

# 2008

Effective April 1, 2008



**BlueCross BlueShield  
of Oklahoma**

A Member of the Blue Cross and Blue Shield Association,  
an Association of Independent Blue Cross and Blue Shield Plans.

## Blue Cross and Blue Shield of Oklahoma Drug Formulary

### ALPHABETICAL DRUG LIST

Blue Cross and Blue Shield of Oklahoma members are requested to talk to their physicians about prescribing medications included on the Drug List.

This document reflects the Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO Drug Formulary as of April 1, 2008. The Drug List is updated quarterly. Please visit [www.bcbsok.com](http://www.bcbsok.com) for recent updates.

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

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#### KEY

<b>caps</b> .....	capsules
<b>conc</b> .....	concentrate
<b>crm</b> .....	cream
<b>delayed-release</b> .....	enteric-coated
<b>DL</b> .....	dispensing limits
<b>ext-release</b> .....	extended-release
<b>inj</b> .....	injection
<b>liq</b> .....	liquid
<b>lotn</b> .....	lotion
<b>oint</b> .....	ointment
<b>OTC</b> .....	over-the-counter
<b>PA</b> .....	Prior Authorization required
<b>SL</b> .....	sublingual
<b>soln</b> .....	solution
<b>SP</b> .....	Specialty Pharmacy Program
<b>supp</b> .....	suppositories
<b>susp</b> .....	suspension
<b>tabs</b> .....	tablets

#### CONTACT INFORMATION

If you have any questions regarding the Blue Cross and Blue Shield of Oklahoma Drug Formulary, or if you have comments or suggestions that can improve the usefulness of this publication, please direct them to:

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## INTRODUCTION

Blue Cross and Blue Shield of Oklahoma is pleased to present the 2008 Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO Drug Formulary. The formulary listing includes all Tier 2 Preferred Brand drugs and a partial listing of Tier 1 Generic drugs and Tier 3 Brand drugs. **Physicians are encouraged to prescribe drugs listed in this formulary. Members are encouraged to show this formulary to their physicians and pharmacists.**

## MEMBER PRESCRIPTION BENEFIT

The formulary is multi-tiered, placing prescription drugs into one of three copayment levels; generic, Preferred Brand, or Brand. The drug benefit includes almost all prescription drugs, although some exclusions do apply. For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, are not covered. Coverage and copayment levels vary depending on the plan. Drugs that require Prior Authorization, have Dispensing Limits, or that are included in the Step Therapy program are listed on pages 4-6.

**Tier 1 – Lowest copayment:** Generic drugs – listed and unlisted generic drugs

**Tier 2 – Middle copayment:** Preferred Brand drugs – all are listed in this Formulary

**Tier 3 – Highest copayment:** Brand drugs – listed and unlisted brand drugs

## PHARMACY AND THERAPEUTICS (P&T) AND HEALTH CARE SERVICE CORPORATION (HCSC) PREFERRED DRUG COMMITTEES

The Prime Therapeutics P&T Committee includes physicians and pharmacists from throughout the country, and includes a voting member from Blue Cross and Blue Shield of Oklahoma. Prime Therapeutics does not have voting privileges on this Committee. Drugs are recommended for addition to the PrimeNational Formulary after considering safety, efficacy, uniqueness and cost.

Blue Cross and Blue Shield of Oklahoma also uses the HCSC Preferred Drug Committee. This Committee, which includes representatives of Blue Cross and Blue Shield of Oklahoma, considers the recommendations of the P&T Committee and makes the final determination regarding drug changes to the formulary. Members and physicians can view the most up-to-date version of the formulary at [www.bcbsok.com](http://www.bcbsok.com).

## HOW TO USE THIS FORMULARY

The formulary is organized into broad therapeutic categories. Within most categories, drugs are grouped based upon drug class, e.g. Macrolides, or use for a specific medical condition, e.g. Diabetes. All the drugs listed, whether Generic, Preferred Brand or Brand, are recommended drugs.

**Generic drugs** are shown in lowercase boldface type. Most generic drugs are followed by a reference brand drug (in parentheses) to assist in product recognition. Some generic products have no brand reference. Brand reference drugs usually take the highest copayment.

*Example:* **ibuprofen** (Motrin)

**Preferred Brand** and **Brand drugs** are noted in capital letters, followed by the generic name.

*Example:* ERY-TAB – erythromycin delayed-release tabs

**Generic versions of immediate-release dosage forms and strengths of reference brand drugs (shown in parentheses) and all strengths and dosage forms of Preferred Brand and Brand drugs (shown in capital letters) apply to the entry in the formulary. Exceptions are typically noted.**

*Example:* **atenolol** (Tenormin)

Tenormin is marketed as 25 mg, 50 mg and 100 mg tablets. Each strength is available generically. Generic atenolol is a formulary drug. Tenormin would take the highest copayment (Tier 3), and is only noted for reference.

*Example:* **ciprofloxacin tabs** (Cipro)

Cipro is marketed as 250 mg, 500 mg, and 750 mg tablets and 250 mg/5 mL, and 500 mg/5 mL oral suspension. The tablets have generic versions available; the oral suspension is only available as brand Cipro. The formulary entry includes generic tablets. Cipro suspension would require a separate entry to be a Preferred Brand (Tier 2). Because the suspension is not listed, it would take the highest copayment (Tier 3).

- **Individual formulary entries are required for many different dosage forms or routes of administration including oral immediate-release, extended-release, delayed-release, rectal, injectable, otic, ophthalmic, vaginal, nasal, orally disintegrating tablets, transdermal, and topical.**

*Example:* **estradiol patches** (Climara)  
**estradiol tabs** (Estrace)

Oral immediate-release and transdermal dosage forms of estradiol require separate entries in the formulary.

- **The brand reference drug (shown in parentheses) defines the extended-release or combination product listed in the formulary.**

*Example:* **verapamil ext-release** (Verelan)

The generic version of Verelan is a formulary drug based upon this entry. Other extended-release verapamil products such as Verelan PM or Calan SR would require separate entries to be Preferred Brands.

*Example:* **sulfacetamide/sulfur** (Sulfacet-R)

Based upon this entry, generic versions of Sulfacet-R are formulary drugs. Sulfacet-R and other brand sulfacetamide/sulfur products would require the highest copayment (Tier 3), unless separate brand entries are present.

## GENERIC SUBSTITUTION

Blue Cross and Blue Shield of Oklahoma encourages generic utilization as a way to provide high-quality drugs at a reduced cost. Generic drugs are as safe and effective as their brand-name counterparts, but are usually less expensive. Generic drugs are manufactured under the same strict standards of FDA's Good Manufacturing Practice regulations that are required for brand products including batch requirements for identity, strength, purity and quality.

An FDA-approved generic drug may be substituted for the brand counterpart because it:

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

To encourage use of generic drugs, Preferred Brand and Brand drugs typically require the highest copayment (Tier 3) after a generic version becomes available. Blue Cross and Blue Shield of Oklahoma also encourages generics by having the lowest copayment apply.

In determining the brand or generic classification for covered prescription drugs, Blue Cross and Blue Shield of Oklahoma utilizes the generic/brand status as assigned by a nationally recognized provider of drug product information. The brand/generic classification of a drug might change over time, which usually changes the copayment level.

## PRIOR AUTHORIZATION (PA)

A number of drugs including injectables are subject to prior authorization. The medications listed below require prior authorization for most Blue Cross and Blue Shield of Oklahoma members. Physicians must submit the request and provide appropriate documentation indicating the diagnosis and supporting medical necessity criteria. To obtain a request form, call the number on the back of the member's card. Please provide the following information on the prior authorization request:

- Patient name and member number
- Prescribing physician's name and phone number
- Drug, dosage form, strength, directions and indication for use

Please note that this list is not intended to be comprehensive and only includes the most commonly requested drugs. Call the customer service number on the back of the ID card if you are uncertain whether a drug will require prior authorization.

