

2009

Effective January 1, 2009

Blue Cross and Blue Shield of Oklahoma Drug Formulary



**BlueCross BlueShield
of Oklahoma**

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

Drug List by Therapeutic Class

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 January 1, 2009. The Drug List is updated quarterly. Please visit 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

caps	capsules
chew tabs	chewable tablets
conc	concentrate
crm	cream
delayed-release	enteric-coated
DL	dispensing limits
drugs shown in red	Preferred Specialty Drug
ext-release	extended-release
inhal	inhalation
inj	injection
liq	liquid
lotn	lotion
ODT	orally disintegrating tabs
oint	ointment
OTC	over-the-counter
PA	Prior Authorization required
SL	sublingual
soln	solution
SP	Specialty Pharmacy Program
ST	Step Therapy required
supp	suppositories
susp	suspension
tabs	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:

Ronald C. White, D.Ph.
Director of Pharmacy Programs
1400 South Boston
Tulsa, OK 74119-3612

Phone: 918.551.3493
Fax: 918.551.3546
E-mail: ron_white@hcsc.net

INTRODUCTION

Blue Cross and Blue Shield of Oklahoma is pleased to present the 2009 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.

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: **simvastatin** (Zocor)

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.

COST INDEX

Dollar signs are based upon Average Wholesale Price (AWP) or Maximum Allowable Cost (MAC) and range from one (\$) to five (\$\$\$\$\$), ranking the drugs from least to most expensive. Within the same dollar sign, drugs are listed alphabetically. Dollar signs for maintenance drugs are typically based upon a 30 day supply at a commonly prescribed dosage. For drugs not usually taken 30 days per month, a more appropriate basis is used to determine dollar sign assignment.

\$	\$20.00 or less
\$\$	\$20.01 to \$40
\$\$\$	\$40.01 to \$80
\$\$\$\$	\$80.01 to \$160
\$\$\$\$\$	More than \$160

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.

Brand Name (generic name)	Drug List Status
Actiq (fentanyl)	Third Tier
Adderall (amphetamine/dextroamphetamine mixed salts)	Third Tier, Generic = First Tier
Adderall XR (amphetamine/dextroamphetamine mixed salts extended-release)	Third Tier
Amevive (alefacept)	Third Tier or SP
Amitiza (lubiprostone)	Third Tier
Aranesp (darbepoetin alfa)	Third Tier or SP
Caverject (alprostadil)	Third Tier
Cialis (tadalafil)	Third Tier
Copegus tabs (ribavirin)	Third Tier, Generic = First Tier or SP
Daytrana (methylphenidate)	Third Tier
Denavir (penciclovir)	Third Tier
Desoxyn (methamphetamine)	Third Tier
Dexedrine Spansule (dextroamphetamine extended-release)	Third Tier, Generic = First Tier
dextroamphetamine	Generic = First Tier
Edex (alprostadil)	Third Tier
Epogen (epoetin alfa)	Third Tier or SP
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 SP

Brand Name (generic name)	Drug List Status
Hepsera (adefovir)	Second Tier
Intron A (interferon alfa-2b)	Third Tier or SP
Kineret (anakinra)	Third Tier or SP
Letairis (ambrisentan)	Third Tier or SP
Leukine (sargramostim)	Third Tier
Levitra (vardenafil)	Third Tier
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 SP
Neumega (oprelvekin)	Third Tier or SP
Neupogen (filgrastim)	Third Tier or SP
Oxandrin (oxandrolone)	Third Tier, Generic = First Tier
OxyContin (oxycodone extended-release)	Third Tier, Generic = First Tier
Peg-Intron (peginterferon alfa-2b)	Third Tier or SP
Pegasys (peginterferon alfa-2a)	Third Tier or SP
Plenaxis (abarelix)	Third Tier
Procrit (epoetin alfa)	Third Tier or SP
Provigil (modafinil)	Third Tier
Raptiva (efalizumab)	Third Tier or SP
Rebetol caps (ribavirin)	Third Tier, Generic = First Tier or SP
Revatio (sildenafil)	Third Tier or SP
Ritalin (methylphenidate)	Third Tier, Generic = First Tier
Roferon-A (interferon alfa-2a)	Third Tier or SP
Strattera (atomoxetine)	Third Tier
Tracleer (bosentan)	Second Tier or SP
Viagra (sildenafil)	Second Tier
Xolair (omalizumab)	Third Tier or SP
Yocon (yohimbine)	Third Tier, Generic = First Tier
Zyvox (linezolid)	Second Tier

DISPENSING LIMITS (DL)

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. 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, 500/50mcg	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)
Alora (estradiol)	patch	.8 patches
Aloxi (palonosetron)	capsules	5 capsules
Amerge (naratriptan)	tablets, 1 mg, 2.5 mg	18 tablets
Anzemet (dolesetron)	tablets, 50 mg, 100 mg	10 tablets
Arcalyst (rilonacept)	injection	1 box (4 vials)
Astelin (azelastine)	nasal solution	.60 mL (2 bottles)
Atrovent (ipratropium)	nasal solution, 0.03%	.30 mL (1 bottle)
Atrovent (ipratropium)	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 (estradiol)	patch	.8 patches
Combivent (ipratropium/albuterol sulfate)	inhaler	29.4 g (2 inhalers)
Copaxone (glatiramer acetate)	injection	1 pkg (30 syringes)
Duoneb (ipratropium/albuterol sulfate)	nebulization solution	540 mL (3 - pkg of 60)
Duragesic (fentanyl)	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 (fluticasone)	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)
flunisolide	nasal solution, 0.025%	.75 mL (3 bottles)
Foradil Aerolizer (formoterol)	inhaler	1 pkg (60 caps)

Brand (Generic Name)	Dosage Form/Strength	Dispensing Limits Per 30-Day Supply
Frova (frovatriptan)	tablets, 2.5 mg	12 tablets
Golytely (PEG-electrolytes)	powder for solution	4000 mL (1 bottle)
Hycamtin (topotecan)	capsules, all strengths	5 mg/day; not to exceed 25 mg/21 days
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 (granisetron)	oral soln, 2 mg/10 mL	60 mL
Kytril (granisetron)	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 (flunisolide)	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
Pristiq (desvenlafaxine ext-release)	tablets	30 tablets
ProAir HFA (albuterol sulfate)	inhaler	34 g (2 inhalers)
Proventil HFA (albuterol sulfate)	inhaler, 6.7 g	13.4 g (2 inhalers)
Provigil (modafinil)	tablets, 100 mg, 200 mg	30 tablets
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)
Sancuso (granisetron)	patch	1 patch
Serevent Diskus (salmeterol)	inhaler	60 blisters (1 inhaler)
Spiriva Handihaler (tiotropium)	inhaler	60 capsules (2 boxes)
Treximet (sumatriptan/naproxen sodium)	tablets, all strengths	18 tablets
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 (ondansetron)	oral solution	100 mL (2 bottles)
Zofran (ondansetron)	tablets, 4 mg, 8 mg	18 tablets
Zofran ODT (ondansetron)	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: Celebrex, proton-pump inhibitors, drugs used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy, angiotensin converting enzyme (ACE) inhibitors, and angiotensin II receptor antagonists (ARBs).

SPECIALTY PHARMACY PROGRAM

Some Blue Cross and Blue Shield of Oklahoma members 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	ENBREL	ORENCIA
ARCALYST	HUMIRA	RAPTIVA
CIMZIA	KINERET	REMICADE
BLOOD MODIFIERS		
ARANESP	NEULASTA	NPLATE
EPOGEN	NEUMEGA	PROCRIT
LEUKINE	NEUPOGEN	
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	ORFADIN
ELAPRASE	MYOZYME	ZAVESCA
GROWTH HORMONE		
GENOTROPIN	NUTROPIN	SEROSTIM
HUMATROPE	NUTROPIN AQ	TEV-TROPIN
INCRELEX	OMNITROPE	ZORBTIVE
NORDITROPIN	SAIZEN	
HEMOPHILIA*		
ADVATE	HEMOFIL M	NOVOSEVEN RT
ALPHANATE	HUMATE-P	PROFILNINE SD
ALPHANINE SD	KOATE-DVI	PROPLEX T
BEBULIN VH	KOGENATE FS	RECOMBINATE
BENEFIX	MONARC-M	REFACTO
FEIBA VH	MONOCLATE-P	THROMBATE III
HELIXATE FS	MONONINE	XYNTHA

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

Drugs shown in red are preferred

* Provided through Coram

** Provided through MedMark

*** Provided through Pharmacy Solutions

Therapeutic Class Drug List

	Tier
ANTI-INFECTIVE AGENTS	
PENICILLINS	
\$ amoxicillin	1
\$ AMOXIL drops – amoxicillin	2
\$ ampicillin caps	1
\$ AMPICILLIN susp	2
\$ penicillin v potassium	1
\$\$ amoxicillin/potassium clavulanate (Augmentin)	1 (3)
\$\$ dicloxacillin	1
\$\$\$\$ AUGMENTIN XR – amoxicillin/potassium clavulanate ext-release	3
CEPHALOSPORINS	
\$ cefadroxil	1
\$ cefuroxime (Ceftin)	1 (3)
\$ cephalexin (Keflex)	1 (3)
\$\$ cefdinir (Omnicef)	1 (3)
\$\$ cefpodoxime (Vantin)	1 (3)
\$\$\$ cefprozil	1
\$\$\$\$ SPECTRACEF – cefditoren	3
\$\$\$\$ SUPRAX – cefixime	3
MACROLIDES	
\$ azithromycin (Zithromax)	1 (3)
\$ clarithromycin (Biaxin)	1 (3)
\$ ERY-TAB – erythromycin delayed-release tabs	2
\$ erythromycin ethylsuccinate	1
\$ ERYTHROMYCIN FILMTABS – erythromycin base	2
\$\$ ZITHROMAX packets, 1 g – azithromycin	2
\$\$\$ ZMAX – azithromycin ext-release	3
\$\$\$\$ BIAXIN XL – clarithromycin ext-release	3
TETRACYCLINES	
\$ doxycycline hyclate	1
\$ minocycline caps, tabs (Minocin, Dynacin)	1 (3)
\$ tetracycline	1
\$\$\$\$ demeclocycline (Declomycin)	1 (3)
\$\$\$\$ DORYX – doxycycline hyclate delayed-release	3
\$\$\$\$ SOLODYN – minocycline ext-release	3
FLUOROQUINOLONES	
\$ ciprofloxacin tabs (Cipro)	1 (3)
\$\$\$\$ AVELOX – moxifloxacin	3
\$\$\$\$ FACTIVE – gemifloxacin	3
\$\$\$\$ LEVAQUIN – levofloxacin	2
AMINOGLYCOSIDES	
\$ neomycin sulfate	1

