

# Health Net's *Three-Tier* *Recommended* Drug List



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Health Net®



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# QUESTIONS AND ANSWERS ABOUT YOUR PRESCRIPTION BENEFITS

## 1. How can I lower my prescription drug costs?

The choices you and your doctor make regarding prescription medications affect your health care costs. Usually, more than one drug is available to effectively treat a medical problem. When your doctor prescribes a medication for you, be sure to inquire about generic, brand name and other alternative drug choices.

Always ask your doctor to refer to the Health Net Recommended Drug List when prescribing drugs so you are assured of obtaining medications with the lowest possible copayment. To view the most current list, visit [www.healthnet.com](http://www.healthnet.com) > **Pharmacy information** > **Select State** > **View Our Drug Lists** > **Select List**.

## 2. What is the Health Net Recommended Drug List?

The Health Net Recommended Drug List is developed and updated regularly by the Health Net Pharmacy and Therapeutics (P&T) Committee comprised of actively participating physicians and clinical pharmacists throughout California. The list includes a broad selection of drugs that are covered under your pharmacy benefits, and identifies alternatives to common drugs not on the list. It provides a three-tier copayment program.

## 3. What are the three tiers?

The three tiers, from lowest copayment level to highest copayment level, are:

- **Tier I – Preferred Generic**, indicated by “1” on the list.
- **Tier II – Preferred Brand name**, indicated by “2” on the list.
- **Tier III – Non-formulary or non-preferred**, indicated by “3” on the list.

## 4. What is a generic drug?

A generic drug contains the same active ingredient in the same dosage forms and strengths as a brand-name drug. The Food and Drug Administration (FDA) performs safety, quality and effectiveness tests to ensure that the generic equivalent works the same as the brand name drug. Although generic drugs are lower priced than brand name drugs, they offer the same therapeutic outcomes. Please refer to your *Evidence of Coverage* or *Certificate of Insurance* for the specific copayment differences between generic and brand drugs.

Talk to your doctor about using generic medications, wherever possible. If there are no generic drugs available, ask your doctor if a brand-name drug is appropriate.

## 5. When does a medication require prior authorization?

The plan requires prior authorization to determine if a drug is medically necessary and being prescribed according to treatment guidelines consistent with good professional practice. In this case, your doctor must contact Health Net to provide information on the medical reasons for prescribing the medication. If clinical criteria are met, Health Net will issue an authorization for coverage of the medication.

## 6. What factors determine whether prior authorization is necessary for a particular medication?

- Laboratory or safety monitoring of the drug is necessary.
- There is evidence for experimental use.
- There are usage indications that may not meet Food and Drug Administration (FDA) criteria or Health Net prior authorization guidelines.
- There is potential for misuse.
- Quantity or duration limits are necessary.
- Benefit exclusions may apply.
- *Step-care protocol* is necessary and must be met.

## 7. What is step-care protocol?

Step-care protocol is another type of prior authorization. In some cases, you need to try one or more prerequisite drugs before a step-care drug will be covered. If it is medically necessary for you to use a step-care medication without trying a prerequisite drug first, your doctor can contact Health Net to request coverage for the drug as a medical exception.

## 8. I have a two-tier prescription drug benefit plan. What medications are available to me?

Members with a two-tier plan have access to Tier I and Tier II medications. Prior authorization is required for designated medications. Drugs on Tier III are not covered, and require prior authorization from your physician to establish medical necessity for coverage.

## 9. What medications are available to members with a three-tier prescription drug benefit plan?

Members with a three-tier plan have access to Tier I, Tier II and Tier III medications. Some medications may require a prior authorization.

## 10. How is the list organized?

- **Section 2:** Drugs are listed by therapeutic class so you can identify similar medications within a treatment category
- **Section 3:** Drugs Subject to Prior Authorization
- **Section 4:** Drugs Subject to Quantity Limits
- **Section 5:** Alternative Medications on the Recommended Drug List
- **Index**

The last section is an alphabetical listing of all drugs with corresponding page numbers in the Therapeutic Class Section.

Generic names appear in lower case. Brand names are listed in upper case for **reference only**. If a medication is available generically, the generic will be dispensed. Brand name medications noted in **BOLD** are available as a generic.

### Information contained in the Health Net Recommended Drug List is subject to change.

The medication list may not be comprehensive. Quantity and dosage strength limitations may apply. Prior authorization and specific brands may be required on certain products. The presence of a medication on the Recommended Drug List does not guarantee that a physician will prescribe that drug for a Member with a particular medical condition. Consult your *Evidence of Coverage* or *Certificate of Insurance* for further information, or call the Customer Contact Center number listed on your Summary of Benefits and on your ID card.

## 11. What is the “Specialty Tier”?

Some plans may also have a Specialty Tier which is covered under the pharmacy benefit. Most of these drugs require prior authorization. Please consult your plan documents to determine whether your pharmacy benefit includes the Specialty Tier as part of the RDL for coverage.

Specialty medications are typically injectable medications administered either by you or a health care professional and are drugs that have significantly higher cost than traditional pharmacy benefit drugs. They often require special handling through a Specialty Pharmacy.

# HEALTH NET'S THREE-TIER RECOMMENDED DRUG LIST

TIER 1	TIER 2	TIER 3 (NOT ON FORMULARY)
<b>ANALGESICS</b>		
Acetaminophen / Codeine Tablets Acetaminophen 2.5 / Hydrocodone 1.67 Elixir Acetaminophen 325 / Hydrocodone 5 Tablets Acetaminophen 500 / Hydrocodone 5 Tablets Acetaminophen 7.5 / Hydrocodone 650 Tablets Butalbital 50 / Acetaminophen 325 / Caffeine 40 Tablets Butalbital 50 / Aspirin 325 / Caffeine 40 Tablets / Capsules Butalbital 50 / Aspirin 650 Tablets Codeine / Aspirin Tablets	AVINZA CAPSULES  CODEINE TABLETS  KADIAN CAPSULES (QL)  NUCYNTA TABLETS (QL)  OPANA ER TABLETS (QL)	<b>ABSTRAL SUBLINGUAL TABLETS (PA)</b> <b>ACTIQ LOZENGES (PA)</b>  BUCCAL FILM (PA) (QL)  Butorphanol Nasal Spray (QL)  BUTRANS PATCH (QL)  <b>COMBUNOX TABLETS (QL)</b>  EMBEDA CR CAPSULES (PA)  EXALGO SR TABLETS  Fentanyl Lozenges (PA) (QL) FENTORA BUCCAL TABLETS (PA) (QL) <b>FIORINAL CODEINE CAPSULES</b> <b>OPANA TABLETS</b> Oxycodone / Ibuprofen Tablets OXYCONTIN TABLETS (QL) Pentazocine / Acetaminophen Tablets <b>PERCOCET (ALL STRENGTHS EXCEPT 5/325)</b> <b>PERCOCET TABLETS (All Strengths Except 5/325)</b> REPREXAIN TABLETS  RYBIX ODT <b>RYZOLT SR TABLETS (QL)</b>  SPRIX NASAL SPRAY (QL) STADOL NASAL SPRAY (QL) <b>TALWIN NX TABLETS</b> Tramadol / Acetaminophen Tablets Tramadol Tablets 24 HR <b>ULTRACET TABLETS</b> <b>ULTRAM ER TABLETS</b> <b>VICOPROFEN TABLETS</b>
<b>DEMEROL TABLETS</b> <b>DILAUDID TABLETS</b> <b>DOLOPHINE TABLETS (QL)</b> <b>DURAGESIC PATCHES (QL)</b> <b>EMPIRIN TABLETS #2, #3, #4</b>		
<b>ESGIC CAPSULES</b> Fentanyl patches (QL)-USE <b>BRAND DURAGESIC</b>		
<b>FIORICET TABLETS</b> <b>FIORINAL TABLETS / CAPSULES</b> Hydromorphone Tablets <b>LORCET PLUS 7.5/650 TABLETS</b> <b>LORTAB 5/500 TABLETS</b> <b>LORTAB ELIXIR</b> Meperidine Tablets Methadone Tablets (QL) Morphine Solution Morphine SR Tablets (QL) Morphine Suppositories <b>MS CONTIN TABLETS (QL)</b> <b>MSIR TABLETS</b> <b>NORCO TABLETS</b> <b>ORAMORPH TABLETS (QL)</b> Oxycodone 4.5 / Aspirin 325 Tablets Oxycodone 5 / Acetaminophen 325 Tablets		

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)

## SECTION 2

**ANALGESICS CONTINUED**

Oxycodone 5 / Acetaminophen  
500 Capsules

**PERCOCET 5/325 TABLETS**  
**PERCODAN FULL STRENGTH  
TABLETS**

**RMS SUPPOSITORIES**

**ROXICET 5 / 325 TABLETS**

**ROXICODONE TABLETS**

Tramadol Tablets (QL)

**TYLENOL CODEINE TABLETS**

**#2, #3, #4**

**TYLOX 5 / 500 CAPSULES**

**ULTRAM TABLETS (QL)**

**VICODIN 5 / 500 TABLETS**

**VICODIN ES 7.5 / 750**

**TABLETS**

**VICODIN HP TABLETS**

**ANTIFUNGALS**

Clotrimazole Troches

**DIFLUCAN Tablets (QL)**

Fluconazole Tablets (QL)

Itraconazole Capsules (PA)

Ketoconazole Tablets

**LAMISIL TABLETS (PA)**

**MYCELEX TROCHES**

**MYCOSTATIN TABLETS**

**NIZORAL TABLETS**

Nystatin Oral Suspension

Nystatin Tablets

**SPORANOX CAPSULES (PA)**

Terbinafine Tablets (PA)

**VFEND TABLETS (PA) (QL)**

Griseofulvin Ultramicrosize Tablets

GRIS-PEG TABLETS

VFEND TABLETS (PA) (QL)

LAMISIL GRANULES (PA)

NOXAFIL SUSPENSION

ORAVIG BUCCAL TABLETS  
(EST)

**ANTIHISTAMINES AND ANTIHISTAMINE COMBINATIONS**

**ASTELIN NASAL SPRAY (QL)**

ASTEPRO 0.15% NASAL SPRAY  
(QL)

Azelastine Nasal Spray (QL)

Brompheniramine 12 mg /

Pseudoephedrine 120 mg

Clemastine Tablets

Cyproheptadine 4 mg Tablets /

SYRUP

Dexchlorpheniramine Tablets

**PERIACTIN TABLETS /**

**SYRUP**

**POLARAMINE TABLETS**

**POLY-HISTINE ELIXIR**

Promethazine Syrup

**TAVIST TABLETS**

CLARINEX TABLETS (PA) (QL)

Levocetirizine Tablets (PA) (QL)

**XYZAL TABLETS (PA) (QL)**

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)

## ANTI-HISTAMINE DECONGESTANT COMBINATIONS

Chlorpheniramine  
/Phenylephrine  
/methscopolamine 2/10/1.25  
Syrup

Chlorpheniramine 4 /  
Pseudoephedrine 60 Capsules  
Chlorpheniramine 4.5 /  
Phenylephrine 5 Suspension  
Chlorpheniramine 8 /  
Phenylephrine 20/  
Methscopolamine 2.5 Capsules  
**DECONAMINE SR CAPSULES**  
**EXTENDRYL SR CAPSULES**  
**EXTENDRYL SYRUP**  
Promethazine & Phenylephrine  
Syrup  
**RYNATAN PEDIATRIC**  
**SUSPENSION**

## ANTI-INFECTIVES

**Amebicides**

**HUMATIN CAPSULES**  
Paromomycin Capsules

YODOXIN TABLETS

TINDAMAX TABLETS (PA)

**Anthelmintics**

Mebendazole Tablets (QL)  
**VERMOX TABLETS (QL)**

BILTRICIDE TABLETS  
MINTEZOL CHEWABLE TABLETS

ALBENZA TABLETS

**Antimalarials**

**ARALEN TABLETS**  
Chloroquine 500mg Tablets

COARTEM TABLETS (QL)  
FANSIDAR TABLETS

MALARONE TABLETS  
QUALAQUIN CAPSULES (QL)  
(PA)

Hydroxychloroquine Tablets  
**LARIAM TABLETS (QL)**  
Mefloquine Tablets (QL)  
**PLAQUENIL TABLETS**

PRIMAQUINE TABLETS

**Antituberculosis Medication**

Ethambutol Tablets  
Isoniazid Tablets  
**MYAMBUTOL TABLETS**  
Pyrazinamide Tablets  
**RIFADIN CAPSULES**  
Rifampin Capsules

MYCOBUTIN CAPSULES  
TRECATOR TABLETS

DARAPRIM TABLETS

**Antivirals and HIV Medications**

Acyclovir Oral Tablets /  
Capsules / Suspension  
Amantadine Capsules  
**COPEGUS TABLETS (PA)**  
**CYTOVENE CAPSULES**  
Ganciclovir Capsules  
**REBETOL CAPSULES (PA)**

APTIVUS CAPSULES  
  
ATRIPLA TABLETS (QL)  
BARACLUDE TABLETS  
COMBIVIR TABLETS  
CRIXIVAN CAPSULES  
EMTRIVA CAPSULES 200MG (QL)

EPIVIR HBV TABLETS  
  
FAMVIR TABLETS  
RELENZA DISKHALER (QL)  
TAMIFLU CAPSULES (QL)  
TYZEKA TABLETS (PA)  
XERESE CREAM (QL)



## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Antivirals and HIV Medications Continued****RETROVIR CAPSULES/  
TABLETS**Ribavirin Tablets / Capsules  
(PA)

Stavudine Capsules

Valacyclovir Tablets (QL)

**VALTREX TABLETS (QL)****VIDEX EC CAPSULES****ZERIT CAPSULES**

Zidovudine Capsules / Tablets

**ZOVIRAX ORAL TABLETS /  
CAPSULES / SUSPENSION**

EPIVIR TABLETS

EPZICOM TABLETS

HEPSERA TABLETS (PA)

HIVID TABLETS

INTELENCE TABLETS

INVIRASE CAPSULES

ISENTRESS TABLETS

KALETRA CAPSULES

LEXIVA TABLETS

NEBUPENT SOLUTION

NORVIR CAPSULES / TABLETS

PREZISTA CAPSULES (QL)

RESCRIPTOR TABLETS

REYATAZ CAPSULES (QL)

SELZENTRY TABLETS (QL)

SUSTIVA CAPSULES / TABLETS

TRIZIVIR TABLETS

TRUVADA TABLETS

VALCYTE TABLETS

VIDEX TABLETS

VIRACEPT TABLETS

VIRAMUNE TABLETS

VIRAMUNE XR TABLETS

VIREAD TABLETS (QL)

ZIAGEN TABLETS

**Cephalosporins****CECLOR CAPSULES  
/ SUSPENSION**

Cefaclor Capsules / Suspension

Cefadroxil Capsules

Cefdinir Capsules / Suspension

Cefprozil Capsules / Suspension

**CEFTIN CAPSULES  
/SUSPENSION**

Cefuroxime Capsules

/Suspension

**CEFZIL CAPSULES /  
SUSPENSION**

Cephalexin Capsules /

Suspension

**DURICEF CAPSULES****KEFLEX CAPSULES /****SUSPENSION****OMNICEF CAPSULES /****SUSPENSION****VANTIN TABLETS****VANTIN SUSPENSION**

KEFLEX 750MG CAPSULES

SPECTRACEF TABLETS

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Erythromycins / Macrolides**

<p>Azithromycin Tablets (QL)  <b>BIAXIN SUSPENSION</b>  <b>BIAXIN TABLETS</b>  <b>BIAXIN XL TABLETS (QL)</b>          Clarithromycin Extended Release Tablets          Clarithromycin Suspension          Clarithromycin Tablets  <b>EES SUSPENSION</b>  <b>E-MYCIN TABLETS</b>  <b>ERYTHROCIN TABLETS</b>          Erythromycin / Sulfoxazole Suspension          Erythromycin Base Tablets          Erythromycin Ethylsuccinate Suspension          Erythromycin Stearate Tablets  <b>PEDIAZOLE SUSPENSION</b>  <b>ZITHROMAX TABLETS (QL)</b></p>	<p>ERYPED TABLETS          ERY-TAB          ZMAX ORAL SUSPENSION (QL)</p>
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**Fluoroquinolones**

<p><b>CIPRO TABLETS</b>  <b>CIPRO XR 1000 mg TABLETS (QL)</b>  <b>CIPRO XR 500 mg TABLETS (QL)</b>          Ciprofloxacin Extended Release Tablets            Ciprofloxacin Tablets</p>	<p>AVELOX CAPSULES</p>	<p>FACTIVE TABLETS          LEVAQUIN (QL)            NOROXIN TABLETS            Ofloxacin Tablets            PROQUIN XR - Not Covered - Use Ciprofloxacin Tablets</p>
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**Penicillins**