<u>Brand Name (generic name)</u>	<u>Drug List Status</u>
Actiq (fentanyl)	Third Tier
Adderall (amphetamine/ dextroamphetamine mixed salts)	Third Tier, Generic = First Tier
Amevive (alefacept)	Third Tier or <b>SP</b>
Amitiza (lubiprostone)	Third Tier
Aranesp (darbepoetin alfa)	Third Tier or <b>SP</b>
Caverject (alprostadil)	Third Tier
Celebrex (celecoxib)	Second Tier
Cialis (tadalafil)	Third Tier
Copegus tabs (ribavirin)	Third Tier, Generic = First Tier of <b>SP</b>
Daytrana (methylphenidate)	Third Tier
Denavir (penciclovir)	Third Tier
Desoxyn (methamphetamine)	Third Tier
Dexedrine (dextroamphetamine)	Third Tier, Generic = First Tier
Dexedrine Spansule (dextroamphetamine extended-release)	Third Tier, Generic = First Tier
Dextrostat 10 mg (dextroamphetamine)	Third Tier, Generic = First Tier
Edex (alprostadil)	Third Tier
Enbrel (etanercept)	Third Tier or <b>SP</b>
Epogen (epoetin alfa)	Third Tier or <b>SP</b>
Fentanyl Citrate transmucosal	Third Tier
Fentora (fentanyl)	Third Tier
Focalin (dexmethylphenidate)	Third Tier, Generic = First Tier
Focalin XR (dexmethylphenidate extended-release)	Third Tier
Forteo (teriparatide)	Third Tier or <b>SP</b>
Hepsera (adefovir)	Second Tier
Humira (adalimumab)	Third Tier or <b>SP</b>
Intron A (interferon alfa-2b)	Third Tier of <b>SP</b>
Kineret (anakinra)	Third Tier or <b>SP</b>
Letairis (ambrisentan)	Third Tier or <b>SP</b>
Leukine (sargramostim)	Third Tier
Levitra (vardenafil)	Third Tier

<u>Brand Name (generic name)</u>	<u>Drug List Status</u>
Metadate CD (methylphenidate extended release)	Third Tier
Metadate ER 10 mg (methylphenidate extended-release)	Third Tier, Generic = First Tier
Methylin chew tabs, oral soln (methylphenidate)	Third Tier
Muse (alprostadil)	Third Tier
Neulasta (pegfilgrastim)	Third Tier or <b>SP</b>
Neumega (oprelvekin)	Third Tier or <b>SP</b>
Neupogen (filgrastim)	Third Tier or <b>SP</b>
Oxandrin (oxandrolone)	Third Tier, Generic = First Tier
OxyContin (oxycodone extended-release)	Third Tier
Peg-Intron (peginterferon alfa-2b)	Third Tier or <b>SP</b>
Pegasys (peginterferon alfa-2a)	Third Tier or <b>SP</b>
Plenaxis (abarelix)	Third Tier
Prevacid (lansoprazole delayed-release)	Third Tier
Prevacid Solutab (lansoprazole delayed-release)	Third Tier
Prilosec (omeprazole delayed-release)	Third Tier, Generic = First Tier
Procrit (epoetin alfa)	Third Tier or <b>SP</b>
Provigil (modafinil)	Third Tier
Raptiva (efalizumab)	Third Tier or <b>SP</b>
Rebetol caps (ribavirin)	Third Tier, Generic = First Tier or <b>SP</b>
Revatio (sildenafil)	Third Tier or <b>SP</b>
Ritalin (methylphenidate)	Third Tier, Generic = First Tier
Roferon-A (interferon alfa-2a)	Third Tier or <b>SP</b>
Strattera (atomoxetine)	Third Tier
Tracleer (bosentan)	Second Tier or <b>SP</b>
Viagra (sildenafil)	Second Tier
Xolair (omalizumab)	Third Tier or <b>SP</b>
Yocon (yohimbine)	Third Tier, Generic = First Tier
Zegerid (omeprazole/sodium bicarbonate)	Third Tier
Zyvox (linezolid)	Second Tier

## DISPENSING LIMITS

Dispensing Limits identify gender or age restrictions, and/or the maximum quantity that can be dispensed over a specific period of time. Limits are in place to encourage appropriate drug utilization, enhance member outcomes, and reduce drug benefit costs. Limits are typically developed based upon FDA-approved drug labeling.

The following brand drugs, and generic versions shown in bold type if available, have dispensing limits as of April 1, 2008.

This list is subject to change.

BRAND (generic name)	DOSAGE FORM/STRENGTH	DISPENSING LIMITS per 30-day supply
Actiq (fentanyl citrate)	transmucosal, all strengths	120 units
Advair Diskus (fluticasone/salmeterol)	inhalers, 100/50, 250/50, 500/50 mcg	60 powder disks (1 inhaler)
Advair HFA (fluticasone/salmeterol)	inhalers, 45/21, 115/21, 230/21 mcg	24 g (2 inhalers)
Aerobid, Aerobid M (flunisolide)	inhaler	21 g (3 inhalers)
<b>albuterol</b>	inhaler	34 g (2 inhalers)
Alora (estradiol)	patch	8 patches
Alupent (metaproterenol)	inhaler	28 g (2 inhalers)
Amerge (naratriptan)	tablets, 1 mg, 2.5 mg	18 tablets
Anzemet (dolesetron)	tablets, 50 mg, 100 mg	10 tablets
Astelin (azelastine)	nasal solution	60 mL (2 bottles)
Atrovent ( <b>ipratropium</b> )	nasal solution, 0.03%	30 mL (1 bottle)
Atrovent ( <b>ipratropium</b> )	nasal solution, 0.06%	30 mL (2 bottles)
Atrovent HFA (ipratropium)	inhaler	25.8 g (2 inhalers)
Avonex (interferon beta-1a)	vial or syringe	1 pkg (4 doses)
Axert (almotriptan)	tablets, 6.25 mg, 12.5 mg	12 tablets
Azmacort (triamcinolone acetonide)	inhaler	40 g (2 inhalers)
Bactroban Nasal (mupirocin)	ointment, 2%	10 – 1 g single use tubes
Beconase AQ (beclomethasone dipropionate)	nasal suspension	50 g (2 bottles)
Betaseron (interferon beta-1b)	vial	1 pkg (15 vials)
Caverject (alprostadil)	injection, all strengths	8 vials
Cialis (tadalafil)	tablets, all strengths	8 tablets
Climara ( <b>estradiol</b> )	patch	8 patches
Combivent (ipratropium/albuterol)	inhaler	29.4 g (2 inhalers)
Copaxone (glatiramer acetate)	syringe	1 pkg (30 syringes)
Duoneb ( <b>ipratropium/albuterol sulfate</b> )	nebulization solution	540 mL (3 - pkg of 60)
Duragesic ( <b>fentanyl</b> )	patch	15 patches
Edex (alprostadil)	injection, all strengths	8 cartridges
Emend (aprepitant)	capsules, 80 mg, 125 mg	6 capsules
Emend Therapy Pack (aprepitant)	capsules, 2 – 80 mg + 1 – 125 mg	6 capsules (2 Therapy Packs)
Esclim (estradiol)	patch	8 patches
Estraderm (estradiol)	patch	8 patches
Flonase ( <b>fluticasone</b> )	nasal solution	16 g (1 bottle)
Flovent HFA (fluticasone)	inhaler, 44 mcg	53 g (5 inhalers)
Flovent HFA (fluticasone)	inhaler, 110 mcg	24 g (2 inhalers)
Flovent HFA (fluticasone)	inhaler, 220 mcg	12 g (1 inhaler)
<b>flunisolide</b>	nasal solution, 0.025%	75 mL (3 bottles)
Foradil Aerolizer (fomoterol)	inhaler	1 pkg (60 caps)
Frova (frovatriptan)	tablets, 2.5 mg	12 tablets