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

		Tier
\$\$\$\$\$	TOBI – tobramycin	3 or SP
TUBERCULOSIS		
\$	isoniazid tabs	1
\$\$\$	ISONIAZID syrup	2
\$\$\$\$	isoniazid/rifampin (Rifamate)	1 (3)
\$\$\$\$	pyrazinamide	1
\$\$\$\$	ethambutol (Myambutol)	1 (3)
\$\$\$\$	rifampin (Rifadin)	1 (3)
\$\$\$\$\$	MYCOBUTIN – rifabutin	2
FUNGAL INFECTIONS		
\$	fluconazole (Diflucan)	1 (3)
\$	ketoconazole	1
\$\$	terbinafine tabs (Lamisil)	1 (3)
\$\$\$	griseofulvin microsize susp (Grifulvin V)	1 (3)
\$\$\$	GRIS-PEG – griseofulvin ultramicrosize	2
\$\$\$	nystatin tabs	1
\$\$\$\$	GRIFULVIN V tabs – griseofulvin microsize	2
\$\$\$\$\$	itraconazole caps (Sporanox)	1 (3)
\$\$\$\$\$	LAMISIL granules – terbinafine	2
\$\$\$\$\$	LAMISIL tabs – terbinafine	3
\$\$\$\$\$	NOXAFIL – posaconazole	2
\$\$\$\$\$	VFEND – voriconazole	2
VIRAL INFECTIONS		
• <i>Cytomegalovirus</i>		
\$\$\$\$\$	GANCICLOVIR	2
\$\$\$\$\$	VALCYTE – valganciclovir	2
• <i>Hepatitis</i>		
\$\$\$\$\$	BARACLUDE – entecavir	2
\$\$\$\$\$	EPIVIR-HBV – lamivudine	2
\$\$\$\$\$	HEPSERA – adefovir – PA	2
\$\$\$\$\$	INFERGEN – interferon alfacon-1	3 or SP
\$\$\$\$\$	INTRON A – interferon alfa-2b – PA	3 or SP
\$\$\$\$\$	PEGASYS – peginterferon alfa-2a – PA	3 or SP
\$\$\$\$\$	PEG-INTRON – peginterferon alfa-2b – PA	3 or SP
\$\$\$\$\$	ribavirin caps (Rebetol) – PA	1 (3) or SP
\$\$\$\$\$	ribavirin tabs (Copegus) – PA	1 (3) or SP
\$\$\$\$\$	ROFERON-A – interferon alfa-2a – PA	3 or SP
• <i>Herpes</i>		
\$\$	acyclovir (Zovirax)	1 (3)
\$\$\$\$\$	famciclovir (Famvir)	1 (3)
\$\$\$\$\$	VALTREX – valacyclovir	2
• <i>HIV/AIDS</i>		
\$\$\$\$	VIDEX EC 125 mg – didanosine delayed-release	2
\$\$\$\$	zidovudine (Retrovir)	1 (3)
\$\$\$\$\$	APTIVUS – tipranavir	2

KEY

Generic drug: generic name Tier 1 (Reference Brand – Tier 3)
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		Tier
\$\$\$\$\$	ATRIPLA – efavirenz/emtricitabine/tenofovir	2
\$\$\$\$\$	COMBIVIR – lamivudine/zidovudine	2
\$\$\$\$\$	CRIXIVAN – indinavir	2
\$\$\$\$\$	didanosine delayed-release (Videx EC)	1 (3)
\$\$\$\$\$	EMTRIVA – emtricitabine	2
\$\$\$\$\$	EPIVIR – lamivudine	2
\$\$\$\$\$	EPZICOM – abacavir/lamivudine	2
\$\$\$\$\$	INTELENCE – etravirine	2
\$\$\$\$\$	INVIRASE – saquinavir	2
\$\$\$\$\$	ISENTRESS – raltegravir	2
\$\$\$\$\$	KALETRA – lopinavir/ritonavir	2
\$\$\$\$\$	LEXIVA – fosamprenavir	2
\$\$\$\$\$	NORVIR – ritonavir	2
\$\$\$\$\$	PREZISTA – darunavir	2
\$\$\$\$\$	RESCRIPTOR – delavirdine	2
\$\$\$\$\$	REYATAZ – atazanavir	2
\$\$\$\$\$	SELZENTRY – maraviroc	2
\$\$\$\$\$	SUSTIVA – efavirenz	2
\$\$\$\$\$	TRIZIVIR – abacavir/lamivudine/zidovudine	2
\$\$\$\$\$	TRUVADA – emtricitabine/tenofovir	2
\$\$\$\$\$	VIDEX – didanosine	2
\$\$\$\$\$	VIRACEPT – nelfinavir	2
\$\$\$\$\$	VIRAMUNE – nevirapine	2
\$\$\$\$\$	VIREAD – tenofovir	2
\$\$\$\$\$	ZERIT – stavudine	2
\$\$\$\$\$	ZIAGEN – abacavir	2
• Influenza		
\$\$\$\$	TAMIFLU – oseltamivir	3
MALARIA		
\$	chloroquine phosphate (Aralen)	1 (3)
\$	hydroxychloroquine (Plaquenil)	1 (3)
\$	PRIMAQUINE PHOSPHATE	2
\$\$	mefloquine (Lariam)	1 (3)
\$\$\$\$	MALARONE – atovaquone/proguanil	2
WORM INFECTIONS		
\$	mebendazole	1
\$	STROMECTOL – ivermectin	2
\$\$\$\$	ALBENZA – albendazole	2
\$\$\$\$	BILTRICIDE – praziquantel	2
OTHER ANTI-INFECTIVES		
\$	clindamycin (Cleocin)	1 (3)
\$	DAPSONE	2
\$	erythromycin/sulfisoxazole (Pediazole)	1 (3)
\$	metronidazole tabs (Flagyl)	1 (3)
\$	sulfamethoxazole/trimethoprim (Bactrim, Septra)	1 (3)

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		Tier
\$	trimethoprim	1
\$\$\$	KETEK – telithromycin	3
\$\$\$\$	ZYVOX – linezolid – PA	2
CANCER DRUGS		
	ALKERAN – melphalan	2
	ARIMIDEX – anastrozole	2
	AROMASIN – exemestane	2
	CASODEX – bicalutamide	2
	CEENU – lomustine	2
	CYCLOPHOSPHAMIDE tabs	2
	EMCYT – estramustine	2
	etoposide caps	1
	FARESTON – toremifene	2
	FEMARA – letrozole	2
	flutamide	1
	hydroxyurea (Hydrea)	1 (3)
	IRESSA – gefitinib	2
	leucovorin calcium tabs, 5 mg, 25 mg	1
	LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg	2
	LEUKERAN – chlorambucil	2
	megestrol (Megace)	1 (3)
	mercaptopurine (Purinethol)	1 (3)
	MESNEX tabs – mesna	2
	methotrexate tabs	1
	MYLERAN – busulfan	2
	NILANDRON – nilutamide	2
	TABLOID – thioguanine	2
	tamoxifen	1
	tretinoin caps (Vesanoid)	1 (3) or SP
	TREXALL – methotrexate	2
HORMONES, DIABETES AND RELATED DRUGS		
CORTICOSTEROIDS		
\$	cortisone acetate	1
\$	dexamethasone tabs, 1.5 mg, 4 mg, 6 mg	1
\$	DEXAMETHASONE soln, 0.5 mg/5 mL; tabs, 0.5 mg	2
\$	fludrocortisone	1
\$	hydrocortisone (Cortef)	1 (3)
\$	methylprednisolone (Medrol)	1 (3)
\$	prednisolone sodium phosphate soln (Orapred, Pediapred)	1 (3)
\$	prednisolone syrup (Prelone)	1 (3)
\$	prednisone	1
\$\$	PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg	2
\$\$\$	ORAPRED ODT – prednisolone sodium phosphate	3
\$\$\$	PREDNISONE INTENSOL	2
\$\$\$\$	ENTOCORT EC – budesonide ext-release	2