<p>Amoxicillin Capsules, Suspension, Chewable Tablets          Amoxicillin / Clavulanate Potassium Tablets / Suspension  <b>AMOXIL CAPSULES, SUSPENSION</b>          Ampicillin Capsules / Suspension  <b>AUGMENTIN CAPSULES / SUSPENSION</b>  <b>AUGMENTIN XR TABLETS</b>  <b>BEEPEN-VK TABLETS / SUSPENSION</b>          Dicloxacillin Capsules / Suspension          Penicillin VK Tablets / Suspension  <b>TRIMOX</b>  <b>VEETIDS TABLETS / SUSPENSION</b>  <b>WYMOX TABLETS / SUSPENSION</b></p>	<p>MOXATAG TABLETS (PA)</p>
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## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Sulfonamides****BACTRIM TABLETS****BACTRIM DS TABLETS**Erythromycin / Sulfisoxazole  
Suspension**PEDIAZOLE SUSPENSION****SEPTRA TABLETS****SEPTRA DS TABLETS**Sulfamethoxazole /  
Trimethoprim (SMZ / TMP)  
TabletsSulfamethoxazole /  
Trimethoprim DS (SMZ / TMP  
DS) Tablets**Tetracyclines****ACHROMYCIN V CAPSULES****DECLOMYCIN TABLETS**

Demeclocycline Tablets

Doxycycline Hyclate Capsules /  
Tablets**MINOCIN 50 MG, 100 MG****CAPS ONLY- PELLETS NOT  
COVERED**Minocycline 50 mg, 100 mg  
Capsules Only-Pellets not  
Covered**SUMYCIN CAPSULES**

Tetracycline Capsules

**VIBRAMYCIN CAPSULES****VIBRA-TABS****Other Anti-Infectives****CLEOCIN CAPSULES**

Clindamycin Capsules

**FLAGYL TABLETS 250 mg or  
500 mg****MACRODANTIN CAPSULES**Metronidazole Tablets 250 mg,  
500 mg

Neomycin Tablets

Nitrofurantoin Macrocrystals  
Capsule

Trimethoprim Tablets

DAPSONE TABLETS

MANDELAMINE TABLETS

MEPRON SUSPENSION

NEO-FRADIN ORAL SOLUTION

MYCIFRADIN ORAL SOLUTION

ZYVOX TABLETS (PA)

ADOXA TABLETS (EST)

**DORYX CAPSULES (PA)** (NOT  
COVERED USE DOXYCYCLINE-  
NON-PELLETS)Doxycycline Hyclate 20mg, 40mg  
Capsules / Tablets**DYNACIN-NOT COVERED USE****MINOCYCLINE CAPSULES**Minocycline Tablets (PA) - Use  
Minocycline Capsules

MONODOX CAPSULES

NUTRIDOX CAPSULES (PA)

ORACEA CAPSULES (EST)

SOLODYN SR TABS (EST) **USE  
MINOCYCLINE CAPSULES**ALINIA SUSPENSION / TABLETS  
(PA)CAYSTON INHALATION  
SOLUTION (QL)**HIPREX TABLETS**

KETEK CAPSULES (PA)

THALOMID CAPSULES (PA)

TOBI NEBULIZER SOLUTION

VANCOGIN CAPSULES (PA) (QL)

Vancomycin Capsules (PA) (QL)

XIFAXAN 200MG TABLETS (QL)

XIFAXAN TABLETS 550MG (PA)

**LOPROX CREAM / GEL /  
SUSPENSION****Topical Antibacterials****A/T/S SOLUTION (SWABS,  
PADS & PLEDGETS  
EXCLUDED)**

**TIER 1****TIER 2****TIER 3  
(NOT ON FORMULARY)****Topical Antibacterials Continued****CLEOCIN T SOLN (SWABS,  
PADS & PLEDGETS  
EXCLUDED)**Clindamycin Solution 1%  
(Swabs, Pads & Pledgets  
Excluded)**ERYCETTE SOLN (SWABS,  
PADS & PLEDGETS  
EXCLUDED)****ERYDERM SOLN (SWABS,  
PADS & PLEDGETS  
EXCLUDED)**Erythromycin 2.0 % Soln  
(Swabs, Pads & Pledgets  
Excluded)**GARAMYCIN CREAM /  
OINTMENT**Gentamicin Sulfate Cream /  
Ointment**MYCOLOG II CREAM /  
OINTMENT****MYCOTRIACET CREAM /  
OINTMENT**Triamcinolone / Nystatin Cream  
/ Ointment**ANTINEOPLASTICS**

Anastrozole Tablets

**ARIMIDEX TABLETS****AROMASIN TABLETS**

Bicalutamide Tablets

**CASODEX TABLETS**

Cyclophosphamide Tablets

**CYTOXAN TABLETS****EFUDEX CREAM / SOLUTION**

Etoposide Capsules

**EULEXIN CAPSULES****FEMARA TABLETS**

Fluoxymesterone Tablets

Flutamide Capsules

**HYDREA TABLETS**

Hydroxyurea Tablets

Letrozole Tablets

**LEUCOVORIN TABLETS**

Mercaptopurine Tablets

Methotrexate Tablets

**NOLVADEX TABLETS****PURINETHOL TABLETS****RHEUMATREX TABLETS**

Tamoxifen Citrate Tablets

Tretinoin Capsules

**VEPESID CAPSULES****VESANOID CAPSULES****WELLCOVORIN TABLETS**

AFINITOR TABLETS (PA)

ALKERAN TABLETS

ANDROXY TABLETS

CEENU CAPSULES

EMCYT CAPSULES

FARESTON TABLETS

GLEEVEC TABLETS

HEXALEN CAPSULES

IRESSA TABLETS

LEUKERAN TABLETS

LYSODREN TABLETS

MATULANE CAPSULES

MYLERAN TABLETS

NEXAVAR TABLETS (PA)

NILANDRON TABLETS

OFORTA TABLETS

SPRYCEL TABLETS (PA)

SUTENT CAPSULES (PA)

TARCEVA TABLETS (PA)

TARGRETIN CAPSULES

TASIGNA CAPSULES (PA)

TEMODAR CAPSULES (QL)

VANDETANIB TABLETS (PA)

ZYTIGA TABLETS (PA) [Not  
available thru Mail Order]

**TIER 1****TIER 2****TIER 3  
(NOT ON FORMULARY)****ANTINEOPLASTICS CONTINUED**

THIOGUANINE TABLETS  
 TYKERB TABLETS (PA)  
 VOTRIENT TABLETS  
 XELODA TABLETS  
 ZOLINZA CAPSULES (PA)

**ANTITUSSIVES – NARCOTIC**

Chlorpheniramine /  
 Hydrocodone CR Suspension  
 Codeine 10 / Brompheniramine  
 2 / Phenylephrine 12.5 Syrup  
 Codeine 10 / Chlorpheniramine  
 2 / Pseudoephedrine 30 Liquid  
 Codeine 10 / Guaifenesin 100 /  
 Pseudoephedrine 30 Solution  
 Codeine 10/  
 Bromodiphenhydramine 12.5  
 Syrup  
 Guaifenesin 10 / Codeine  
 Phosphate 100 Liquid NR  
 Expectorant  
 Guaifenesin 100 / Codeine 10 /  
 Pseudoephedrine 30  
 Guaifenesin 100 / Codeine 10  
 Expectorant  
**HYCODAN SYRUP**  
**HYCOTUSS EXPECTORANT**  
 Hydrocodone 2.5 / Guaifenesin  
 100 /Pseudoephedrine 30 Soln  
 Hydrocodone 2.5 /  
 Phenylephrine 5 /  
 Chlorpheniramine 2 Syrup  
 Hydrocodone 5 / Guaifenesin  
 100 Expectorant  
 Hydrocodone 5 / Homatropine  
 1.5 Syrup  
**NOVAHISTINE**  
**EXPECTORANT**  
**PHENERGAN VC CODEINE**  
**PHENERGAN/ CODEINE**  
 Promethazine / Codeine Syrup  
 Promethazine / Phenylephrine /  
 Codeine Syrup  
**TUSSEND SYRUP**  
**TUSSIONEX SUSPENSION**

NOVAHISTINE DH LIQUID

**SECTION 2**

**TIER 1****TIER 2****TIER 3  
(NOT ON FORMULARY)****ANTITUSSIVES – NON-NARCOTIC**

Benzonatate Capsules  
 Carbinoxamine 4 /  
 Pseudoephedrine 60 / DM 15  
 Syrup  
 Guaifenesin 600 /  
 Pseudoephedrine 120 Tablets  
 Iodinated Glycerol /  
 Dextromethorphan Syrup  
**IOPHEN-DM SYRUP**  
**PHENERGAN / DM SYRUP**  
 Promethazine / DM Syrup  
**RONDEC DM SYRUP**  
**TESSALON PERLES**  
**ZEPHREX LA TABLETS**

**EXPECTORANTS**

Guaifenesin 400 /  
 Pseudoephedrine 120 Tablets  
**PIMA SOLUTION**  
 Potassium Iodide Solution  
**SSKI SOLUTION**

**CARDIOVASCULAR MEDICATIONS****Alpha-Beta Adrenergics**

**ACCUPRIL TABLETS**  
 Acebutolol Capsules  
 Benazepril Capsules  
**CAPOTEN TABLETS**  
 Captopril Capsules  
 Carvedilol Tablets (QL)  
**COREG TABLETS (QL)**  
 Labetalol Tablets  
**SECTRAL CAPSULES**  
**TRANDATE TABLETS**

**ACEON TABLETS**  
 BYSTOLIC TABLETS  
 COREG CR CAPSULES  
**MAVIK TABLETS**  
 Perindopril Tablets  
 Trandolapril Tablets

**Angiotensin Converting Enzyme Inhibitors (ACEI)**

**ALTACE CAPSULES**  
 Enalapril Tablets  
 Fosinopril Capsules  
 Lisinopril Tablets  
**LOTENSIN TABLETS**  
**MONOPRIL TABLETS**  
 Quinapril Tablets  
 Ramipril Capsules  
**UNIVASC TABLETS**  
**VASOTEC TABLETS**  
**ZESTRIL TABLETS**

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)

## SECTION 2

**Angiotensin II Receptor Blockers****COZAAR TABLETS**

BENICAR HCT TABLETS (QL)

ATACAND HCT TABLETS (PA)  
(QL)**HYZAAR TABLETS**Losartan / Hydrochlorothiazide  
TabletsBENICAR TABLETS (QL)  
DIOVAN HCT TABLETS (QL)

ATACAND TABLETS (PA) (QL)

Losartan Tablets

DIOVAN TABLETS (QL)  
TRIBENZOR TABLETS (EST)

AVALIDE (PA) TABLETS (QL)

AVAPRO (PA) (QL)

EDARBI TABLETS (PA)

MICARDIS HCT TABLETS (PA)  
(QL)

MICARDIS TABLETS (PA) (QL)

TEVETEN HCT TABLETS (PA)

TEVETEN TABLETS (PA)

TWINSTA TABLETS (EST) (QL)

**Antiarrhythmics**

Amiodarone Tablets

**CORDARONE TABLETS**

MULTAQ TABLETS

TIKOSYN CAPSULES

Disopyramide Capsules

NORPACE CR CAPSULES

Flecainide Tablets

Mexiletine Capsules

Mexiletine SR Capsules

**MEXITIL CAPSULES****NORPACE CAPSULES**

Propafenone Tablets (QL)

Propafenone SR Capsules

**QUINAGLUTE TABLETS****QUINIDEX TABLETS**

Quinidine Gluconate Tablets

Quinidine Sulfate Sustained  
Release Tablets

Quinidine Sulfate Tablets

**QUINIDINE TABLETS****RYTHMOL TABLETS (QL)****RYTHMOL SR CAPSULES****TAMBOCOR TABLETS****Antihyperlipidemics**Cholestyramine - Bulk Powder  
Only

ADVICOR TABLETS (QL)

ALTOPREV TABLETS

Cholestyramine Lite- Bulk  
Powder OnlyCRESTOR TABLETS (EST-5 MG)  
(QL)ANTARA CAPSULES 43 MG, 130  
MG**COLESTID TABLETS**

TRILIPIX CAPSULES

CADUET TABLETS (PA)

Colestipol Tablets

NIASPAN TABLETS

**COLESTID GRANULES**

Fenofibrate Micronized

TRICOR TABLETS 48 mg, 145mg

Fenofibrate Capsules 50 mg, 150  
mgCapsules 67mg, 134 mg, 200  
mgFenofibrate Tablets 54 mg, 160  
mg

VYTORIN TABLETS (QL) (EST 10/10)

Fenofibrate Micronized Capsules  
43 mg and 130 mg  
Fenofibrate Tablets 40 mg, 48 mg,  
50 mg, 120 mg

Gemfibrozil Tablets

**LOPID TABLETS**

Lovastatin Tablets (QL)

**MEVACOR TABLETS (QL)****PRAVACHOL TABLETS (QL)**

Pravastatin Capsules (QL)

FIBRICOR TABLETS

LESCOL CAPSULES (QL) (PA)

LESCOL XL TABLETS (QL) ) (PA)

LIPITOR TABLETS (QL) (PA)

LIVALO TABLETS (EST) (QL)

**TIER 1****Antihyperlipidemics Continued****QUESTRAN BULK - POWDER ONLY****QUESTRAN LIGHT - POWDER ONLY**

Simvastatin Tablets (QL)

**ZOCOR TABLETS (QL)****TIER 2****TIER 3  
(NOT ON FORMULARY)**

LOVAZA CAPSULES

TRIGLIDE TABLETS 50 MG

WELCHOL TABLETS

ZETIA TABLETS

**Beta Adrenergic Antagonists**

Atenolol Tablets

**BETAPACE AF TABLETS****BETAPACE TABLETS**

Bisoprolol Tablets

**BLOCADREN TABLETS****CORGARD TABLETS****INDERAL LA CAPSULES****INDERAL TABLETS****LOPRESSOR HCT TABLETS****LOPRESSOR TABLETS**

Metoprolol / HCTZ Tablets

Metoprolol SR Tablets

Metoprolol Tablets

Nadolol Tablets

Pindolol Tablets

Propranolol Tablets

Sotalol Tablets

**TOPROL XL TABLETS**

Betaxolol Tablets

**INNOPRAN XL CAPSULES****KERLONE TABLETS****Calcium Channel Blockers****TENORMIN TABLETS**

Timolol Tablets

**ZEBETA TABLETS****ADALAT CC TABLETS****ADALAT TABLETS**

Amlodipine Tablets

**CALAN SR TABLETS****CALAN TABLETS****CARDIZEM CD CAPSULES****CARDIZEM SR CAPSULES****CARDIZEM TABLETS****DILACOR XR CAPSULES**

Diltiazem Extended Release Capsules

Diltiazem Immediate Release Tablets

Diltiazem SR Capsules

**ISOPTIN SR TABLETS****ISOPTIN TABLETS**

Nifedipine Immediate Release Tablets

Nifedipine, Sustained Release Tablets

Nislodipine SR Tablets

**NORVASC TABLETS (QL)****PLENDIL TABLETS**

NIMOTOP CAPSULES

**CARDENE CAPSULES**

CARDENE SR CAPSULES

**CARDIZEM LA TABLETS**

COVERA -HS TABLETS

DYNACIRC CR TABLETS

Istalol Ophthalmic Solution

Nicardipine Capsules

Nislodipine ER Tablets

**VERELAN PM CAPSULES**



## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)

## SECTION 2

**Calcium Channel Blockers Continued**

**PROCARDIA TABLETS**  
**PROCARDIA XL TABLETS**  
**SULAR ER TABLETS**  
**TIAZAC CAPSULES**  
 Verapamil SA Tablets  
 Verapamil SR Capsules  
 Verapamil Tablets  
**VERELAN CAPSULES**

**Cardiac Glycosides**

**DIGITEK TABLETS**  
 Digoxin Tablets  
**LANOXIN TABLETS**

LANOXICAPS CAPSULES

**Combination Antihypertensives**

**ACCURETIC TABLETS**  
**ALDORIL TABLETS**  
 Amlodipine / Benazepril Tablets  
 (QL)  
 Atenolol / Chlorthalidone Tablets  
 Benazepril / HCTZ Tablets  
 Bisoprolol / Hydrochlorothiazide  
 Tablets  
**CAPOZIDE TABLETS**  
 Captopril / HCTZ Tablets  
 Enalapril / Hydrochlorothiazide  
 Tablets  
**INDERIDE TABLETS**  
 Lisinopril / HCTZ Tablets  
**LOTENSIN HCT TABLETS**  
**LOTREL TABLETS (QL)**  
 Methyldopa /  
 Hydrochlorothiazide Tablets  
**MONOPRIL / HCT TABLETS**  
 Propranolol /  
 Hydrochlorothiazide Tablets  
**TENORETIC TABLETS**  
**UNIRETIC TABLETS**  
**VASERETIC TABLETS**  
**ZESTORETIC TABLETS**  
**ZIAC TABLETS**

AZOR TABLETS (EST)  
 EXFORGE TABLETS (EST)  
 EXFORGE HCT TABLETS (EST)  
 TEKAMLO TABLETS (EST)

AMTURNIDE TABLETS (EST)  
 TARKA TABLETS  
 TWYNSTA TABLETS (EST) (QL)

**Anti-Adrenergic Medications**

Clonidine (Tablets only)  
**ALDOMET TABLETS**  
**CATAPRES - TABLETS ONLY**  
 Guanfacine Tablets  
 Guanabenz Tablets  
**TENEX TABLETS**  
**WYTENSIN TABLETS**

RESERPINE TABLETS

**CATAPRES-TTS PATCHES**  
 Clonidine Patches  
 NEXICLON XR TABLETS

**Direct Renin Inhibitors**

TEKTRUNA TABLETS (EST)  
 TEKTRUNA HCT TABLETS (EST)