Golytely (PEG-electrolytes) . . . . .	powder for solution . . . . .	4000 mL (1 bottle)
Imitrex (sumatriptan) . . . . .	tablets, 25, 50, 100 mg . . . . .	18 tablets
Imitrex (sumatriptan) . . . . .	nasal solution, 5 mg, 20 mg . . . . .	6 units (1 box)
Imitrex (sumatriptan) . . . . .	syringe, vial, 6 mg/0.5 mL . . . . .	4 mL (8 injections)
Intal (cromolyn) . . . . .	inhaler . . . . .	28.4 g (2 inhalers)
Kadian (morphine sulfate extended-release) . . . . .	capsules . . . . .	120 capsules
Kytril ( <b>granisetron</b> ) . . . . .	oral soln, 2 mg/10 mL . . . . .	60 mL
Kytril ( <b>granisetron</b> ) . . . . .	tablets, 1 mg . . . . .	12 tablets
Levitra (vardenafil) . . . . .	tablets, all strengths . . . . .	8 tablets
Lovenox (enoxaparin) . . . . .	syringe, all strengths . . . . .	12 syringes
Maxair Autohaler (pirbuterol) . . . . .	inhaler . . . . .	14 g (1 inhaler)
Maxalt, Maxalt-MLT (rizatriptan) . . . . .	tablets, 5 mg, 10 mg . . . . .	12 tablets
Muse (alprostadil) . . . . .	suppository, all strengths . . . . .	8 suppositories
Nasacort AQ (triamcinolone acetonide) . . . . .	nasal suspension . . . . .	33 g (2 bottles)
Nasarel ( <b>flunisolide</b> ) . . . . .	nasal solution . . . . .	50 mL (2 bottles)
Nasonex (mometasone) . . . . .	nasal suspension . . . . .	17 g (1 bottle)
Ondansetron . . . . .	tablets, 24 mg . . . . .	18 tablets
Ortho Evra (norelgestromin/ethinyl estradiol) . . . . .	patch . . . . .	8 patches
OxyContin (oxycodone extended-release) . . . . .	tablets, all strengths . . . . .	90 tablets
ProAir HFA (albuterol sulfate) . . . . .	inhaler . . . . .	34 g (2 inhalers)
Proventil HFA (albuterol sulfate) . . . . .	inhaler, 6.7 g . . . . .	13.4 g (2 inhalers)
Pulmicort Flexhaler (budesonide) . . . . .	inhaler . . . . .	2 inhalers
Qvar (beclomethasone dipropionate) . . . . .	inhaler, 7.3 g . . . . .	14.6 g (2 inhalers)
Rebif (interferon beta-1A) . . . . .	syringe, 22 mcg, 44 mcg . . . . .	12 syringes
Relpax (eletriptan) . . . . .	tablets, 20 mg, 40 mg . . . . .	12 tablets
Rhinocort Aqua (budesonide) . . . . .	nasal suspension . . . . .	18 g (2 bottles)
Serevent Diskus (salmeterol) . . . . .	inhaler . . . . .	60 blisters (1 inhaler)
Spiriva Handihaler (tiotropium) . . . . .	inhaler . . . . .	60 capsules (2 boxes)
Tilade (nedocromil) . . . . .	inhaler . . . . .	32.4 g (2 inhalers)
Ventolin HFA (albuterol sulfate) . . . . .	inhaler, 18 g . . . . .	36 g (2 inhalers)
Viagra (sildenafil) . . . . .	tablets, all strengths . . . . .	8 tablets
Xopenex HFA (levalbuterol) . . . . .	inhaler, 15 g . . . . .	30 g (2 inhalers)
Zofran ( <b>ondansetron</b> ) . . . . .	oral solution . . . . .	100 mL (2 bottles)
Zofran ( <b>ondansetron</b> ) . . . . .	tablets, 4 mg, 8 mg . . . . .	18 tablets
Zofran ODT ( <b>ondansetron</b> ) . . . . .	tablets, 4 mg, 8 mg . . . . .	18 tablets
Zomig (zolmitriptan) . . . . .	nasal solution . . . . .	12 units (2 boxes)
Zomig, Zomig ZMT (zolmitriptan) . . . . .	tablets, 2.5 mg, 5 mg . . . . .	12 tablets

## STEP THERAPY

The step therapy program helps ensure member safety while managing the cost of specific medications. Step therapy typically targets high-cost drugs and drug classes of drugs which should have careful assessment of patient selection or prior treatment before providing the drug. Drugs included in this program require that a prerequisite drug be tried before the step therapy drug will be approved for coverage. If the member meets the initial step therapy criteria, then the requested medication will be covered automatically under the member's current prescription benefit. Drugs and drug groups subject to step therapy as of April 1, 2008: Celebrex, proton-pump inhibitors and drugs used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy.

## SPECIALTY PHARMACY PROGRAM

Effective April 1, 2008, some Blue Cross and Blue Shield of Oklahoma members will have the Specialty Pharmacy Program included in the pharmacy benefit. If the Specialty Drug Program is included as part of your pharmacy benefit, specialty medications can be obtained from one of the specialty pharmacy providers noted below. If you choose to use another specialty provider, other than those listed, you may be required to pay your copay PLUS a 20% out of network sanction. Please call Customer Service at the number listed on the back of your member ID card if you have any questions about this program.

Specialty drugs are used in the treatment of medical conditions such as hepatitis, hemophilia, multiple sclerosis, and rheumatoid arthritis. Specialty drugs are typically injectable and can be self-administered by the patient.

To provide easy access to specialty drugs, Blue Cross and Blue Shield of Oklahoma added pharmacies that provide specialty drugs to their network of contracted pharmacies. Specialty pharmacies include Coram, MedMark, Pharmacy Solutions, and Walgreens Specialty. Most specialty drugs are provided through Walgreens Specialty. Drugs provided through Coram, MedMark, and Pharmacy Solutions are noted.

Advantages of specialty pharmacies providing these medications include:

- Overnight access to self-administered injectable drugs not readily available at local pharmacies
- Patient education and clinical support
- Refill coordination

## ORDERING

The ordering process is simple.

- Have your doctor call in or fax your prescription to Coram (Hemophilia products), MedMark (Synagis), Pharmacy Solutions (Lupron Depot), or Walgreens (all other products) at the number noted.
- Your doctor can request fax forms by calling:
  - Coram (800) 388-2273
  - MedMark (888) 347-3416
  - Pharmacy Solutions (800) 859-0220
  - Walgreens Specialty (888) 782-8443
- The specialty pharmacy will contact you to arrange delivery.

They can ship the prescription directly to you or your prescribing doctor's office. Each package is individually marked for each member. Refrigerated drugs are shipped in temperature controlled packaging.

## SPECIALTY DRUG LIST

ARTHRITIS & SKIN		
AMEVIVE	KINERET	REMICADE
ENBREL	ORENCIA	
HUMIRA	RAPTIVA	
BLOOD MODIFIERS		
ARANESP	LEUKINE	NEUPOGEN
EPOGEN	NEULASTA	PROCRIT
CANCER – ORAL		
GLEEVEC	SPRYCEL	THALOMID
HEXALEN	SUTENT	TYKERB
LYSODREN	TARCEVA	VESANOID
MATULANE	TARGRETIN	XELODA
NEXAVAR	TASIGNA	ZOLINZA
REVLIMID	TEMODAR	
CYSTIC FIBROSIS		
PULMOZYME	TOBI	
ENZYME DEFICIENCIES		
ALDURAZYME	FABRAZYME	NAGLAZYME
CEREZYME	KUVAN	ZAVESCA
ELAPRASE	MYOZYME	
GROWTH HORMONE		
GENOTROPIN	NUTROPIN	SEROSTIM
HUMATROPE	NUTROPIN AQ	TEV-TROPIN
INCRELEX	OMNITROPE	ZORBTIVE
NORDITROPIN	SAIZEN	
HEMOPHILIA *		
ADVATE	HELIXATE FS	MONONINE
ALPHANATE	HEMOFIL M	NOVOSEVEN
ALPHANINE SD	HUMATE-P	PROFILNINE SD
BEBULIN VH	KOATE-DVI	PROPLEX T
BENEFIX	KOGENATE FS	RECOMBINATE
FEIBA VH	MONARC-M	REFACTO
GENARC	MONOCLATE-P	THROMBATE III

\* Provided through Coram

\*\* Provided through MedMark

\*\*\* Provided through Pharmacy Solutions

HEPATITIS C		
ALFERON N	PEGASYS	RIBASPHERE
COPEGUS	PEG-INTRON	ROFERON-A
INFERGEN	REBETOL	
INTRON A	RIBAVIRIN	
HIV & IMMUNOSUPPRESSANTS		
FUZEON		
INFERTILITY		
BRAVELLE	FOLLISTIM AQ	NOVAREL
CETROTIDE	GANIRELIX ACETATE	OVIDREL
CHORIONIC GONADOTROPIN	GONAL-F	PREGNYL
	LUVERIS	REPRONEX
FERTINEX	MENOPUR	
LUNG DISORDERS		
ACTIMMUNE	SYNAGIS**	XOLAIR
MULTIPLE SCLEROSIS		
AVONEX	COPAXONE	TYSABRI
BETASERON	REBIF	
PULMONARY HYPERTENSION		
FLOLAN	REMODULIN	TRACLEER
LETAIRIS	REVATIO	VENTAVIS
OTHERS		
APOKYN	LUPRON DEPOT***	SOMATULINE DEPOT
ELIGARD	MACUGEN	SOMAVERT
EXJADE	NEUMEGA	VISUDYNE
FORTEO	OCTREOTIDE	VIVITROL
LEUPROLIDE ACETATE	SANDOSTATIN	XYREM
	SANDOSTATIN LAR DEPOT	
LUCENTIS		
LUPRON	SOLIRIS	

