANT

Drug Name	Tier	Programs and Limits
Azathioprine	1	
Cellcept Tab/ Suspension	**3**	**SD**
Cyclosporine Cap	1	
Mycophenolate 250 mg Cap / 500 mg Tab	1	SD
Prograf Cap	**3**	**SD**
Rapamune	**3**	**SD**
Tacrolimus Cap	1	SD

VITAMINS/ELECTROLYTES

Drug Name	Tier	Programs and Limits
Cyanocobalamine Injection	1	
Folic Acid 1 mg (Rx only)	1	
Klor-Con M10 and M20	1	
Multi-Vit/Fl Chew	1	
Potassium Chloride ER Tab, Cap	1	
Potassium Chloride Micro ER	1	
Vitamin D 50,000 Units (Rx only)	1	

WOMEN'S HEALTH: Birth Control

Drug Name	Tier	Programs and Limits
Apri	1	
Aviane	1	
Beyaz	**2**	
Cryselle-28	1	
Generess Fe Chewable	**3**	
Gianvi	1	
Gildess Fe	1	
Jolivette	1	
Junel Fe	1	
Kariva	1	
Levora 28	1	
Lo Loestrin	**3**	
Loryna	1	
Low-Ogestrel	1	
Lutera	1	
Medroxyprogesterone Acetate Injection	**3**	
Microgestin	1	
Microgestin Fe	1	
Minastrin 24 Fe Chewable	**3**	
Mononessa	1	
Natazia	**2**	
Necon	1	
Norgest/Ethi Estradio	1	
Nortrel	1	
Nuvaring	**2**	
Ocella	1	
Orsythia	1	
Ortho Tri-Cyclen Lo	**3**	
Previfem	1	
Reclipsen	1	
Safyral	**2**	
Sprintec 28	1	
Trinessa	1	
Tri-Sprintec	1	
Vestura	1	
Viorele	1	

Bold type = Brand Name Drug
Plain type = Generic Drug

SD = Specialty Drug
LDSD = Limited Distribution Specialty Drug

ST = Step Therapy
QL = Quantity Limits

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WOMEN'S HEALTH: Hormone Replacement

Drug Name	Tier	Programs and Limits
Climara Pro	**2**	
Divigel	**2**	
Enjuvia	**2**	
Estrace Vaginal Cream	**3**	
Estradiol Tab	1	
Estradiol/Norethindrone Tab	1	
Medroxyprogesterone Acetate Tab	1	
Premarin Tab	**2**	
Premarin Vaginal Cream	**2**	
Premphase	**2**	
Prempro	**2**	
Progesterone Cap	1	
Vagifem	**3**	
Vivelle-Dot	**2**	

WOMEN'S HEALTH: Vaginal Anti-Infectives

Drug Name	Tier	Programs and Limits
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	