**TIER 1****TIER 2****TIER 3  
(NOT ON FORMULARY)****Vasodilating Medications****APRESOLINE TABLETS****CARDURA TABLETS**

Doxazosin Mesylate Tablets

Hydralazine Tablets

**HYTRIN CAPSULES /****TABLETS****IMDUR TABLETS****ISORDIL TABLETS**

Isosorbide Dinitrate Tablets

Isosorbide Mononitrate Tablets

**LONITEN TABLETS****MINIPRESS CAPSULES**

Minoxidil Tablets

**NITRO-BID CAPSULES****NITRO-DUR PATCHES (QL)**

Nitroglycerin Ointment

Nitroglycerin Oral Capsules

Nitroglycerin Patches (QL)

**NITRO-DUR PATCHES (QL)**

Nitroglycerin Ointment

Nitroglycerin Oral CAPSULES

Nitroglycerin Patches (QL)

Nitroglycerin Sublingual Tablets

**NITROSTAT SL TABLETS**

Prazosin Capsules

Terazosin Tablets / Capsules

ADCIRCA TABLETS (PA)

LETAIRIS TABLETS

NITROLINGUAL SPRAY

TRACLEER TABLETS

BIDIL TABLETS

RANEXA TABLETS (QL)

REVATIO TABLETS (PA)

**Hematological Medications**

Cilostazol Tablets

**COUMADIN TABLETS**

Dipyridamole Tablets

PLETAL TABLETS (QL)

Pentoxifylline Tablets

**PERSANTINE TABLETS****TICLID TABLETS**

Ticlopidine Tablets

**TRENTAL TABLETS**

Warfarin Sodium Tablets

EFFIENT TABLETS

EXJADE (PA)

KUVAN TABLETS (PA)

MEPHYTON TABLETS

PLAVIX TABLETS (QL)

REVLIMID CAPSULES (PA)

AGGRENOX CAPSULES

**AGRYLIN CAPSULES**

LYSTEDA TABLETS (QL)

PRADAXA CAPSULES

PROMACTA TABLETS (PA) (QL)

**Pheochromocytoma Medications**

DIBENZYLINE CAPSULES

**CENTRAL NERVOUS SYSTEM MEDICATIONS****Antidepressants**

Amitriptyline Tablets

Desipramine Tablets

**ANAFRANIL CAPSULES****AVENTYL CAPSULES**Bupropion Sustained Release  
Tablets

AMOXAPINE TABLETS

CYMBALTA CAPSULES (EST) (QL)

LEXAPRO TABLETS (EST) (QL)

PRISTIQ TABLETS (EST) (QL)

Amitriptyline /Perphenazine  
TabletsAPLENZIN SR 24 HR TABLETS  
(EST) (QL)Bupropion Sustained Release  
CapsulesFluoxetine Delayed Release  
Capsules 90 mg

Fluvoxamine Tablets

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Antidepressants Continued**

Bupropion Tablets

**CELEXA TABLETS (QL)**

Citalopram Tablets (QL)

Clomipramine Tablets

**DESYREL TABLETS**

Doxepin Capsules

**EFFEXOR TABLETS****EFFEXOR XR CAPSULES****ELAVIL TABLETS**

Fluoxetine Tablets

Fluoxetine Capsules Only -  
10mg, 20mg Only

Imipramine HCL Tablets

Maprotiline Tablets

Mirtazapine Soluble Tablets

Mirtazapine Tablets

**NORPRAMIN TABLETS**

Nortriptyline Tablets

**PAMELOR CAPSULES**

Paroxetine Tablets

**Paroxetine CR Tablets****PAXIL TABLETS****PAXIL TABLETS CR****PROZAC CAPSULES ONLY -  
10 MG & 20 MG ONLY****REMERON SOLTABS****REMERON TABLETS**

Sertraline Tablets

**SINEQUAN CAPSULES****TOFRANIL TABLETS**

Trazodone Tablets

Venlafaxine Tablets

Venlafaxine Extended Release  
Tablets**WELLBUTRIN SR TABLETS****WELLBUTRIN TABLETS****WELLBUTRIN XL TABLETS****ZOLOFT TABLETS****Antianxiety Medications****ATIVAN TABLETS**

Alprazolam Tablets

**BUSPAR TABLETS**

Buspirone Tablets

Chlordiazepoxide Capsules

Clorazepate Capsules

Diazepam Tablets

**LIBRIUM CAPSULES**

Lorazepam Tablets

Oxazepam Capsules

**SERAX CAPSULES****TRANXENE CAPSULES****VALIUM TABLETS****XANAX TABLETS**

Imipramine Pamoate Capsules

LUVOX CR CAPSULES

Nefazodone Tablets (PA)

OLEPTRO TABLETS 24 HR

**PROZAC TABLETS (10mg &  
20mg Capsules Covered Tier 1)****PROZAC WEEKLY CAPSULES**

SILENOR TABLETS (EST) (QL)

SURMONTIL CAPSULES

**TOFRANIL PM TABLETS****VENLAFAXINE HCL TAB 24 HR  
(EST)**

VIIBRYD TABLETS (PA)

**VIVACTIL TABLETS**

Alprazolam SR 24 hr Tablets

Meprobamate Tablets

**MILTOWN TABLETS****XANAX XR TABLETS**

**TIER 1****TIER 2****TIER 3  
(NOT ON FORMULARY)****Anti-Mania Medications****ESKALITH CAPSULES**Lithium Carbonate Tablets /  
Capsules

LITHOBID CAPSULES

**Antipsychotic Medications**

Trifluoperazine Tablets

Clozapine Tablets

**CLOZARIL TABLETS**

Fluphenazine Tablets

Haloperidol Tablets

Loxapine Capsules

**LOXITANE CAPSULES****NAVANE CAPSULES**

Chlorpromazine Tablets

Perphenazine Tablets

**PROLIXIN TABLETS****RISPERDAL TABLETS**

Risperidone Tablets

Thiothixene Capsules

ABILIFY TABLETS / SOLUTION

GEODON CAPSULES

INVEGA TABLETS

SAPHRIS SL TABLETS (QL)

SEROQUEL TABLETS

SEROQUEL XR TABLETS

ZYPREXA TABLETS (ZYDIS TABS

TIER 3)

ABILIFY DISCMELT

EMSAM PATCHES (PA)

FANAPT TABLETS (PA)

LATUDA TABLETS

MOBAN TABLETS

**RISPERDAL-M TABLETS**Risperidone Orally Disintegrating  
Tablets

SYMBYAX CAPSULES (PA)

ZYPREXA ZYDIS

**Barbiturates****MEBARAL TABLETS**

Phenobarbital Tablets

**Sedatives / Hypnotics****AMBIEN TABLETS (QL)****ATARAX TABLETS**

Chloral Hydrate Capsules

**DALMANE CAPSULES (QL)**

Flurazepam Capsules (QL)

**HALCION TABLETS (QL)**

Hydroxyzine Pamoate Capsules

Hydroxyzine HCl Tablets

**RESTORIL 7.5 mg, 15 mg, 30  
mg CAPSULES (QL)**SONATA CAPSULES (EST)  
(QL)Temazepam 7.5 mg, 15 mg, 30  
mg Capsules (QL)

Triazolam Tablets (QL)

**VISTARIL CAPSULES**

Zolpidem Tablets (QL)

**AMBIEN CR TABLETS (QL)  
(EST)**

DORAL TABLETS

Estazolam Tablets

EDLUAR SUBLINGUAL TABLETS  
(QL) (EST)

LUNESTA TABLETS (EST) (QL)

**PROSOM TABLETS**

ROZEREM TABLETS (EST) (QL)

Temazepam 22.5 mg Capsules

Zolpidem CR Tablets (QL) (EST)

**Monoamine Oxidase Inhibitors (MAOI)****PARNATE TABLETS**

Tranylcypromine Tablets

**NARDIL TABLETS**

Phenelzine Tablets

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)

## SECTION 2

**Central Nervous System (CNS) Stimulants**

**ADDERALL TABLETS**  
**CONCERTA SA TABLETS**  
(QL)

VYVANSE (QL)

**DEXEDRINE SPANSULES****DEXEDRINE TABLETS**

Dextroamphetamine Sustained  
Release Capsules

Dextroamphetamine Tablets  
Methylphenidate Hcl Tablet SA  
OSM

Methylphenidate SR Tablets

Methylphenidate Tablets

**RITALIN SR TABLETS****RITALIN TABLETS**

**ADDERALL XR CAPSULES (QL)**-  
Amphetamine Salt Combo Tablets  
(QL)-**Generic Not Covered - Use  
Shire Brand Adderall XR**  
DAYTRANA PATCH  
DESOXYN TABLETS (PA)  
FOCALIN TABLETS

FOCALIN XR CAPSULES  
INTUNIV TABLETS (QL)

METADATE CD CAPSULES  
NUVIGIL TABLETS (PA)  
PROVIGIL TABLETS (QL) (PA)  
RITALIN LA CAPSULES

**Miscellaneous CNS Medications****REVIA TABLETS (PA)**

Naltrexone Tablets (PA)

ANTABUSE TABLETS

GUANIDINE TABLETS

CAMPRAL TABLETS (PA)  
KAPVAY SR TABLETS  
INTUNIV TABLETS (QL)  
NUEDEXTA CAPSULES  
RILUTEK TABLETS  
SAVELLA TABLETS (PA) (QL)  
STRATTERA TABLETS (QL)  
SUBOXONE SL TABLETS (PA)  
(QL)  
SUBOXONE FILM (PA) (QL)  
**SUBUTEX SL TABLETS (PA)(QL)**  
XYREM SOLUTION (PA)

**ELECTROLYTIC, CALORIC AND WATER BALANCE MEDICATIONS****Alkalinizing Medications**

Citric Acid / Potassium Citrate /  
Sodium Citrate Syrup

**POLY-CITRA SYRUP**

Potassium Citrate Tablets

**UROCIT-K TABLETS****Electrolyte Depleters**

Calcium Acetate Capsules

**KAYEXALATE****PHOSLO TABLETS /  
CAPSULES**

Sodium Polystyrene Sulfonate  
Powder

Sodium Polystyrene Sulfonate  
Solution

**SPS SUSPENSION**

K-PHOS TABLETS

UROCIT K-15

FOSRENOL TABLETS  
RENAGEL TABLETS

RENVELA TABLETS

**Ammonia Detoxicants****CEPHULAC SOLUTION**

Lactulose Solution

CARBAGLU TABLETS

KRISTALOSE CRYSTALS

**Potassium Medications****K-DUR TABLETS****KLOR-CON**

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Potassium Medications Continued****K-LYTE (DS) PACKETS****K-TABS****MICRO-K**

Potassium Chloride 8 mEq, 10

mEq, 20 mEq

Potassium Chloride Effervescent  
Tablets

Potassium Chloride Liquid

Potassium Chloride Packets.

**SLOW K****Loop Diuretics**

Bumetanide Tablets

**BUMEX TABLETS**

Furosemide Tablets

**LASIX TABLETS****DEMADEX TABLETS**

EDECIN TABLETS

Torsemide Tablets

**Potassium Sparing Diuretics****ALDACTAZIDE TABLETS**

SAMSCA TABLETS (QL)

**ALDACTONE TABLETS**Amiloride / Hydrochlorothiazide  
Tablets**DYAZIDE CAPSULES****MAXZIDE TABLETS****MODURETIC TABLETS**

Spironolactone / HCTZ Tablets

Spironolactone Tablets

Triamterene / HCTZ Capsules

Triamterene / HCTZ Tablets

Eplerenone Tablets

**INSPIRA TABLETS****Thiazide and Related Diuretics**

Chlorthalidone Tablets

**HCTZ TABLETS / CAPSULES**Hydrochlorothiazide (HCTZ)  
Tablets / Capsules**HYDRODIURIL TABLETS****HYGROTON TABLETS**

Indapamide Tablets

**LOZOL TABLETS**

Metolazone Tablets

**MICROZIDE CAPSULES****ZAROXOLYN TABLETS****ENDOCRINE MEDICATIONS****Androgens**

Danazol Capsules

**DANOCRINE CAPSULES**

ANDROGEL (QL)

METHITEST TABLETS

Fluoxymesterone Tablets

Methyltestosterone Tablets

**OXANDRIN TABLETS (PA)**

Oxandralone Tablets (PA)

ANDRODERM PATCHES

STRIANT BUCCAL TABLETS

TESTIM GEL (QL) – **USE****ANDROGEL**

FORTESTA GEL (QL)

AXIRON SOLUTION (QL)

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Antidiabetic Medications**

Acarbose Tablets  
**AMARYL TABLETS**  
**DIABETA TABLETS**  
 Glimepiride Tablets  
 Glipizide Long Acting  
 Glipizide Tablets  
**GLUCOPHAGE TABLETS**  
**GLUCOPHAGE XR TABLETS**  
**GLUCOTROL TABLETS**  
**GLUCOTROL XL TABLETS**  
**GLUCOVANCE TABLETS**  
 Glyburide Micronized Tablets  
**GLYNASE TABLETS**  
**METAGLIP TABLETS**  
 Metformin / Glipizide Tablets  
 Metformin / Glyburide Tablets  
 Metformin Tablets  
 Metformin XR Tablets  
**MICRONASE TABLETS**  
 Nataglenide Tablets  
**PRECOSE TABLETS**  
**STARLIX TABLETS**  
 Tolazamide Tablets  
 TOLBUTAMIDE TABLETS  
**TOLINASE TABLETS**

ACTOPLUS MET TABLETS  
 ACTOS TABLETS  
 AVANDAMET TABLETS  
 AVANDARYL TABLETS  
 AVANDIA TABLETS  
 DUETACT TABLETS  
 JANUMET TABLETS  
 JANUVIA TABLETS  
 KOMBIGLYZE XR  
 PRANDIN TABLETS  
 ONGLYZA TABLETS

ACTOPLUS MET XR TABLETS  
 FORTAMET TABLETS  
 GLYSET TABLETS  
 PRANDIMET TABLETS  
 TRAJENTA TABLETS

**Insulins**

HUMALOG INSULIN (QL)  
 HUMALOG INSULIN KWIKPENS (QL)  
 HUMALOG INSULIN PENS (QL)  
  
 HUMALOG MIX 50/50 INSULIN (QL)  
  
 HUMALOG MIX 50/50 INSULIN  
 KWIKPENS (QL)  
 HUMALOG MIX 50/50 INSULIN PENS  
 (QL)  
 HUMALOG MIX 75/25 INSULIN (QL)  
 HUMALOG MIX 75/25 INSULIN  
 KWIKPENS (QL)  
 HUMALOG MIX 75/25 INSULIN PENS  
 (QL)  
 HUMULIN INSULIN 50/50 (QL)  
 HUMULIN N INSULIN (QL)  
 HUMULIN R INSULIN (QL)  
 LANTUS VIALS (QL)  
 LANTUS CARTRIDGES (PA) (QL)  
 LANTUS SOLOSTAR (PA) (QL)  
 LEVEMIR INSULIN (VIALS ONLY)  
 (QL)  
 REGULAR ILETIN (QL)

APIDRA INSULIN (QL)  
 APIDRA SOLOSTAR (QL) (PA)  
 NOVOLIN (VIALS OR  
 CARTRIDGES ONLY)  
 NOVOLOG (PA) (VIALS OR  
 CARTRIDGES ONLY)  
 NOVOLOG MIX (VIALS OR  
 CARTRIDGES. ONLY)

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Blood Glucose Test Strips (Not Covered By All Plans Under The Pharmacy Benefit)**

ACCU-CHEK ADVANTAGE TEST STRIPS (QL)	ASCENCIA TEST STRIPS (PA) (QL)
ACCU-CHEK AVIVA TEST STRIPS (QL)	FASTAKE TEST STRIPS (PA) (QL)
ACCU-CHEK COMPACT TEST STRIPS (QL)	NOVA MAX TEST STRIPS (PA) (QL)
ACCU-CHEK COMFORT CURVE TEST STRIPS (QL)	ONE TOUCH TEST STRIPS (PA) (QL)
FREESTYLE LITE TEST STRIPS (QL)	ONE TOUCH TEST ULTRA STRIPS (PA) (QL)
FREESTYLE TEST STRIPS (QL)	PRESTIGE TEST STRIPS (PA) (QL)
KETOSTIX STRIPS (QL)	SURESTEP TEST STRIPS (PA) (QL)
PRECISION Q.I.D. TEST STRIPS (QL)	TRUETRAK TEST STRIPS (PA) (QL)
PRECISION XTRA TEST STRIPS (QL)	

**Needles and Syringes, Insulin**

B-D BRAND DISPOSABLE INSULIN NEEDLES & SYRINGES  
 B-D PEN NEEDLES ORIGINAL 08290-3282-03  
 B-D BRAND DISPOSABLE INSULIN NEEDLES & SYRINGES  
 B-D PEN NEEDLES SHORT 08290-3201-09  
 B-D PEN NEEDLES MINI 08290-3201-19

**Estrogens**

**CLIMARA PATCHES (QL)**  
**ESTRACE TABLETS**  
 Estradiol Patches - Biweekly  
  
 Estradiol Patches - Weekly  
 Estradiol Tablets  
 Estropipate Tablets  
**OGEN TABLETS**  
**ORTHO-EST TABLETS**

