

# 2008

Effective January 1, 2008

## 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, 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

- caps** ..... capsules
- conc** ..... concentrate
- crm** ..... cream
- delayed-release** ..... enteric-coated
- DL** ..... dispensing limits
- ext-release** ..... extended-release
- inj** ..... injection
- liq** ..... liquid
- lotn** ..... lotion
- oint** ..... ointment
- OTC** ..... over-the-counter
- PA** ..... Prior Authorization required
- SL** ..... sublingual
- soln** ..... solution
- SP** ..... Specialty Pharmacy Program
- 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:

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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:* NEXIUM – esomeprazole delayed-release

**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:* **cefuroxime tabs** (Ceftin)

Ceftin is marketed as 250 mg and 500 mg tablets and 125 mg/5 mL and 250 mg/5 mL oral suspension. The tablets have generic versions available; the oral suspension is only available as brand Ceftin. The formulary entry includes generic tablets. Ceftin suspension would require a separate entry to be a Preferred Brand (tier 2). Because the suspension is noted as tier 3, 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 category where a product is listed determines which dosage form(s) are in the formulary.**

*Example:* VOLTAREN – diclofenac

When listed in the Eye category, this entry indicates that Voltaren ophthalmic solution is a Preferred Brand (tier 2). Voltaren tablets would require a separate entry in the Rheumatoid and Osteoarthritis category to be a Preferred Brand (tier 2).

- **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.

## 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.

Adderall (amphetamine/ dextroamphetamine mixed salts) . . . . .	Third Tier, Generic = First Tier	Methylin chew tabs, oral soln (methylphenidate) . . . . .	Third Tier
Amevive (alefacept) . . . . .	Third Tier or <b>SP</b>	Muse (alprostadil) . . . . .	Third Tier
Amitiza (lubiprostone) . . . . .	Third Tier	Neulasta (pegfilgrastim) . . . . .	Third Tier or <b>SP</b>
Aranesp (darbepoetin alfa) . . . . .	Third Tier or <b>SP</b>	Neumega (oprelvekin) . . . . .	Third Tier or <b>SP</b>
Caverject (alprostadil) . . . . .	Third Tier	Neupogen (filgrastim) . . . . .	Third Tier or <b>SP</b>
Celebrex (celecoxib) . . . . .	Third Tier	Nexium (esomeprazole delayed-release) . . . . .	Second Tier
Cialis (tadalafil) . . . . .	Third Tier	Oxandrin (oxandrolone) . . . . .	Third Tier, Generic = First Tier
Copegus tabs (ribavirin) . . . . .	Third Tier, Generic = First Tier or <b>SP</b>	OxyContin (oxycodone extended-release) . . . . .	Third Tier, Generic = First Tier
Daytrana (methylphenidate) . . . . .	Third Tier	Peg-Intron (peginterferon alfa-2b) . . . . .	Third Tier or <b>SP</b>
Denavir (penciclovir) . . . . .	Third Tier	Pegasys (peginterferon alfa-2a) . . . . .	Third Tier or <b>SP</b>
Desoxyn (methamphetamine) . . . . .	Third Tier	Penlac (ciclopirox) . . . . .	Third Tier, Generic = First Tier
Dexedrine (dextroamphetamine) . . . . .	Third Tier, Generic = First Tier	Plenaxis (abarelix) . . . . .	Third Tier
Dexedrine Spansule (dextroamphetamine extended-release) . . . . .	Third Tier, Generic = First Tier	Prevacid (lansoprazole delayed-release) . . . . .	Third Tier
Dextrostat 10 mg (dextroamphetamine) . . . . .	Third Tier, Generic = First Tier	Prevacid Solutab (lansoprazole delayed-release) . . . . .	Third Tier
Edex (alprostadil) . . . . .	Third Tier	Prilosec (omeprazole delayed-release) . . . . .	Third Tier, Generic = First Tier
Enbrel (etanercept) . . . . .	Third Tier or <b>SP</b>	Procrit (epoetin alfa) . . . . .	Third Tier or <b>SP</b>
Epogen (epoetin alfa) . . . . .	Third Tier or <b>SP</b>	Provigil (modafinil) . . . . .	Third Tier
Focalin (dexmethylphenidate) . . . . .	Third Tier, Generic = First Tier	Raptiva (efalizumab) . . . . .	Third Tier or <b>SP</b>
Focalin XR (dexmethylphenidate extended-release) . . . . .	Third Tier	Rebetol caps (ribavirin) . . . . .	Third Tier, Generic = First Tier or <b>SP</b>
Forteo (teriparatide) . . . . .	Third Tier or <b>SP</b>	Revatio (sildenafil) . . . . .	Third Tier or <b>SP</b>
Grifulvin V Susp (griseofulvin) . . . . .	Third Tier, Generic = First Tier	Ritalin (methylphenidate) . . . . .	Third Tier, Generic = First Tier
Hepsera (adefovir) . . . . .	Second Tier	Sporanox caps (itraconazole) . . . . .	Third Tier, Generic = First Tier
Humira (adalimumab) . . . . .	Third Tier or <b>SP</b>	Strattera (atomoxetine) . . . . .	Third Tier
Kineret (anakinra) . . . . .	Third Tier or <b>SP</b>	Viagra (sildenafil) . . . . .	Second Tier
Letairis (ambrisentan) . . . . .	Third Tier	Vyvanse (lisdexamfetamine) . . . . .	Third Tier
Leukine (sargramostim) . . . . .	Third Tier or <b>SP</b>	Xolair (omalizumab) . . . . .	Third Tier or <b>SP</b>
Levitra (vardenafil) . . . . .	Third Tier	Yocon (yohimbine) . . . . .	Third Tier, Generic = First Tier
Metadate CD (methylphenidate extended release) . . . . .	Third Tier	Zegerid (omeprazole/sodium bicarbonate) . . . . .	Third Tier
Metadate ER 10 mg (methylphenidate extended-release) . . . . .	Third Tier, Generic = First 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 as of January 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 bottle)
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 (albuterol/ipratropium)	inhaler	29.4 g (2 inhalers)
Copaxone (glatiramer acetate)	syringe	1 pkg (30 syringes)
Diflucan ( <b>fluconazole</b> )	tablets, all strengths	14 tablets
Duoneb (albuterol sulfate/ipratropium)	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) . . . . .	extended-release capsules . . . . .	120 capsules
Kytril (granisetron) . . . . .	oral solution, 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 ( <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 ( <b>oxycodone extended-release</b> ) . . . . .	extended-release tablets, all strengths . . . . .	90 tablets
ProAir HFA (albuterol sulfate) . . . . .	inhaler . . . . .	34 g (2 inhalers)
Proventil ( <b>albuterol</b> ) . . . . .	inhaler, 17 g . . . . .	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
Vivelle, Vivelle-Dot (estradiol) . . . . .	patch . . . . .	8 patches
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 (ST)

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. Drug groups subject to step therapy as of January 1, 2008: proton-pump inhibitors and drugs used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy. This list is subject to change.

## SPECIALTY PHARMACY PROGRAM

Effective January 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 in your pharmacy benefit, specialty drugs can only be obtained from one of the specialty pharmacy providers noted below. 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  
HUMIRA  
KINERET  
ORENCIA  
RAPTIVA  
REMICADE

### BLOOD MODIFIERS

ARANESP  
EPOGEN  
LEUKINE

NEULASTA  
NEUPOGEN  
PROCRIT

### CANCER – ORAL

GLEEVEC  
HEXALEN  
LYSODREN  
MATULANE  
NEXAVAR  
REVLIMID  
SPRYCEL  
SUTENT

TARCEVA  
TARGRETIN  
TEMODAR  
THALOMID  
TYKERB  
VESANOID  
XELODA  
ZOLINZA

### CYSTIC FIBROSIS

PULMOZYME  
TOBI

**ENZYME DEFICIENCIES**

ALDURAZYME  
CEREZYME  
ELAPRASE  
FABRAZYME  
MYOZYME  
NAGLAZYME  
ZAVESCA

**GROWTH HORMONE**

GENOTROPIN  
HUMATROPE  
INCRELEX  
NORDITROPIN  
NUTROPIN  
NUTROPIN AQ  
OMNITROPE  
SAIZEN  
SEROSTIM  
TEV-TROPIN  
ZORBTIVE

**HEMOPHILIA\***

ADVATE  
ALPHANATE  
ALPHANINE SD  
BEBULIN VH  
BENEFIX  
FEIBA VH  
GENARC  
HELIXATE FS  
HEMOPIL M  
HUMATE-P  
KOATE-DVI  
KOGENATE FS  
MONARC-M  
MONOCLATE-P  
MONONINE  
NOVOSEVEN  
PROFILNINE SD  
PROPLEX T  
RECOMBINATE  
REFACTO  
THROMBATE III

**HEPATITIS C**

ALFERON N  
COPEGUS  
INFERGEN  
INTRON A  
PEGASYS  
PEG-INTRON  
REBETOL  
RIBAVIRIN  
RIBASPHERE  
ROFERON-A

**HIV & IMMUNOSUPPRESSANTS**

FUZEON

**INFERTILITY**

BRAVELLE  
CETROTIDE  
CHORIONIC GONADOTROPIN  
FERTINEX  
FOLLISTIM AQ  
GANIRELIX ACETATE  
GONAL-F  
LUVERIS  
MENOPUR  
NOVAREL  
OVIDREL  
PREGNYL  
REPRONEX