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		Tier
MALE HORMONES		
\$\$\$\$	ANDROXY – fluoxymesterone	2
\$\$\$\$	ANDROGEL – testosterone	2
\$\$\$\$	danazol	1
\$\$\$\$	TESTIM – testosterone	2
ESTROGENS		
\$	estradiol tabs (Estrace)	1 (3)
\$	estropipate (Ogen)	1 (3)
\$\$	estradiol patches (Climara) – DL	1 (3)
\$\$	ESTROGEL – estradiol	3
\$\$	MENEST – esterified estrogens	3
\$\$	VIVELLE-DOT – estradiol	2
\$\$\$	ACTIVELLA – estradiol/norethindrone acetate	2
\$\$\$	CENESTIN – conjugated estrogens, synthetic A	2
\$\$\$	CLIMARA PRO – estradiol/levonorgestrel	3
\$\$\$	COMBIPATCH – estradiol/norethindrone acetate	3
\$\$\$	DIVIGEL – estradiol	2
\$\$\$	ENJUVIA – conjugated estrogens, synthetic B	2
\$\$\$	ESTRADERM – estradiol – DL	2
\$\$\$	estradiol/norethindrone acetate 1/0.5 mg (Activella)	1 (2)
\$\$\$	ESTRASORB – estradiol	3
\$\$\$	FEMHRT – norethindrone acetate/ethinyl estradiol	3
\$\$\$	FEMRING – estradiol acetate	3
\$\$\$	PREMARIN – conjugated estrogens	2
\$\$\$	PREMPHASE – conjugated estrogens/medroxyprogesterone	2
\$\$\$	PREMPRO – conjugated estrogens/medroxyprogesterone	2
PROGESTINS		
\$	medroxyprogesterone acetate (Provera)	1 (3)
\$	norethindrone acetate (Aygestin)	1 (3)
\$\$	PROMETRIUM – progesterone micronized	2
BIRTH CONTROL		
\$\$	desogestrel/ethinyl estradiol (Cyclessa)	1 (3)
\$\$	desogestrel/ethinyl estradiol (Ortho-Cept)	1 (3)
\$\$	ethynodiol/ethinyl estradiol (Demulen)	1 (3)
\$\$	levonorgestrel/ethinyl estradiol (Alesse)	1 (3)
\$\$	levonorgestrel/ethinyl estradiol (Levlite)	1 (3)
\$\$	levonorgestrel/ethinyl estradiol (Nordette)	1 (3)
\$\$	levonorgestrel/ethinyl estradiol (Seasonale)	1 (3)
\$\$	levonorgestrel/ethinyl estradiol (Triphasil)	1 (3)
\$\$	norethindrone (Nor-QD)	1 (3)
\$\$	norethindrone (Ortho Micronor)	1 (3)
\$\$	norethindrone acetate/ethinyl estradiol (Loestrin)	1 (3)
\$\$	norethindrone acetate/ethinyl estradiol/Fe (Loestrin Fe)	1 (3)
\$\$	norethindrone/ethinyl estradiol (Modicon)	1 (3)
\$\$	norethindrone/ethinyl estradiol (Ortho-Novum 1/35)	1 (3)

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		Tier
\$\$	norethindrone/ethinyl estradiol (Ortho-Novum 7/7/7)	1 (3)
\$\$	norethindrone/ethinyl estradiol (Ovcon 35)	1 (3)
\$\$	norethindrone/ethinyl estradiol (Tri-Norinyl)	1 (3)
\$\$	norethindrone/mestranol (Ortho-Novum 1/50)	1 (3)
\$\$	norgestimate/ethinyl estradiol (Ortho-Cyclen)	1 (3)
\$\$	norgestimate/ethinyl estradiol (Ortho Tri-Cyclen)	1 (3)
\$\$	norgestrel/ethinyl estradiol (Lo/Ovral)	1 (3)
\$\$	PLAN B – levonorgestrel	2
\$\$\$	desogestrel/ethinyl estradiol (Mircette)	1 (3)
\$\$\$	drospirenone/ethinyl estradiol (Yasmin)	1 (3)
\$\$\$	FEMCON FE – norethindrone/ethinyl estradiol/Fe	3
\$\$\$	LOESTRIN 24 FE – norethindrone acetate/ethinyl estradiol/Fe	3
\$\$\$	LYBREL – levonorgestrel/ethinyl estradiol	3
\$\$\$	NUVARING – etonogestrel/ethinyl estradiol	2
\$\$\$	ORTHO TRI-CYCLEN LO – norgestimate/ethinyl estradiol	2
\$\$\$	OVCON – norethindrone/ethinyl estradiol	3
\$\$\$	SEASONIQUE – levonorgestrel/ethinyl estradiol	3
\$\$\$	YAZ – drospirenone/ethinyl estradiol	2
DIABETES		
\$	glimepiride (Amaryl)	1 (3)
\$	glipizide (Glucotrol)	1 (3)
\$	glipizide ext-release (Glucotrol XL)	1 (3)
\$	glyburide (Micronase)	1 (3)
\$	glyburide micronized (Glynase)	1 (3)
\$	metformin (Glucophage)	1 (3)
\$	metformin ext-release (Glucophage XR)	1 (3)
\$\$	glyburide/metformin (Glucovance)	1 (3)
\$\$\$	acarbose (Precose)	1 (3)
\$\$\$\$	AVANDARYL – rosiglitazone/glimepiride	3
\$\$\$\$	FORTAMET – metformin ext-release	3
\$\$\$\$	GLUCAGON EMERGENCY KIT	3
\$\$\$\$	PRANDIN – repaglinide	2
\$\$\$\$	STARLIX – nateglinide	3
\$\$\$\$\$	ACTOPLUS MET – pioglitazone/metformin	2
\$\$\$\$\$	ACTOS – pioglitazone	2
\$\$\$\$\$	AVANDAMET – rosiglitazone/metformin	2
\$\$\$\$\$	AVANDIA – rosiglitazone	2
\$\$\$\$\$	BYETTA – exenatide	3
\$\$\$\$\$	DUETACT – pioglitazone/glimepiride	2
\$\$\$\$\$	JANUMET – sitagliptin/metformin	3
\$\$\$\$\$	JANUVIA – sitagliptin	3
DIABETES – INSULINS		
Rapid-Acting Insulins		
\$\$\$\$	HUMALOG – insulin lispro	2
\$\$\$\$	NOVOLOG – insulin aspart	2

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		Tier
<i>Short-Acting Insulins</i>		
\$\$\$	HUMULIN R – insulin regular	2
\$\$\$	NOVOLIN R – insulin regular	2
<i>Intermediate-Acting Insulins</i>		
\$\$\$	HUMULIN N – insulin isophane	2
\$\$\$	HUMULIN 50/50 – insulin isophane/regular	2
\$\$\$	HUMULIN 70/30 – insulin isophane/regular	2
\$\$\$	NOVOLIN N – insulin isophane	2
\$\$\$	NOVOLIN 70/30 – insulin isophane/regular	2
\$\$\$\$	HUMALOG MIX 50/50 – insulin lispro protamine/lispro	2
\$\$\$\$	HUMALOG MIX 75/25 – insulin lispro protamine/lispro	2
\$\$\$\$	NOVOLOG MIX 70/30 – insulin aspart protamine/aspart	2
<i>Basal Insulins</i>		
\$\$\$\$	LANTUS – insulin glargine	2
\$\$\$\$	LEVEMIR – insulin detemir	2
THYROID REGULATION		
\$	ARMOUR THYROID – thyroid	3
\$	levothyroxine – includes Levoxyl (Synthroid)	1 (3)
\$	propylthiouracil	1
\$\$	CYTOMEL – liothyronine	2
\$\$	methimazole (Tapazole)	1 (3)
OTHER HORMONES AND RELATED DRUGS		
\$	alendronate tabs (Fosamax)	1 (3)
\$	METHERGINE – methylergonovine	2
\$\$	clomiphene (Clomid)	1 (3)
\$\$\$	calcitonin-salmon nasal – Fortical	1
\$\$\$\$	ACTONEL – risedronate	2
\$\$\$\$	desmopressin nasal (DDAVP)	1 (3)
\$\$\$\$	EVISTA – raloxifene	2
\$\$\$\$	FOSAMAX soln – alendronate	2
\$\$\$\$\$	BONIVA – ibandronate	3
\$\$\$\$\$	cabergoline	1
\$\$\$\$\$	desmopressin tabs (DDAVP)	1 (3)
\$\$\$\$\$	FORTEO – teriparatide – PA	3 or SP
\$\$\$\$\$	HECTOROL – doxercalciferol	2
\$\$\$\$\$	SENSIPAR – cinacalcet	2
\$\$\$\$\$	STIMATE – desmopressin	2
HEART AND CIRCULATORY DRUGS		
ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS		
\$	benazepril (Lotensin)	1 (3)
\$	benazepril/hydrochlorothiazide (Lotensin HCT)	1 (3)
\$	captopril (Capoten)	1 (3)
\$	captopril/hydrochlorothiazide	1
\$	enalapril (Vasotec)	1 (3)
\$	enalapril/hydrochlorothiazide (Vaseretic)	1 (3)