ESTRACE VAGINAL CREAM  
 ESTRADERM PATCHES (QL)  
 ESTRATAB TABLETS  
 MENEST TABLETS  
  
 PREMARIN TABLETS  
 PREMARIN VAGINAL CREAM  
 VIVELLE PATCHES  
 VIVELLE-DOT PATCHES

ALORA PATCHES  
 CENESTIN TABLETS  
 ENJUVIA TABLETS  
 ESTRASORB TOPICAL EMULSION  
 ESTRING (3 Month's Supply)  
 ESTROGEL (QL)  
 FEMRING (3 months Supply)  
 MENOSTAR PATCH  
 VAGIFEM VAGINAL TABLETS

**Hormone Combination Products**

**ESTRATEST HS TABLETS**  
**ESTRATEST TABLETS**  
 Esterified  
 Estrogens/Methyltestosterone  
 HS tablets  
 Esterified  
 Estrogens/Methyltestosterone

CLIMARA PRO PATCH  
 PREMPHASE TABLETS  
  
 PREMPRO TABLETS

**ACTIVELLA TABLETS**  
 ANGELIQ TABLETS

COMBIPATCH TABLETS

**FEMHRT TABLETS**  
 PREFEST TABLETS



## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)

## SECTION 2

**Osteoporosis Medications**

Alendronate Tablets (QL)  
Calcitonin (Salmon) Nasal  
Solution

**FORTICAL NASAL SPRAY**

**FOSAMAX TABLETS (QL)**

**MIACALCIN NASAL SPRAY**

EVISTA TABLETS (QL)

ACTONEL TABLETS (PA) (QL)  
ACTONEL with CALCIUM  
TABLETS (PA) (QL)  
ATELVIA TABLETS (EST) (QL)  
BONIVA TABLETS (PA) (QL)  
**DIDRONEL TABLETS**  
ETIDRONATE TABLETS  
FOSAMAX-D TABLETS (PA) (QL)

**Thyroid Hormones**

**CYTOMEL TABLETS**

**LEVOTHROID TABLETS**

Levothyroxine Tablets

**LEVOXYL TABLETS**

**Liothyronine Tablets**

**SYNTHROID TABLETS**

Thyroid, Dessicated Tablets

ARMOUR THYROID TABLETS

THYROLAR TABLETS  
TIROSINT CAPSULES

**Anti-Thyroid Hormones**

Propylthiouracil (PTU) Tablets

Methimazole Tablets

**TAPAZOLE TABLETS**

**Miscellaneous Endocrine Medications**

**DDAVP TABLETS/ SPRAY**

Desmopressin Tablets / Spray

**MEGACE SUSPENSION**

Megestrol Tablets

SYNAREL NASAL SOLUTION

Cabergoline Tablets (QL)  
**DOSTINEX TABLETS (QL)**  
SENSIPAR TABLETS  
ZAVESCA CAPSULES (PA)

**EYE, EAR, NOSE AND THROAT MEDICATIONS****Anti-Glaucoma Medications**

Acetazolamide Tablets/  
Capsules

**ALPHAGAN OPHTHALMIC  
SOLUTION**

**ALPHAGAN P OPHTHALMIC  
SOLUTION**

**BETAGAN OPHTHALMIC  
SOLUTION**

Brimonidine Ophthalmic Solution

**DIAMOX TABLETS**

**DIAMOX SEQUELS**

Dipivefrin Ophthalmic Solution

Epinephrine HCl Ophthalmic  
Solution

Levobunolol Ophthalmic  
Solution

Methazolamide Tablets

**NEPTAZANE TABLETS**

**PILOCAR OPHTHALMIC  
SOLUTION**

AZOPT OPHTHALMIC SOLUTION

BETIMOL OPHTHALMIC SOLUTION

BETOPTIC OPHTHALMIC SOLUTION

LUMIGAN OPHTHALMIC (QL)

PHOSPHOLINE IODIDE  
OPHTHALMIC SOLUTION  
PILOPINE HS GEL

TIMOPTIC XE GEL

TRAVATAN Z OPHTHALMIC  
SOLUTION (QL)

COMBIGAN OPHTHALMIC  
SOLUTION  
**COSOPT OPHTHALMIC  
SOLUTION**  
Dorzolamide / Timolol Ophthalmic  
Solution  
Dorzolamide Ophthalmic Solution

MetiPranolol Ophthalmic Solution

Latanoprost Ophthalmic Solution  
(QL)  
RESCULA OPHTHALMIC  
SOLUTION

**TRUSOPT OPHTHALMIC  
SOLUTION**  
**XALATAN OPHTHALMIC  
SOLUTION (QL)**

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Anti-Glaucoma Medications Continued**

Pilocarpine HCL Ophthalmic  
Solution

**PROPINE OPHTHALMIC  
SOLUTION**

Timolol Maleate Ophthalmic  
Solution

Timolol XE Ophthalmic Gel  
**TIMOPTIC OPHTHALMIC  
SOLUTION**

**TIMOPTIC OPHTHALMIC GEL  
SOLUTION**

**Ophthalmic Antibiotics**

**AK-TOB OPHTHALMIC  
SOLUTION**

**BLEPH 10 OPHTHALMIC  
OINTMENT/ SOLUTION**

**CILOXAN OPHTHALMIC  
SOLUTION**

Ciprofloxacin Ophthalmic  
Solution

Erythromycin Base Ophthalmic  
Ointment

**GARAMYCIN OPHTHALMIC  
OINTMENT/ SOLUTION**

**GENOPTIC OPHTHALMIC  
OINTMENT/ SOLUTION**

**GENTACIDIN OPHTHALMIC  
SOLUTION**

Gentamicin Ophthalmic Solution  
& Ointment

Neomycin / Bacitracin /  
Polymyxin Ophthalmic Solution  
& Ointment

**NEOSPORIN OPHTHALMIC  
OINTMENT**

**NEOSPORIN OPHTHALMIC  
SOLN.**

**OCUFLOX OPHTHALMIC  
SOLUTION**

Ofloxacin Ophthalmic Solution  
Polymixin B Sulfate /

Trimethoprim Ophthalmic  
Solution

**POLYTRIM OPHTHALMIC  
SOLUTION**

Sulfacetamide Ophthalmic  
Solution

Tobramycin Ophthalmic Solution  
& Ointment

**TOBREX OPHTHALMIC  
OINTMENT/ SOLUTION**

MOXEZA OPHTHALMIC SOLUTION

NATACYN OPHTHALMIC  
SUSPENSION

VIGAMOX OPHTHALMIC SOLUTION

AZASITE OPHTALMIC  
SOLUTION (QL)  
BESIVANCE OPHTHALMIC  
SOLUTION  
QUIXIN OPHTHALMIC  
SOLUTION  
ZYMAR OPHTHALMIC  
SOLUTION  
ZYMAXID OPHTHALMIC  
SOLUTION

**Ophthalmic Anti-Inflammatory Medications**

**DECADRON OPHTHALMIC  
SOLUTION & OINTMENT**

Dexamethasone Ophthalmic  
Solution & Ointment

FLAREX OPHTHALMIC SOLUTION

ACUVAIL OPHTHALMIC  
SOLUTION  
ALREX OPHTHALMIC  
SUSPENSION

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Ophthalmic Anti-Inflammatory Medications Continued**

Diclofenac Sodium Ophthalmic Solution

**ECONOPRED OPHTHALMIC SOLUTION**

**ECONOPRED PLUS OPHTHALMIC SOLUTION**

Fluorometholone Ophthalmic Suspension

Fluorometholone Ophthalmic Suspension & Ointment

**ACULAR OPHTHALMIC SOLUTION**

**ACULAR LS OPHTHALMIC SOLUTION**

**FLUOR-OP OPHTHALMIC SOLUTION**

Flurbiprofen Ophthalmic Solution

**FML OPHTHALMIC SOLUTION & OINTMENT**

**INFLAMASE FORTE OPHTHALMIC SOLUTION & OINTMENT**

Ketorolac Ophthalmic Solution

**OCUFEN OPHTHALMIC SOLUTION**

**PRED FORTE OPHTHALMIC SUSPENSION**

**PRED MILD OPHTHALMIC SUSPENSION**

Prednisolone Acetate Ophthalmic Suspension

Prednisolone Phosphate Ophthalmic Solution

**VOLTAREN OPHTHALMIC SOLUTION**

FML FORTE OPHTHALMIC SOLUTION

LOTEMAX OPHTHALMIC SUSPENSION

Bromfenac Sodium Ophthalmic Solution

DUREZOL OPHTHALMIC EMULSION

NEVANAC OPHTHALMIC SUSPENSION

VEXOL OPHTHALMIC SUSPENSION

**XIBROM OPHTHALMIC SUSPENSION**

BROMDAY OPHTHALMIC SOLUTION

**Ophthalmic Anti-Inflammatory / Anti-Infective Combinations**

**CORTISPORIN OPHTHALMIC SOLUTION & OINTMENT**

Dexamethasone / Neomycin / Polymyxin Ophth. Solution & Ointment

Hydrocortisone / Neomycin / Polymyxin Ophth. Susp & Oint

**MAXITROL OPHTHALMIC SOLUTION & OINTMENT**

Neomycin / Polymyxin / Prednisone Ophthalmic Solution

Sulfacetamide / Prednisolone Acetate Susp. & Ointment

Sulfacetamide / Prednisolone Ophthalmic Ointment

**TOBRADEX OPHTHALMIC SUSPENSION (QL)**

BLEPHAMIDE OPHTHALMIC OINTMENT

ISOPTO CETAPRED OPHTHALMIC SOLUTION/ OINTMENT

ZYLET OPHTHALMIC SUSPENSION (QL)

TOBRADEX ST OPHTHALMIC SOLUTION

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Ophthalmic Antivirals**

Trifluridine Ophthalmic Solution  
**VIROPTIC OPHTHALMIC SOLUTION**

ZIRGAN OPHTHALMIC GEL

**Other Ophthalmic Medications**

Atropine Sulfate Ophthalmic Solution & Ointment  
Cromolyn Sodium Ophthalmic Solution  
Cyclopentolate Ophthalmic Solution  
Homatropine Ophthalmic Solution  
**MYDFRIN OPHTHALMIC SOLUTION**  
Phenylephrine 2.5% Ophthalmic Solution  
Scopolamine HBr Ophthalmic Solution

ALOMIDE OPHTHALMIC SOLUTION  
ISOPTO-HYOSCINE OPHTHALMIC SOLUTION  
PATADAY OPHTHALMIC SOLUTION  
PATANOL OPHTHALMIC SOLUTION

ALAMAST OPHTHALMIC SOLUTION  
ALOCRIL OPHTHALMIC SOLUTION  
BEPREVE OPHTHALMIC SOLUTION (QL)  
**ELESTAT OPHTHALMIC SOLUTION**  
Epinastine HCl Ophthalmic Solution 0.05%  
LASTACAFT OPHTHALMIC SOLUTION  
LIVOSTIN OPHTHALMIC SOLUTION  
OPTIVAR OPHTHALMIC SOLUTION  
RESTASIS OPHTHALMIC EMULSION (QL)

**Ear Medications**

Acetic Acid 2% Otic Solution  
Acetic Acid Otic Aluminum Acetate Solution  
**AUROTO Otic Solution**  
Benzocaine / Antipyrine Otic Solution  
**CORTISPORIN OTIC SOLUTION / SUSPENSION**  
**DOMEBORO OTIC SOLUTION**  
**FLOXIN OTIC SOLUTION**  
Hydrocortisone / Neomycin / Polymyxin Otic Solution/ Susp.  
Ofloxacin Otic Solution  
**VOSOL OTIC SOLUTION**

CIPRODEX OTIC SOLUTION

ACETASOL HC (QL)  
AURALGAN OTIC SOLUTION  
CETRAXAL OTIC SOLUTION  
CIPRO HC OTIC SOLUTION  
VOSOL HC OTIC SOLUTION

**Nasal Medications**

**ASTELIN NASAL SPRAY (QL)**  
Azelastine Nasal Spray (QL)  
**FLONASE (QL)**  
Fluticasone Nasal Spray (QL)

ASTEPRO NASAL SPRAY (QL)  
NASONEX (QL)  
VERAMYST NASAL SUSPENSION (QL)

BECONASE AQ (QL)  
Flunisolide Nasal Solution  
NASACORT AQ (QL)

**NASAREL NASAL SOLUTION**  
PATANASE NASAL SPRAY  
RHINOCORT AQUA (QL)

**Throat and Mouth Medications**

Chlorhexidine Gluconate (Covered Only If Dental Rider)  
**KENALOG IN ORABASE**  
Lidocaine, Viscous  
**PERIDEX (Covered Only With Dental Rider)**  
**SALAGEN TABLETS**  
Triamcinolone 0.1% in Orabase  
Viscous Xylocaine

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)

## SECTION 2

**GASTROINTESTINAL MEDICATIONS****Anti-Diarrheal Medications****LOMOTIL TABLETS**

Diphenoxylate / Atropine Tablets

**Anti-Emetic / Anti-Vertigo Medications****COMPAZINE TABLETS /  
SUPPOSITORIES**Ondansetron Orally  
disintegrating Tablets (QL)  
Ondansetron Tablets (QL)**PHENERGAN TABLETS**Prochlorperazine Tablets /  
Suppositories

Promethazine Tablets

**TIGAN CAPSULES**

Trimethobenzamide Capsules

**ZOFRAN ODT (QL)****ZOFRAN TABLETS (QL)**

ANZEMET (PA) (QL)

CESAMET CAPSULES (PA) (QL)

Dronabinol Capsules (PA)  
EMEND CAPSULES (QL)  
Granisetron Tablets (PA) (QL)**KYTRIL TABLETS (PA) (QL)****MARINOL CAPSULES (PA)**

SANCUSO PATCHES (PA) (QL)

ZUPLENZ ORAL FILM (QL)

**Anti-Ulcer and Anti-Peptic Medications****CARAFATE TABLETS**Cimetidine 300 MG, 400 MG,  
800 MG Tablets

ACIPHEX TABLETS (QL)

**CYTOTEC TABLETS**

Misoprostol Tablets

Omeprazole Capsules (QL)

Pantoprazole Tablets (QL)

**PRILOSEC CAPSULES (QL)****PROTONIX TABLETS (QL)**

Ranitidine 300mg Tablets Only

Ranitidine 75mg/5ml Syrup

Sucralfate Tablets

**TAGAMET 300 mg, 400 MG,  
800 MG TABLETS****ZANTAC 300 MG TABLETS****AXID TABLETS**DEXILANT CAPSULES (EST)  
(QL)

Famotidine Tablets

KAPIDEX CAPSULES (PA) (QL)

Lansoprazole Delayed Release  
Tablets (QL)

NEXIUM CAPSULES (PA) (QL)

Nizatidine Tablets

**PEPCID TABLETS****PREVACID CAPSULES (PA) (QL)**

PREVACID NAPRAPAC (PA) (QL)

PREVACID SOLUTABS (PA) (QL)

PREVPAC (PA) (QL)

**Antispasmodic and GI Motility Medications**Belladonna / Phenobarbital  
Tablets / Elixir

CUVPOSA SOLUTION

**ANASPAZ TABLETS****BENTYL CAPSULES**Clidinium / Chlordiazepoxide  
Capsules

Dicyclomine Capsules

**DONNATAL TABLETS /****ELIXIR**

Ergotamine/ Belladonna/

Phenobarbital

Hyoscyamine Sulfate CR

Tablets

Hyoscyamine Sulfate Tablets

**LEVSIN TABLETS****LEVSINEX TABLETS**

Glycopyrrolate Tablets

LOTRONEX TABLETS

**ROBINUL TABLETS**

ZELNORM TABLETS (PA)

**TIER 1****TIER 2****TIER 3  
(NOT ON FORMULARY)****Antispasmodic and GI Motility Medications Continued****LIBRAX CAPSULES**

Metoclopramide Tablets

**REGLAN TABLETS****Other GI Medications****ACTIGALL CAPSULES****ANUSOL-HC SUPP****AZULFIDINE TABS (ENTERIC****COATED NOT COVERED)**

Balsalazide Capsules (QL)

Bethanechol Tablets

**COLAZAL TABLETS (QL)****COLYTE SOLUTION****CORTENEMA**Hydrocortisone Retention  
Enema

Hydrocortisone Suppositories

Mesalamine Enema

**MIRALAX POWDER (QL)****NULYTELY SOLUTION**

Oral Colon Lavage Solution

Polyethylene Glycol 3350/  
Sodium Carb/Potassium For

Soln 240 gm

Polyethylene Glycol 3350/Sod  
Carb / Potassium For Soln 420  
gm**ROWASA ENEMA**Sulfasalazine Tablets (Enteric  
Coated Tablets Not Covered)**URECHOLINE****URSO CAPSULES****URSO FORTE CAPSULES**

Ursodiol 300 mg Capsules

ASACOL TABLETS (QL)

ASACOL HD TABLETS

CANASA SUPPOSITORIES

CORTIFOAM

LIALDA TABLETS

PROCTOFOAM HC

AMITIZA CAPSULES

APRISO CAPSULES

CHENODAL TABLETS

DIPENTUM CAPSULES

ENTOCORT EC CAPSULES

PENTASA TABLETS

**Digestive Enzymes**

COTAZYM (S)