# Alphabetical Drug List

ABILIFY (3)

ACCOLATE (3)

**acebutolol** (Sectral)

ACEON (3)

**acetaminophen/codeine** (Tylenol w/Codeine)

**acetaminophen/isometheptene/dichloralphenazone** (Midrin)

**acetazolamide**

**acetic acid ear soln**

**acetylcysteine**

ACID JELLY (2)

ACIPHEX (2)

ACTIVELLA (2)

ACTONEL (2)

ACTOPLUS MET (2)

ACTOS (2)

ACULAR (2)

ACULAR LS (2)

ACULAR PF (2)

**acyclovir** (Zovirax)

ADDERALL XR (2)

ADVAIR DISKUS – **DL** (2)

ADVAIR HFA – **DL** (2)

ADVICOR (3)

AGGRENOX (3)

**albuterol inhaler – DL**

**albuterol sulfate neb soln**

**albuterol sulfate syrup, tabs**

ALDARA (2)

**alendronate tabs** (Fosamax)

ALKERAN (2)

ALLEGRA-D (2)

**allopurinol**

ALPHAGAN P (2)

**alprazolam** (Xanax)

ALTABAX (3)

ALTACE caps (2)

ALTOPREV (3)

**aluminum chloride soln** (Drysol)

**amantadine caps, syrup**

AMBIEN CR (3)

## KEY

**Generic drug: generic name** Tier 1 (Reference Brand – Tier 3)  
**BRAND drug: BRAND NAME** – Tier 2 or 3 or **SP** as noted

AMILORIDE (2)

**amiloride/hydrochlorothiazide**

**amino acid/urea crm** (Amino-Cerv)

**amiodarone**

AMITIZA (3) – PA

**amitriptyline**

**amlodipine** (Norvasc)

**amlodipine/benazepril** (Lotrel)

**amoxicillin**

**amoxicillin/potassium clavulanate** (Augmentin)

AMOXIL drops (2)

**amphetamine/dextroamphetamine mixed salts** (Adderall) – PA

**ampicillin caps**

AMPICILLIN susp (2)

**anagrelide** (Agrylin)

ANALPRAM-HC (3)

ANDROGEL (2)

ANDROXY (2)

ANTABUSE (2)

ANTARA (3)

**anthralin** (Dritho-Crème HP)

APTIVUS (2)

ARICEPT (2)

ARICEPT ODT (2)

ARIMIDEX (2)

ARMOUR THYROID (3)

AROMASIN (2)

ARTHROTEC (3)

ASACOL (2)

ASMANEX (3)

**aspirin/codeine**

ASTELIN – DL (2)

ATACAND (3)

ATACAND HCT (3)

**atenolol** (Tenormin)

**atenolol/chlorthalidone** (Tenoretic)

ATRIPLA (2)

**atropine sulfate oint, soln** (Isopto Atropine)

ATROVENT HFA – DL (2)

AUGMENTIN XR (3)

AVALIDE (3)

AVANDAMET (2)

AVANDARYL (3)

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**KEY**

**Generic drug: generic name** Tier 1 (Reference Brand – Tier 3)  
**BRAND drug: BRAND NAME** – Tier 2 or 3 or **SP** as noted

AVANDIA (2)  
 AVAPRO (3)  
 AVELOX (3)  
 AVINZA (3)  
 AVODART (2)  
 AVONEX – **DL** (3 or **SP**)  
 AXERT – **DL** (3)  
**azathioprine** (Imuran)  
**azithromycin** (Zithromax)  
 AZMACORT – **DL** (3)  
 AZOPT (2)  
 AZOR (3)  
**bacitracin/polymyxin B eye oint** (Polysporin)  
**baclofen**  
 BACTROBAN nasal – **DL** (3)  
 BARACLUDE (2)  
 BECONASE AQ – **DL** (3)  
**benazepril** (Lotensin)  
**benazepril/hydrochlorothiazide** (Lotensin HCT)  
 BENICAR (2)  
 BENICAR HCT (2)  
 BENZACLIN (3)  
**benzocaine/antipyrine**  
**benztropine**  
**betamethasone dipropionate**  
**betamethasone dipropionate, augmented** (Diprolene)  
**betamethasone valerate**  
 BETASERON – **DL** (3 or **SP**)  
 BETAXOLOL soln, 0.5% (2)  
 BETOPTIC-S (2)  
 BIAXIN XL (3)  
 BILTRICIDE (2)  
**bisoprolol** (Zebeta)  
**bisoprolol/hydrochlorothiazide** (Ziac)  
 BLOOD GLUCOSE TEST STRIPS; FREESTYLE, FREESTYLE LITE, PRECISION QID, PRECISION XTRA (2)  
 BLOOD GLUCOSE TEST STRIPS; ONE TOUCH FASTTAKE, II BASIC PROFILE, SURESTEP, ULTRA (2)  
 BONIVA (3)  
 BREATHERITE (2)  
**brimonidine soln, 0.2%**  
**bromocriptine** (Parlodel)  
**brompheniramine/pseudoephedrine ext-release caps, 6/60, 12/120**  
**bumetanide** (Bumex)  
**bupropion** (Wellbutrin)

**KEY** | **Generic drug: generic name** Tier 1 (Reference Brand – Tier 3)  
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**bupropion ext-release** (Wellbutrin SR)  
**bupropion ext-release** (Zyban)  
**bupropion ext-release 300 mg** (Wellbutrin XL)  
**buspirone** (Buspar)  
**butalbital/acetaminophen/caffeine caps, 50/325/40** (Esgic)  
**butalbital/acetaminophen/caffeine tabs, 50/325/40** (Fioricet)  
**butalbital/acetaminophen/caffeine tabs, 50/500/40** (Esgic Plus)  
**butalbital/acetaminophen tabs, 50/325** (Phrenilin)  
**butalbital/acetaminophen tabs, 50/650** (Sedapap)  
**butalbital/aspirin/caffeine/codeine caps** (Fiorinal w/Codeine)  
**butalbital/aspirin/caffeine caps, 50/325/40** (Fiorinal)  
**butalbital/aspirin/caffeine tabs, 50/325/40**  
 BYETTA (3)  
**cabergoline**  
 CADUET (3)  
**calcitonin-salmon nasal – Fortical**  
**calcitriol** (Rocaltrol)  
 CANASA (2)  
**captopril** (Capoten)  
**captopril/hydrochlorothiazide** (Capozide)  
 CARAC (2)  
 CARAFATE susp (2)  
**carbamazepine** (Tegretol)  
 CARBATROL (3)  
**carbidopa/levodopa** (Sinemet)  
**carbidopa/levodopa ext-release** (Sinemet CR)  
 CARDIZEM LA (3)  
**carteolol soln**  
**carvedilol** (Coreg)  
 CASODEX (2)  
 CATAPRES-TTS (2)  
 CEENU (2)  
**cefadroxil** (Duricef)  
**cefdinir** (Omnicef)  
**cefuroxime susp, tabs** (Ceftin)  
 CELEBREX – PA (2)  
 CELLCEPT (2)  
 CELONTIN (2)  
 CENESTIN (2)  
**cephalexin** (Keflex)  
 CHANTIX (2) – Member benefits determine coverage  
 CHEMET (2)  
 CHLORAL HYDRATE supp (2)

**KEY** | **Generic drug: generic name** Tier 1 (Reference Brand – Tier 3)  
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**chloral hydrate syrup**