KEY

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		Tier
\$	fosinopril (Monopril)	1 (3)
\$	lisinopril (Prinivil)	1 (3)
\$	lisinopril/hydrochlorothiazide (Prinzide)	1 (3)
\$	moexipril/hydrochlorothiazide (Uniretic)	1 (3)
\$	quinapril (Accupril)	1 (3)
\$	ramipril caps (Altace)	1 (3)
\$	trandolapril (Mavik)	1 (3)
\$\$	fosinopril/hydrochlorothiazide (Monopril HCT)	1 (3)
\$\$	moexipril (Univasc)	1 (3)
\$\$	quinapril/hydrochlorothiazide (Accuretic)	1 (3)
\$\$\$	ACEON – perindopril	3
\$\$\$\$	TARKA – trandolapril/verapamil ext-release	3
ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS		
\$\$\$	ATACAND – candesartan – ST	3
\$\$\$	AVALIDE – irbesartan/hydrochlorothiazide – ST	3
\$\$\$	AVAPRO – irbesartan – ST	3
\$\$\$	BENICAR – olmesartan – ST	2
\$\$\$	COZAAR – losartan – ST	3
\$\$\$	DIOVAN – valsartan – ST	2
\$\$\$	MICARDIS – telmisartan – ST	3
\$\$\$	MICARDIS HCT – telmisartan/hydrochlorothiazide – ST	3
\$\$\$\$	ATACAND HCT – candesartan/hydrochlorothiazide – ST	3
\$\$\$\$	BENICAR HCT – olmesartan/hydrochlorothiazide – ST	2
\$\$\$\$	DIOVAN HCT – valsartan/hydrochlorothiazide – ST	2
\$\$\$\$	HYZAAR – losartan/hydrochlorothiazide – ST	3
\$\$\$\$	TEVETEN HCT – eprosartan/hydrochlorothiazide – ST	3
BETA BLOCKERS AND COMBINATIONS		
\$	acebutolol (Sectral)	1 (3)
\$	atenolol (Tenormin)	1 (3)
\$	atenolol/chlorthalidone (Tenoretic)	1 (3)
\$	bisoprolol/hydrochlorothiazide (Ziac)	1 (3)
\$	labetalol (Trandate)	1 (3)
\$	metoprolol succinate ext-release (Toprol XL)	1 (3)
\$	metoprolol tartrate (Lopressor)	1 (3)
\$	nadolol (Corgard)	1 (3)
\$	propranolol tabs	1
\$	propranolol/hydrochlorothiazide 40/25	1
\$\$	bisoprolol (Zebeta)	1 (3)
\$\$	carvedilol (Coreg)	1 (3)
\$\$	propranolol ext-release (Inderal LA)	1 (3)
\$\$	PROPRANOLOL soln	2
\$\$	TIMOLOL	2
\$\$\$	INNOPRAN XL – propranolol ext-release	2
\$\$\$	PINDOLOL	2
\$\$\$\$	COREG CR – carvedilol ext-release	3

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	Tier
CALCIUM CHANNEL BLOCKERS AND COMBINATIONS	
\$ amlodipine (Norvasc)	1 (3)
\$ diltiazem (Cardizem)	1 (3)
\$ verapamil (Calan)	1 (3)
\$ verapamil ext-release (Calan SR)	1 (3)
\$\$ diltiazem ext-release (Dilacor XR)	1 (3)
\$\$ nifedipine ext-release (Adalat CC)	1 (3)
\$\$ nifedipine ext-release (Procardia XL)	1 (3)
\$\$ verapamil ext-release (Verelan)	1 (3)
\$\$\$ amlodipine/benazepril (Lotrel)	1 (3)
\$\$\$ diltiazem ext-release (Cardizem CD)	1 (3)
\$\$\$ diltiazem ext-release (Tiazac)	1 (3)
\$\$\$ felodipine ext-release	1
\$\$\$\$ AZOR – amlodipine/olmesartan	3
\$\$\$\$ CARDIZEM LA – diltiazem ext-release	3
\$\$\$\$ DYNACIRC-CR – isradipine ext-release	3
\$\$\$\$ EXFORGE – amlodipine/valsartan	3
\$\$\$\$ LOTREL 5/40, 10/40 – amlodipine/benazepril	2
\$\$\$\$ SULAR – nisoldipine ext-release	3
CHEST PAIN	
\$ isosorbide dinitrate (Isordil)	1 (3)
\$ isosorbide mononitrate ext-release	1
\$ NITRO-BID oint – nitroglycerin	2
\$ nitroglycerin sublingual tabs (Nitrostat)	1 (3)
\$\$ isosorbide mononitrate (Monoket)	1 (3)
\$\$ nitroglycerin patches (Nitro-Dur)	1 (3)
\$\$\$\$ NITROLINGUAL – nitroglycerin	3
\$\$\$\$ RANEXA – ranolazine ext-release	3
CHOLESTEROL LOWERING	
\$ gemfibrozil (Lopid)	1 (3)
\$ lovastatin (Mevacor)	1 (3)
\$ pravastatin (Pravachol)	1 (3)
\$ simvastatin (Zocor)	1 (3)
\$\$\$ cholestyramine (Questran, Questran Light)	1 (3)
\$\$\$ fenofibrate caps, micronized, 67 mg, 134 mg, 200 mg (Lofibra)	1 (3)
\$\$\$ fenofibrate tabs, 54 mg, 160 mg (Lofibra)	1 (3)
\$\$\$\$ ADVICOR – niacin/lovastatin ext-release	3
\$\$\$\$ ANTARA – fenofibrate micronized	3
\$\$\$\$ CRESTOR – rosuvastatin	2
\$\$\$\$ LESCOL – fluvastatin	3
\$\$\$\$ LESCOL XL – fluvastatin ext-release	3
\$\$\$\$ LIPITOR – atorvastatin	3
\$\$\$\$ LOVAZA – omega-3-acid ethyl esters	3
\$\$\$\$ NIASPAN – niacin ext-release	2
\$\$\$\$ TRICOR – fenofibrate	2

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		Tier
\$\$\$\$	TRIGLIDE – fenofibrate	3
\$\$\$\$\$	ALTOPREV – lovastatin ext-release	3
\$\$\$\$\$	WELCHOL – colesevelam	2
FLUID RETENTION		
\$	acetazolamide	1
\$	amiloride/hydrochlorothiazide	1
\$	bumetanide (Bumex)	1 (3)
\$	chlorothiazide	1
\$	chlorthalidone 25 mg, 50 mg	1
\$	furosemide soln, 10 mg/mL; tabs (Lasix)	1 (3)
\$	hydrochlorothiazide caps (Microzide)	1 (3)
\$	hydrochlorothiazide tabs, 25 mg, 50 mg	1
\$	indapamide	1
\$	methazolamide	1
\$	spironolactone (Aldactone)	1 (3)
\$	spironolactone/hydrochlorothiazide 25/25 (Aldactazide)	1 (3)
\$	triamterene/hydrochlorothiazide caps, 37.5/25 (Dyazide)	1 (3)
\$	triamterene/hydrochlorothiazide tabs, 37.5/25 (Maxzide-25)	1 (3)
\$	triamterene/hydrochlorothiazide tabs, 75/50 (Maxzide)	1 (3)
\$\$	AMILORIDE	2
\$\$	metolazone (Zaroxolyn)	1 (3)
\$\$	toremide (Demadex)	1 (3)
\$\$	triamterene/hydrochlorothiazide caps, 50/25	1
HEART RHYTHM		
\$	sotalol (Betapace)	1 (3)
\$\$	amiodarone	1
\$\$	quinidine sulfate	1
\$\$\$	disopyramide (Norpace)	1 (3)
\$\$\$	disopyramide ext-release 150 mg (Norpace CR)	1 (3)
\$\$\$	flecainide (Tambocor)	1 (3)
\$\$\$	propafenone (Rythmol)	1 (3)
\$\$\$	quinidine gluconate ext-release	1
\$\$\$	sotalol (Betapace AF)	1 (3)
\$\$\$\$	MEXILETINE	2
OTHER HEART RELATED DRUGS		
\$	clonidine (Catapres)	1 (3)
\$	digoxin tabs (Lanoxin)	1 (3)
\$	doxazosin (Cardura)	1 (3)
\$	methyldopa	1
\$	terazosin	1
\$\$	DIGOXIN soln	2
\$\$	guanfacine (Tenex)	1 (3)
\$\$	hydralazine	1
\$\$	minoxidil	1
\$\$	prazosin (Minipress)	1 (3)

KEY

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		Tier
\$\$\$	EPIPEN – epinephrine	3
\$\$\$	TEKTURNA – aliskiren	3
\$\$\$\$	CADUET – amlodipine/atorvastatin	3
\$\$\$\$	CATAPRES-TTS – clonidine	2
\$\$\$\$	midodrine (Proamatine)	1 (3)
\$\$\$\$\$	DIBENZYLIN – phenoxybenzamine	2
\$\$\$\$\$	TRACLEER – bosentan – PA	2 or SP
ERECTILE DYSFUNCTION		
\$\$\$\$	CIALIS – tadalafil – DL, PA	3
\$\$\$\$	LEVITRA – vardenafil – DL, PA	3
\$\$\$\$	VIAGRA – sildenafil – DL, PA	2
RESPIRATORY AGENTS		
ANTIHISTAMINES		
\$	promethazine supp	1
\$	promethazine syrup, tabs	1
\$\$	cyproheptadine	1
\$\$\$	fexofenadine (Allegra)	1 (3)
\$\$\$\$	CLARINEX – desloratadine	3
\$\$\$\$	DEXCHLORPHENIRAMINE MALEATE syrup	2
\$\$\$\$	XYZAL – levocetirizine	3
\$\$\$\$\$	CLARINEX syrup – desloratadine	3
NASAL PRODUCTS		
\$\$	flunisolide (Nasarel) – DL	1 (3)
\$\$	flunisolide 25 mcg/spray – DL	1
\$\$	fluticasone (Flonase) – DL	1 (3)
\$\$	ipratropium (Atrovent) – DL	1 (3)
\$\$\$\$	ASTELIN – azelastine – DL	2
\$\$\$\$	BACTROBAN nasal – mupirocin – DL	3
\$\$\$\$	BECONASE AQ – beclomethasone – DL	3
\$\$\$\$	NASACORT AQ – triamcinolone – DL	2
\$\$\$\$	NASONEX – mometasone – DL	2
\$\$\$\$	RHINOCORT AQUA – budesonide – DL	3
COUGH/COLD/ALLERGY		
\$	brompheniramine/pseudoephedrine ext-release caps, 6/60	1
\$	codeine/guaifenesin soln, 10/100 per 5 mL	1
\$	codeine/guaifenesin tabs, 10/300 (Brontex)	1 (3)
\$\$\$	TUSSIONEX – chlorpheniramine/hydrocodone ext-release	3
\$\$\$	VAZOTAN – brompheniramine/phenylephrine/carbetapentane	3
\$\$\$\$	acetylcysteine	1
\$\$\$\$	ALLEGRA-D – fexofenadine/pseudoephedrine ext-release	2
\$\$\$\$	CLARINEX-D – desloratadine/pseudoephedrine ext-release	3
ASTHMA/COPD		
\$	albuterol sulfate syrup, tabs	1
\$	theophylline ext-release tabs – 12 hr –Theochron	1
\$\$	albuterol sulfate inhal soln	1