CREON CAPSULES

PANCREASE (MT)

PANCRELIPASE CAPSULES

ULTRASE MT CAPSULES

VIOKASE POWDER

ZENPEP CAPSULES

**GENITOURINARY MEDICATIONS****Benign Prostatic Hyperplasia (BPH) Medications****CARDURA TABLETS**

Doxazosin Mesylate Tablets

Finasteride (Age Limit)

**FLOMAX CAPSULES (QL)****HYTRIN CAPSULES /****TABLETS****PROSCAR TABLETS (PA)****(QL)**

Tamsulosin Capsules (QL)

Terazosin Capsules / Tablets

AVODART CAPSULES (EST)

JALYN CAPSULES (PA)

RAPAFLO CAPSULES

UROXATRAL TABLETS

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Overactive Bladder Medications****DITROPAN TABLETS**Oxybutynin Immediate Release  
TabletsDETROL TABLETS (QL)  
DETROL LA CAPSULES (QL)

TOVIAZ 24 HR TABLETS (QL)

**DITROPAN XL TABLETS**  
ENABLEX TABLETSOxybutynin Extended Release  
Tablets  
GELNIQUE GEL (QL)  
OXYTROL PATCHES  
SANCTURA TABLETS  
VESICARE TABLETS**Drugs To Treat Impotence (Not Covered By All Plans - Check Benefits for Coverage and Copayment)**CIALIS TABLETS (PA) (QL)  
LEVITRA TABLETS (PA) (QL)  
VIAGRA TABLETS (PA) (QL)**Miscellaneous Genitourinary Medications**

Bethanecol Tablets

Flavoxate Tablets

**MACROBID CAPSULES****MACRODANTIN CAPSULES**Methenamine / Methylene Blue /  
Atropine Tablets

Nitrofurantoin Macrocrystals

Phenazopyridine Tablets

**PYRIDIUM TABLETS**

Trimethoprim Tablets

**URISPAS TABLETS****URECHOLINE TABLETS**

ELMIRON CAPSULES

**IMMUNOSUPPRESSANTS (MEDICATIONS FOR TRANSPLANTS)**

Azathioprine Tablets

**CELLCEPT TABLETS /  
CAPSULES**Cyclosporine Capsules  
Cyclosporine Microemulsion  
Capsules**DELTASONE TABLETS****IMURAN TABLETS**Mycophenolate Capsules /  
Tablets**NEORAL CAPSULES**

Prednisone Tablets

**PROGRAF CAPSULES****SANDIMMUNE CAPSULES**

Tacrolimus Capsules

MYFORTIC CAPSULES

RAPAMUNE TABLETS  
ZORTRESS TABLETS**JOINT / CONNECTIVE TISSUE / MUSCULOSKELETAL MEDICATIONS****Adrenal Corticosteroids (Steroids)****CORTEF TABLETS**

Cortisone Tablets

**CORTONE TABLETS****DECADRON TABLETS****DELTASONE TABLETS**

**TIER 1****TIER 2****TIER 3  
(NOT ON FORMULARY)****Adrenal Corticosteroids (Steroids) Continued**

Dexamethasone Tablets  
**DEXONE TABLETS**  
**FLORINEF TABLETS**  
 Fludrocortisone Tablets  
 Hydrocortisone Tablets  
**HYDROCORTONE TABLETS**  
**LIQUID PRED SOLUTION**  
**MEDROL TABLETS**  
 Methylprednisolone Tablets  
**ORASONE TABLETS**  
 Prednisolone Tablets  
 Prednisone Tablets  
**PRELONE SYRUP**

**Antirheumatics**

**ARAVA TABLETS**  
 Leflunomide Tablets  
 Hydroxychloroquine Tablets  
 Methotrexate Tablets  
**PLAQUENIL TABLETS**  
**RHEUMATREX TABLETS**

CUPRIMINE CAPSULES  
 DEPEN TABLETS  
 RIDAURA CAPSULES

**Gout Medications**

Allopurinol Tablets  
**BENEMID TABLETS**  
**COL-BENEMID TABLETS**  
 Colchicine Tablets  
 Probenecid Tablets  
 Probenecid / Colchicine Tablets  
**ZYLOPRIM TABLETS**

COLCRYS TABLETS  
 ULORIC TABLETS

**Non-Steroidal Anti-Inflammatory Medications (NSAIDs)**

**ANAPROX DS TABLETS**  
**ANAPROX TABLETS**  
**CLINORIL TABLETS**  
**DAYPRO TABLETS**

Diclofenac Sodium Tablets  
 Etodolac Tablets / Capsules  
 Etodolac XR Tablets  
**FELDENE CAPSULES**  
 Fenoprofen Capsules  
 Ibuprofen Tablets  
**INDOCIN CAPSULES**  
**INDOCIN SR CAPSULES**  
 Indomethacin Capsules  
 Indomethacin, Sustained  
 Release Capsules  
 Ketoprofen Capsules / Tablets  
 (QL)  
 Ketorolac Tablets (QL)  
**LODINE TABLETS /  
 CAPSULES**

ARTHROTEC TABLETS  
 CAMBIA PACKETS (QL)  
**CATAFLAM TABLETS**  
 CELEBREX (PA) (QL)  
 Diclofenac Sodium Extended  
 Release Tablets  
 FLECTOR PADS (QL)  
 Mefenamic Acid Capsules  
**PONSTEL CAPSULES**  
 VIMOVO TABLETS (PA)  
**VOLTAREN GEL**  
**VOLTAREN XR**  
 ZIPSOR CAPSULES (QL) (EST)



## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)

## SECTION 2

**Non-Steroidal Anti-Inflammatory Medications (NSAIDs) Continued**

Meloxicam Tablets (QL)

**MOBIC TABLETS (QL)****MOTRIN TABLETS**

Nabumetone Tablets

**NALFON CAPSULES****NAPROSYN TABLETS**

Naproxen Sodium Tablets

Naproxen Sodium, DS Tablets

Naproxen Tablets (Enteric

Coated Not Covered)

**ORUDIS CAPSULES**

Oxaprozin Tablets

Piroxicam Capsules

**RELAFEN TABLETS**

Sulindac Tablets

**TOLECTIN DS CAPSULES****TOLECTIN TABLETS**

Tolmetin (DS) Capsules

**TORADOL TABLETS (QL)****VOLTAREN IMMEDIATE****RELEASE TABLETS****Salicylates**Aspirin, Sustained Release  
Tablets

EASPIRIN TABLETS (QL)

Diflunisal Tablets

Choline Magnesium Salicylate  
Tablets**DOLOBID TABLETS**

Salsalate Tablets

**TRILISATE TABLETS****ZORPRIN TABLETS****Skeletal Muscle Relaxants**

Baclofen Tablets

Carisoprodol 350 MG Tablets

Cyclobenzaprine Tablets

**DANTRIUM CAPSULES**

Diazepam Tablets

**FLEXERIL TABLETS****LIORESAL TABLETS**

Methocarbamol Tablets

**NORFLEX TABLETS****NORGESIC FORTE TABLETS****NORGESIC TABLETS**

Orphenadrine / Aspirin /

Caffeine Tablets

Orphenadrine Citrate Tablets

**ROBAXIN TABLETS****SOMA TABLETS****VALIUM TABLETS****AMRIX CAPSULES (EST) (QL)**

Carisoprodol 250 MG Tablets

Chlorzoxazone Tablets

**PARAFON FORTE TABLETS****SKELAXIN TABLETS****SOMA 250MG TABLETS**

Tizanidine Tablets

**ZANAFLEX TABLETS**

Cyclobenzaprine SR Capsules

**Miscellaneous Muscle Relaxants****MESTINON TABLETS**

MESTINON TIMESPAN TABLETS

Pyridostigmine Tablets

PROSTIGMIN TABLETS

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)

## NEUROLOGICAL MEDICATIONS

*Alzheimers Disease Medication***ARICEPT 5 MG, 10 MG TABLETS**

ARICEPT 23 MG TABLETS

**ARICEPT ODT 5 MG, 10 MG TABLETS**

EXELON PATCHES

Donepezil Orally Disintegrating Tablets

Donepezil Tablets

**EXELON CAPSULES**

Rivastigmine Capsules

COGNEX CAPSULES

Galantamine Capsules (PA)

Galantamine Tablets (PA)

NAMENDA TABLETS (PA)

**RAZADYNE ER CAPSULES (PA)****RAZADYNE TABLETS (PA)***Anticonvulsants*

Carbamazepine Tablets

BANZEL TABLETS

Clonazepam Tablets

CELONTIN CAPSULES

**DEPAKENE CAPSULES**

DEPAKOTE ER TABLETS

**DILANTIN CAPSULES**

DILANTIN CHEWABLE TABLETS

**DEPAKOTE TABLETS**

FELBATOL TABLETS

Ethosuximide Capsules

PHENYTEK CAPSULES

Gabapentin Capsules / Tablets

SABRIL TABLETS

**GABARONE TABLETS**

SABRIL PACKETS

**KEPPRA TABLETS**

TEGRETOL XR TABLETS

**KLONOPIN TABLETS**

VIMPAT TABLETS

**LAMICTAL TABLETS**

Lamotrigine Tablets

**MYSOLINE TABLETS****NEURONTIN CAPSULES / TABLETS**

Oxcarbazepine Tablets

Phenytoin Capsules

Primidone Tablets

**TEGRETOL TABLETS****TOPAMAX TABLETS**

Topiramate Tablets

**TRILEPTAL TABLETS**

Valproic Acid Capsules

**ZARONTIN CAPSULES****ZONEGRAN CAPSULES**

Zonisamide Capsules

Carbamazepine SR Capsules 12 Hr

**CARBATROL CAPSULES**

GABITRIL TABLETS

KEPPRA XR TABLETS

KLONOPIN WAFERS

LAMICTAL ODT (PA)

LAMICTAL XR KIT (PA)

LAMICTAL XR TABLET (QL)

LYRICA TABLETS (QL) (PA)

STAVZOR CAPSULES

*Migraine Treatment Medications***AMERGE TABLETS (QL)**

APAP / Dichloralphenazone /

Isometheptene Capsules

**CAFERGOT TABLETS****DURADRIN CAPSULES**

Ergotamine / Caffeine Tablets /

Suppositories

Ergotamine Tartrate Tablets

**IMITREX NASAL SPRAY (QL)****IMITREX TABLETS (QL)****MIDRIN CAPSULES**

Naratriptan Tablets (QL)

Sumatriptan Nasal Spray (QL)

ERGOMAR SUBLINGUAL TABLETS

MAXALT TABLETS (QL)

MAXALT-MLT TABLETS (QL)

MIGERGOT SUPPOSITORIES

AXERT TABLETS (QL)

FROVA TABLETS (QL)

MIGRANAL NASAL SPRAY (QL)

RELPAK TABLETS (QL)

TREMIMET TABLETS (QL) (PA)

ZOMIG TABLETS / NASAL

SPRAY (QL)

ZOMIG ZMT TABLETS (QL)

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)

## SECTION 2

**Anti-Parkinsonism Medications**

Sumatriptan Tablets (QL)

Amantadine Capsules

**ARTANE TABLETS**

Benzotropine Mesylate Tablets

Bromocriptine Capsules/ Tablets

Carbidopa / Levodopa CR  
Tablets

Carbidopa / Levodopa Tablets

**COGENTIN TABLETS****ELDEPRYL CAPSULES****LARODOPA TABLETS**

Levodopa Tablets

**MIRAPEX TABLETS****PARLODEL CAPSULES /  
TABLETS**

Pramipexole Tablets

**REQUIP TABLETS**

Ropinirole Tablets

Selegiline Tablets

**SINEMET CR TABLETS****SINEMET TABLETS****SYMMETREL CAPSULES**

Trihexyphenidyl Tablets

AZILECT TABLETS

STALEVO TABLETS

COMTAN TABLETS

REQUIP XL

TASMAR TABLETS

ZELAPAR DISINTEGRATING  
TABLETS

MIRAPEX ER TABLETS

**Miscellaneous Neurological Medications**

AMPYRA TABLETS (QL) (PA)

HORIZANT SR TABLETS (QL)

**OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS****Contraceptives: Monophasic****ALESSE** (Aviane, Lutera)**DEMULEN** (Zovia, Kelnor)**LEVLEN** (Levora, **NORDETTE**,  
Portia)**LEVLITE** (Lessina, Sronyx)**LO/OVRAL** (Low-Ogestrel,  
Cryselle)**LOESTRIN 21** (Microgestin,  
Junel)**LOESTRIN FE** (Microgestin Fe,  
Junel Fe)**MODICON (BREVICON**, Necon  
0.5/35, Nortrel 0.5/35)

Ogestrel Tablets

**ORTHO NOVUM 1/35****(NORINYL 1+35**, Necon 1/35,  
Nortrel 1/35)**ORTHO NOVUM 1/50****(NORINYL 1+50**, Necon 1/50)**ORTHO-CEPT** (Apri, Reclipsen,  
Solia, **DESOGEN**)**ORTHO-CYCLEN** (BRAND AT  
TIER 1)**OVRAL** (Ogestrel)**FEMCON-Fe**GIANVI (NOT COVERED USE  
YAZ)

JOLESSA (3 MONTH SUPPLY)

LO LOESTRIN

LOESTRIN 24 Fe

QUASENSE (3 MONTH SUPPLY)

MONONESSA (NOT COVERED-  
**USE ORTHO-CYCLEN**)OCELLA – (NOT COVERED-**USE  
BRAND YASMIN**)

OVCON-35 (Balzia, Zenchent)

OVCON-50 (Balzia, Zenchent)

PREVIFEM (NOT COVERED-**USE  
BRAND ORTHO-CYCLEN**)**SEASONALE** (3 MONTH  
SUPPLY)SPRINTEC (NOT COVERED-  
**USE BRAND ORTHO-CYCLEN**)ZARAH-(NOT COVERED-**USE  
BRAND YASMIN**)**ZEOSA CHEW TABLETS**

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Contraceptives: Monophasic Continued**

**YASMIN (BRAND ONLY - TIER 1)**

**YAZ (BRAND ONLY - TIER 1)**

**Contraceptives: Biphasic**

**MIRCETTE (Kariva)**

**ORTHO-NOVUM 10/11 (Necon10/11)**

**SEASONIQUE (3 MONTH SUPPLY)**

**Contraceptives: Triphasic**

**CYCLESSA (Velivet, Cesia)**

**ORTHO TRI-CYCLEN LO**

**ORTHO TRI-CYCLEN (BRAND AT TIER 1)**

**ORTHO-NOVUM 7/7/7 (BRAND AT TIER 1)**

**TRI-LEVLEN (Enpresse, TRIPHASIL, Trivora)**

**TRI-NORINYL (Aranelle, Leena)**

**ESTROSTEP Fe**

**NECON 7/7/7 (NOT COVERED-USE BRAND ORTHO-NOVUM 7/7/7)**

**NORTREL 7/7/7 (NOT COVERED-USE BRAND ORTHO-NOVUM 7/7/7)**

**TILIA Fe**

**TRINESSA (NOT COVERED-USE BRAND ORTHO-TRI-CYCLEN)**

**TRI-PREVIFEM NOT COVERED-USE BRAND ORTHO-TRI-CYCLEN)**

**TRI-SPRINTEC (NOT COVERED-USE BRAND ORTHO-TRI-CYCLEN)**

**Other Contraceptives**

**ORTHO MICRONOR (BRAND AT TIER 1)**

**BEYAZ**

**LOSEASONIQUE TABLETS (QL) (3 MONTH SUPPLY)**

**LYBREL TABLETS**

**NATAZIA**

**NUVARING**

**ORTHO DIAPHRAGM**

**ORTHO EVRA PATCH  
PRENTIF CAVITY-RIM CERVICAL CAP  
SAFYRAL TABLETS**

**ERRIN (NOT COVERED-USE BRAND ORTHO- MICRONOR)**

**CAMILA (NOT COVERED-USE BRAND ORTHO- MICRONOR)**

**GENERESS FE CHEWABLE TABLET**

**JOLIVETTE (NOT COVERED-USE BRAND ORTHO- MICRONOR)**

**NORA-BE (NOT COVERED-USE BRAND ORTHO- MICRONOR)**

**NOR-QD (NOT COVERED-USE BRAND ORTHO - MICRONOR)**

**Emergency Contraceptives**

**NEXT CHOICE (AGE RESTRICTION - OTC FOR 18 AND OLDER)**

**PLAN B TABLETS (AGE RESTRICTION - OTC FOR 18 AND OLDER)**

**ELLA TABLETS (QL)**

**PLAN B ONE STEP TABLETS (AGE RESTRICTION-OTC FOR 18 AND OLDER)**

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Progestins****AYGESTIN TABLETS**

Medroxyprogesterone Tablets

Norethindrone Tablets

**PROVERA TABLETS**ENDOMETRIN SUPPOSITORIES  
PROMETRIUM CAPSULES (QL)**Vaginal Anti-Infectives****CLEOCIN VAGINAL CREAM**