**LUNG DISORDERS**

ACTIMMUNE  
SYNAGIS\*\*  
XOLAIR

**MULTIPLE SCLEROSIS**

AVONEX  
BETASERON  
COPAXONE  
REBIF  
TYSABRI

**PULMONARY HYPERTENSION**

FLOLAN  
LETAIRIS  
REMODULIN  
REVATIO  
TRACLEER  
VENTAVIS

**OTHERS**

APOKYN  
ELIGARD  
EXJADE  
FORTEO  
LEUPROLIDE ACETATE  
LUCENTIS  
LUPRON  
LUPRON DEPOT\*\*\*  
MACUGEN  
NEUMEGA  
OCTREOTIDE  
SANDOSTATIN  
SANDOSTATIN LAR DEPOT  
SOLIRIS  
SOMATULINE DEPOT  
SOMAVERT  
VISUDYNE  
VIVITROL  
XYREM

\* Provided through Coram

\*\* Provided through MedMark

\*\*\* Provided through Pharmacy Solutions



# Therapeutic Class Drug List

		Tier
<b>ANTI-INFECTIVE AGENTS</b>		
<b>PENICILLINS</b>		
\$	<b>amoxicillin</b>	1
\$	AMOXIL drops – amoxicillin	2
\$	<b>ampicillin</b>	1
\$	<b>penicillin v potassium</b>	1
\$\$	<b>amoxicillin/potassium clavulanate</b> (Augmentin)	1 (3)
\$\$	<b>dicloxacillin</b>	1
\$\$\$\$	AUGMENTIN XR – amoxicillin/potassium clavulanate ext-release	3
<b>CEPHALOSPORINS</b>		
\$	<b>cefadroxil</b> (Duricef)	1 (3)
\$	<b>cephalexin</b> (Keflex)	1 (3)
\$\$	<b>cefdinir</b> (Omnicef)	1 (3)
\$\$	<b>cefuroxime tabs</b> (Ceftin)	1 (3)
\$\$\$\$	CEFTIN – cefuroxime	3
\$\$\$\$	VANTIN – cefpodoxime	3
<b>MACROLIDES</b>		
\$	ERY-TAB – erythromycin delayed-release tabs	2
\$	<b>erythromycin ethylsuccinate</b>	1
\$	ERYTHROMYCIN FILMTABS – erythromycin base	2
\$	<b>erythromycin stearate</b>	1
\$\$	<b>azithromycin</b> (Zithromax)	1 (3)
\$\$	ZITHROMAX packet, 1 g – azithromycin	2
\$\$\$	BIAXIN XL – clarithromycin ext-release	3
\$\$\$	ZMAX – azithromycin ext-release	3
<b>TETRACYCLINES</b>		
\$	<b>doxycycline hyclate</b>	1
\$	<b>minocycline caps, tabs</b> (Minocin, Dynacin)	1 (3)
\$	<b>tetracycline</b>	1
\$\$\$\$	<b>demeclocycline</b> (Declomycin)	1 (3)
\$\$\$\$	DORYX – doxycycline hyclate delayed-release	3
<b>FLUOROQUINOLONES</b>		
\$	<b>ciprofloxacin tabs</b> (Cipro)	1 (3)
\$\$\$\$	AVELOX – moxifloxacin	3
\$\$\$\$	CIPRO XR – ciprofloxacin ext-release	3
\$\$\$\$	FACTIVE – gemifloxacin	3
\$\$\$\$	LEVAQUIN – levofloxacin	2
<b>AMINOGLYCOSIDES</b>		
\$	<b>neomycin sulfate</b>	1
\$\$\$\$	TOBI – tobramycin	3 or <b>SP</b>
<b>TUBERCULOSIS</b>		
\$	<b>isoniazid tabs</b>	1
\$\$	ISONIAZID syrup	2
\$\$\$	<b>rifampin</b> (Rifadin)	1 (3)

## KEY

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		Tier
\$\$\$\$	<b>pyrazinamide</b>	1
\$\$\$\$\$	<b>ethambutol</b> (Myambutol)	1 (3)
\$\$\$\$\$	MYCOBUTIN – rifabutin	2
<b>FUNGAL INFECTIONS</b>		
\$	<b>fluconazole</b> (Diflucan) – <b>DL</b>	1 (3)
\$	<b>ketoconazole</b> (Nizoral)	1 (3)
\$\$\$	<b>griseofulvin microsize susp</b> (Grifulvin V) – <b>PA</b>	1 (3)
\$\$\$	GRIS-PEG – griseofulvin ultramicrosize	2
\$\$\$	<b>terbinafine tabs</b> (Lamisil)	1 (3)
\$\$\$\$	GRIFULVIN V tabs – griseofulvin microsize	2
\$\$\$\$\$	<b>itraconazole caps</b> (Sporanox) – <b>PA</b>	1 (3)
\$\$\$\$\$	LAMISIL – terbinafine	3
<b>VIRAL INFECTIONS</b>		
<b>• Hepatitis</b>		
\$\$\$\$\$	BARACLUDE – entecavir	2
\$\$\$\$\$	EPIVIR-HBV – lamivudine	2
\$\$\$\$\$	HEPSERA – adefovir – <b>PA</b>	2
\$\$\$\$\$	INFERGEN – interferon alfacon-1	3 or <b>SP</b>
\$\$\$\$\$	INTRON A – interferon alfa-2b	3 or <b>SP</b>
\$\$\$\$\$	PEG-INTRON – peginterferon alfa-2b – <b>PA</b>	3 or <b>SP</b>
\$\$\$\$\$	<b>ribavirin caps</b> (Rebetol) – <b>PA</b>	1 (3) or <b>SP</b>
\$\$\$\$\$	<b>ribavirin tabs</b> (Copegus) – <b>PA</b>	1 (3) or <b>SP</b>
\$\$\$\$\$	ROFERON-A – interferon alfa-2a	3 or <b>SP</b>
<b>• Herpes</b>		
\$\$	<b>acyclovir</b> (Zovirax)	1 (3)
\$\$\$\$\$	<b>famciclovir</b> (Famvir)	1 (3)
\$\$\$\$\$	FAMVIR – famciclovir	3
\$\$\$\$\$	VALTREX – valacyclovir	2
<b>• HIV/AIDS</b>		
\$\$\$\$	<b>zidovudine</b> (Retrovir)	1 (3)
\$\$\$\$\$	<b>didanosine delayed-release</b> (Videx EC)	1 (3)
\$\$\$\$\$	HIV/AIDS BRAND DRUGS	3
<b>• Influenza</b>		
\$\$\$\$	TAMIFLU – oseltamivir	3
<b>MALARIA</b>		
\$	<b>chloroquine phosphate</b> (Aralen)	1 (3)
\$	<b>hydroxychloroquine</b> (Plaquenil)	1 (3)
\$	PRIMAQUINE PHOSPHATE	2
\$\$	<b>mefloquine</b> (Lariam)	1 (3)
\$\$\$\$	MALARONE – atovaquone/proguanil	2
<b>WORM INFECTIONS</b>		
\$	<b>mebendazole</b>	1
\$	MINTEZOL – thiabendazole	3
\$	STROMECTOL – ivermectin	2
\$\$\$\$	BILTRICIDE – praziquantel	2
<b>OTHER ANTI-INFECTIVES</b>		
\$	<b>clindamycin</b> (Cleocin)	1 (3)

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		Tier
\$	DAPSONE	2
\$	<b>erythromycin/sulfisoxazole</b> (Pediazole)	1 (3)
\$	<b>metronidazole tabs</b> (Flagyl)	1 (3)
\$	<b>sulfamethoxazole/trimethoprim</b> (Bactrim, Septra)	1 (3)
\$	<b>trimethoprim</b>	1
\$\$\$	KETEK – telithromycin	3
\$\$\$\$\$	ZYVOX – linezolid	2

## CANCER DRUGS

	ALKERAN tabs – melphalan	2
	ARIMIDEX – anastrozole	2
	AROMASIN – exemestane	2
	CASODEX – bicalutamide	2
	CEENU – lomustine	2
	<b>cyclophosphamide tabs</b> (Cytoxan)	1 (3)
	EMCYT – estramustine	2
	<b>etoposide caps</b> (Vepesid)	1 (3)
	FARESTON – toremifene	2
	FEMARA – letrozole	2
	<b>flutamide</b>	1
	<b>hydroxyurea</b> (Hydrea)	1 (3)
	IRESSA – gefitinib	2
	<b>leucovorin calcium tabs, 5 mg, 25 mg</b>	1
	LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg	2
	LEUKERAN – chlorambucil	2
	<b>megestrol</b> (Megace)	1 (3)
	<b>mercaptopurine</b> (Purinethol)	1 (3)
	MESNEX tabs – mesna	2
	<b>methotrexate tabs</b>	1
	MYLERAN – busulfan	2
	NILANDRON – nilutamide	2
	TABLOID – thioguanine	2
	<b>tamoxifen</b>	1
	TESLAC – testolactone	2
	<b>tretinoin caps</b> (Vesanoid)	1 (3) or <b>SP</b>
	TREXALL – methotrexate	2