**chlorhexidine oral rinse** (Peridex)

**chloroquine phosphate** (Aralen)

**chlorothiazide**

**chlorpheniramine/pseudoephedrine/codeine soln, 2/30/10 per 5 mL**

**chlorpromazine**

**chlorthalidone 25 mg, 50 mg**

**chlorzoxazone**

**cholestyramine** (Questran, Questran Light)

**CIALIS – DL, PA** (3)

**ciclopirox crm, lotn** (Loprox)

**cilostazol** (Pletal)

**CILOXAN** oint (2)

**cimetidine**

**CIPRODEX** (2)

**ciprofloxacin soln** (Ciloxan)

**ciprofloxacin tabs** (Cipro)

**CIPRO HC** (2)

**citalopram** (Celexa)

**CLARINEX** (3)

**CLARINEX** syrup (3)

**CLARINEX-D** (3)

**CLIMARA PRO** (3)

**clindamycin** (Cleocin)

**clindamycin** (Cleocin T)

**clindamycin vaginal crm** (Cleocin)

**CLINDESSE** (3)

**clobetasol** (Temovate)

**CLOBEX** (3)

**clomiphene** (Clomid)

**clomipramine** (Anafranil)

**clonazepam** (Klonopin)

**clonidine** (Catapres)

**clozapine 25 mg, 50 mg, 100 mg** (Clozaril)

**CODEINE SULFATE** 15 mg (2)

**codeine sulfate 30 mg, 60 mg**

**codeine/guaifenesin soln, 10/100 per 5 mL**

**codeine/guaifenesin tabs, 10/300** (Brontex)

**colchicine**

**COMBIPATCH** (3)

**COMBIVENT – DL** (2)

**COMBIVIR** (2)

**COMTAN** (2)

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**KEY**

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CONCERTA (2)  
 CONDYLOX (3)  
 COPAXONE – **DL** (3 OR **SP**)  
 COREG CR (3)  
 CORTIFOAM (2)  
**cortisone acetate**  
 COZAAR (3)  
 CREON (2)  
 CRESTOR (2)  
 CRINONE 8% (2)  
 CRIXIVAN (2)  
**cromolyn sodium neb soln** (Intal)  
**cromolyn sodium soln** (Crolom)  
 CUPRIMINE (2)  
**cyclobenzaprine** (Flexeril)  
**cyclopentolate soln** (Cyclogyl)  
**cyclophosphamide tabs** (Cytosan)  
**cyclosporine** (Sandimmune)  
**cyclosporine modified caps, 25 mg, 100 mg; soln** (Neoral)  
 CYMBALTA (3)  
**cyproheptadine**  
 CYSTAGON (2)  
 CYTOMEL (2)  
**danazol**  
**dantrolene** (Dantrium)  
 DAPSONE (2)  
 DAYTRANA – **PA** (3)  
**demeclocycline** (Declomycin)  
 DENAVIR – **PA** (3)  
 DEPAKOTE (2)  
 DEPAKOTE ER (2)  
**desipramine** (Norpramin)  
**desmopressin nasal** (DDAVP)  
**desmopressin tabs** (DDAVP)  
**desogestrel/ethinyl estradiol** (Cyclessa)  
**desogestrel/ethinyl estradiol** (Mircette)  
**desogestrel/ethinyl estradiol** (Ortho-Cept)  
**desonide** (Desowen)  
**desoximetasone** (Topicort)  
 DETROL (2)  
 DETROL LA (2)  
**dexamethasone sodium phosphate eye soln**  
 DEXAMETHASONE soln, 0.5 mg/mL; tabs, 0.5 mg (2)

**KEY**

**Generic drug: generic name** Tier 1 (Reference Brand – Tier 3)  
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**dexamethasone tabs, 1.5 mg, 4 mg, 6 mg**

DEXCHLORPHENIRAMINE MALEATE syrup (2)

**dextroamphetamine – PA**

**dextroamphetamine ext-release** (Dexedrine Spansule) – PA

DIASTAT (2)

**diazepam** (Valium)

DIAZEPAM oral soln, 1 mg/mL (2)

DIBENZYLIN (2)

**diclofenac sodium delayed-release** (Voltaren)

DICLOFENAC SODIUM delayed-release 25 mg (2)

**diclofenac sodium ext-release** (Voltaren XR)

**diclofenac soln** (Voltaren)

**dicloxacillin**

**dicyclomine** (Bentyl)

**didanosine delayed-release** (Videx EC)

DIFFERIN (2)

**diflorasone**

DIGOXIN soln (2)

**digoxin tabs** (Lanoxin)

DILANTIN 30 mg (2)

DILANTIN INFATABS (2)

DILAUDID-5 (2)

**diltiazem** (Cardizem)

**diltiazem ext-release** (Cardizem CD)

**diltiazem ext-release** (Dilacor XR)

**diltiazem ext-release** (Tiazac)

DIOVAN (2)

DIOVAN HCT (2)

DIPENTUM (2)

**disopyramide** (Norpace)

**disopyramide ext-release 150 mg** (Norpace CR)

DIVIGEL (2)

DORYX (3)

DOVONEX (2)

**doxazosin** (Cardura)

**doxepin caps, oral soln**

**doxepin crm** (Zonalon)

**doxycycline hyclate**

DROXIA (2)

DUAC CS (3)

DUETACT (2)

DYNACIRC-CR (3)

**econazole**

**KEY** | **Generic drug: generic name** Tier 1 (Reference Brand – Tier 3)  
BRAND drug: BRAND NAME – Tier 2 or 3 or **SP** as noted

EFFEXOR XR (2)  
ELESTAT (3)  
ELIDEL (2)  
ELMIRON (3)  
EMCYT (2)  
EMEND caps – **DL** (2)  
EMTRIVA (2)  
ENABLEX (3)

**enalapril** (Vasotec)

**enalapril/hydrochlorothiazide** (Vaseretic)

ENBREL – **PA** (3 or **SP**)

ENJUVIA (2)

ENTOCORT EC (2)

EPIPEN (3)

EPIVIR (2)

EPIVIR-HBV (2)

EPOGEN – **PA** (3 or **SP**)

EPZICOM (2)

**ergocalciferol** (Drisdol)

ERY-TAB (2)

**erythromycin** (Erygel)

**erythromycin/benzoyl peroxide** (Benzamycin)

**erythromycin eye oint**

**erythromycin/sulfisoxazole** (Pediazole)

**erythromycin ethylsuccinate**

ERYTHROMYCIN FILMTABS (2)

**erythromycin pads, soln, 2%**

**erythromycin stearate**

**estazolam** (Prosom)

ESTRACE crm (2)

ESTRADERM – **DL** (2)

**estradiol patches** (Climara) – **DL**

**estradiol tabs** (Estrace)

ESTRASORB (3)

ESTROGEL (3)

**estropipate** (Ogen)

**ethambutol** (Myambutol)

**ethosuximide** (Zarontin)

**ethynodiol/ethinyl estradiol** (Demulen)

**etodolac**

**etoposide caps** (Vepesid)

EVISTA (2)

EVOCLIN (3)

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**KEY**

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EVOXAC (2)  
 EXELON caps, soln (2)  
 EXELON patches (2)  
 EXFORGE (3)  
 FACTIVE (3)  
**famciclovir** (Famvir)  
**famotidine** (Pepcid)  
 FARESTON (2)  
**felodipine ext-release** (Plendil)  
 FEMARA (2)  
 FEMCON FE (3)  
 FEMHRT (3)  
 FEMRING (3)  
**fentanyl patches** (Duragesic) – **DL**  
**fexofenadine** (Allegra)  
 FINACEA (2)  
**finasteride** (Proscar)  
**flecainide** (Tambocor)  
 FLOMAX (2)  
 FLOVENT HFA – **DL** (2)  
**fluconazole** (Diflucan)  
**fludrocortisone**  
**flunisolide** (Nasarel) – **DL**  
**flunisolide 25 mcg/spray** – **DL**  
**fluocinolone crm, 0.01%**  
**fluocinonide** (Lidex)  
**fluorometholone susp** (FML)  
 FLUOROPLEX (2)  
**fluorouracil** (Efudex)  
**fluoxetine** (Prozac)  
**fluphenazine hcl**  
**flurbiprofen soln** (Ocufen)  
**flutamide**  
**fluticasone** (Flonase) – **DL**  
 FOCALIN – **PA** (3)  
 FOCALIN XR – **PA** (3)  
**folic acid tabs, 1 mg**  
 FORADIL AEROLIZER – **DL** (2)  
 FORTAMET (3)  
 FORTEO – **PA** (3 or **SP**)  
 FOSAMAX (2)  
**fosinopril** (Monopril)  
**fosinopril/hydrochlorothiazide** (Monopril HCT)

**KEY** | **Generic drug: generic name** Tier 1 (Reference Brand – Tier 3)  
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FREESTYLE LITE TEST STRIPS (2)