Clindamycin Vaginal Cream

**DIFLUCAN 150 MG TAB ONLY**

Fluconazole Tablets

**METROGEL VAGINAL GEL**

Vandazole Vaginal Gel

**TERAZOL VAGINAL CREAM / TABLETS**

Terconazole Vaginal Cream / Tablets

**Other Obstetrical and Gynecologicals Drugs****CLOMID TABLETS (PA) (QL)**

Clomiphene Tablets (PA) (QL)

Ergonovine Maleate Tablets

**SEROPHENE TABLETS (PA) (QL)**

CRINONE 8% VAGINAL CREAM (PA)

ERGOTRATE TABLETS

METHERGINE TABLETS (QL)

**RESPIRATORY MEDICATIONS****Inhaled Steroids**

Budesonide Inhalation

Suspension 0.25mg, 0.5mg (QL)

**PULMICORT INHALATION****SUSPENSION** 0.25MG, 0.5MG (QL)

ASMANEX TWISTHALER (QL)

FLOVENT HFA (QL)

PULMICORT FLEXHALER (QL)

PULMICORT 1 MG RESPULES (QL)

QVAR INHALER (QL)

AEROBID INHALER

AEROBID-M INHALER  
ALVESCO AERSOL**Devices For The Treatment of Asthma**

AEROCHAMBER

INSPIREASE

PEAK FLOW METER

**Inhaled Respiratory Medications**

Acetylcysteine Solution

Albuterol Nebulized Solution

Cromolyn Sodium Inhaler

Ipratropium Inhaler

**MUCOMYST****PROVENTIL NEBULIZED SOLUTION**

ADVAIR INHALER (QL)

ADVAIR HFA (QL)

ATROVENT HFA INHALER

DULERA AEROSOL (QL)

MAXAIR AUTOHALER (QL)

PROVENTIL HFA INHALER (QL)

PULMOZYME (QL)

SEREVENT DISKUS (QL)

SPIRIVA HANDIHALER (QL)

XOPENEX HFA AEROSOL

BROVANA INHALATION SOLUTION

COMBIVENT INHALER

**DUONEB INHALTION SOLN.**

FORADIL AEROLIZER (QL)

Ipratropium-Albuterol Nebulizer Solution

PROAIR HFA INHALER (QL)

SYMBICORT AEROSOL

VENTOLIN HFA INHALER (QL)

XOPENEX NEBULIZER SOLUTION

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Oral Medications for Asthma or Lung Problems****ACCOLATE TABLETS (EST)**

Albuterol ER Tablets  
 Albuterol Tablets  
 Aminophylline Tablets  
**BRETHINE TABLETS**  
**PROVENTIL TABLETS**  
**SLO-BID CAPSULES**  
 Terbutaline Sulfate Tablets  
**THEODUR TABLETS**  
 Theophylline Liquid  
 Theophylline, Immediate  
 Release Tablets  
 Theophylline, Sustained  
 Release Capsules  
**UNIPHYL TABLETS**  
**VOSPIRE ER TABLETS**  
 Zafirlukast Tablets (EST)

SINGULAIR TABLETS

THEO-24 CAPSULES

DALIRESP TABLETS (QL)  
 Theophylline Elixir 80 mg/ 15cc  
 (Alcohol Free)  
 ZYFLO TABLETS  
 ZYFLO CR TABLETS

**SKIN AND MUCOUS MEMBRANE MEDICATIONS****Acne Treatment Medications**

**A/T/S SOLUTION (SWABS,  
 PADS & PLEDGETS  
 EXCLUDED)**

**ACCUTANE CAPSULES (QL)****AMNESTEEM CAPSULES (QL)****BENZAMYCIN GEL****CLEOCIN T SOLUTION**

(SWABS, PADS & PLEDGETS  
 EXCLUDED)

Clindamycin Solution 1%  
 (Swabs, Pads & Pledgets  
 Excluded)

**EMGEL**

**ERYCETTE SOLN (SWABS,  
 PADS & PLEDGETS  
 EXCLUDED)**

**ERYDERM SOLN (SWABS,  
 PADS & PLEDGETS  
 EXCLUDED)**

**ERYGEL**

Erythromycin / Benzoyl Peroxide  
 Cream

Erythromycin 1.5 % Soln  
 (Swabs, Pads & Pledgets  
 Excluded)

Erythromycin 2 % Gel  
 Erythromycin 2.0 % Soln  
 (Swabs, Pads & Pledgets  
 Excluded)

Isotretinoin Caps (QL)

**METROCREAM TOPICAL  
 CREAM**

Metronidazole Topical Cream

**RETIN-A CREAM / GEL**DIFFERIN GEL / CR / SOL / PADS  
(QL)

DUAC CS KIT (QL)  
 DUAC GEL (QL)

FINACEA GEL  
 METROGEL TOPICAL GEL

RETIN-A MICRO CREAM

TAZORAC CRM / GEL (QL)

ACZONE GEL

AZELEX CREAM  
**BENZAACLIN GEL** (Pump  
 excluded)  
**CLENIA CREAM**

Clindamycin Phosphate 1% Foam

Clindamycin / Benzoyl Peroxide  
 Gel (Pump Excluded)

**DIFFERIN LOTION (QL)**  
**EVOCLIN FOAM**

**KLARON LOTION**  
 PLEXION CREAM  
 ROSULA GEL

TRETIN-X CREAM

## TIER 1

## TIER 2

TIER 3  
(NOT ON FORMULARY)**Acne Treatment Medications Continued**

**SOTRET CAPSULES (QL)**  
**SULFACET-R LOTION (QL)**  
 Tretinoin Cream / Gel

**Topical Antifungal Medications**

Clotrimazole / Betamethasone  
 Cream / Lotion (QL)  
 Econazole Cream  
 Ketoconazole Cream (QL)  
**LOTRISONE CREAM / LOTION (QL)**  
**MYCOSTATIN CREAM / OINTMENT**  
**NIZORAL CREAM (QL)**  
 Nystatin Cream / Ointment  
**SPECTAZOLE CREAM**

DENAVIR CREAM (QL)

ERTACZO CREAM  
 EXELDERM CREAM / SOLUTION  
 Ketoconazole Shampoo

**LOPROX CREAM / GEL**  
 NAFTIN CREAM  
 OXISTAT CREAM  
**PENLAC NAIL LACQUER**  
 Ciclopirox Cream / Gel  
 Ciclopirox 8% Solution

**Topical Anti-Infectives**

**BACTROBAN OINTMENT**                      ZOVIRAX OINTMENT (QL)  
 Mupirocin Ointment  
**SILVADENE CREAM**  
 Silver Sulfadiazine cream  
 SSD CREAM

ALTABAX OINTMENT  
 PANRETIN GEL (PA)  
 ZOVIRAX CREAM (QL)

**Topical Anti-Inflammatory / Steroids: Low Potency**

Aclometasone Dipropionate  
 Cream / Ointment  
**ACLOVATE CREAM / OINTMENT**  
 Desonide Cream / Ointment /  
 Lotion  
**DESOWEN CREAM / OINTMENT/ LOTION**  
 Fluocinolone Acetonide 0.01%  
 Cream / Ointment / Solution  
 Hydrocortisone 2.5% Cream /  
 Ointment / Lotion  
**HYTONE CREAM / OINTMENT**  
**SYNALAR 0.01% CREAM / OINTMENT / SOLUTION**

**Topical Anti-Inflammatory / Steroids: Medium Potency**

**ARISTOCORT CREAM / OINTMENT**  
**ELOCON CREAM / OINTMENT**  
 Fluocinolone Acetonide 0.025%  
 Cream / Ointment  
**KENALOG CREAM / OINTMENT**  
 Mometasone Furoate Cream /  
 Ointment / Lotion  
**SYNALAR 0.025% CREAM / OINTMENT**  
 Triamcinolone Acetonide Cream  
 / Ointment / Lotion

**CORDRAN CREAM / OINTMENT / TAPE**  
**CUTIVATE CREAM / OINTMENT**  
 Fluticasone Cream / Ointment

**WESTCORT CREAM / OINTMENT**  
 Hydrocortisone Butyrate Cream /  
 Ointment  
**LOCOID CREAM / OINTMENT**

**TIER 1****TIER 2****TIER 3  
(NOT ON FORMULARY)****Topical Anti-Inflammatory / Steroids: High Potency**

Betamethasone Dipropionate  
Cream / Ointment  
Desoximetasone 0.05% CREAM  
Diflorasone Diacetate, Emollient  
Cream  
**DIPROSONE CREAM /  
OINTMENT**  
Fluocinolone Acetonide 0.2%  
HP Cream  
Fluocinonide Cream/ Ointment  
**LIDEX CREAM / OINTMENT**  
**LIDEX E CREAM**  
**MAXIVATE CREAM /  
OINTMENT**  
**SYNALAR HP CREAM**  
**TOPICORT LP CREAM**

**HALOG CREAM / OINTMENT****Topical Anti-Inflammatory / Steroids: Very High Potency**

Augmented Betamethasone  
Dipropionate Cream  
Clobetasol Propionate Cream /  
Ointment/ Gel / Solution/  
Emollient  
Diflorasone Diacetate Cream /  
Ointment  
**DIPROLENE AF CREAM**  
**FLORONE CREAM**  
**MAXIFLOR CREAM /  
OINTMENT**  
**PSORCON CREAM /  
OINTMENT/ Emollient**  
**TEMOVATE CREAM /  
OINTMENT/ GEL/ SOLUTION /  
EMOLLIENT**  
**ULTRAVATE CREAM /  
OINTMENT**

CLOBEX LOTION

**Antipsoriasis Medications**

Calcipotriene Solution  
**DOVONEX SOLUTION**  
**SEBIZON LOTION**  
Selenium Sulfide 2.5% Lotion  
**SELSUN LOTION**

DOVONEX CREAM / OINTMENT (QL)  
TAZORAC CREAM / GEL (QL)  
VECTICAL OINTMENT (QL)

SORIATANE CK KIT  
TACLONEX OINTMENT (EST)

**Scabicides**

**ACTICIN CREAM (QL)**  
  
**ELIMITE CREAM (QL)**  
Permethrin Cream (QL)

EURAX CREAM / LOTION

Malathion Lotion  
NATROBA TOPICAL  
SUSPENSION (Age Limit)  
**OVIDE LOTION**

**Miscellaneous Skin and Mucous Membrane Medications**

Aluminum Chloride Hexahydrate

CONDYLOX – GEL

**ALDARA CREAM**



**TIER 1**

CARAC CREAM  
**DRYSOL**

**EFUDEX CREAM / SOLUTION**  
Fluorouracil Cream

**TIER 2**

FLUOROPLEX CREAM / SOLUTION  
OXSORALEN ULTRA TABLETS  
ONLY  
PROTOPIC OINTMENT (PA) (QL)

**TIER 3  
(NOT ON FORMULARY)**

Doxepin Cream  
ELIDEL CREAM

**EMLA CREAM**  
FLECTOR PADS (QL)  
Imiquimod Cream  
KERALAC CREAM / LOTION  
PENNSAID SOLUTION (QL)  
REGRANEX GEL (PA) (QL)  
SOLARAZE GEL  
SYNERA PATCHES  
ULESFIA LOTION 5%  
VEREGEN OINTMENT (QL)  
VOLTAREN GEL  
**ZONALON CREAM**  
ZYCLARA CREAM (QL)

**SECTION 2****Anorectal Medications**

**ANALPRAM CREAM 1%-1%**  
Hydrocortisone (Rectal Cream)  
**PROCTO-CREAM**

CORTIFOAM

**ANALPRAM CREAM 2.5%-1%**  
PROCTOFOAM NS

**VITAMINS****Prenatal Vitamins**

CAVAN-ALPHA KIT  
CAVAN-EC SOD DHA  
CAVAN-HEME OMEGA  
CITRANATAL 90 DHA  
CITRANATAL ASSURE  
CITRANATAL DHA  
CITRANATAL RX  
CONCEPT DHA  
CORENATE-DHA  
DUET DHA BALANCED  
DUET DHA COMPLETE  
FOLTABS 90 PLUS DHA  
GESTICARE DHA  
MULTI-NATE 30 DHA  
MULTI-NATE DHA EXTRA  
NAVATAB + DHA  
NESTABS DHA  
PR NATAL 400  
PR NATAL 400 EC  
PR NATAL 430  
PR NATAL 430 EC  
PREFERA OB + DHA  
PRENAPLUS  
PRENATABS FA  
PRENATABS RX  
PRENATAL 19  
PRENATAL AD  
PRENATAL PLUS  
PRENATAL PLUS/IRON  
PRENATE PLUS  
RE OB + 90 DHA

CAVAN ONE OMEGA  
CAVAN-HEME OB  
CITRANATAL B-CALM  
CITRANATAL HARMONY  
COMPLETE NATAL DHA  
FOLCAL DHA  
FOLCAPS CARE ONE  
FOLIVANE-PRX DHA NF  
NATELLE ONE  
NEEVO  
NEEVO DHA  
NEXA SELECT  
OB COMPLETE 400  
OB-NATAL ONE  
PNV-DHA  
PNV-DHA+DOCUSATE  
PNV-IRON  
PNV-OMEGA  
PNV-SELECT  
PREFERA OB  
PRENATAL 19  
PRENATE DHA  
PRENATE ELITE  
PRENATE ESSENTIAL  
PRENEXA  
PRENEXA PREMIER  
ROVIN-NV DHA  
SELECT-OB+DHA  
TARON-BC  
TARON-PREX  
TRIVEEN-PRX RNF

**TIER 1****TIER 2****TIER 3  
(NOT ON FORMULARY)*****Prenatal Vitamins Continued***

RE PRENATAL MULTIVITAMIN  
 RE-NATA 29 OB  
 SE-NATAL 19  
 SETON ET-EC  
 SETONET  
 TRI RX  
 TRINATAL RX 1  
 VINACAL  
 VINATE AZ  
 VINATE ONE  
 VOL-PLUS

VITAFOL-OB+DHA  
 ZATEAN-CH  
 ZATEAN-PN  
 ZATEAN-PN DHA  
 ZATEAN-PN PLUS

***Vitamin and Fluoride Medications / Miscellaneous Supplements***

Calcitriol Capsules

***DRISDOL CAPSULES***

Ergocalciferol Capsules

Fluoride / Polyvitamins (Without  
 Iron; Drops & Tabs) (age limit 6)

Fluoride / Vitamins A,D,C

(Without Iron; Drops & Tabs)

(age limit 6 years and younger)

Folic Acid 1mg Tablets

***LURIDE TABLETS******POLY-VI-FLOR TABLETS /***

***DROPS (age limit 6 years)***

***ROCALTROL CAPSULES***

Sodium Fluoride Tablets and

Drops

***TRI-VI-FLOR TABLETS /***

***DROPS (age limit 6 years and  
 younger)***

HECTOROL CAPSULES  
 ZEMPLAR CAPSULES

**DRUGS FOR THE TREATMENT OF OBESITY**

**BENEFIT EXCLUSION\* - \*Some Plans May Cover Morbid Obesity – Refer To Plan Documents**

Phentermine Capsules (PA) -  
 BENEFIT EXCLUSION\*  
 Phentermine Tablets (PA) -  
 BENEFIT EXCLUSION\*  
 XENICAL CAPSULES OTC -  
 BENEFIT EXCLUSION\*

**DRUGS FOR THE TREATMENT OF SMOKING CESSATION**

**BENEFIT EXCLUSION\* +Some Plans May Have Coverage For Smoking Cessation Products – Refer To  
 Plan Documents For Coverage and Copayment / Coinsurance**

Buproban Tablets (PA) (QL) -  
 BENEFIT EXCLUSION+  
 CHANTIX TABLETS (PA) (QL) -  
 BENEFIT EXCLUSION+  
 NICOTROL NASAL SPRAY (PA)  
 (QL) - BENEFIT EXCLUSION+  
 ZYBAN TABLETS (PA) (QL) -  
 BENEFIT EXCLUSION+

# SPECIALTY DRUGS

## SPECIALTY DRUGS

### Arthritis / Psoriasis

Brand	Generic	Comments
<b>ENBREL</b>	ETANERCEPT	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
<b>HUMIRA</b>	ADALIMUMAB	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
<b>SIMPONI (EST)</b>	GOLIMUMAB	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
<b>CIMZIA (EST)</b>	CERTOLIZUMAB PEGOL	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
KINERET (EST)	ANAKINRA	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
METHOTREXATE INJECTION	METHOTREXATE INJECTION	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE

### Blood Modifiers

Brand	Generic	Comments
<b>PROCRIT</b>	EPOETIN ALFA	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
ARANESP (EST)	DARBEPOETIN ALFA-ALBUMIN	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
EPOGEN (EST)	EPOETIN ALFA	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
NEULASTA (EST)	PEGFILGRASTIM	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
NEUMEGA	OPRELVEKIN	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
NEUPOGEN	FILGRASTIM	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE

### Blood Thinners

Brand	Generic	Comments
ARIXTRA	FONDAPARINUX SODIUM	PRIOR AUTHORIZATION REQUIRED- QUANTITY LIMITATIONS- MAY REQUIRE A COINSURANCE
FRAGMIN	DALTEPARIN SODIUM	PRIOR AUTHORIZATION REQUIRED- QUANTITY LIMITATIONS- MAY REQUIRE A COINSURANCE
INNOHEP	TINZAPARIN SODIUM	PRIOR AUTHORIZATION REQUIRED- QUANTITY LIMITATIONS- MAY REQUIRE A COINSURANCE
LOVENOX	ENOXAPARIN SODIUM	PRIOR AUTHORIZATION REQUIRED- QUANTITY LIMITATIONS- MAY REQUIRE A COINSURANCE