## HORMONES, DIABETES AND RELATED DRUGS

### CORTICOSTEROIDS

\$	<b>cortisone acetate</b>	1
\$	<b>dexamethasone</b>	1
\$	DEXAMETHASONE soln, 0.5 mg/5 mL	2
\$	<b>fludrocortisone</b>	1
\$	<b>hydrocortisone</b> (Cortef)	1 (3)
\$	<b>methylprednisolone</b> (Medrol)	1 (3)
\$	<b>prednisolone sodium phosphate soln</b> (Orapred, Pediapred)	1 (3)
\$	<b>prednisolone syrup</b> (Prelone)	1 (3)
\$	<b>prednisone</b>	1
\$\$	PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg	2

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

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		<b>Tier</b>
\$\$	<b>norethindrone/ethinyl estradiol</b> (Ortho-Novum 7/7/7)	1 (3)
\$\$	<b>norethindrone/ethinyl estradiol</b> (Ovcon 35)	1 (3)
\$\$	<b>norethindrone/ethinyl estradiol</b> (Tri-Norinyl)	1 (3)
\$\$	<b>norethindrone/mestranol</b> (Ortho-Novum 1/50)	1 (3)
\$\$	<b>norgestimate/ethinyl estradiol</b> (Ortho-Cyclen)	1 (3)
\$\$	<b>norgestimate/ethinyl estradiol</b> (Ortho Tri-Cyclen)	1 (3)
\$\$	<b>norgestrel/ethinyl estradiol</b> (Lo/Ovral)	1 (3)
\$\$	PLAN B – levonorgestrel	2
\$\$\$	<b>desogestrel/ethinyl estradiol</b> (Mircette)	1 (3)
\$\$\$	ESTROSTEP FE – norethindrone acetate/ethinyl estradiol/Fe	3
\$\$\$	LOESTRIN 24 FE – norethindrone acetate/ethinyl estradiol/Fe	3
\$\$\$	NUVARING – etonogestrel/ethinyl estradiol	2
\$\$\$	ORTHO EVRA – norelgestromin/ethinyl estradiol – <b>DL</b>	2
\$\$\$	ORTHO TRI-CYCLEN LO – norgestimate/ethinyl estradiol	2
\$\$\$	OVCON – norethindrone/ethinyl estradiol	3
\$\$\$	YASMIN – drospirenone/ethinyl estradiol	2
\$\$\$	YAZ – drospirenone/ethinyl estradiol	2
<b>DIABETES</b>		
\$	<b>glimepiride</b> (Amaryl)	1 (3)
\$	<b>glipizide</b> (Glucotrol)	1 (3)
\$	<b>glyburide</b> (Micronase)	1 (3)
\$	<b>metformin</b> (Glucophage)	1 (3)
\$	<b>metformin ext-release</b> (Glucophage XR)	1 (3)
\$\$	<b>glipizide ext-release</b> (Glucotrol XL)	1 (3)
\$\$\$	<b>glyburide/metformin</b> (Glucovance)	1 (3)
\$\$\$\$	AVANDARYL – rosiglitazone/glimepiride	3
\$\$\$\$	AVANDIA – rosiglitazone	2
\$\$\$\$	FORTAMET – metformin ext-release	3
\$\$\$\$	GLUCAGON EMERGENCY KIT	3
\$\$\$\$	PRANDIN – repaglinide	3
\$\$\$\$	PRECOSE – acarbose	2
\$\$\$\$\$	ACTOPLUS MET – pioglitazone/metformin	2
\$\$\$\$\$	ACTOS – pioglitazone	2
\$\$\$\$\$	AVANDAMET – rosiglitazone/metformin	2
\$\$\$\$\$	BYETTA – exenatide	3
\$\$\$\$\$	DUETACT – pioglitazone/glimepiride	2
\$\$\$\$\$	JANUVIA – sitagliptin	3
<b>DIABETES – INSULINS</b>		
<b>Rapid-Acting Insulins</b>		
\$\$\$\$	HUMALOG – insulin lispro	2
\$\$\$\$	NOVOLOG – insulin aspart	2
<b>Short-Acting Insulins</b>		
\$\$	HUMULIN R – insulin regular	2
\$\$\$	NOVOLIN R – insulin regular	2
<b>Intermediate-Acting Insulins</b>		
\$\$	HUMULIN N – insulin isophane	2
\$\$	HUMULIN 50/50 – insulin isophane/regular	2

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		<b>Tier</b>
\$\$	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
<b>Basal Insulins</b>		
\$\$\$\$	LANTUS – insulin glargine	2
\$\$\$\$	LEVEMIR – insulin detemir	2
<b>THYROID REGULATION</b>		
\$	<b>levothyroxine – includes Levoxyl</b> (Synthroid)	1 (3)
\$	<b>propylthiouracil</b>	1
\$\$	CYTOMEL – liothyronine	2
\$\$	<b>methimazole 5 mg, 10 mg</b> (Tapazole)	1 (3)
\$\$	THYROLAR – liotrix	3
<b>OTHER HORMONES AND RELATED DRUGS</b>		
\$	METHERGINE – methylergonovine	2
\$\$	<b>clomiphene</b> (Clomid)	1 (3)
\$\$\$\$	ACTONEL – risedronate	2
\$\$\$\$	<b>calcitonin-salmon nasal – Fortical</b>	1
\$\$\$\$	<b>desmopressin nasal</b> (DDAVP)	1 (3)
\$\$\$\$	EVISTA – raloxifene	2
\$\$\$\$	FOSAMAX – alendronate	2
\$\$\$\$\$	BONIVA – ibandronate	3
\$\$\$\$\$	<b>cabergoline</b> (Dostinex)	1 (3)
\$\$\$\$\$	<b>desmopressin tabs</b> (DDAVP)	1 (3)
\$\$\$\$\$	FORTEO – teriparatide – <b>PA</b>	3 or <b>SP</b>
\$\$\$\$\$	HECTOROL – doxercalciferol	2
\$\$\$\$\$	SENSIPAR – cinacalcet	2
<b>HEART AND CIRCULATORY DRUGS</b>		
<b>ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS</b>		
\$	<b>benazepril</b> (Lotensin)	1 (3)
\$	<b>benazepril/hydrochlorothiazide</b> (Lotensin HCT)	1 (3)
\$	<b>captopril</b> (Capoten)	1 (3)
\$	<b>captopril/hydrochlorothiazide</b> (Capozide)	1 (3)
\$	<b>enalapril</b> (Vasotec)	1 (3)
\$	<b>enalapril/hydrochlorothiazide</b> (Vaseretic)	1 (3)
\$	<b>fosinopril</b> (Monopril)	1 (3)
\$	<b>lisinopril</b> (Prinivil)	1 (3)
\$	<b>lisinopril/hydrochlorothiazide</b> (Prinzide)	1 (3)
\$\$	<b>fosinopril/hydrochlorothiazide</b> (Monopril HCT)	1 (3)
\$\$	<b>moexipril/hydrochlorothiazide</b> (Uniretic)	1 (3)
\$\$	<b>quinapril</b> (Accupril)	1 (3)
\$\$	<b>quinapril/hydrochlorothiazide</b> (Accuretic)	1 (3)
\$\$	<b>trandolapril</b> (Mavik)	1 (3)
\$\$\$	ACEON – perindopril	3
\$\$\$	ALTACE caps – ramipril	2

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		<b>Tier</b>
\$\$\$	<b>moexipril</b> (Univasc)	1 (3)
\$\$\$\$	TARKA – trandolapril/verapamil ext-release	3
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS</b>		
\$\$\$	ATACAND – candesartan	3
\$\$\$	AVALIDE – irbesartan/hydrochlorothiazide	3
\$\$\$	AVAPRO – irbesartan	3
\$\$\$	BENICAR – olmesartan	2
\$\$\$	BENICAR HCT – olmesartan/hydrochlorothiazide	2
\$\$\$	COZAAR – losartan	3
\$\$\$	DIOVAN – valsartan	2
\$\$\$	DIOVAN HCT – valsartan/hydrochlorothiazide	2
\$\$\$	HYZAAR – losartan/hydrochlorothiazide	3
\$\$\$	MICARDIS – telmisartan	3
\$\$\$	MICARDIS HCT – telmisartan/hydrochlorothiazide	3
\$\$\$\$	ATACAND HCT – candesartan/hydrochlorothiazide	3
\$\$\$\$	TEVETEN HCT – eprosartan/hydrochlorothiazide	3
<b>BETA BLOCKERS AND COMBINATIONS</b>		
\$	<b>acebutolol</b> (Sectral)	1 (3)
\$	<b>atenolol</b> (Tenormin)	1 (3)
\$	<b>atenolol/chlorthalidone</b> (Tenoretic)	1 (3)
\$	<b>bisoprolol/hydrochlorothiazide</b> (Ziac)	1 (3)
\$	<b>labetalol</b> (Trandate)	1 (3)
\$	<b>metoprolol tartrate</b> (Lopressor)	1 (3)
\$	<b>nadolol</b> (Corgard)	1 (3)
\$	<b>propranolol tabs</b> (Inderal)	1 (3)
\$	<b>propranolol/hydrochlorothiazide 40/25</b> (Inderide)	1 (3)
\$\$	<b>bisoprolol</b> (Zebeta)	1 (3)
\$\$	<b>carvedilol</b> (Coreg)	1 (3)
\$\$	<b>metoprolol succinate ext-release</b> (Toprol XL)	1 (3)
\$\$	PROPRANOLOL soln	2
\$\$	TIMOLOL	2
\$\$\$	INNOPRAN XL – propranolol ext-release	2
\$\$\$	PINDOLOL	2
\$\$\$	<b>propranolol ext-release</b> (Inderal LA)	1 (3)
<b>CALCIUM CHANNEL BLOCKERS AND COMBINATIONS</b>		
\$	<b>amlodipine</b> (Norvasc)	1 (3)
\$	<b>diltiazem</b> (Cardizem)	1 (3)
\$	<b>verapamil</b> (Calan)	1 (3)
\$	<b>verapamil ext-release</b> (Calan SR)	1 (3)
\$\$	<b>diltiazem ext-release</b> (Dilacor XR)	1 (3)
\$\$	<b>nifedipine ext-release</b> (Adalat CC)	1 (3)
\$\$	<b>nifedipine ext-release</b> (Procardia XL)	1 (3)
\$\$	<b>verapamil ext-release</b> (Verelan)	1 (3)
\$\$\$	<b>diltiazem ext-release</b> (Cardizem CD)	1 (3)
\$\$\$	<b>diltiazem ext-release</b> (Tiazac)	1 (3)
\$\$\$	<b>felodipine ext-release</b> (Plendil)	1 (3)
\$\$\$\$	<b>amlodipine/benazepril</b> (Lotrel)	1 (3)