FREESTYLE TEST STRIPS (2)

FROVA – **DL** (3)

**furosemide soln, 10 mg/mL; tabs** (Lasix)

**gabapentin caps, tabs** (Neurontin)

GABITRIL (2)

GANCICLOVIR (2)

**gemfibrozil** (Lopid)

**gentamicin eye oint, soln**

**gentamicin topical**

GEODON (2)

**glimepiride** (Amaryl)

**glipizide** (Glucotrol)

**glipizide ext-release** (Glucotrol XL)

GLUCAGON EMERGENCY KIT (3)

**glyburide** (Micronase)

**glyburide/metformin** (Glucoavance)

GRIFULVIN V tabs (2)

GRIS-PEG (2)

**griseofulvin microsize susp** (Grifulvin V)

**guanfacine** (Tenex)

GYNAZOLE-1 (3)

**haloperidol lactate oral soln**

**haloperidol tabs**

HECTOROL (2)

HEPSERA – **PA** (2)

**homatropine soln** (Isopto Homatropine)

HUMALOG (2)

HUMALOG MIX 50/50 (2)

HUMALOG MIX 75/25 (2)

HUMIRA – **PA** (3 or **SP**)

HUMULIN 50/50 (2)

HUMULIN 70/30 (2)

HUMULIN N (2)

HUMULIN R (2)

**hydralazine**

**hydrochlorothiazide caps** (Microzide)

**hydrochlorothiazide tabs, 25 mg, 50 mg**

**hydrocodone/acetaminophen caps, 5/500**

**hydrocodone/acetaminophen soln, 7.5/500 per 15 mL** (Lortab)

**hydrocodone/acetaminophen tabs, 10/750** (Maxidone)

**hydrocodone/acetaminophen tabs, 2.5/500, 5/500, 7.5/500, 10/500** (Lortab)

**hydrocodone/acetaminophen tabs, 5/325, 7.5/325, 10/325** (Norco)

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**KEY**

**Generic drug: generic name** Tier 1 (Reference Brand – Tier 3)  
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**hydrocodone/acetaminophen tabs, 5/500, 7.5/750, 10/660** (Vicodin, Vicodin ES, Vicodin HP)

**hydrocodone/acetaminophen tabs, 7.5/650, 10/650** (Lorcet, Lorcet Plus)

**hydrocortisone/acetic acid**

**hydrocortisone 2.5%** (Hytone)

**hydrocortisone acetate supp, 25 mg** (Anusol-HC)

**hydrocortisone** (Cortef)

**hydrocortisone crm, 2.5%** (Anusol-HC)

**hydrocortisone enema**

**hydrocortisone valerate** (Westcort)

**hydromorphone supp** (Dilaudid)

**hydromorphone tabs** (Dilaudid)

**hydroxychloroquine** (Plaquenil)

**hydroxyurea** (Hydrea)

**hydroxyzine hcl**

**hydroxyzine pamoate** (Vistaril)

**hyoscyamine** (Levsin)

**hyoscyamine ext-release caps** (Levsinex)

**hyoscyamine ext-release tabs** (Levbid)

HYZAAR (3)

**ibuprofen** (Motrin)

**imipramine hcl** (Tofranil)

IMITREX inj – **DL** (3)

IMITREX nasal – **DL** (2)

IMITREX tabs – **DL** (2)

**indapamide**

**indomethacin**

INFERGEN (3 or **SP**)

INNOPRAN XL (2)

INSULIN SYRINGES, BD (2)

INTAL INHALER – **DL** (2)

INTELENCE (2)

INTRON A (3 or **SP**) – **PA**

INVEGA (3)

INVIRASE (2)

**ipratropium nasal** (Atrovent) – **DL**

**ipratropium neb soln**

**ipratropium/albuterol sulfate** (Duoneb) – **DL**

IRESSA (2)

ISENTRESS (2)

ISONIAZID syrup (2)

**isoniazid tabs**

**isosorbide dinitrate** (Isordil)

**isosorbide mononitrate** (Monoket)

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**KEY**

**Generic drug: generic name** Tier 1 (Reference Brand – Tier 3)  
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**isosorbide mononitrate ext-release** (Imdur)

**isotretinoin caps** (Accutane)

**itraconazole caps** (Sporanox)

JANUMET (3)

JANUVIA (3)

KADIAN – **DL** (2)

KALETRA (2)

KEPPRA (2)

KETEK (3)

K-PHOS (2)

**ketoconazole** (Nizoral)

**ketoconazole crm**

**ketoconazole shampoo, 2%** (Nizoral)

**ketoprofen**

**labetalol** (Trandate)

**lactulose**

LAMICTAL tabs (2)

LAMISIL (3)

**lamotrigine chew tabs** (Lamictal)

LANCETS; BD, FREESTYLE, LIFESCAN (2)

LANTUS (2)

**leflunomide** (Arava)

LESCOL (3)

LESCOL XL (3)

**leucovorin calcium tabs, 5 mg, 25 mg**

LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg (2)

LEUKERAN (2)

LEUKINE – **PA** (3 or **SP**)

LEVAQUIN (2)

LEVEMIR (2)

LEVITRA – **DL, PA** (3)

**levobunolol soln** (Betagan)

**levonorgestrel/ethinyl estradiol** (Alesse)

**levonorgestrel/ethinyl estradiol** (Levlite)

**levonorgestrel/ethinyl estradiol** (Nordette)

**levonorgestrel/ethinyl estradiol** (Seasonale)

**levonorgestrel/ethinyl estradiol** (Triphasil)

**levothyroxine – includes Levoxyl** (Synthroid)

LEXAPRO (2)

LEXIVA (2)

LIALDA (2)

**lidocaine crm, 3%; lotn, 3%** (LidaMantle)

**lidocaine jelly, 2%; oint, 5%; soln, 4%** (Xylocaine)

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**KEY**

**Generic drug: generic name** Tier 1 (Reference Brand – Tier 3)  
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**lidocaine viscous** (Xylocaine)

**lidocaine/prilocaine crm** (Emla)

LIDODERM (3)

**lindane**

LIPITOR (3)

LIPRAM/PN/UL (2)

**lisinopril** (Prinivil)

**lisinopril/hydrochlorothiazide** (Prinzide)

**lithium carbonate caps, 150 mg, 300 mg**

**lithium carbonate ext-release 300 mg** (Lithobid)

**lithium carbonate ext-release 450 mg**

**lithium citrate**

LOESTRIN 24 FE (3)

LOPROX gel (2)

LOPROX shampoo (2)

**lorazepam** (Ativan)

LOTEMAX (2)

LOTREL 5/40, 10/40 (2)

**lovastatin** (Mevacor)

LOVAZA (3)

LOVENOX – DL (3)

**loxapine** (Loxitane)

LUMIGAN (3)

LUNESTA (3)

LYBREL (3)

LYRICA (3)

MALARONE (2)

MAXAIR AUTOHALER – DL (3)

MAXALT – DL (3)

MAXALT-MLT – DL (3)

**mebendazole**

**medroxyprogesterone acetate** (Provera)

**mefloquine** (Lariam)

**megestrol** (Megace)

**meloxicam** (Mobic)

MENEST (3)

MEPHYTON (2)

**mercaptopurine** (Purinethol)

**mesalamine enema** (Rowasa)

MESNEX tabs (2)

MESTINON syrup (2)

MESTINON TIMESPAN (2)

METADATE CD – PA (3)