### Multiple Sclerosis

Brand	Generic	Comments
<b>AVONEX</b>	INTERFERON BETA-1A	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
<b>BETASERON</b>	INTERFERON BETA-1B	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
<b>COPAXONE</b>	GLATIRAMER ACETATE	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
EXTAVIA	INTERFERON BETA-1B	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
REBIF	INTERFERON BETA-1A	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE

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<b>Growth Hormones</b>		
<b>Brand</b>	<b>Generic Name</b>	<b>Comments</b>
<b>HUMATROPE</b>	SOMATROPIN	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
NUTROPIN	SOMATROPIN	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
NUTROPIN AQ	SOMATROPIN	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
GENOTROPIN	SOMATROPIN	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
INCRELEX	MECASERMIN	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
<b>NORDITROPIN</b>	SOMATROPIN	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
OMNITROPE	SOMATROPIN	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
PROTROPIN	SOMATREM	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
SAIZEN	SOMATROPIN	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
SEROSTIM	SOMATROPIN	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
SOMAVERT	PEGVISOMANT	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
TEV-TROPIN	SOMATROPIN	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
ZORBTIVE	SOMATROPIN	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
<b>Migraine Medications</b>		
<b>Brand</b>	<b>Generic Name</b>	<b>Comments</b>
SUMITRIPTAN INJ / SYRINGE	SUMITRIPTAN	PRIOR AUTHORIZATION REQUIRED- QUANTITY LIMITATIONS- MAY REQUIRE A COINSURANCE
<i>IMITREX INJ / SYRINGE</i>	SUMITRIPTAN	PRIOR AUTHORIZATION REQUIRED- QUANTITY LIMITATIONS- MAY REQUIRE A COINSURANCE
<i>D.H.E. 45</i>	DIHYDROERGOTAMINE	PRIOR AUTHORIZATION REQUIRED- QUANTITY LIMITATIONS- MAY REQUIRE A COINSURANCE
DIHYDROERGOTAMINE	DIHYDROERGOTAMINE	PRIOR AUTHORIZATION REQUIRED- QUANTITY LIMITATIONS- MAY REQUIRE A COINSURANCE
<b>Osteoporosis Treatment</b>		
<b>Brand</b>	<b>Generic Name</b>	<b>Comments</b>
<b>FORTEO</b>	TERIPARATIDE (RECOMBINANT)	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
MIACALCIN	CALCITONIN (SALMON)	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE

<b>Antivirals / Immune System Enhancers</b>		
<b>Brand</b>	<b>Generic Name</b>	<b>Comments</b>
ACTIMMUNE	INTERFERON GAMMA-1B	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
FUZEON	ENFUVIRTIDE	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
INFERGEN	INTERFERON ALFACON-1	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
INTRON-A	INTERFERON ALFA-2B	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
<b>PEGASYS</b>	PEGINTERFERON ALFA-2A	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
<b>PEG-INTRON</b>	PEGINTERFERON ALFA-2B	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
ROFERON-A	INTERFERON ALFA-2A	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
<b>Miscellaneous</b>		
<b>Brand</b>	<b>Generic Name</b>	<b>Comments</b>
APOKYN	APOMORPHINE	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
LUPRON - Not the Depot form	LEUPROLIDE ACETATE	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
ALFERON N	INTERFERON ALFA-N3	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
ARCALYST	RILONACEPT	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
Octreotide - Not the Depot form	OCTREOTIDE ACETATE	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
RELISTOR	METHYLNALTREXONE BROMIDE	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
SANDOSTATIN - Not the Depot / LAR form	OCTREOTIDE ACETATE	PRIOR AUTHORIZATION REQUIRED- MAY REQUIRE A COINSURANCE
<b>Brand</b>	<b>Generic Name</b>	<b>Comments</b>
CAVERJECT INJECTION (QL)	ALPROSTADIL	PRIOR AUTHORIZATION REQUIRED- CHECK PLAN FOR COVERAGE- MAY REQUIRE A COINSURANCE
EDEX INJECTION (QL)	ALPROSTADIL	PRIOR AUTHORIZATION REQUIRED- CHECK PLAN FOR COVERAGE- MAY REQUIRE A COINSURANCE
<b>Other Self-Administered Drugs (May be obtained from a retail pharmacy)</b>		
<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>
	EPIPEN (QL)	BYETTA (PA)
	EPIPEN, JR. (QL)	SYMLIN (PA)
	GLUCAGEN (QL)	VICTOZA (PA)
	GLUCAGON (QL)	
	<b>TWINJECT (QL)</b>	

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**Drugs for Hemophilia (Check Plan Documents for Coverage)**

<b>Brand</b>	<b>Generic Name</b>	<b>Comments</b>
ADVATE	Factor VIII (antihemophilic factor [recombinant]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
ALPHANATE VWF	Von Willebrand factor complex, human, ristocetin cofactor , per I.U.	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
ALPHANINE SD	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
BEBULIN VH	Factor IX, complex, per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
BENEFIX	Factor IX (antihemophilic factor, recombinant) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
CEPROTIN	Protein C concentrate, intravenous, human, 10 IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
FEIBA VH IMMUNO (ANTI-INHIBITOR COAGULANT COMPLEX)	Anti-inhibitor, per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
HELIXATE FS	Factor VIII (antihemophilic factor [recombinant]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
HEMOFIL M	Factor VIII (antihemophilic factor [human]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
HUMATE-P	Von Willebrand factor complex, human, ristocetin cofactor, per IU, VWF:RCO	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
KOATE-DVI	Factor VIII (antihemophilic factor [human]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
KOGENATE FS	Factor VIII (antihemophilic factor, recombinant) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
MONOCLATE-P	Factor VIII (antihemophilic factor [human]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
MONONINE	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
NOVOSEVEN	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
PROFILNINE SD	Factor IX, complex, per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
RECOMBIMATE	Factor VIII (antihemophilic factor [recombinant]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
REFACTO	Factor VIII (antihemophilic factor [recombinant]) per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
THROMBATE III	Antithrombin III (human), per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE
XYNTHA KIT	Injection, factor VIII (antihemophilic factor, recombinant), per IU	PRIOR AUTHORIZATION REQUIRED-MAY REQUIRE A COINSURANCE

## DRUGS SUBJECT TO PRIOR AUTHORIZATION OR STEP THERAPY

TIER	GENERIC	BRAND NAME	GENERIC NAME	COMMENTS
3		ABSTRAL SUBLINGUAL TABLETS	Fentanyl Sublingual Tablet	SPECIFIC DIAGNOSIS WITH TREATMENT PLAN REQUIRED
1	YES	ACCOLATE TABLETS	Zafirlukast	MUST HAVE FAILED SINGULAIR
3	YES	ACTIQ LOZENGES	Fentanyl	
3		ACTONEL	Risedronate	MUST HAVE FAILED Alendronate (FOSAMAX)
3		ACTONEL WITH CALCIUM	Risedronate / Calcium	MUST HAVE FAILED Alendronate (FOSAMAX)
2		ADCIRCA TABLETS	Tadalafil Tablets	MUST HAVE CONFIRMED DIAGNOSIS OF PAH
3		ADOXA TABLETS	Doxycycline monohydrate capsules	Use Doxycycline Hyclate (Immediate release)
2		AFINITOR	Everolimus	
3		ALINIA SUSPENSION	Nitazoxanide	
3	YES	AMBIEN CR TABLETS	Zolpidem CR Tablets	MUST HAVE FAILED ZOLPIDEM AND LUNESTA
2		AMPYRA TABLETS	Dalfampridine Tab SR 12hr	
3	YES	AMRIX CAPSULES	Cyclobenzaprine SR Capsules	MUST HAVE TRIED CYCLOBENZAPRINE AND ANOTHER MUSCLE RELAXANT
3		AMTURNIDE	Aliskiren, Amlodipine, HCTZ	MUST HAVE FAILED AN ACEI OR AN ARB
3		ANZEMET	Dolasetron	USE ONDANSETRON (ZOFRAN)
3		APIDRA (SOLOSTAR)	Insulin glulisine	MUST BE USED IN REGIMENS THAT INCLUDE A LONGER ACTING INSULIN OR A BASAL INSULIN ANALOG
3		APLENZIN	Bupropion SR 24 hr Tablet	REQUIRES TRIAL AND FAILURE OF SSRI ANTIDEPRESSANTS
3		ASCENCIA TEST STRIPS	Blood Glucose Test Strips	USE ACCU-CHEK AVIVA, ACCU-CHEK COMPACT PLUS, ACCU-CHEK COMFORT CURVE, FREESTYLE LITE, PRECISION XTRA
3		ATACAND (HCT)	Candesartan / HCTZ	Benazepril (/HCTZ) (LOTENSIN (/HCT)), Lisinopril (/HCTZ) (ZESTRIL (ZESTORETIC)), BENICAR (HCT), DIOVAN (HCT), Losartan – HCT (HYZAAR)
3		ATELVIA	Risedronate Delayed Release	Alendronate (FOSAMAX)

SECTION 3

TIER	GENERIC	BRAND NAME	GENERIC NAME	COMMENTS
3		AVALIDE	Irbesartan / HCTZ	Benazepril (/HCTZ) (LOTENSIN (/HCT)), Lisinopril (/HCTZ) (ZESTRIL (ZESTORETIC)), BENICAR (HCT), DIOVAN (HCT) Losartan – HCT (HYZAAR)
3		AVAPRO	Irbesartan	Losartan (COZAAR), Benazepril (LOTENSIN), Lisinopril (ZESTRIL), BENICAR, DIOVAN
3		AVODART	Dutasteride	Failure of terazosin (HYTRIN) or doxazosin (CARDURA) or tamsulosin (FLOMAX) AND Finasteride (PROSCAR)
2		AZOR	Olmesartan / Amlodipine	REQUIRES TRIAL & FAILURE OF AN ACE INHIBITOR OR ARB
3		BONIVA TABLETS	Ibandronate	Alendronate (FOSAMAX)
3	YES	Buproban Tablets	Bupropion 150 mg	MUST BE ENROLLED IN AN APPROVED SUPPORT PROGRAM
3		CADUET TABLETS	Atorvastatin / Amlodipine	INDIVIDUAL DRUGS RECOMMENDED
3		CAMPRAL	Acamprosate Calcium	MEMBER MUST BE ENROLLED IN AN APPROVED SUPPORT PROGRAM
3		CELEBREX	Celecoxib	MUST HAVE HISTORY OF GI BLEEDING AND/OR TAKING ORAL prednisone, prednisolone, dexamethasone, warfarin (COUMADIN), platelet inhibitors (PLAVIX, TICLID) or other anticoagulants
3		CESAMET CAPSULES	Nabilone Capsules	
✓		CIALIS TABLETS	Tadalafil	CHECK BENEFITS FOR COVERAGE
3		CLARINEX	Desloratadine	MUST TRY OTC ALLEGRA, Loratadine (CLARITIN), Cetirizine (ZYRTEC)
3		COPEGUS	Ribavirin	MUST BE USING INTERFERON CONCOMITANTLY
2		CRESTOR 5MG TABLETS	Rosuvastatin Calcium Tab	MUST TRY GENERIC STATINS AND VYTORIN FIRST
2		CRINONE 8%	Progesterone Gel 8%	MAY NOT BE COVERED BY ALL PLANS
2		CYMBALTA CAPSULES	Duloxetine EC Capsules	REQUIRES TRIAL AND FAILURE OF SSRI ANTIDEPRESSANTS



TIER	GENERIC	BRAND NAME	GENERIC NAME	COMMENTS
3		DESOXYN TABLETS	Methamphetamine	
3		DEXILANT CAPSULES	Dexlansoprazole	FAILURE OF Omeprazole (PRILOSEC) OR ACIPHEX
3		DORYX TABLETS	Doxycycline Delayed Release	USE DOXYCYCLINE HCL CAPSULES
3		DYNACIN TABLETS	Minocycline Tablets	USE MINOCYCLINE CAPSULES 50 MG, 100 MG
3		EDARI TABLETS	Azilsartan Medoxomil	Losartan (COZAAR), Benazepril (LOTENSIN), Lisinopril (ZESTRIL), BENICAR, DIOVAN
3		EDLUAR SUBLINGUAL TABLETS	Zolpidem Sublingual Tablets	MUST HAVE FAILED ZOLPIDEM ORAL AND LUNESTA
3		EMBEDA CR CAPSULES	Morphine-naltrexone CR Capsules	
3		ENDOMETRIN SUPPOSITORIES	Progesterone Vaginal Suppositories	CHECK BENEFITS FOR COVERAGE
2		EXFORGE	Amlodipine / Valsartan	REQUIRES TRIAL AND FAILURE OF SSRI ANTIDEPRESSANTS
2		EXFORGE HCT	Amlodipine / Valsartan / HCTZ	REQUIRES TRIAL AND FAILURE OF AN ACE INHIBITOR
2		EXJADE	deferasirox	
3		FANAPT TABLETS	lloperidone	MAXIMUM 2 PER DAY
3		FASTTAKE TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	USE ACCU-CHEK AVIVA, ACCU-CHEK COMPACT PLUS, ACCU-CHEK COMFORT CURVE, FREESTYLE LITE, PRECISION XTRA
3		FENTORA BUCCAL TABLETS	Fentanyl Citrate	MAXIMUM 3 PER DAY
3		FOSAMAX-D TABLETS	Alendronate / Vitamin D	USE Alendronate (FOSAMAX) PLUS VITAMIN D (vitamin is OTC - NOT COVERED)
3		HEPSERA	Adefovir Dipivoxil	
3		JALYN	Dutasteride / Tamsulosin	Failure of terazosin (HYTRIN) or doxazosin (CARDURA) or tamsulosin (FLOMAX) AND Finasteride (PROSCAR)
3		KETEK	Telithromycin	
2		KUVAN TABLETS	Sapropterin Dihydrochloride Soluble Tab 100 Mg	
3		KYTRIL	Granisetron	
3		LAMICTAL ODT	Lamotrigine Orally Disintegrating Tablets	USE ORAL TABLETS

TIER	GENERIC	BRAND NAME	GENERIC NAME	COMMENTS
3		LAMICTAL KIT	Lamotrigine	LIMITED TO 1 KIT FOR TITRATION ONLY
3		LAMICTAL XR	Lamotrigine Extended Release	USE IMMEDIATE RELEASE ORAL TABLETS
1	YES	LAMISIL	Terbinafine Tablets	SPECIFIC DIAGNOSIS WITH LAB TESTS REQUIRED
3		LESCOL / LESCOL XL	FLUVASTATIN	MUST TRY GENERIC STATINS, VYTORIN OR CRESTOR FIRST
✓		LEVITRA TABLETS	Vardenafil	CHECK BENEFITS FOR COVERAGE-MUST HAVE FAILED CIALIS AND VIAGRA
3		LIPITOR	Atorvastatin	MUST TRY GENERIC STATINS, VYTORIN OR CRESTOR FIRST
3		LIVALO	Pitavastatin	MUST TRY GENERIC STATINS, VYTORIN OR CRESTOR FIRST
3		LOTRONEX	Alosetron	
3		LUNESTA	Eszopiclone	MUST HAVE FAILED ZOLPIDEM ORAL TABLETS
3		LYRICA	Pregabalin	
3	YES	MARINOL CAPSULES	Dronabinol	
3		MICARDIS	Telmisartan	Losartan (COZAAR), Benazepril (LOTENSIN), Lisinopril (ZESTRIL), BENICAR, DIOVAN
3		MICARDIS HCT	Telmisartan / HCTZ	Losartan / HCTZ (HYZAAR), Benazepril /HCTZ (LOTENSIN /HCT), Lisinopril /HCTZ (ZESTORETIC), BENICAR HCT, DIOVAN HCT
3		MOXATAG TABLETS	Amoxicillin 24 HRs	USE AMOXICILLIN
✓		MUSE INSERTS	Alprostadil Suppositories	CHECK BENEFITS FOR COVERAGE
3		NAMENDA	Memantine	REQUIRES INITIAL MMSE
2		NEXAVAR	Sorafenib	
3		NEXIUM	Esomeprazole	TRY Omeprazole, ACIPHEX,
3		NOVOLOG	Insulin aspart (rDNA)	USE HUMALOG
3		NUTRIDOX	Doxycycline monohydrate capsules	USE DOXYCYCLINE HYCLATE
3		NUVIGIL TABLETS	Armodafinil	
3		ONE TOUCH TEST STRIPS	Blood Glucose Test Strips	USE ACCU-CHEK AVIVA, ACCU-CHEK COMPACT PLUS, ACCU-CHEK COMFORT CURVE, FREESTYLE LITE, PRECISION XTRA