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\$\$\$\$	CARDIZEM LA – diltiazem ext-release	3
\$\$\$\$	DYNACIRC-CR – isradipine ext-release	3
\$\$\$\$	LOTREL 5/40, 10/40 – amlodipine/benazepril	2
\$\$\$\$	SULAR – nisoldipine ext-release	3
<b>CHEST PAIN</b>		
\$	<b>isosorbide dinitrate</b> (Isordil)	1 (3)
\$	<b>isosorbide mononitrate ext-release</b> (Imdur)	1 (3)
\$	NITRO-BID oint – nitroglycerin	2
\$	<b>nitroglycerin sublingual tabs</b> (Nitrostat)	1 (3)
\$\$	<b>isosorbide mononitrate</b> (Monoket)	1 (3)
\$\$	<b>nitroglycerin patches</b> (Nitro-Dur)	1 (3)
\$\$\$\$	NITROLINGUAL – nitroglycerin	3
<b>CHOLESTEROL LOWERING</b>		
\$	<b>gemfibrozil</b> (Lopid)	1 (3)
\$	<b>lovastatin</b> (Mevacor)	1 (3)
\$	<b>simvastatin</b> (Zocor)	1 (3)
\$\$	<b>pravastatin</b> (Pravachol)	1 (3)
\$\$\$	<b>cholestyramine</b> (Questran, Questran Light)	1 (3)
\$\$\$	LESCOL – fluvastatin	3
\$\$\$\$	ADVICOR – niacin/lovastatin ext-release	3
\$\$\$\$	ALTOPREV – lovastatin ext-release	3
\$\$\$\$	ANTARA – fenofibrate micronized	3
\$\$\$\$	CRESTOR – rosuvastatin	2
\$\$\$\$	LESCOL XL – fluvastatin ext-release	3
\$\$\$\$	LIPITOR – atorvastatin	3
\$\$\$\$	LOVAZA – omega-3-acid ethyl esters	3
\$\$\$\$	NIASPAN – niacin ext-release	2
\$\$\$\$	TRICOR – fenofibrate	2
\$\$\$\$	VYTORIN – ezetimibe/simvastatin	2
\$\$\$\$	ZETIA – ezetimibe	2
\$\$\$\$\$	WELCHOL – colesevelam	2
<b>FLUID RETENTION</b>		
\$	<b>acetazolamide</b>	1
\$	<b>amiloride/hydrochlorothiazide</b>	1
\$	<b>bumetanide</b> (Bumex)	1 (3)
\$	<b>chlorothiazide</b>	1
\$	<b>chlorthalidone 25 mg, 50 mg</b>	1
\$	<b>furosemide soln, 10 mg/mL; tabs</b> (Lasix)	1 (3)
\$	<b>hydrochlorothiazide caps</b> (Microzide)	1 (3)
\$	<b>hydrochlorothiazide tabs, 25 mg, 50 mg</b>	1
\$	<b>indapamide</b>	1
\$	<b>methazolamide</b>	1
\$	<b>spironolactone</b> (Aldactone)	1 (3)
\$	<b>spironolactone/hydrochlorothiazide 25/25</b> (Aldactazide)	1 (3)
\$	<b>triamterene/hydrochlorothiazide caps, 37.5/25</b> (Dyazide)	1 (3)
\$	<b>triamterene/hydrochlorothiazide tabs, 37.5/25</b> (Maxzide-25)	1 (3)
\$	<b>triamterene/hydrochlorothiazide tabs, 75/50</b> (Maxzide)	1 (3)

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



		<b>Tier</b>
\$\$	AMILORIDE	2
\$\$	<b>metolazone</b> (Zaroxolyn)	1 (3)
\$\$	<b>torseamide</b> (Demadex)	1 (3)
\$\$	<b>triamterene/hydrochlorothiazide caps, 50/25</b>	1
<b>HEART RHYTHM</b>		
\$	<b>sotalol</b> (Betapace)	1 (3)
\$\$	<b>amiodarone</b>	1
\$\$	<b>quinidine sulfate</b>	1
\$\$\$	<b>disopyramide</b> (Norpace)	1 (3)
\$\$\$	<b>flecainide</b> (Tambocor)	1 (3)
\$\$\$	MEXILETINE	2
\$\$\$	<b>propafenone</b> (Rythmol)	1 (3)
\$\$\$	<b>quinidine gluconate ext-release</b>	1
\$\$\$	<b>sotalol</b> (Betapace AF)	1 (3)
\$\$\$\$	<b>disopyramide ext-release 150 mg</b> (Norpace CR)	1 (3)
\$\$\$\$	<b>procainamide caps, 250 mg</b> (Pronestyl)	1 (3)
\$\$\$\$	PROCAINAMIDE ext-release tabs, 750 mg	2
\$\$\$\$	PRONESTYL caps, 375 mg – procainamide	2
\$\$\$\$	PRONESTYL SR – procainamide ext-release	2
<b>OTHER HEART RELATED DRUGS</b>		
\$	<b>clonidine</b> (Catapres)	1 (3)
\$	<b>digoxin tabs</b> (Lanoxin)	1 (3)
\$	<b>doxazosin</b> (Cardura)	1 (3)
\$	<b>methyldopa</b>	1
\$	<b>terazosin</b> (Hytrin)	1 (3)
\$\$	DIGOXIN soln	2
\$\$	<b>guanfacine</b> (Tenex)	1 (3)
\$\$	<b>hydralazine</b>	1
\$\$	<b>minoxidil</b>	1
\$\$	<b>prazosin</b> (Minipress)	1 (3)
\$\$\$	EPIPEN – epinephrine	3
\$\$\$\$	CADUET – amlodipine/atorvastatin	3
\$\$\$\$	CATAPRES-TTS – clonidine	2
\$\$\$\$	<b>midodrine</b> (Proamatine)	1 (3)
\$\$\$\$	DIBENZYLIN – phenoxybenzamine	2
\$\$\$\$	TRACLEER – bosentan	2 or <b>SP</b>
<b>ERECTILE DYSFUNCTION</b>		
\$\$\$	LEVITRA – vardenafil – <b>DL, PA</b>	3
\$\$\$	VIAGRA – sildenafil – <b>DL, PA</b>	2
\$\$\$	CIALIS – tadalafil – <b>DL, PA</b>	3
<b>RESPIRATORY AGENTS</b>		
<b>ANTIHISTAMINES</b>		
\$	<b>promethazine supp</b>	1
\$	<b>promethazine syrup, tabs</b>	1
\$\$	<b>cyproheptadine</b>	1
\$\$\$	DEXCHLORPHENIRAMINE MALEATE syrup	2
\$\$\$	<b>fexofenadine</b> (Allegra)	1 (3)