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**KEY**

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METANX (3)  
 METAPROTERENOL tabs (2)  
**metformin** (Glucophage)  
**metformin ext-release** (Glucophage XR)  
**methadone conc, tabs**  
**methazolamide**  
 METHERGINE (2)  
**methimazole** (Tapazole)  
**methocarbamol** (Robaxin)  
**methotrexate tabs**  
**methyldopa**  
**methylphenidate** (Ritalin) – **PA**  
**methylphenidate ext-release** (Metadate ER, Ritalin SR) – **PA**  
**methylprednisolone** (Medrol)  
**metipranolol soln** (Optipranolol)  
**metoclopramide** (Reglan)  
**metolazone** (Zaroxolyn)  
**metoprolol succinate ext-release** (Toprol XL)  
**metoprolol tartrate** (Lopressor)  
 METROGEL 1% (3)  
**metronidazole** (MetroGel-Vaginal)  
**metronidazole** (Metrolotion)  
**metronidazole 0.75%** (Metrocream)  
**metronidazole gel, 0.75%**  
**metronidazole tabs** (Flagyl)  
 MEXILETINE (2)  
 MICARDIS (3)  
 MICARDIS HCT (3)  
**midodrine** (Proamatine)  
 MIGRANAL (2)  
**minocycline caps, tabs** (Minocin, Dynacin)  
**minoxidil**  
 MIRAPEX (2)  
**mirtazapine** (Remeron)  
**misoprostol** (Cytotec)  
**moexipril** (Univasc)  
**moexipril/hydrochlorothiazide** (Uniretic)  
**mometasone** (Elocon)  
**morphine sulfate ext-release** (MS Contin)  
 MORPHINE SULFATE soln 20 mg/5 mL; supp, 30 mg (2)  
**morphine sulfate soln, 20 mg/mL; tabs**  
**morphine sulfate supp, 5 mg, 10 mg, 20 mg**  
 MOVIPREP (3)

**KEY** | **Generic drug: generic name** Tier 1 (Reference Brand – Tier 3)  
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**mupirocin oint** (Bactroban)

MYCOBUTIN (2)

MYFORTIC (2)

MYLERAN (2)

**nabumetone**

**nadolol** (Corgard)

NAMENDA (3)

**naproxen** (Naprosyn)

**naproxen sodium** (Anaprox)

NARDIL (2)

NASACORT AQ – DL (2)

NASONEX – DL (2)

NATACYN (2)

**neomycin sulfate**

**neomycin/polymyxin B/bacitracin eye oint**

**neomycin/polymyxin B/bacitracin/hydrocortisone eye oint**

**neomycin/polymyxin B/dexamethasone oint, susp** (Maxitrol)

**neomycin/polymyxin B/gramicidin eye soln** (Neosporin)

**neomycin/polymyxin B/hydrocortisone ear soln, susp** (Cortisporin)

NEUMEGA – PA (3 or SP)

NEUPOGEN – PA (3 or SP)

NEURONTIN soln (2)

NEVANAC (3)

NEXIUM (2)

NIASPAN (2)

**nifedipine ext-release** (Adalat CC)

**nifedipine ext-release** (Procardia XL)

NILANDRON (2)

NITRO-BID oint (2)

**nitrofurantoin macrocrystals** (Macrochantin)

**nitrofurantoin monohydrate/macrocrystals** (Macrobid)

**nitroglycerin patches** (Nitro-Dur)

**nitroglycerin sublingual tabs** (Nitrostat)

NITROLINGUAL (3)

NOREL SR (3)

**norethindrone** (Nor-QD)

**norethindrone** (Ortho Micronor)

**norethindrone acetate/ethinyl estradiol/Fe** (Loestrin Fe)

**norethindrone/ethinyl estradiol** (Ovcon 35)

**norethindrone/ethinyl estradiol** (Tri-Norinyl)

**norethindrone/ethinyl estradiol** (Modicon)

**norethindrone/ethinyl estradiol** (Ortho-Novum 1/35)

**norethindrone/ethinyl estradiol** (Ortho-Novum 7/7/7)

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**norethindrone/mestranol** (Ortho-Novum 1/50)

**norethindrone acetate** (Aygestin)

**norethindrone acetate/ethinyl estradiol** (Loestrin)

**norgestimate/ethinyl estradiol** (Ortho-Cyclen)

**norgestimate/ethinyl estradiol** (Ortho Tri-Cyclen)

**norgestrel/ethinyl estradiol** (Lo/Ovral)

**nortriptyline** (Pamelor)

NORVIR (2)

NOVOLIN 70/30 (2)

NOVOLIN N (2)

NOVOLIN R (2)

NOVOLOG (2)

NOVOLOG MIX 70/30 (2)

NUVARING (2)

**nystatin susp**

**nystatin topical** (Mycostatin)

**nystatin/triamcinolone**

**ofloxacin ear soln** (Floxin Otic)

**ofloxacin soln** (Ocuflox)

OLUX (3)

**omeprazole delayed-release** (Prilosec) – **PA**

**ondansetron oral soln; tabs, 4 mg, 8 mg** (Zofran) – **DL**

**ondansetron orally disintegrating tabs** (Zofran ODT) – **DL**

ONE TOUCH FASTTAKE TEST STRIPS (2)

ONE TOUCH II/BASIC/PROFILE TEST STRIPS (2)

ONE TOUCH SURESTEP TEST STRIPS (2)

ONE TOUCH ULTRA TEST STRIPS (2)

OPANA ER (3)

OPTIVAR (2)

ORACEA (3)

ORAP (2)

ORAPRED ODT (3)

**orphenadrine citrate ext-release**

**orphenadrine/aspirin/caffeine 25/385/30**

ORTHO EVRA – **DL** (2)

ORTHO TRI-CYCLEN LO (2)

OSMOPREP (3)

OVCON (3)

**oxcarbazepine tabs** (Trileptal)

OXISTAT (3)

**oxybutynin** (Ditropan)

**oxycodone caps** (OxyIR)

**oxycodone conc, soln, tabs** (Roxicodone)

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**oxybutynin ext-release** (Ditropan XL)

**oxycodone/acetaminophen caps, 5/500** (Tylox)

**oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650** (Percocet)

**oxycodone/acetaminophen tabs, 10/500** (Alcet)

**oxycodone/aspirin tabs, 5/325** (Percodan)

OXYCONTIN – **DL** (3)

PANCREASE MT (2)

PANCRELIPASE tabs, 30-8-30 – various tradenames (2)

PANOKASE-16 (2)

**pantoprazole delayed-release tabs** (Protonix)

PARCOPA (2)

**paroxetine hcl** (Paxil)

PATADAY (3)

PATANOL (2)

PAXIL CR (3)

**pediatric multivitamins/fluoride**

**pediatric multivitamins/fluoride/iron**

**pediatric vitamins ADC/fluoride**

**pediatric vitamins ADC/fluoride/iron**

PEG-INTRON – **PA** (3 or **SP**)

**PEG – electrolytes for soln** (Colyte)

**PEG – electrolytes for soln** (Nulytely)

**penicillin v potassium**

PENTASA (2)

**pentoxifylline ext-release** (Trental)

**permethrin crm, 5%** (Elimite)

**perphenazine**

**phenobarbital**

PHENYTEK (2)

**phenytoin sodium extended** (Dilantin)

**phenytoin susp** (Dilantin)

PHOSLO (2)

**pilocarpine soln** (Isopto Carpine)

**pilocarpine tabs** (Salagen)

PINDOLOL (2)

**piroxicam** (Feldene)

PLAN B (2)

PLAVIX 75 mg (2)

**podofilox soln** (Condylox)

**polymyxin B/trimethoprim soln** (Polytrim)

**potassium bicarbonate/chloride effervescent tabs, 25 mEq** (K-Lyte/Cl)

**potassium chloride ext-release caps, 10 mEq** (Micro-K 10)

**potassium chloride ext-release tabs, 8 mEq**

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**potassium chloride ext-release tabs, 10 mEq** (K-Tabs)

**potassium chloride ext-release tabs, 10 mEq, 20 mEq** (K-Dur)

**potassium chloride packets, 20 mEq** (K-Lor)

**potassium chloride soln, 10%, 20%**

**potassium citrate/citric acid powder, soln** (Polycitra-K)

**potassium citrate ext-release** (Urocit-K)

**potassium phosphate/sodium phosphates** (K-Phos Neutral)

PRANDIN (2)

**pravastatin** (Pravachol)

**prazosin** (Minipress)

PRECISION QID TEST STRIPS (2)

PRECISION XTRA TEST STRIPS (2)

PRECOSE (2)

**prednisolone acetate susp** (Pred Forte)

PREDNISOLONE SODIUM PHOSPHATE soln, 1% (2)

**prednisolone sodium phosphate soln** (Orapred, PEDIAPRED)

**prednisolone syrup** (Prelone)

**prednisone**

PREDNISONE INTENSOL (2)

PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg (2)

PREMARIN crm (2)

PREMARIN tabs (2)

PREMPHASE (2)

PREMPRO (2)

**prenatal multivitamins/folic acid 1 mg**

PREVACID – PA (3)

PREVACID SOLUTAB – PA (3)

PREVPAC (2)

PREZISTA (2)

PRIMAQUINE PHOSPHATE (2)