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

		Tier
\$\$	PROAIR HFA – albuterol sulfate – DL	2
\$\$	VENTOLIN HFA – albuterol sulfate – DL	3
\$\$\$	cromolyn sodium inhal soln	1
\$\$\$	FLOVENT HFA – fluticasone – DL	2
\$\$\$	ipratropium inhal soln	1
\$\$\$	ipratropium/albuterol sulfate (Duoneb) – DL	1 (3)
\$\$\$	METAPROTERENOL tabs	2
\$\$\$	PROVENTIL HFA – albuterol sulfate – DL	3
\$\$\$	PULMICORT FLEXHALER – budesonide – DL	2
\$\$\$	terbutaline (Brethine)	1 (3)
\$\$\$	theophylline ext-release tabs – 24 hr (Uniphyll)	1(3)
\$\$\$	QVAR – beclomethasone – DL	2
\$\$\$	XOPENEX HFA – levalbuterol – DL	2
\$\$\$\$	ACCOLATE – zafirlukast	3
\$\$\$\$	ASMANEX – mometasone	3
\$\$\$\$	ATROVENT HFA – ipratropium – DL	2
\$\$\$\$	AZMACORT – triamcinolone – DL	3
\$\$\$\$	COMBIVENT – ipratropium/albuterol sulfate – DL	2
\$\$\$\$	FORADIL AEROLIZER – formoterol – DL	2
\$\$\$\$	INTAL INHALER – cromolyn sodium – DL	2
\$\$\$\$	MAXAIR AUTOHALER – pirbuterol – DL	3
\$\$\$\$	SEREVENT DISKUS – salmeterol – DL	2
\$\$\$\$	SINGULAIR – montelukast	2
\$\$\$\$	SPIRIVA HANDIHALER – tiotropium – DL	2
\$\$\$\$\$	ADVAIR DISKUS – fluticasone/salmeterol – DL	2
\$\$\$\$\$	ADVAIR HFA – fluticasone/salmeterol – DL	2
\$\$\$\$\$	PULMICORT RESPULES – budesonide	2
\$\$\$\$\$	SYMBICORT – budesonide/formoterol	2
\$\$\$\$\$	XOPENEX – levalbuterol	3
OTHER RESPIRATORY DRUGS		
\$\$\$\$\$	PULMOZYME – dornase alfa	2 or SP
GASTROINTESTINAL DRUGS		
LAXATIVES		
\$	lactulose	1
\$	PEG – electrolytes for soln (Colyte)	1 (3)
\$	PEG – electrolytes for soln (Nulytely)	1 (3)
\$\$\$	MOVIPREP – PEG 3350/electrolytes/ascorbate	3
\$\$\$	OSMOPREP – sodium phosphates	3
ULCER/GERD		
\$	cimetidine	1
\$	dicyclomine (Bentyl)	1 (3)
\$	famotidine (Pepcid)	1 (3)
\$	omeprazole delayed-release (Prilosec)	1 (3)
\$	ranitidine (Zantac)	1 (3)
\$\$	glycopyrrolate (Robinul)	1 (3)

KEY

Generic drug: generic name Tier 1 (Reference Brand – Tier 3)
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		Tier
\$\$\$	CARAFATE susp – sucralfate	2
\$\$\$	hyoscyamine ext-release caps (Levsinex)	1 (3)
\$\$\$	hyoscyamine ext-release tabs (Levbid)	1 (3)
\$\$\$	PROPANTHELINE BROMIDE 15 mg	2
\$\$\$	sucralfate tabs (Carafate)	1 (3)
\$\$\$\$	hyoscyamine (Levsin)	1 (3)
\$\$\$\$	misoprostol (Cytotec)	1 (3)
\$\$\$\$	pantoprazole delayed-release tabs (Protonix) – ST	1 (3)
\$\$\$\$	ZEGERID – omeprazole/sodium bicarbonate – ST	3
\$\$\$\$\$	ACIPHEX – rabeprazole delayed-release – ST	3
\$\$\$\$\$	NEXIUM 20 mg, 40 mg – esomeprazole delayed-release	2
\$\$\$\$\$	PREVACID – lansoprazole delayed-release – ST	3
\$\$\$\$\$	PREVACID SOLUTAB – lansoprazole delayed-release – ST	3
\$\$\$\$\$	PREVPAC – amoxicillin + clarithromycin + lansoprazole delayed-release	2
NAUSEA AND VOMITING		
\$	meclizine (Antivert)	1 (3)
\$	trimethobenzamide caps (Tigan)	1 (3)
\$\$	TRANSDERM-SCOP – scopolamine	3
\$\$\$	ondansetron oral soln, tabs (Zofran) – DL	1 (3)
\$\$\$	ondansetron ODT (Zofran ODT) – DL	1 (3)
\$\$\$\$\$	EMEND caps – aprepitant – DL	2
DIGESTIVE ENZYMES – Pancreatic enzyme (pancrelipase) immediate-release and delayed-release products:		
\$\$\$\$\$	CREON	2
\$\$\$\$\$	LIPRAM/PN/UL	2
\$\$\$\$\$	PANCREASE MT	2
\$\$\$\$\$	PANCRELIPASE tabs, 30-8-30	2
\$\$\$\$\$	PLARETASE 8000	2
\$\$\$\$\$	ULTRASE/MT	2
\$\$\$\$\$	VIOKASE	2
OTHER GASTROINTESTINAL DRUGS		
\$	diphenoxylate/atropine (Lomotil)	1 (3)
\$	lactulose – encephalopathy	1
\$	metoclopramide (Reglan)	1 (3)
\$	sulfasalazine (Azulfidine)	1 (3)
\$\$\$	calcium acetate (Phoslo)	1 (2)
\$\$\$\$	PHOSLO – calcium acetate	2
\$\$\$\$	ursodiol (Actigall)	1 (3)
\$\$\$\$\$	AMITIZA – lubiprostone – PA	3
\$\$\$\$\$	ASACOL – mesalamine delayed-release	2
\$\$\$\$\$	CANASA – mesalamine supp	2
\$\$\$\$\$	DIPENTUM – olsalazine	2
\$\$\$\$\$	LIALDA – mesalamine delayed-release	2
\$\$\$\$\$	mesalamine enema	1
\$\$\$\$\$	PENTASA – mesalamine ext-release	2
\$\$\$\$\$	REVELA – sevelamer carbonate	2

KEY

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		Tier
\$\$\$\$\$	URSO – ursodiol	2
GENITOURINARY DRUGS		
URINARY TRACT INFECTIONS		
\$	nitrofurantoin monohydrate/macrocrystals (Macrobid)	1 (3)
\$\$	nitrofurantoin macrocrystals (Macrochantin)	1 (3)
URINARY TRACT SPASMS		
\$	oxybutynin	1
\$\$\$\$	DETROL – tolterodine	2
\$\$\$\$	DETROL LA – tolterodine ext-release	2
\$\$\$\$	ENABLEX – darifenacin ext-release	3
\$\$\$\$	oxybutynin ext-release (Ditropan XL)	1 (3)
\$\$\$\$	VESICARE – solifenacin	2
VAGINAL PRODUCTS		
\$\$	ACID JELLY – acetic acid	2
\$\$	clindamycin crm (Cleocin)	1 (3)
\$\$	ESTRACE crm – estradiol	2
\$\$	metronidazole (MetroGel-Vaginal)	1 (3)
\$\$	PREMARIN crm – conjugated estrogens	2
\$\$\$	GYNAZOLE-1 – butoconazole	3
\$\$\$	VAGIFEM – estradiol vaginal tabs	2
\$\$\$\$	CLINDESSE – clindamycin crm	3
\$\$\$\$\$	CRINONE 8% – progesterone gel	2
OTHER GENITOURINARY DRUGS		
\$\$	potassium citrate ext-release (Urocit-K)	1 (3)
\$\$	sodium citrate/citric acid (Bicitra)	1 (3)
\$\$\$	finasteride (Proscar)	1 (3)
\$\$\$	potassium citrate/citric acid powder, soln (Polycitra-K)	1 (3)
\$\$\$\$	AVODART – dutasteride	2
\$\$\$\$	FLOMAX – tamsulosin	2
\$\$\$\$	UROXATRAL – alfuzosin ext-release	3
\$\$\$\$\$	CYSTAGON – cysteamine	2
\$\$\$\$\$	ELMIRON – pentosan	3
CENTRAL NERVOUS SYSTEM DRUGS		
ANXIETY		
\$	alprazolam (Xanax)	1 (3)
\$	bupirone (Buspar)	1 (3)
\$	DIAZEPAM oral soln, 5 mg/5 mL	2
\$	diazepam (Valium)	1 (3)
\$	hydroxyzine hcl	1
\$	hydroxyzine pamoate (Vistaril)	1 (3)
\$	lorazepam (Ativan)	1 (3)
DEPRESSION		
\$	amitriptyline	1
\$	citalopram (Celexa)	1 (3)
\$	doxepin	1