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		Tier
\$\$\$\$	CLARINEX – desloratadine	3
\$\$\$\$	ZYRTEC – cetirizine	2
\$\$\$\$\$	CLARINEX syrup – desloratadine	3
<b>NASAL PRODUCTS</b>		
\$\$	<b>ipratropium</b> (Atrovent) – <b>DL</b>	1 (3)
\$\$\$	<b>flunisolide 25 mcg/spray</b> – <b>DL</b>	1
\$\$\$	<b>fluticasone</b> (Flonase) – <b>DL</b>	1 (3)
\$\$\$	NASAREL – flunisolide – <b>DL</b>	3
\$\$\$\$	ASTELIN – azelastine – <b>DL</b>	2
\$\$\$\$	BACTROBAN nasal – mupirocin – <b>DL</b>	3
\$\$\$\$	BECONASE AQ – beclomethasone – <b>DL</b>	3
\$\$\$\$	NASACORT AQ – triamcinolone – <b>DL</b>	2
\$\$\$\$	NASONEX – mometasone – <b>DL</b>	2
\$\$\$\$	RHINOCORT AQUA – budesonide – <b>DL</b>	3
<b>COUGH/COLD/ALLERGY</b>		
\$	<b>brompheniramine/pseudoephedrine ext-release caps, 6/60, 12/120</b>	1
\$	<b>chlorpheniramine/pseudoephedrine/codeine soln, 2/30/10 per 5 mL</b>	1
\$	<b>codeine/guaifenesin soln, 10/100 per 5 mL</b>	1
\$	<b>codeine/guaifenesin tabs, 10/300</b> (Brontex)	1 (3)
\$\$\$	TUSSIONEX – chlorpheniramine/hydrocodone ext-release	3
\$\$\$\$	<b>acetylcysteine</b>	1
\$\$\$\$	ALLEGRA-D – fexofenadine/pseudoephedrine ext-release	2
\$\$\$\$	CLARINEX-D – desloratadine/pseudoephedrine ext-release	3
\$\$\$\$	ZYRTEC-D – cetirizine/pseudoephedrine ext-release	2
<b>ASTHMA/COPD</b>		
\$	<b>albuterol sulfate syrup, tabs</b>	1
\$\$	<b>albuterol inhaler</b> (Proventil) – <b>DL</b>	1 (3)
\$\$	<b>albuterol sulfate neb soln</b> (Accuneb, Proventil)	1 (3)
\$\$	PROAIR HFA – albuterol sulfate – <b>DL</b>	2
\$\$	<b>theophylline ext-release tabs – 12 hr dosing – Theochron</b>	1
\$\$\$	<b>cromolyn sodium neb soln</b> (Intal)	1 (3)
\$\$\$	FLOVENT HFA – fluticasone – <b>DL</b>	2
\$\$\$	<b>ipratropium neb soln</b>	1
\$\$\$	METAPROTERENOL tabs	2
\$\$\$	PROVENTIL HFA – albuterol sulfate – <b>DL</b>	3
\$\$\$	PULMICORT FLEXHALER – budesonide – <b>DL</b>	2
\$\$\$	<b>terbutaline</b> (Brethine)	1 (3)
\$\$\$	QVAR – beclomethasone – <b>DL</b>	2
\$\$\$	XOPENEX HFA – levalbuterol – <b>DL</b>	2
\$\$\$\$	ACCOLATE – zafirlukast	3
\$\$\$\$	ATROVENT HFA – ipratropium – <b>DL</b>	2
\$\$\$\$	AZMACORT – triamcinolone – <b>DL</b>	3
\$\$\$\$	COMBIVENT – albuterol sulfate/ipratropium – <b>DL</b>	2
\$\$\$\$	FORADIL AEROLIZER – formoterol – <b>DL</b>	2
\$\$\$\$	INTAL INHALER – cromolyn sodium – <b>DL</b>	2
\$\$\$\$	MAXAIR AUTOHALER – pirbuterol – <b>DL</b>	3
\$\$\$\$	SEREVENT DISKUS – salmeterol – <b>DL</b>	2

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	<b>Tier</b>
\$\$\$\$ SINGULAIR – montelukast	2
\$\$\$\$ SPIRIVA HANDIHALER – tiotropium – <b>DL</b>	2
\$\$\$\$\$ ADVAIR DISKUS – fluticasone/salmeterol – <b>DL</b>	2
\$\$\$\$\$ ADVAIR HFA – fluticasone/salmeterol – <b>DL</b>	2
\$\$\$\$\$ ASMANEX – mometasone	3
\$\$\$\$\$ DUONEB – albuterol sulfate/ipratropium – <b>DL</b>	2
\$\$\$\$\$ PULMICORT RESPULES – budesonide	2
\$\$\$\$\$ SYMBICORT – budesonide/formoterol	2
\$\$\$\$\$ TILADE – nedocromil sodium – <b>DL</b>	2
\$\$\$\$\$ XOPENEX – levalbuterol	3
<b>OTHER RESPIRATORY DRUGS</b>	
\$\$\$\$\$ PULMOZYME – dornase alfa	2 or <b>SP</b>
<b>GASTROINTESTINAL DRUGS</b>	
<b>LAXATIVES</b>	
\$ lactulose	1
\$ PEG – electrolytes for soln (Colyte)	1 (3)
\$ PEG – electrolytes for soln (Nulytely)	1 (3)
<b>ULCER/GERD</b>	
\$ cimetidine	1
\$ dicyclomine (Bentyl)	1 (3)
\$ famotidine (Pepcid)	1 (3)
\$ hyoscyamine (Levsin)	1 (3)
\$ hyoscyamine ext-release caps (Levsinex)	1 (3)
\$ hyoscyamine ext-release tabs (Levbid)	1 (3)
\$ ranitidine (Zantac)	1 (3)
\$\$\$ CARAFATE susp – sucralfate	2
\$\$\$ omeprazole delayed-release (Prilosec) – <b>PA</b>	1 (3)
\$\$\$ PROPANTHELINE BROMIDE 15 mg	2
\$\$\$ sucralfate tabs (Carafate)	1 (3)
\$\$\$\$ misoprostol (Cytotec)	1 (3)
\$\$\$\$\$ PREVACID SOLUTAB – lansoprazole delayed-release – <b>PA</b>	3
\$\$\$\$\$ PROTONIX – pantoprazole delayed-release	2
\$\$\$\$\$ ZEGERID – omeprazole/sodium bicarbonate – <b>PA</b>	3
\$\$\$\$\$ ACIPHEX – rabeprazole delayed-release	2
\$\$\$\$\$ NEXIUM – esomeprazole delayed-release – <b>PA</b>	2
\$\$\$\$\$ PREVACID – lansoprazole delayed-release – <b>PA</b>	3
\$\$\$\$\$ PREVPAC – amoxicillin + clarithromycin + lansoprazole delayed-release	2
<b>NAUSEA AND VOMITING</b>	
\$\$ TRANSDERM-SCOP – scopolamine	3
\$\$ trimethobenzamide caps (Tigan)	1 (3)
\$\$\$ ANZEMET – dolasetron – <b>DL</b>	3
\$\$\$ ondansetron orally disintegrating tabs (Zofran ODT) – <b>DL</b>	1 (3)
\$\$\$\$\$ EMEND – aprepitant – <b>DL</b>	2
\$\$\$\$\$ ondansetron oral soln; tabs, 4 mg, 8 mg (Zofran) – <b>DL</b>	1 (3)
<b>DIGESTIVE ENZYMES</b> – Pancreatic enzyme (pancrelipase) immediate-release and delayed-release products:	
\$\$\$\$\$ CREON	2
\$\$\$\$\$ LIPRAM/PN/UL	2

**KEY**

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		Tier
\$\$\$\$\$	PANCREASE MT	2
\$\$\$\$\$	PANCRELIPASE tabs, 30-8-30 – various tradenames	2
\$\$\$\$\$	PANOKASE-16	2
\$\$\$\$\$	ULTRASE/MT	2
\$\$\$\$\$	VIOKASE	2
<b>OTHER GASTROINTESTINAL DRUGS</b>		
\$	<b>lactulose – encephalopathy</b>	1
\$	<b>metoclopramide</b> (Reglan)	1 (3)
\$	<b>sulfasalazine</b> (Azulfidine)	1 (3)
\$\$\$	PHOSLO – calcium acetate	2
\$\$\$\$	<b>ursodiol</b> (Actigall)	1 (3)
\$\$\$\$\$	ASACOL – mesalamine delayed-release	2
\$\$\$\$\$	CANASA – mesalamine supp	2
\$\$\$\$\$	COLAZAL – balsalazide	3
\$\$\$\$\$	DIPENTUM – olsalazine	2
\$\$\$\$\$	LIALDA – mesalamine delayed-release	2
\$\$\$\$\$	<b>mesalamine enema</b> (Rowasa)	1 (3)
\$\$\$\$\$	PENTASA – mesalamine ext-release	2
\$\$\$\$\$	RENAGEL – sevelamer	2
\$\$\$\$\$	URSO – ursodiol	2
<b>GENITOURINARY DRUGS</b>		
<b>URINARY TRACT INFECTIONS</b>		
\$	<b>nitrofurantoin monohydrate/macrocrystals</b> (Macrobid)	1 (3)
\$\$	<b>nitrofurantoin macrocrystals</b> (Macrochantin)	1 (3)
<b>URINARY TRACT SPASMS</b>		
\$	<b>oxybutynin</b> (Ditropan)	1 (3)
\$\$\$\$	DETROL – tolterodine	2
\$\$\$\$	DETROL LA – tolterodine ext-release	2
\$\$\$\$	ENABLEX – darifenacin ext-release	3
\$\$\$\$	<b>oxybutynin ext-release</b> (Ditropan XL)	1 (3)
\$\$\$\$	VESICARE – solifenacin	2
<b>VAGINAL PRODUCTS</b>		
\$	<b>amino acid/urea crm</b> (Amino-Cerv)	1 (3)
\$\$	ACID JELLY – acetic acid	2
\$\$	ESTRACE crm – estradiol	2
\$\$	PREMARIN crm – conjugated estrogens	2
\$\$\$	<b>clindamycin crm</b> (Cleocin)	1 (3)
\$\$\$	GYNAZOLE-1 – butoconazole	3
\$\$\$	<b>metronidazole gel</b> (MetroGel-Vaginal)	1 (3)
\$\$\$	VAGIFEM – estradiol vaginal tabs	2
\$\$\$\$	CLINDESSE – clindamycin crm	3
\$\$\$\$\$	CRINONE 8% – progesterone gel	2
<b>OTHER GENITOURINARY DRUGS</b>		
\$\$	<b>potassium citrate ext-release</b> (Urocit-K)	1 (3)
\$\$	<b>sodium citrate/citric acid</b> (Bicitra)	1 (3)
\$\$\$	<b>finasteride</b> (Proscar)	1 (3)
\$\$\$	<b>potassium citrate/citric acid powder, soln</b> (Polycitra-K)	1 (3)