**primidone** (Mysoline)

PROAIR HFA – DL (2)

**probenecid**

**probenecid/colchicine**

**procainamide caps, 250 mg** (Pronestyl)

**prochlorperazine supp**

**prochlorperazine tabs**

PROCRI – PA (3 or SP)

PROCTOFOAM HC (3)

PROGRAF (2)

**promethazine supp**

**promethazine syrup, tabs**

PROMETRIUM (2)

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PRONESTYL caps, 375 mg (2)  
 PRONESTYL SR (2)  
**propafenone** (Rythmol)  
 PROPANTHELINE BROMIDE 15 mg (2)  
**propoxyphene hcl/acetaminophen tabs, 65/650**  
**propoxyphene napsylate/acetaminophen 50/325, 100/650** (Darvocet-N)  
**propranolol ext-release** (Inderal LA)  
**propranolol/hydrochlorothiazide 40/25** (Inderide)  
 PROPRANOLOL soln (2)  
**propranolol tabs** (Inderal)  
**propylthiouracil**  
 PROTONIX granules, tabs (2)  
 PROTOPIC (2)  
 PROVENTIL HFA – **DL** (3)  
 PROVIGIL – **PA** (3)  
 PROZAC WEEKLY (3)  
 PULMICORT FLEXHALER – **DL** (2)  
 PULMICORT RESPULES (2)  
 PULMOZYME (2 or **SP**)  
**pyrazinamide**  
**pyridostigmine tabs** (Mestinon)  
**quinapril** (Accupril)  
**quinapril/hydrochlorothiazide** (Accuretic)  
**quinidine gluconate ext-release**  
**quinidine sulfate**  
 QVAR – **DL** (2)  
**ramipril caps** (Altace)  
 RANEXA (3)  
**ranitidine** (Zantac)  
 RAPAMUNE (2)  
 REBIF – **DL** (3 or **SP**)  
 REGRANEX (2)  
 RELPAX – **DL** (3)  
 RENAGEL (2)  
 REQUIP (2)  
 RESCRIPTOR (2)  
 RESTASIS (3)  
 RESTORIL 7.5 mg (2)  
 RETIN-A MICRO (3)  
 REYATAZ (2)  
 RHINOCORT AQUA – **DL** (3)  
**ribavirin caps** (Rebetol) – **PA** (1(3) or **SP**)  
**ribavirin tabs** (Copegus) – **PA** (1(3) or **SP**)

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**rifampin** (Rifadin)

RILUTEK (2)

RISPERDAL (2)

RISPERDAL M-TAB (2)

ROFERON-A (3 or **SP**) – **PA**

ROZEREM (3)

**salsalate**

SARAFEM (3)

SEASONIQUE (3)

**selegiline caps** (Eldepryl)

**selenium sulfide 2.5%** (Selsun)

SELZENTRY (2)

SENSIPAR (2)

SEREVENT DISKUS – **DL** (2)

SEROQUEL (2)

SEROQUEL XR (2)

**sertraline** (Zoloft)

**silver sulfadiazine** (Silvadene)

**simvastatin** (Zocor)

SINGULAIR (2)

SKELAXIN (3)

**sodium citrate/citric acid** (Bicitra)

**sodium fluoride**

**sodium fluoride dental crm, gel** (Prevident)

**sodium polystyrene sulfonate**

SOLARAZE (2)

SOLODYN (3)

SONATA (3)

SORIATANE CK Kit (2)

**sotalol** (Betapace)

**sotalol** (Betapace AF)

SPECTRACEF (3)

SPIRIVA HANDIHALER – **DL** (2)

**spironolactone** (Aldactone)

**spironolactone/hydrochlorothiazide 25/25** (Aldactazide)

STARLIX (3)

STRATTERA – **PA** (3)

STROMECTOL (2)

SUBOXONE (2)

SUBUTEX (2)

**sucalfate tabs** (Carafate)

SULAR (3)

**sulfacetamide sodium/prednisolone soln**

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**sulfacetamide sodium/sulfur crm, emulsion, susp** (Plexion)

**sulfacetamide sodium/sulfur lotn** (Sulfacet-R)

SULFACETAMIDE SODIUM oint (2)

**sulfacetamide sodium soln** (Bleph-10)

**sulfamethoxazole/trimethoprim** (Bactrim, Septra)

**sulfasalazine** (Azulfidine)

**sulindac** (Clinoril)

SUPRAX (3)

SUSTIVA (2)

SYMBICORT (2)

TABLOID (2)

TAMIFLU (3)

**tamoxifen**

TARKA (3)

TAZORAC (2)

TEGRETOL XR (2)

TEKURNA (3)

**temazepam** (Restoril)

**terazosin** (Hytrin)

**terbinafine tabs** (Lamisil)

**terbutaline** (Brethine)

TESLAC (2)

TESTIM (2)

**tetracycline**

TEVETEN HCT (3)

**theophylline ext-release tabs – 12 hr dosing – Theochron**

**thiothixene** (Navane)

TILADE – DL (2)

**timolol maleate gel-forming soln** (Timoptic-XE)

**timolol maleate soln** (Timoptic)

TIMOLOL tabs (2)

**tizanidine** (Zanaflex)

TOBI (3 or SP)

TOBRADEX (2)

**tobramycin soln** (Tobrex)

TOPAMAX (2)

**torsemide** (Demadex)

TRACLEER (2 or SP) – PA

**tramadol** (Ultram)

**trandolapril** (Mavik)

TRANSDERM-SCOP (3)

**tranylcypromine** (Parnate)

TRAVATAN (2)

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TRAVATAN Z (2)

**trazodone**

**tretinoin** (Retin-A)

**tretinoin caps** (Vesanoid)

TREXALL (2)

**triamcinolone** (Kenalog)

**triamcinolone dental paste**

TRIAMCINOLONE oint, 0.05% (2)

**triamterene/hydrochlorothiazide caps, 37.5/25** (Dyazide)

**triamterene/hydrochlorothiazide caps, 50/25**

**triamterene/hydrochlorothiazide tabs, 37.5/25** (Maxzide-25)

**triamterene/hydrochlorothiazide tabs, 75/50** (Maxzide)

**tricitrates soln** (Polycitra)

TRICOR (2)

**trifluoperazine**

**trifluridine soln** (Viroptic)

TRIGLIDE (3)

**trihexyphenidyl**

TRILEPTAL susp (2)

**trimethobenzamide caps** (Tigan)

**trimethoprim**

TRIZIVIR (2)

TRUSOPT (2)

TRUVADA (2)

TUSSIONEX (3)

ULTRAM ER (3)

ULTRASE/MT (2)

UROXATRAL (3)

URSO (2)

**ursodiol** (Actigall)

VAGIFEM (2)

VALCYTE (2)

**valproic acid** (Depakene)

VALTREX (2)

VAZOTAN (3)

**venlafaxine** (Effexor)

VENTOLIN HFA – **DL** (3)

**verapamil** (Calan)

**verapamil ext-release** (Calan SR)

**verapamil ext-release** (Verelan)

VESICARE (2)

VIAGRA – **DL, PA** (2)

VIDEX (2)

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VIDEX EC 125 mg (2)  
 VIGAMOX (2)  
 VIOKASE (2)  
 VIRACEPT (2)  
 VIRAMUNE (2)  
 VIREAD (2)  
 VIVELLE-DOT (2)  
 VYTORIN (2)  
 VYVANSE – **PA** (3)  
**warfarin** (Coumadin)  
 WELCHOL (2)  
 WELLBUTRIN XL 150 mg (2)  
 XALATAN (2)  
 XERAC AC (2)  
 XOPENEX (3)  
 XOPENEX HFA – **DL** (2)  
 XYZAL (3)  
 YASMIN (2)  
 YAZ (2)  
 ZEGERID – **PA** (3)  
 ZERIT (2)  
 ZETIA (2)  
 ZIAGEN (2)  
**zidovudine** (Retrovir)  
 ZITHROMAX packet, 1 g (2)  
 ZMAX (3)  
**zolpidem** (Ambien)  
 ZOMIG nasal – **DL** (2)  
 ZOMIG tabs – **DL** (2)  
 ZOMIG ZMT – **DL** (2)  
**zonisamide** (Zonegran)  
 ZOVIRAX topical (3)  
 ZYLET (2)  
 ZYMAR (3)  
 ZYPREXA (3)  
 ZYVOX (2) – **PA**

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