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		Tier
\$	fluoxetine (Prozac)	1 (3)
\$	mirtazapine (Remeron)	1 (3)
\$	nortriptyline (Pamelor)	1 (3)
\$	paroxetine hcl (Paxil)	1 (3)
\$	sertraline (Zoloft)	1 (3)
\$	trazodone	1
\$\$	bupropion (Wellbutrin)	1 (3)
\$\$	clomipramine (Anafranil)	1 (3)
\$\$	desipramine (Norpramin)	1 (3)
\$\$	imipramine hcl (Tofranil)	1 (3)
\$\$\$	bupropion ext-release – 12 hr (Wellbutrin SR)	1 (3)
\$\$\$	bupropion ext-release – 24 hr (Wellbutrin XL)	1 (3)
\$\$\$	tranylcypromine (Parnate)	1 (3)
\$\$\$\$	CYMBALTA – duloxetine delayed-release	3
\$\$\$\$	EFFEXOR XR – venlafaxine ext-release	2
\$\$\$\$	LEXAPRO – escitalopram	2
\$\$\$\$	NARDIL – phenelzine	2
\$\$\$\$	paroxetine hcl ext-release, 12.5 mg, 25 mg (Paxil CR)	1 (3)
\$\$\$\$	PAXIL CR – paroxetine hcl ext-release	3
\$\$\$\$	PROZAC WEEKLY – fluoxetine delayed-release	3
\$\$\$\$	venlafaxine (Effexor)	1 (3)
\$\$\$\$	WELLBUTRIN XL 150 mg – bupropion ext-release	2
PSYCHOTIC AND BIPOLAR DISORDERS		
\$	chlorpromazine	1
\$	fluphenazine hcl	1
\$	haloperidol lactate oral soln	1
\$	haloperidol tabs	1
\$	lithium carbonate caps	1
\$	prochlorperazine supp	1
\$	prochlorperazine tabs	1
\$	thiothixene (Navane)	1 (3)
\$\$	lithium carbonate ext-release 300 mg (Lithobid)	1 (3)
\$\$	lithium carbonate ext-release 450 mg	1
\$\$	perphenazine	1
\$\$	trifluoperazine	1
\$\$\$	clozapine 25 mg, 50 mg, 100 mg (Clozaril)	1 (3)
\$\$\$	lithium citrate	1
\$\$\$	loxapine	1
\$\$\$\$	ABILIFY – aripiprazole	3
\$\$\$\$	GEODON – ziprasidone	2
\$\$\$\$	INVEGA – paliperidone ext-release	3
\$\$\$\$	RISPERDAL soln – risperidone	2
\$\$\$\$	RISPERDAL M-TAB – risperidone	2
\$\$\$\$	risperidone tabs (Risperdal)	1 (3)
\$\$\$\$	SEROQUEL – quetiapine	2

KEY

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		Tier
\$\$\$\$\$	SEROQUEL XR – quetiapine ext-release	2
\$\$\$\$\$	ZYPREXA – olanzapine	3
SLEEP AIDS		
\$	CHLORAL HYDRATE supp	2
\$	chloral hydrate syrup	1
\$	estazolam	1
\$	phenobarbital	1
\$	temazepam (Restoril)	1 (3)
\$	zaleplon (Sonata)	1 (3)
\$	zolpidem (Ambien)	1 (3)
\$\$\$	AMBIEN CR – zolpidem ext-release	3
\$\$\$	LUNESTA – eszopiclone	3
\$\$\$	ROZEREM – ramelteon	3
\$\$\$\$	RESTORIL 7.5 mg – temazepam	2
HYPERACTIVITY/NARCOLEPSY		
\$\$	amphetamine/dextroamphetamine mixed salts (Adderall) – PA	1 (3)
\$\$	dextroamphetamine – PA	1
\$\$	methylphenidate (Ritalin) – PA	1 (3)
\$\$	methylphenidate ext-release (Metadate ER, Ritalin SR) – PA	1 (3)
\$\$\$	FOCALIN – dexmethylphenidate – PA	3
\$\$\$\$	ADDERALL XR – amphetamine/dextroamphetamine mixed salts ext-release – PA	3
\$\$\$\$	CONCERTA – methylphenidate ext-release	2
\$\$\$\$	dextroamphetamine ext-release (Dexedrine Spansule) – PA	1 (3)
\$\$\$\$	FOCALIN XR – dexmethylphenidate ext-release – PA	3
\$\$\$\$	METADATE CD – methylphenidate ext-release – PA	3
\$\$\$\$	STRATTERA – atomoxetine – PA	3
\$\$\$\$	VYVANSE – lisdexamfetamine – PA	3
\$\$\$\$\$	DAYTRANA – methylphenidate – PA	3
\$\$\$\$\$	PROVIGIL – modafinil – DL, PA	3
MULTIPLE SCLEROSIS		
\$\$\$\$\$	AVONEX – interferon beta-1a – DL	3 or SP
\$\$\$\$\$	COPAXONE – glatiramer – DL	3 or SP
\$\$\$\$\$	REBIF – interferon beta-1a – DL	3 or SP
OTHER CENTRAL NERVOUS SYSTEM DRUGS		
\$\$\$	bupropion ext-release (Zyban)	1 (3)
\$\$\$	ORAP – pimozide	2
\$\$\$\$	ANTABUSE – disulfiram	2
\$\$\$\$	CHANTIX – varenicline (<i>Member benefits determine coverage</i>)	2
\$\$\$\$\$	ARICEPT – donepezil	2
\$\$\$\$\$	ARICEPT ODT – donepezil	2
\$\$\$\$\$	EXELON caps, soln – rivastigmine	2
\$\$\$\$\$	EXELON patches – rivastigmine	2
\$\$\$\$\$	NAMENDA – memantine	3
\$\$\$\$\$	SARAFEM – fluoxetine	3

KEY

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PAIN RELIEF DRUGS

NON-NARCOTIC DRUGS

\$	butalbital/acetaminophen tabs, 50/325 (Phrenilin)	1 (3)
\$	butalbital/acetaminophen/caffeine caps, 50/325/40 (Esgic)	1 (3)
\$	butalbital/acetaminophen/caffeine tabs, 50/325/40 (Fioricet)	1 (3)
\$	butalbital/aspirin/caffeine caps, 50/325/40 (Fiorinal)	1 (3)
\$	butalbital/aspirin/caffeine tabs, 50/325/40	1
\$	salsalate	1
\$\$	butalbital/acetaminophen tabs, 50/650 (Sedapap)	1 (3)
\$\$\$	butalbital/acetaminophen/caffeine tabs, 50/500/40 (Esgic Plus)	1 (3)

NARCOTIC DRUGS

\$	acetaminophen/codeine (Tylenol w/Codeine)	1 (3)
\$	aspirin/codeine	1
\$	CODEINE SULFATE 15 mg	2
\$	codeine sulfate 30 mg, 60 mg	1
\$	DILAUDID-5 – hydromorphone	2
\$	hydrocodone/acetaminophen caps, 5/500	1
\$	hydrocodone/acetaminophen tabs, 2.5/500, 5/500, 7.5/500, 10/500 (Lortab)	1 (3)
\$	hydrocodone/acetaminophen tabs, 5/325, 7.5/325, 10/325 (Norco)	1 (3)
\$	hydrocodone/acetaminophen tabs, 5/500, 7.5/750, 10/660 (Vicodin, Vicodin ES, Vicodin HP)	1 (3)
\$	hydrocodone/acetaminophen tabs, 7.5/650, 10/650 (Lorcet, Lorcet Plus)	1 (3)
\$	hydromorphone tabs (Dilaudid)	1 (3)
\$	methadone conc, tabs	1
\$	morphine sulfate conc, 20 mg/mL; tabs	1
\$	oxycodone caps (OxyIR)	1 (3)
\$	oxycodone conc, soln, tabs (Roxicodone)	1 (3)
\$	oxycodone/acetaminophen caps, 5/500 (Tylox)	1 (3)
\$	oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650 (Percocet)	1 (3)
\$	propoxyphene hcl/acetaminophen tabs, 65/650	1
\$	propoxyphene napsylate/acetaminophen 50/325, 100/650 (Darvocet-N)	1 (3)
\$	tramadol (Ultram)	1 (3)
\$\$	butalbital/aspirin/caffeine/codeine caps (Fiorinal w/Codeine)	1 (3)
\$\$	hydrocodone/acetaminophen soln, 7.5/500 per 15 mL (Lortab)	1 (3)
\$\$	hydrocodone/acetaminophen tabs, 10/750 (Maxidone)	1 (3)
\$\$	MORPHINE SULFATE soln, 20 mg/5 mL; supp, 30 mg	2
\$\$	morphine sulfate supp, 5 mg, 10 mg, 20 mg	1
\$\$	oxycodone/aspirin tabs, 5/325 (Percodan)	1 (3)
\$\$\$	morphine sulfate ext-release (MS Contin)	1 (3)
\$\$\$\$	ULTRAM ER – tramadol ext-release	3
\$\$\$\$\$	AVINZA – morphine sulfate ext-release	3
\$\$\$\$\$	fentanyl patches (Duragesic) – DL	1 (3)
\$\$\$\$\$	KADIAN – morphine sulfate ext-release – DL	2
\$\$\$\$\$	OPANA ER – oxymorphone ext-release	3
\$\$\$\$\$	oxycodone ext-release (OxyContin) – DL, PA	1 (3)
\$\$\$\$\$	SUBOXONE – buprenorphine/naloxone	2