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		<b>Tier</b>
\$\$\$	<b>tricitrates soln</b> (Polycitra)	1 (3)
\$\$\$\$	AVODART – dutasteride	2
\$\$\$\$	FLOMAX – tamsulosin ext-release	2
\$\$\$\$	UROXATRAL – alfuzosin ext-release	3
\$\$\$\$\$	CYSTAGON – cysteamine	2
\$\$\$\$\$	ELMIRON – pentosan	3

## CENTRAL NERVOUS SYSTEM DRUGS

### ANXIETY

\$	<b>alprazolam</b> (Xanax)	1 (3)
\$	<b>buspirone</b> (Buspar)	1 (3)
\$	DIAZEPAM oral soln, 1 mg/mL	2
\$	<b>diazepam</b> (Valium)	1 (3)
\$	<b>hydroxyzine pamoate</b> (Vistaril)	1 (3)
\$	<b>lorazepam</b> (Ativan)	1 (3)
\$\$	<b>hydroxyzine hcl</b>	1

### DEPRESSION

\$	<b>amitriptyline</b>	1
\$	<b>citalopram</b> (Celexa)	1 (3)
\$	<b>doxepin</b>	1
\$	<b>fluoxetine</b> (Prozac)	1 (3)
\$	<b>nortriptyline</b> (Pamelor)	1 (3)
\$	<b>sertraline</b> (Zoloft)	1 (3)
\$	<b>trazodone</b>	1
\$\$	<b>bupropion</b> (Wellbutrin)	1 (3)
\$\$	<b>clomipramine</b> (Anafranil)	1 (3)
\$\$	<b>desipramine</b> (Norpramin)	1 (3)
\$\$	<b>imipramine hcl</b> (Tofranil)	1 (3)
\$\$	<b>mirtazapine</b> (Remeron)	1 (3)
\$\$	<b>paroxetine hcl</b> (Paxil)	1 (3)
\$\$\$	<b>bupropion ext-release</b> (Wellbutrin SR)	1 (3)
\$\$\$	NARDIL – phenelzine	2
\$\$\$\$	<b>bupropion ext-release 300 mg</b> (Wellbutrin XL)	1 (3)
\$\$\$\$	CYMBALTA – duloxetine delayed-release	3
\$\$\$\$	EFFEXOR XR – venlafaxine ext-release	2
\$\$\$\$	LEXAPRO – escitalopram	2
\$\$\$\$	PAXIL CR – paroxetine hcl ext-release	3
\$\$\$\$	PROZAC WEEKLY – fluoxetine delayed-release	3
\$\$\$\$	<b>tranylcypromine</b> (Parnate)	1 (3)
\$\$\$\$	<b>venlafaxine</b> (Effexor)	1 (3)
\$\$\$\$	VIVACTIL – protriptyline	3
\$\$\$\$	WELLBUTRIN XL 150 mg – bupropion ext-release	2

### PSYCHOTIC AND BIPOLAR DISORDERS

\$	<b>fluphenazine hcl</b>	1
\$	<b>haloperidol lactate oral soln</b>	1
\$	<b>haloperidol tabs</b>	1
\$	<b>lithium carbonate caps, 150 mg, 300 mg</b>	1
\$	<b>prochlorperazine supp</b>	1

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	<b>Tier</b>
\$ <b>prochlorperazine tabs</b>	1
\$ <b>thiothixene</b> (Navane)	1 (3)
\$\$ <b>lithium carbonate ext-release 300 mg</b> (Lithobid)	1 (3)
\$\$ <b>lithium carbonate ext-release 450 mg</b>	1
\$\$ <b>perphenazine</b>	1
\$\$ <b>trifluoperazine</b>	1
\$\$\$ <b>chlorpromazine</b>	1
\$\$\$ <b>clozapine 25 mg, 50 mg, 100 mg</b> (Clozaril)	1 (3)
\$\$\$ <b>lithium citrate</b>	1
\$\$\$\$ <b>loxapine</b> (Loxitane)	1 (3)
\$\$\$\$\$ ABILIFY – aripiprazole	3
\$\$\$\$\$ GEODON – ziprasidone	2
\$\$\$\$\$ RISPERDAL – risperidone	2
\$\$\$\$\$ RISPERDAL M-TAB – risperidone	2
\$\$\$\$\$ SEROQUEL – quetiapine	2
\$\$\$\$\$ SEROQUEL XR – quetiapine ext-release	2
\$\$\$\$\$ ZYPREXA – olanzapine	3
<b>SLEEP AIDS</b>	
\$ CHLORAL HYDRATE supp	2
\$ <b>chloral hydrate syrup</b>	1
\$ <b>estazolam</b> (Prosom)	1 (3)
\$ <b>phenobarbital</b>	1
\$ <b>temazepam</b> (Restoril)	1 (3)
\$ <b>zolpidem</b> (Ambien)	1 (3)
\$\$\$ AMBIEN CR – zolpidem ext-release	3
\$\$\$ LUNESTA – eszopiclone	3
\$\$\$ RESTORIL 7.5 mg – temazepam	2
\$\$\$ ROZEREM – ramelteon	3
\$\$\$ SONATA – zaleplon	3
<b>HYPERACTIVITY/NARCOLEPSY</b>	
\$\$ <b>dextroamphetamine – PA</b>	1
\$\$ <b>methylphenidate</b> (Ritalin) – <b>PA</b>	1 (3)
\$\$ <b>methylphenidate ext-release</b> (Metadate ER, Ritalin SR) – <b>PA</b>	1 (3)
\$\$\$ <b>amphetamine/dextroamphetamine mixed salts</b> (Adderall) – <b>PA</b>	1 (3)
\$\$\$ <b>dextroamphetamine ext-release</b> (Dexedrine Spansule) – <b>PA</b>	1 (3)
\$\$\$ FOCALIN – dexamethylphenidate – <b>PA</b>	3
\$\$\$\$ CONCERTA – methylphenidate ext-release	2
\$\$\$\$ DAYTRANA – methylphenidate – <b>PA</b>	3
\$\$\$\$ FOCALIN XR – dexamethylphenidate ext-release – <b>PA</b>	3
\$\$\$\$ METADATE CD – methylphenidate ext-release – <b>PA</b>	3
\$\$\$\$ STRATTERA – atomoxetine – <b>PA</b>	3
\$\$\$\$\$ PROVIGIL – modafinil – <b>PA</b>	3
<b>MULTIPLE SCLEROSIS</b>	
\$\$\$\$\$ AVONEX – interferon beta-1a – <b>DL</b>	3 or <b>SP</b>
\$\$\$\$\$ BETASERON – interferon beta-1b – <b>DL</b>	3 or <b>SP</b>
\$\$\$\$\$ COPAXONE – glatiramer – <b>DL</b>	3 or <b>SP</b>
\$\$\$\$\$ REBIF – interferon beta-1a – <b>DL</b>	3 or <b>SP</b>

