

Tier 1 – Select - Effective January 1, 2018

Acetazolamide
Alcohol Prep Pads
Allopurinol
Amlodipine **DO, QL**
Atenolol
Benazepril
Bumetanide
Chlorothiazide
Chlorthalidone
Doxazosin mesylate
Doxepin
Estradiol
Estradiol
Fosinopril
Furosemide
Glimepiride
Glipizide, ER, XL
Glyburide
Glyburide micronized
Hydrochlorothiazide
Hydrocortisone
Ibuprofen
Indapamide
Isoniazid
Isosorbide dinitrate
Isosorbide mononitrate, ER
Levothyroxine
Liothyronine
Lisinopril
Lithium, ER
Metformin
Methimazole
Methyldopa
Metoclopramide
Metoprolol tartrate
Nicardipine
Phenytoin
Potassium bicarbonate
Potassium chloride
Prazosin
Prednisone
Primidone
Propranolol, ER

Propylthiouracil
Quinapril
Quinidine sulfate
Reserpine
Selenium sulfide
Simvastatin **DO, QL, PA**
Spironolactone
Sulfasalazine
Terbutaline
Trandolapril
Warfarin

Drug list key

PA = Prior authorization is required. Prior authorization is the process of getting approval before certain drugs may be filled.

QL = Quantity limits. Some drugs have specific quantity limits per prescription or per month.

ST = Step therapy is required. You may need to try one drug before another drug is covered. Please note: Foradil and Serevent require step therapy to help prevent duplicate treatment.

ST ∞ = STEP THERAPY MAY BE REQUIRED. You may need to use one medication before benefits for the use of another medication can be authorized. This step therapy may not be required if there is a history of a paid claim for this medication in the prior six months.

DO = Dose optimization is required. Normally this means switching from taking a drug twice a day to taking it once a day (at a higher strength)