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		Tier
\$\$\$\$\$	SUBUTEX – buprenorphine	2
RHEUMATOID AND OSTEOARTHRITIS		
\$	diclofenac sodium delayed-release (Voltaren)	1 (3)
\$	etodolac	1
\$	ibuprofen	1
\$	ketoprofen	1
\$	meloxicam tabs (Mobic)	1 (3)
\$	naproxen (Naprosyn)	1 (3)
\$	naproxen sodium (Anaprox)	1 (3)
\$	piroxicam (Feldene)	1 (3)
\$	sulindac (Clinoril)	1 (3)
\$\$	diclofenac sodium ext-release (Voltaren XR)	1 (3)
\$\$	indomethacin	1
\$\$	leflunomide (Arava)	1 (3)
\$\$\$	nabumetone	1
\$\$\$\$	ARTHROTEC – diclofenac sodium delayed-release/misoprostol	3
\$\$\$\$	CELEBREX – celecoxib – PA	2
\$\$\$\$	DICLOFENAC SODIUM delayed-release tabs, 25 mg	2
\$\$\$\$\$	ENBREL – etanercept – PA	3 or SP
\$\$\$\$\$	HUMIRA – adalimumab – PA	3 or SP
MIGRAINE HEADACHES		
\$	acetaminophen/isometheptene/dichloralphenazone (Midrin)	1 (3)
\$\$\$\$\$	AXERT – almotriptan – DL	3
\$\$\$\$\$	FROVA – frovatriptan – DL	3
\$\$\$\$\$	IMITREX inj – sumatriptan – DL	3
\$\$\$\$\$	IMITREX nasal – sumatriptan – DL	2
\$\$\$\$\$	IMITREX tabs – sumatriptan – DL	2
\$\$\$\$\$	MAXALT – rizatriptan – DL	2
\$\$\$\$\$	MAXALT-MLT – rizatriptan – DL	2
\$\$\$\$\$	MIGRANAL – dihydroergotamine	2
\$\$\$\$\$	RELPAK – eletriptan – DL	3
\$\$\$\$\$	ZOMIG nasal – zolmitriptan – DL	2
\$\$\$\$\$	ZOMIG tabs – zolmitriptan – DL	2
\$\$\$\$\$	ZOMIG ZMT – zolmitriptan – DL	2
GOUT		
\$	allopurinol	1
\$	colchicine	1
\$\$	probenecid	1
\$\$\$	probenecid/colchicine	1
NEUROMUSCULAR DRUGS		
SEIZURES		
\$	carbamazepine (Tegretol)	1 (3)
\$	clonazepam (Klonopin)	1 (3)
\$	phenytoin susp (Dilantin)	1 (3)
\$\$	DILANTIN 30 mg – phenytoin sodium extended	2

KEY

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		Tier
\$\$	gabapentin caps, tabs (Neurontin)	1 (3)
\$\$	PHENYTEK – phenytoin sodium extended	2
\$\$\$	DILANTIN INFATABS – phenytoin	2
\$\$\$	divalproex delayed-release (Depakote)	1 (3)
\$\$\$	phenytoin sodium extended (Dilantin)	1 (3)
\$\$\$	primidone (Mysoline)	1 (3)
\$\$\$	valproic acid (Depakene)	1 (3)
\$\$\$	zonisamide (Zonegran)	1 (3)
\$\$\$\$	CARBATROL – carbamazepine ext-release	3
\$\$\$\$	CELONTIN – methsuximide	2
\$\$\$\$	ethosuximide (Zarontin)	1 (3)
\$\$\$\$	LYRICA – pregabalin	3
\$\$\$\$	NEURONTIN soln – gabapentin	2
\$\$\$\$	TEGRETOL XR – carbamazepine ext-release	2
\$\$\$\$\$	DEPAKOTE ER – divalproex ext-release	2
\$\$\$\$\$	DEPAKOTE SPRINKLES – divalproex	2
\$\$\$\$\$	DIASTAT – diazepam	2
\$\$\$\$\$	GABITRIL – tiagabine	2
\$\$\$\$\$	KEPPRA – levetiracetam	2
\$\$\$\$\$	LAMICTAL Starter Kit – lamotrigine	2
\$\$\$\$\$	lamotrigine (Lamictal)	1 (3)
\$\$\$\$\$	levetiracetam tabs, 250 mg, 500 mg, 750 mg (Keppra)	1 (2)
\$\$\$\$\$	oxcarbazepine tabs (Trileptal)	1 (3)
\$\$\$\$\$	TOPAMAX – topiramate	2
\$\$\$\$\$	TRILEPTAL susp – oxcarbazepine	2
PARKINSON'S DISEASE		
\$	benztropine	1
\$	trihexyphenidyl	1
\$\$	amantadine caps, syrup	1
\$\$	selegiline caps (Eldepryl)	1 (3)
\$\$\$	carbidopa/levodopa (Sinemet)	1 (3)
\$\$\$	ropinirole (Requip)	1 (3)
\$\$\$\$	bromocriptine (Parlodel)	1 (3)
\$\$\$\$	carbidopa/levodopa ext-release (Sinemet CR)	1 (3)
\$\$\$\$\$	carbidopa/levodopa ODT (Parcopa)	1 (3)
\$\$\$\$\$	COMTAN – entacapone	2
\$\$\$\$\$	MIRAPEX – pramipexole	2
MUSCLE RELAXANTS		
\$	baclofen	1
\$	chlorzoxazone	1
\$	cyclobenzaprine (Flexeril)	1 (3)
\$	methocarbamol (Robaxin)	1 (3)
\$	orphenadrine citrate ext-release	1
\$	tizanidine tabs (Zanaflex)	1 (3)
\$\$	orphenadrine/aspirin/caffeine 25/385/30	1

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		Tier
\$\$\$\$	dantrolene (Dantrium)	1 (3)
\$\$\$\$	SKELAXIN – metaxalone	3
OTHER NEUROMUSCULAR DRUGS		
\$\$\$	pyridostigmine tabs (Mestinon)	1 (3)
\$\$\$\$	MESTINON syrup – pyridostigmine	2
\$\$\$\$	MESTINON TIMESPAN – pyridostigmine ext-release	2
\$\$\$\$\$	RILUTEK – riluzole	2
SUPPLEMENTS		
VITAMINS		
\$	MEPHYTON – phytonadione	2
\$\$\$	calcitriol (Rocaltrol)	1 (3)
\$\$\$	ergocalciferol (Drisdol)	1 (3)
MULTIVITAMINS		
\$	pediatric multivitamins/fluoride	1
\$	pediatric multivitamins/fluoride/iron	1
\$	pediatric vitamins ADC/fluoride	1
\$	pediatric vitamins ADC/fluoride/iron	1
\$	prenatal multivitamins/folic acid 1 mg	1
MINERALS AND ELECTROLYTES		
\$	potassium chloride ext-release caps, 10 mEq (Micro-K 10)	1 (3)
\$	potassium chloride ext-release tabs, 8 mEq	1
\$	potassium chloride ext-release tabs, 10 mEq (K-Tabs)	1 (3)
\$	potassium chloride ext-release tabs, 10 mEq, 20 mEq	1
\$	potassium chloride packets, 20 mEq (K-Lor)	1 (3)
\$	potassium chloride soln, 10%, 20%	1
\$	potassium phosphate/sodium phosphates (K-Phos Neutral)	1 (3)
\$	sodium fluoride	1
\$\$	K-PHOS – potassium phosphate monobasic	2
\$\$	potassium bicarbonate/chloride effervescent tabs, 25 mEq (K-Lyte/Cl)	1 (3)
BLOOD MODIFYING DRUGS		
\$	folic acid tabs, 1 mg	1
\$	pentoxifylline ext-release (Trental)	1 (3)
\$	warfarin (Coumadin)	1 (3)
\$\$	METANX – L-methylfolate/vitamin B6/vitamin B12	3
\$\$\$	anagrelide (Agrilyn)	1 (3)
\$\$\$	cilostazol (Pletal)	1 (3)
\$\$\$\$	DROXIA – hydroxyurea	2
\$\$\$\$	PLAVIX 75 mg – clopidogrel	2
\$\$\$\$\$	AGGRENOX – aspirin/ext-release dipyridamole	3
\$\$\$\$\$	EPOGEN – epoetin alfa – PA	3 or SP
\$\$\$\$\$	LEUKINE – sargramostim – PA	3 or SP
\$\$\$\$\$	LOVENOX – enoxaparin – DL	3
\$\$\$\$\$	NEUMEGA – oprelvekin – PA	3 or SP
\$\$\$\$\$	NEUPOGEN – filgrastim – PA	3 or SP
\$\$\$\$\$	PROCRIT – epoetin alfa – PA	3 or SP

KEY | **Generic drug: generic name** Tier 1 (Reference Brand – Tier 3)
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TOPICAL PRODUCTS

EYE		
• <i>Anti-infectives</i>		
\$	bacitracin oint	1
\$	bacitracin/polymyxin B oint	1
\$	ciprofloxacin soln (Ciloxan)	1 (3)
\$	erythromycin oint	1
\$	gentamicin oint, soln	1
\$	neomycin/polymyxin B/bacitracin oint	1
\$	neomycin/polymyxin B/gramicidin soln (Neosporin)	1 (3)
\$	ofloxacin soln (Ocuflox)	1 (3)
\$	polymyxin B/trimethoprim soln (Polytrim)	1 (3)
\$	sulfacetamide sodium soln (Bleph-10)	1 (3)
\$	tobramycin soln (Tobrex)	1 (3)
\$\$\$	CILOXAN oint – ciprofloxacin	2
\$\$\$	VIGAMOX – moxifloxacin	2
\$\$\$	ZYMAR – gatifloxacin	3
\$\$\$\$	trifluridine soln (Viroptic)	1 (3)
\$\$\$\$\$	NATACYN – natamycin	2
• <i>Steroid and Combination Products</i>		
\$	dexamethasone sodium phosphate soln	1
\$	fluorometholone susp (FML)	1 (3)
\$	neomycin/polymyxin B/bacitracin/hydrocortisone oint	1
\$	neomycin/polymyxin B/dexamethasone oint, susp (Maxitrol)	1 (3)
\$	prednisolone acetate susp (Pred Forte)	1 (3)
\$	PREDNISOLONE SODIUM PHOSPHATE soln, 1%	2
\$	sulfacetamide sodium/prednisolone soln	1
\$\$\$	LOTEMAX – loteprednol	2
\$\$\$	ZYLET – loteprednol/tobramycin	2
\$\$\$\$	TOBRADEX – tobramycin/dexamethasone	2
• <i>Glaucoma</i>		
\$	carteolol soln	1
\$	levobunolol soln (Betagan)	1 (3)
\$	metipranolol soln (Optipranolol)	1 (3)
\$	pilocarpine soln (Isopto Carpine)	1 (3)
\$	timolol maleate gel-forming soln (Timoptic-XE)	1 (3)
\$	timolol maleate soln (Timoptic)	1 (3)
\$\$	BETAXOLOL soln, 0.5%	2
\$\$	brimonidine soln, 0.2%	1
\$\$	dorzolamide soln (Trusopt)	1 (2)
\$\$	TRUSOPT – dorzolamide	2
\$\$\$	ALPHAGAN P – brimonidine	2
\$\$\$	AZOPT – brinzolamide	2
\$\$\$	dorzolamide/timolol maleate soln (Cosopt)	1 (3)
\$\$\$	LUMIGAN – bimatoprost	3