**KEY**

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		Tier
<b>OTHER CENTRAL NERVOUS SYSTEM DRUGS</b>		
\$\$\$	<b>bupropion ext-release</b> (Zyban)	1 (3)
\$\$\$	ORAP – pimozide	2
\$\$\$\$	ANTABUSE – disulfiram	2
\$\$\$\$\$	ARICEPT – donepezil	2
\$\$\$\$\$	ARICPET ODT – donepezil	2
\$\$\$\$\$	EXELON – rivastigmine	2
\$\$\$\$\$	NAMENDA – memantine	3
\$\$\$\$\$	SARAFEM – fluoxetine	3
<b>PAIN RELIEF DRUGS</b>		
<b>NON-NARCOTIC DRUGS</b>		
\$	<b>butalbital/acetaminophen tabs, 50/325</b> (Phrenilin)	1 (3)
\$	<b>butalbital/acetaminophen/caffeine caps, 50/325/40</b> (Esgic)	1 (3)
\$	<b>butalbital/acetaminophen/caffeine tabs, 50/325/40</b> (Fioricet)	1 (3)
\$	<b>butalbital/aspirin/caffeine caps, 50/325/40</b> (Fiorinal)	1 (3)
\$	<b>butalbital/aspirin/caffeine tabs, 50/325/40</b>	1
\$	<b>salsalate</b>	1
\$\$	<b>butalbital/acetaminophen tabs, 50/650</b> (Sedapap)	1 (3)
\$\$\$	<b>butalbital/acetaminophen/caffeine tabs, 50/500/40</b> (Esgic Plus)	1 (3)
<b>NARCOTIC DRUGS</b>		
\$	<b>acetaminophen/codeine</b> (Tylenol w/Codeine)	1 (3)
\$	<b>aspirin/codeine</b>	1
\$	CODEINE SULFATE 15 mg	2
\$	<b>codeine sulfate 30 mg, 60 mg</b>	1
\$	DILAUDID-5 – hydromorphone	2
\$	<b>hydrocodone/acetaminophen caps, 5/500</b>	1 (3)
\$	<b>hydrocodone/acetaminophen tabs, 2.5/500, 5/500, 7.5/500, 10/500</b> (Lortab)	1 (3)
\$	<b>hydrocodone/acetaminophen tabs, 5/325, 7.5/325, 10/325</b> (Norco)	1 (3)
\$	<b>hydrocodone/acetaminophen tabs, 5/500, 7.5/750, 10/660</b> (Vicodin, Vicodin ES, Vicodin HP)	1 (3)
\$	<b>hydrocodone/acetaminophen tabs, 7.5/650, 10/650</b> (Lorcet, Lorcet Plus)	1 (3)
\$	<b>hydromorphone tabs</b> (Dilaudid)	1 (3)
\$	<b>methadone conc, tabs</b>	1
\$	<b>morphine sulfate soln, 20 mg/mL; tabs</b>	1
\$	<b>morphine sulfate supp</b>	1
\$	<b>oxycodone caps</b> (OxyIR)	1 (3)
\$	<b>oxycodone/acetaminophen caps, 5/500</b> (Tylox)	1 (3)
\$	<b>oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650</b> (Percocet)	1 (3)
\$	<b>propoxyphene hcl/acetaminophen tabs, 65/650</b>	1
\$	<b>propoxyphene napsylate/acetaminophen 50/325, 100/650</b> (Darvocet-N)	1 (3)
\$	<b>tramadol</b> (Ultram)	1 (3)
\$\$	<b>butalbital/aspirin/caffeine/codeine caps</b> (Fiorinal w/Codeine)	1 (3)
\$\$	<b>hydrocodone/acetaminophen soln, 7.5/500 per 15 mL</b> (Lortab)	1 (3)
\$\$	<b>hydrocodone/acetaminophen tabs, 10/750</b> (Maxidone)	1 (3)
\$\$	MORPHINE SULFATE soln, 20 mg/5 mL	2
\$\$	<b>oxycodone conc, soln, tabs</b> (Roxicodone)	1 (3)
\$\$\$	<b>hydromorphone supp</b> (Dilaudid)	1 (3)
\$\$\$	<b>morphine sulfate ext-release</b> (MS Contin)	1 (3)

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

		<b>Tier</b>
\$\$\$	<b>oxycodone/acetaminophen tabs, 10/500</b> (Alcet)	1 (3)
\$\$\$	<b>oxycodone/aspirin tabs, 5/325</b> (Percodan)	1 (3)
\$\$\$	ULTRAM ER – tramadol ext-release	3
\$\$\$\$	AVINZA – morphine sulfate ext-release	3
\$\$\$\$\$	<b>fentanyl patches</b> (Duragesic) – <b>DL</b>	1 (3)
\$\$\$\$\$	KADIAN – morphine sulfate ext-release – <b>DL</b>	2
\$\$\$\$\$	<b>oxycodone ext-release</b> (OxyContin) – <b>DL, PA</b>	1 (3)
\$\$\$\$\$	SUBOXONE – buprenorphine/naloxone	2
\$\$\$\$\$	SUBUTEX – buprenorphine	2
<b>RHEUMATOID AND OSTEOARTHRITIS</b>		
\$	<b>diclofenac sodium delayed-release</b> (Voltaren)	1 (3)
\$	<b>etodolac</b>	1
\$	<b>ibuprofen</b> (Motrin)	1 (3)
\$	<b>indomethacin</b>	1
\$	<b>ketoprofen</b>	1
\$	<b>meloxicam</b> (Mobic)	1 (3)
\$	<b>naproxen</b> (Naprosyn)	1 (3)
\$	<b>naproxen sodium</b> (Anaprox)	1 (3)
\$	<b>piroxicam</b> (Feldene)	1 (3)
\$	<b>sulindac</b>	1
\$\$	<b>diclofenac sodium ext-release</b> (Voltaren XR)	1 (3)
\$\$\$	<b>leflunomide</b> (Arava)	1 (3)
\$\$\$	<b>nabumetone</b>	1
\$\$\$\$	ARTHROTEC – diclofenac sodium delayed-release/misoprostol	3
\$\$\$\$	CELEBREX – celecoxib – <b>PA</b>	3
\$\$\$\$\$	ENBREL – etanercept – <b>PA</b>	3 or <b>SP</b>
\$\$\$\$\$	HUMIRA – adalimumab – <b>PA</b>	3 or <b>SP</b>
\$\$\$\$\$	RIDAURA – auranofin	3
<b>MIGRAINE HEADACHES</b>		
\$	<b>acetaminophen/isometheptene/dichloralphenazone</b> (Midrin)	1 (3)
\$\$\$\$\$	AXERT – almotriptan – <b>DL</b>	3
\$\$\$\$\$	FROVA – frovatriptan – <b>DL</b>	3
\$\$\$\$\$	IMITREX inj – sumatriptan – <b>DL</b>	3
\$\$\$\$\$	IMITREX nasal – sumatriptan – <b>DL</b>	2
\$\$\$\$\$	IMITREX tabs – sumatriptan – <b>DL</b>	2
\$\$\$\$\$	MAXALT – rizatriptan – <b>DL</b>	3
\$\$\$\$\$	MAXALT-MLT – rizatriptan – <b>DL</b>	3
\$\$\$\$\$	MIGRANAL – dihydroergotamine	2
\$\$\$\$\$	RELPAK – eletriptan – <b>DL</b>	3
\$\$\$\$\$	ZOMIG nasal – zolmitriptan – <b>DL</b>	2
\$\$\$\$\$	ZOMIG tabs – zolmitriptan – <b>DL</b>	2
\$\$\$\$\$	ZOMIG ZMT – zolmitriptan – <b>DL</b>	2
<b>GOUT</b>		
\$	<b>allopurinol</b>	1
\$	<b>colchicine</b>	1
\$\$	<b>probenecid</b>	1
\$\$\$	<b>probenecid/colchicine</b>	1

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		Tier
<b>NEUROMUSCULAR DRUGS</b>		
<b>SEIZURES</b>		
\$	<b>carbamazepine</b> (Tegretol)	1 (3)
\$	<b>clonazepam</b> (Klonopin)	1 (3)
\$\$	DILANTIN 30 mg – phenytoin sodium extended	2
\$\$	<b>gabapentin caps, tabs</b> (Neurontin)	1 (3)
\$\$	PHENYTEK – phenytoin sodium extended	2
\$\$	<b>phenytoin susp</b> (Dilantin)	1 (3)
\$\$\$	DILANTIN INFATABS – phenytoin	2
\$\$\$	<b>phenytoin sodium extended</b> (Dilantin)	1 (3)
\$\$\$	<b>primidone</b> (Mysoline)	1 (3)
\$\$\$	<b>valproic acid</b> (Depakene)	1 (3)
\$\$\$	<b>zonisamide</b> (Zonegran)	1 (3)
\$\$\$\$	CARBATROL – carbamazepine ext-release	3
\$\$\$\$	CELONTIN – methsuximide	2
\$\$\$\$	<b>ethosuximide</b> (Zarontin)	1 (3)
\$\$\$\$	LYRICA – pregabalin	3
\$\$\$\$	NEURONTIN soln – gabapentin	2
\$\$\$\$	TEGRETOL XR – carbamazepine ext-release	2
\$\$\$\$\$	DEPAKOTE – divalproex delayed-release	2
\$\$\$\$\$	DEPAKOTE ER – divalproex ext-release	2
\$\$\$\$\$	DIASTAT – diazepam	2
\$\$\$\$\$	GABITRIL – tiagabine	2
\$\$\$\$\$	KEPPRA – levetiracetam	2
\$\$\$\$\$	LAMICTAL tabs – lamotrigine	2
\$\$\$\$\$	<b>lamotrigine chew tabs</b> (Lamictal)	1 (3)
\$\$\$\$\$	<b>oxcarbazepine tabs</b> (Trileptal)	1(2)
\$\$\$\$\$	TOPAMAX – topiramate	2
\$\$\$\$\$	TRILEPTAL – oxcarbazepine	2
<b>PARKINSON'S DISEASE</b>		
\$	<b>benztropine</b>	1
\$	<b>trihexyphenidyl</b>	1
\$\$	<b>amantadine caps, syrup</b>	1
\$\$	<b>selegiline caps</b> (Eldepryl)	1 (3)
\$\$	<b>selegiline tabs</b>	1
\$\$\$	<b>carbidopa/levodopa</b> (Sinemet)	1 (3)
\$\$\$\$	<b>bromocriptine</b> (Parlodel)	1 (3)
\$\$\$\$	<b>carbidopa/levodopa ext-release</b> (Sinemet CR)	1 (3)
\$\$\$\$\$	COMTAN – entacapone	2
\$\$\$\$\$	MIRAPEX – pramipexole	2
\$\$\$\$\$	PARCOPA – carbidopa/levodopa	2
\$\$\$\$\$	REQUIP – ropinirole	2
<b>MUSCLE RELAXANTS</b>		
\$	<b>baclofen</b>	1
\$	<b>cyclobenzaprine</b> (Flexeril)	1 (3)
\$	<b>methocarbamol</b> (Robaxin)	1 (3)
\$	<b>orphenadrine citrate ext-release</b>	1

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

**KEY**

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## TOPICAL PRODUCTS

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

## KEY

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	Tier
<b>• Other Eye Products</b>	
\$ <b>atropine sulfate oint, soln</b> (Isopto Atropine)	1 (3)
\$ <b>cyclopentolate soln</b> (Cyclogyl)	1 (3)
\$ <b>flurbiprofen soln</b> (Ocufen)	1 (3)
\$ <b>homatropine soln</b> (Isopto Homatropine)	1 (3)
\$\$ <b>cromolyn sodium soln</b> (Crolom)	1 (3)
\$\$\$    ACULAR PF – ketorolac	2
\$\$\$    CYCLOGYL – cyclopentolate	3
\$\$\$    LACRISERT – hydroxypropyl cellulose insert	3
\$\$\$    VOLTAREN – diclofenac	2
\$\$\$\$   ACULAR – ketorolac	2
\$\$\$\$   ACULAR LS – ketorolac	2
\$\$\$\$   ELESTAT – epinastine	3
\$\$\$\$   NEVANAC – nepafenac	3
\$\$\$\$   OPTIVAR – azelastine	2
\$\$\$\$   PATANOL – olopatadine	2
\$\$\$\$\$   RESTASIS – cyclosporine	3
<b>EAR</b>	
\$ <b>benzocaine/antipyrine</b>	1
\$ <b>hydrocortisone/acetic acid</b>	1
\$ <b>neomycin/polymyxin B/hydrocortisone</b> (Cortisporin)	1 (3)
\$\$ <b>acetic acid</b>	1
\$\$\$ <b>ofloxacin</b> (Floxin Otic)	1 (3)
\$\$\$\$   CIPRO HC – ciprofloxacin/hydrocortisone	2
\$\$\$\$   CIPRODEX – ciprofloxacin/dexamethasone	2
<b>MOUTH AND THROAT (local)</b>	
\$ <b>chlorhexidine oral rinse</b> (Peridex)	1 (3)
\$ <b>lidocaine viscous</b> (Xylocaine)	1 (3)
\$ <b>sodium fluoride dental crm, gel</b> (Prevident)	1 (3)
\$ <b>triamcinolone dental paste</b>	1
\$\$\$ <b>nystatin susp</b>	1
\$\$\$\$\$   EVOXAC – cevimeline caps	2
\$\$\$\$\$ <b>pilocarpine tabs</b> (Salagen)	1 (3)
<b>ANORECTAL AGENTS</b>	
\$ <b>hydrocortisone acetate supp, 25 mg</b> (Anusol-HC)	1 (3)
\$ <b>hydrocortisone crm, 2.5%</b> (Anusol-HC)	1 (3)
\$\$\$    ANALPRAM-HC – hydrocortisone acetate/pramoxine	3
\$\$\$    PROCTOFOAM HC – hydrocortisone acetate/pramoxine	3
\$\$\$\$   CORTIFOAM – hydrocortisone acetate	2
\$\$\$\$\$ <b>hydrocortisone enema</b>	1
<b>SKIN CONDITIONS/PRODUCTS</b>	
<b>• Acne</b>	
\$ <b>clindamycin</b> (Cleocin T)	1 (3)
\$ <b>erythromycin</b> (Erygel)	1 (3)
\$ <b>erythromycin pads, soln, 2%</b>	1
\$\$ <b>erythromycin/benzoyl peroxide</b> (Benzamycin)	1 (3)
\$\$ <b>sulfacetamide sodium/sulfur crm, emulsion, susp</b> (Plexion)	1 (3)

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		<b>Tier</b>
\$\$	<b>tretinoin</b> (Retin-A)	1 (3)
\$\$\$	EVOCLIN – clindamycin	3
\$\$\$	<b>metronidazole</b> (Metro lotion)	1 (3)
\$\$\$	<b>metronidazole gel, 0.75%</b>	1
\$\$\$	<b>metronidazole 0.75%</b> (Metrocream)	1 (3)
\$\$\$	RETIN-A MICRO – tretinoin microsphere	3
\$\$\$	<b>sulfacetamide sodium/sulfur lotn</b> (Sulfacet-R)	1 (3)
\$\$\$\$	BENZACLIN – clindamycin/benzoyl peroxide	3
\$\$\$\$	DIFFERIN – adapalene	2
\$\$\$\$	DUAC – clindamycin/benzoyl peroxide	3
\$\$\$\$	FINACEA – azelaic acid	2
\$\$\$\$	TAZORAC – tazarotene	2
\$\$\$\$\$	<b>isotretinoin caps</b> (Accutane)	1 (3)
<b>• Anti-infectives</b>		
\$	<b>econazole</b>	1
\$	<b>gentamicin</b>	1
\$	<b>ketoconazole shampoo, 2%</b> (Nizoral)	1 (3)
\$	<b>nystatin</b> (Mycostatin)	1 (3)
\$	<b>nystatin/triamcinolone</b>	1
\$	<b>silver sulfadiazine</b> (Silvadene)	1 (3)
\$\$	<b>ciclopirox crm, lotn</b> (Loprox)	1 (3)
\$\$	DENAVIR – penciclovir – <b>PA</b>	3
\$\$	<b>ketoconazole crm</b>	1
\$\$\$	LOPROX gel – ciclopirox	2
\$\$\$	LOPROX shampoo – ciclopirox	2
\$\$\$	<b>mupirocin oint</b> (Bactroban)	1 (3)
\$\$\$	OXISTAT – oxiconazole nitrate	3
\$\$\$	ZOVIRAX – acyclovir	3
\$\$\$\$	<b>podofilox soln</b> (Condylox)	1 (3)
\$\$\$\$\$	CONDYLOX – podofilox	3
<b>• Corticosteroids</b>		
\$	<b>betamethasone dipropionate</b>	1
\$	<b>betamethasone valerate</b>	1
\$	<b>clobetasol</b> (Temovate)	1 (3)
\$	<b>desonide</b> (Desowen)	1 (3)
\$	<b>desoximetasone</b> (Topicort)	1 (3)
\$	<b>fluocinolone</b> (Synalar)	1 (3)
\$	<b>fluocinonide</b> (Lidex)	1 (3)
\$	<b>hydrocortisone 2.5%</b> (Hytone)	1 (3)
\$	<b>hydrocortisone valerate</b> (Westcort)	1 (3)
\$	<b>triamcinolone</b> (Kenalog)	1 (3)
\$	TRIAMCINOLONE oint, 0.05%	2
\$\$	<b>betamethasone dipropionate, augmented</b> (Diprolene)	1 (3)
\$\$	<b>diflorasone</b>	1
\$\$	<b>mometasone</b> (Elocon)	1 (3)
\$\$\$	CLOBEX – clobetasol	3
\$\$\$\$	OLUX – clobetasol	3

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	Tier
<b>• Other Skin Products</b>	
\$ 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 crm, 3%; lotn, 3% (LidaMantle)	1 (3)
\$\$ lidocaine/prilocaine crm (Emla)	1 (3)
\$\$ permethrin crm, 5% (Elimite)	1 (3)
\$\$\$ doxepin crm (Zonalon)	1 (3)
\$\$\$ ELIDEL – pimecrolimus	2
\$\$\$\$ anthralin (Psoriatec)	1 (3)
\$\$\$\$ CARAC – fluorouracil	2
\$\$\$\$ FLUOROPLEX – fluorouracil	2
\$\$\$\$ fluorouracil (Efudex)	1 (3)
\$\$\$\$ lindane	1
\$\$\$\$ PROTOPIC – tacrolimus	2
\$\$\$\$\$ ALDARA – imiquimod	2
\$\$\$\$\$ DOVONEX – calcipotriene	2
\$\$\$\$\$ LIDODERM – lidocaine	3
\$\$\$\$\$ REGRANEX – becaplermin	2
\$\$\$\$\$ SOLARAZE – diclofenac sodium	2
\$\$\$\$\$ SORIATANE CK Kit – acitretin	2
<b>MISCELLANEOUS CATEGORIES</b>	
<b>DIABETIC SUPPLIES – Blood Glucose Test Strips</b>	
FREESTYLE	2
FREESTYLE LITE	2
ONE TOUCH FASTTAKE	2
ONE TOUCH II/BASIC/PROFILE	2
ONE TOUCH SURESTEP	2
ONE TOUCH ULTRA	2
PRECISION QID	2
PRECISION XTRA	2
<b>MEDICAL DEVICES</b>	
BD INSULIN SYRINGES	2
BD LANCETS	2
FREESTYLE LANCETS	2
LIFESCAN LANCETS	2
<b>MISCELLANEOUS DRUGS</b>	
\$\$ azathioprine (Imuran)	1 (3)
\$\$\$ sodium polystyrene sulfonate	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	2
\$\$\$\$\$ PROGRAF – tacrolimus	2
\$\$\$\$\$ RAPAMUNE – sirolimus	2

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