KEY

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		Tier
\$\$\$	TRAVATAN – travoprost	2
\$\$\$	TRAVATAN Z – travoprost	2
\$\$\$	XALATAN – latanoprost	2
• Other Eye Products		
\$	atropine sulfate oint, soln (Isopto Atropine)	1 (3)
\$	cyclopentolate soln (Cyclogyl)	1 (3)
\$	diclofenac soln (Voltaren)	1 (3)
\$	flurbiprofen soln (Ocufen)	1 (3)
\$	homatropine soln (Isopto Homatropine)	1 (3)
\$\$	cromolyn sodium soln (Crolom)	1 (3)
\$\$\$	ACULAR PF – ketorolac	2
\$\$\$\$	ACULAR – ketorolac	2
\$\$\$\$	ACULAR LS – ketorolac	2
\$\$\$\$	ELESTAT – epinastine	3
\$\$\$\$	NEVANAC – nepafenac	3
\$\$\$\$	OPTIVAR – azelastine	2
\$\$\$\$	PATADAY – olopatadine	3
\$\$\$\$	PATANOL – olopatadine	2
\$\$\$\$\$	RESTASIS – cyclosporine	3
EAR		
\$	acetic acid	1
\$	benzocaine/antipyrine	1
\$	hydrocortisone/acetic acid	1
\$	neomycin/polymyxin B/hydrocortisone (Cortisporin)	1 (3)
\$\$\$	ofloxacin (Floxin Otic)	1 (3)
\$\$\$\$	CIPRO HC – ciprofloxacin/hydrocortisone	2
\$\$\$\$	CIPRODEX – ciprofloxacin/dexamethasone	2
MOUTH AND THROAT (local)		
\$	chlorhexidine oral rinse (Peridex)	1 (3)
\$	lidocaine viscous	1
\$	sodium fluoride crm, gel (Prevident)	1 (3)
\$	triamcinolone paste	1
\$\$	nystatin susp	1
\$\$\$\$\$	EVOXAC – cevimeline caps	2
\$\$\$\$\$	pilocarpine tabs (Salagen)	1 (3)
ANORECTAL AGENTS		
\$	hydrocortisone acetate supp, 25 mg (Anusol-HC)	1 (3)
\$	hydrocortisone crm, 2.5% (Anusol-HC)	1 (3)
\$\$\$	ANALPRAM-HC – hydrocortisone acetate/pramoxine	3
\$\$\$	PROCTOFOAM HC – hydrocortisone acetate/pramoxine	3
\$\$\$\$	CORTIFOAM – hydrocortisone acetate	2
\$\$\$\$\$	hydrocortisone enema	1
SKIN CONDITIONS/PRODUCTS		
• Acne		
\$	clindamycin (Cleocin T)	1 (3)

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		Tier
\$	erythromycin gel	1
\$	erythromycin pads, soln, 2%	1
\$\$	erythromycin/benzoyl peroxide (Benzamycin)	1 (3)
\$\$	sulfacetamide sodium/sulfur crm, emulsion (Plexion)	1 (3)
\$\$	tretinoin (Retin-A)	1 (3)
\$\$\$	EVOCLIN – clindamycin	3
\$\$\$	metronidazole (Metro lotion)	1 (3)
\$\$\$	metronidazole gel, 0.75%	1
\$\$\$	metronidazole 0.75% (Metrocream)	1 (3)
\$\$\$	RETIN-A MICRO – tretinoin	3
\$\$\$	sulfacetamide sodium/sulfur lotn	1
\$\$\$\$	BENZA CLIN – clindamycin/benzoyl peroxide	3
\$\$\$\$	DIFFERIN – adapalene	2
\$\$\$\$	DUAC CS – clindamycin/benzoyl peroxide	3
\$\$\$\$	FINACEA – azelaic acid	2
\$\$\$\$	METROGEL 1% – metronidazole	3
\$\$\$\$	TAZORAC – tazarotene	2
\$\$\$\$\$	isotretinoin caps (Accutane)	1 (3)
\$\$\$\$\$	ORACEA – doxycycline delayed-release	3
• Anti-infectives		
\$	econazole	1
\$	gentamicin	1
\$	ketoconazole shampoo, 2% (Nizoral)	1 (3)
\$	mupirocin oint (Bactroban)	1 (3)
\$	nystatin (Mycostatin)	1 (3)
\$	silver sulfadiazine (Silvadene)	1 (3)
\$\$	ciclopirox crm, gel, lotn (Loprox)	1 (3)
\$\$	DENAVIR – penciclovir – PA	3
\$\$	ketoconazole crm	1
\$\$\$	ALTABAX – retapamulin	3
\$\$\$	LOPROX shampoo – ciclopirox	2
\$\$\$	OXISTAT – oxiconazole nitrate	3
\$\$\$	ZOVIRAX – acyclovir	3
• Corticosteroids		
\$	betamethasone dipropionate	1
\$	betamethasone dipropionate, augmented (Diprolene)	1 (3)
\$	betamethasone valerate	1
\$	clobetasol (Temovate)	1 (3)
\$	desonide (Desowen)	1 (3)
\$	fluocinonide (Lidex)	1 (3)
\$	fluticasone propionate (Cutivate)	1 (3)
\$	hydrocortisone 2.5%	1
\$	hydrocortisone valerate (Westcort)	1 (3)
\$	nystatin/triamcinolone	1
\$	triamcinolone	1

KEY

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		Tier
\$	TRIAMCINOLONE oint, 0.05%	2
\$\$	alclometasone (Aclovate)	1 (3)
\$\$	desoximetasone (Topicort)	1 (3)
\$\$	diflorasone	1
\$\$	halobetasol (Ultravate)	1 (3)
\$\$	mometasone (Elocon)	1 (3)
\$\$\$\$	clobetasol (Olux)	1 (3)
\$\$\$\$	CLOBEX – clobetasol	3
• Other Skin Products		
\$	aluminum chloride soln (Drysol)	1 (3)
\$	lidocaine jelly, 2%; oint, 5%; soln, 4% (Xylocaine)	1 (3)
\$	selenium sulfide 2.5% (Selsun)	1 (3)
\$	XERAC AC – aluminum chloride	2
\$\$	lidocaine/prilocaine crm (Emla)	1 (3)
\$\$	permethrin crm, 5% (Elimite)	1 (3)
\$\$\$	doxepin crm (Zonalon)	1 (3)
\$\$\$	ELIDEL – pimecrolimus	2
\$\$\$\$	anthralin (Dritho-Creme HP)	1 (3)
\$\$\$\$	CARAC – fluorouracil	2
\$\$\$\$	FLUOROPLEX – fluorouracil	2
\$\$\$\$	fluorouracil crm, soln, 5% (Efudex)	1 (3)
\$\$\$\$	lindane lotn	1
\$\$\$\$	podofilox soln (Condylox)	1 (3)
\$\$\$\$	PROTOPIC – tacrolimus	2
\$\$\$\$\$	ALDARA – imiquimod	2
\$\$\$\$\$	calcipotriene soln (Dovonex)	1 (2)
\$\$\$\$\$	CONDYLOX – podofilox	3
\$\$\$\$\$	DOVONEX crm, soln – calcipotriene	2
\$\$\$\$\$	LIDODERM – lidocaine	3
\$\$\$\$\$	REGRANEX – becaplermin	2
\$\$\$\$\$	SOLARAZE – diclofenac sodium	2
\$\$\$\$\$	SORIATANE CK Kit – acitretin	2
MISCELLANEOUS CATEGORIES		
DIABETIC SUPPLIES – Blood Glucose Test Strips		
	ACCU-CHEK ACTIVE	2
	ACCU-CHEK AVIVA	2
	ACCU-CHEK COMFORT CURVE	2
	ACCU-CHEK COMPACT	2
	ACCU-CHEK INSTANT	2
	FREESTYLE	2
	FREESTYLE LITE	2
	PRECISION QID	2
	PRECISION XTRA	2
MEDICAL DEVICES		
	ACCU-CHEK LANCETS	2

KEY

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	Tier
BD INSULIN SYRINGES	2
BD LANCETS	2
FREESTYLE LANCETS	2
RESPIRATORY INHALER-ASSIST DEVICES	
BREATHERITE	2
MISCELLANEOUS DRUGS	
\$\$ azathioprine (Imuran)	1 (3)
\$\$\$ sodium polystyrene sulfonate powder, rectal susp	1
\$\$\$\$ CELLCEPT – mycophenolate mofetil	2
\$\$\$\$ CHEMET – succimer	2
\$\$\$\$ CUPRIMINE – penicillamine	2
\$\$\$\$ cyclosporine (Sandimmune)	1 (3)
\$\$\$\$ cyclosporine modified caps, 25 mg, 100 mg; soln (Neoral)	1 (3)
\$\$\$\$ MYFORTIC – mycophenolate delayed-release	2
\$\$\$\$ PROGRAF – tacrolimus	2
\$\$\$\$ RAPAMUNE – sirolimus	2

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