TIER	GENERIC	BRAND NAME	GENERIC NAME	COMMENTS
3		ONE TOUCH ULTRA TEST STRIPS	Blood Glucose Test Strips	USE ACCU-CHEK AVIVA, ACCU-CHEK COMPACT PLUS, ACCU-CHEK COMFORT CURVE, FREESTYLE LITE, PRECISION XTRA
3		ONSOLIS BUCCAL FILM	Fentanyl Citrate Buccal Film	Morphine Sulfate (MSIR, MS CONTIN), DILAUDID, KADIAN, OPANA ER, AVINZA, Meperidine (DEMEROL), Methadone, Codeine, Oxycodone Immediate Release, PERCOCET 5/325, PERCODAN 5/325
3		ORACEA CAPSULES	Doxycycline Delayed Release Capsules 40mg	USE DOXYCLINE HYCLATE CAPSULES
3		ORAVIG BUCCAL TABLETS	Miconazole Buccal Tablets	
1	YES	OXANDRIN TABLETS	Oxandrolone	
3		PANRETIN GEL	Alitretinoin	
3		PENNSAID SOLUTION	Diclofenac Sodium	LIMITED TO 5 MLS DAILY
3		PRESTIGE TEST STRIPS	Blood Glucose Test Strips	USE ACCU-CHEK AVIVA, ACCU-CHEK COMPACT PLUS, ACCU-CHEK COMFORT CURVE, FREESTYLE LITE, PRECISION XTRA
3	YES	PREVACID	Lansoprazole (Generic does not require a PA)	TRY Omeprazole, ACIPHEX), Pantoprazole (Protonix)
3		PREVPAC	Lansoprazole/Biaxin/ Amoxicillin	USE INDIVIDUAL DRUGS
3		PRILOSEC SUSPENSION	Omeprazole Suspension	LIMITED TO PATIENTS THAT CANNOT USE CAPSULES
2		PRISTIQ TABLETS	Desvenlafaxine 24 HR	REQUIRES TRIAL AND FAILURE OF GENERIC SSRI ANTIDEPRESSANTS
3		PROCHIEVE VAGINAL GEL	Progesterone Gel 8%	MAY NOT BE COVERED BY ALL PLANS
3		PROMACTA TABLETS	Eltrombopag Olamine	REQUIRES CONFIRMATION OF DIAGNOSIS
1	YES	PROSCAR	Finasteride	AGE 50 AND OLDER NO AUTHORIZATION REQUIRED
2		PROTOPIC	Tacrolimus Ointment	
3		PROVIGIL	Modafinil	
3		QUALAQUIN CAPSULES	Quinine	FOR TREATMENT OF MALARIA ONLY – NOT COVERED FOR LEG CRAMPS

**SECTION 3**

TIER	GENERIC	BRAND NAME	GENERIC NAME	COMMENTS
3	YES	RAZADYNE (ER)	Galantamine (SR)	REQUIRES INITIAL MMSE
3		REGRANEX GEL	Becaplermin	
3		REVATIO	Sildenafil	
1	YES	REVIA	Naltrexone	
2		REVLIMID	Lenalidomide	
2	YES	Ribavirin Capsules / Tablets	Ribavirin	LIMITED TO USE WITH PEGASYS OR PEG-INTRON
3		ROZEREM	Ramelteon Tablets	MUST HAVE FAILED ZOLPIDEM AND LUNESTA UNLESS HISTORY OF SUBSTANCE ABUSE
3		RYZOLT SR TABLETS	Tramadol SR	MUST USE TRAMADOL IMMEDIATE RELEASE TABLETS
2		SAMSCA TABLETS	Tolvaptan	
3		SANCUSO PATCH	Granisetron	MUST FAIL ONDANSETRON (ZOFTRAN) FIRST
3		SAVELLA	Milnacipran	CONFIRMED DIAGNOSIS OF FIBROMYALGIA AND FAILURE OF CYMBALTA
✓		SEROPHENE TABLETS	Clomiphene Citrate Tablets	CHECK PLAN DOCUMENTS FOR COVERAGE
3	YES	SERZONE	Nefazodone	
3		SILENOR	Doxepin	MUST HAVE FAILED ZOLPIDEM AND LUNESTA
2		SINGULAIR 10 MG	Montelukast	
3		SOLODYN	Minocycline Tab SR 24HR	USE MINOCYCLINE HCl CAPSULES
1	YES	SPORANOX	Itraconazole	
2		SPRYCEL TABLETS	Dasatinib	
3	YES	STADOL NASAL SPRAY	Butorphanol Nasal Spray	MAXIMUM 3 CANNISTERS PER MONTH
3		SUBOXONE	Buprenorphine / Naloxone	
3	YES	SUBUTEX	Buprenorphine	
3		SURESTEP TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	USE ACCU-CHEK AVIVA, ACCU-CHEK COMPACT PLUS, ACCU-CHEK COMFORT CURVE, FREESTYLE LITE, PRECISION XTRA
2		SUTENT	Sunitinib	
3		SYMBYAX	Olanzapine / Fluoxetine	ZYPREXA PLUS Fluoxetine (Prozac)
3		TACLONEX OINTMENT	Calcipotriene-betamethasone dipropionate	MUST HAVE FAILED DOVONEX OR VECTICAL
2		TARCEVA	Erlotinib	
3		TASIGNA	Nilotinib	

TIER	GENERIC	BRAND NAME	GENERIC NAME	COMMENTS
2		TEKAMLO	Aliskiren and Amlodipine	MUST HAVE FAILED AN ACEI OR AN ARB
2		TEKTURNA	Aliskiren	MUST HAVE FAILED AN ACEI OR AN ARB
2		TEKTURNA HCT	Aliskiren / HCTZ	MUST HAVE FAILED AN ACEI OR AN ARB
3		TEVETEN HCT	Eprosartan Mesylate / HCTZ	Losartan / HCTZ (HYZAAR), Benazepril /HCTZ (LOTENSIN /HCT), Lisinopril /HCTZ (ZESTORETIC), BENICAR HCT, DIOVAN HCT
3		THALOMID	Thalidomide	
3		TINDAMAX TABLETS	Tinidazole	
3		TREXIMET	Sumatriptan-naproxen sodium tab 85-500 mg	USE IMITREX PLUS NAPROXEN SODIUM
2		TRIBENZOR TABLETS	Olmesartan / Amlodipine / Hydrochlorothiazide	Losartan / HCTZ (HYZAAR), Benazepril /HCTZ (LOTENSIN /HCT), Lisinopril /HCTZ (ZESTORETIC), BENICAR HCT, DIOVAN HCT
3		TRUETRACK TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	USE ACCU-CHEK AVIVA, ACCU-CHEK COMPACT PLUS, ACCU-CHEK COMFORT CURVE, FREESTYLE LITE, PRECISION XTRA
3		TWYNSTA TABLETS (EST)	Telmisartan / Amlodipine	MUST HAVE FAILED AN ACEI OR AN ARB
2		TYKERB TABLETS	Lapatinib	
3		TYZEKA TABLETS	Telvivudine Tab 600 MG	
2		VALTURNA	Aliskiren-Valsartan Tablets	MUST HAVE FAILED AN ACEI OR AN ARB
3		VANCOGIN	Vancomycin	
3		VANDETANIB	Vandetanib Tablets	
1	YES	VFEND	Voriconazole	
✓		VIAGRA	Sildenafil	CHECK BENEFITS FOR COVERAGE
3		VIIBRYD TABLETS	Vilazodone HCl Tablets	
3		VIMOVO	Naproxen / Esomeprazole	MUST HAVE TRIED AND FAILED GENERIC NAPROXEN AND GENERIC PPI
2		VYTORIN 10/10	Ezetimibe-Simvastatin	MUST HAVE TRIED AND FAILED GENERIC STATINS FIRST
1	YES	WELLBUTRIN XL	Bupropion ER	REQUIRES TRIAL AND FAILURE OF SSRI ANTIDEPRESSANTS
3		XIFAXAN 550MG	Rifaximin	

SECTION 3

TIER	GENERIC	BRAND NAME	GENERIC NAME	COMMENTS
3		XYREM ORAL SOLUTION	Sodium Oxybate	
3	YES	XYZAL TABLETS	Levocetirizine	Loratadine (CLARITIN), Cetirizine (ZYRTEC) - BOTH AVAILABLE OTC
3		ZAVESCA CAPSULES	Miglustat	MUST HAVE FAILED 2 FORMULARY DRUGS WITHIN CLASS
3		ZIPSOR CAPSULES	Diclofenac Potassium	MUST HAVE FAILED DICLOFENAC SODIUM (VOLTAREN)
2		ZOLINZA CAPSULES	Vorinostat	MUST HAVE FAILED 2 FORMULARY DRUGS WITHIN CLASS
3		ZYTIGA TABLETS	Abiraterone Acetate	
2		ZYVOX	Linezolid	

## DRUGS SUBJECT TO QUANTITY LIMITATIONS

TIER	GENERIC	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
2		ACCU-CHEK ACTIVE TEST STRIPS	Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
2		ACCU-CHEK ADVANTAGE TEST STRIPS	Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
2		ACCU-CHEK AVIVA TEST STRIPS	Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
2		ACCU-CHEK COMFORT CURVE TEST STRIPS	Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
2		ACCU-CHEK COMPACT TEST STRIPS	Blood Glucose Test Strips	MAXIMUM 153 PER MONTH WITHOUT PRIOR AUTHORIZATION
1	YES	AC CUTANE	Isotretinoin	MAXIMUM 5 MONTHS CONTINUOUS THERAPY
3	YES	ACETASOL OTIC	Acetic Acid / Hydrocortisone	MAXIMUM 10 ML PER SCRIPT
2		ACIPHEX	Rabeprazole	MAXIMUM 12 WEEKS & 1 PER DAY WITHOUT PRIOR AUTHORIZATION
1	YES	ACTICIN	Permethrin cream	MAXIMUM 60 GMS / MONTH
3		ACTONEL	Risedronate	5 MG: MAXIMUM 1 PER DAY; 35 MG MAXIMUM 1 PER WEEK
3		ACTONEL 75 mg	Risedronate	MAXIMUM 2 TABLETS PER MONTH
3		ACTONEL 150 mg	Risedronate	MAXIMUM 1 TABLET PER MONTH
3		ACTONEL WITH CALCIUM	Risedronate / Calcium	MAXIMUM 1 PACKAGE 28-DAY SUPPLY PER MONTH
3		ADDERALL XR CAPSULES	Amphetamine Salt Combo	MAXIMUM 1 PER DAY
2		ADVAIR DISKUS	Salmeterol / Fluticasone Powder Diskus	MAXIMUM 1 INHALER PER MONTH
2		ADVAIR HFA	Salmeterol / Fluticasone Powder Diskus	MAXIMUM 1 INHALER PER MONTH
2		ADVICOR	Niacin ER/ Lovastatin Tablet	MAXIMUM 1 PER DAY
3		ALORA PATCHES	Estradiol Transdermal - Bi-Weekly	MAXIMUM 8 PATCHES PER MONTH
1	YES	ALTACE CAPSULES	Ramipril	1.25 MG, 2.5 MG, 5 MG: MAXIMUM 1 PER DAY; 10 MG: MAXIMUM 2 PER DAY
1	YES	AMBIEN	Zolpidem – For Short Term Use Only	MAXIMUM 1 PER DAY
3	YES	AMBIEN CR	Zolpidem Extended-Release	MAXIMUM 1 PER DAY
1	YES	AMERGE	Naratriptan	MAXIMUM 9 TABLETS PER MONTH

TIER	GENERIC	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
3	YES	AMRIX CAPSULES	Cyclobenzaprine SR	MAXIMUM 1 PER DAY
2		ANDROGEL	Testosterone Gel	MAXIMUM 150 GM PER MONTH
3		AMPYRA TABLETS	Dalfampridine Tab SR 12hr	MAXIMUM 2 PER DAY
3		ANZEMET	Dolasetron Mesylate	MAXIMUM 2 TABLETS PER COURSE OF THERAPY
3		APLENZIN	Bupropion SR 24 hr	MAXIMUM 1 PER DAY
2		ASACOL TABLETS	Mesalamine (5-ASA)	MAXIMUM 6 PER DAY
2		ASMANEX TWISTHALER	Mometasone Furoate	MAXIMUM 1 INHALER PER MONTH
1	YES	ASTELIN NASAL SPRAY	Azelastine	MAXIMUM 1 INHALER PER MONTH
2		ASTEPRO NASAL SPRAY	Azelastine	MAXIMUM 1 INHALER PER MONTH
3		ATELVIA	Risedronate Delayed release	MAXIMUM 1 PER WEEK
2		ATRIPLA TABLETS	Efavirenz-emtricitabine-tenofovir df tab 600-200-300 MG	MAXIMUM 1 PER DAY
3		AZASITE OPHTHALMIC SOLUTION	Azithromycin Ophthalmic Solution	MAXIMUM 6 ML PER MONTH
2		AVELOX TABLETS	Moxifloxacin	MAXIMUM 14 TABLETS IN 3 MONTHS
2		AVINZA ER CAPS	Morphine Sulate ER Caps	MAXIMUM 1 PER DAY
3		AXERT TABLETS	Almotriptan	MAXIMUM 6 TABLETS PER MONTH
3		AXIRON SOLUTION	Testosterone TD Soln 30 MG/ACT	MAXIMUM 3 ML PER MONTH
3		BECONASE AQ	Beclomethasone Inahler	MAXIMUM 2 INHALERS PER MONTH
2		BENICAR	Olmesartan Medoxomil	MAXIMUM 1 PER DAY
2		BENICAR HCT	Olmesartan Medoxomil / HCTZ	MAXIMUM 1 PER DAY
3		BEPREVE OPHTHALMIC SOLUTION	Bepotastine Besilate	MAXIMUM 10ML PER MONTH
1	YES	BIAXIN XL	Clarithromycin XL	MAXIMUM 14 TABLETS PER PRESCRIPTION
3		BONIVA	Ibandronate	MAXIMUM 1 PER MONTH
3		BUTRANS PATCHES	Buphrenorphine	MAXIMUM 4 PER MONTH
3		CAMBIA PACKETS	Diclofenac Potassium Packet 50 MG	MAXIMUM 9 PER 30 DAYS
3		CAYSTON INHALATION SOLUTION	Aztreonam for Inhalation Solution	MAXIMUM DAYS SUPPLY 28
3		CELEBREX	Celecoxib	PA REQUIRED: 1 PER DAY
1	YES	CELEXA	Citalopram	MAXIMUM 1 PER DAY
3		CESAMET CAPSULES	Nabilone	MAXIMUM 60 CAPSULES PER MONTH



TIER	GENERIC	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
✓		CIALIS	Tadalafil	CHECK SPECIFIC PLAN FOR COVERAGE, QUANTITY AND COINSURANCE
1	YES	CIPRO XR 1000 MG	Ciprofloxacin XR 1000 MG	MAXIMUM 14 DAYS PER PRESCRIPTION
1	YES	CIPRO XR 500 MG	Ciprofloxacin XR 500 MG	MAXIMUM 3 TABLETS PER PRESCRIPTION
2		CIPRODEX OTIC SUSPENSION	Ciprofloxacin / Hydrocortisone	MAXIMUM 8 ML PER SCRIPT
3		CLARINEX TABLETS	Desloratadine	MAXIMUM 1 PER DAY
1	YES	CLIMARA PATCHES	Estradiol Transdermal - Weekly	MAXIMUM 4 PATCHES PER MONTH
2		COARTEM TABLETS	Artemether / lumefantrine	MAXIMUM 3 DAYS TREATMENT
1	YES	CLOMID	Clomiphene	NOT COVERED BY ALL PLANS – MAXIMUM 15 TABLETS
1	YES	COLAZAL	Balsalazide Disodium	MAXIMUM 280 PER MONTH
3	YES	COMBUNOX	Oxycodone / Ibuprofen	MAXIMUM 4 PER DAY
1	YES	CONCERTA	Methylphenidate Extended Release Tablets OSM	MAXIMUM 1 PER DAY - 36 MG MAXIMUM 2 PER DAY
1	YES	COREG	Carvedilol	MAXIMUM 2 PER DAY
2		CRESTOR	Rosuvastatin	MAXIMUM 1 PER DAY
2		CYMBALTA	Duloxetine	MAXIMUM 2 PER DAY for 15 MG and 30 MG: 2 DAILY for 60 MG
3		DALIRESP	Roflumilast Tablets	MAXIMUM 1 PER DAY
1	YES	DALMANE	Flurazepam	MAXIMUM 1 PER DAY
3		DENAVIR CREAM	Penciclovir	MAXIMUM 1.5 GM PER PRESCRIPTION
2		DETROL	Tolterodine Tartrate	MAXIMUM 2 PER DAY
2		DETROL LA	Tolterodine Tartrate Long Acting	MAXIMUM 1 PER DAY
3		DEXILANT	Dexlansoprazole Capsule Delayed Release	MAXIMUM 1 PER DAY
2		DIFFERIN GEL / CR / SOL / PADS	Adapalene	QTY MAXIMUM 45 GM, 30 ML or 60 PADS PER PRESCRIPTION
3		DIFFERIN LOTION	Adapalene	QTY MAXIMUM 60 ML PER PRESCRIPTION
1	YES	DIFLUCAN 150 MG TAB ONLY	Fluconazole 150 MG Tablet	MAXIMUM 1 TABLET (FEMALES ONLY) PER PRESCRIPTION
2		DIOVAN	Valsartan	MAXIMUM 1 PER DAY
2		DIOVAN HCT	Valsartan / Hydrochlorothiazide	MAXIMUM 1 PER DAY
1	YES	DOLOPHINE	Methadone Tablets	5 MG, 10 MG, 40 MG TABLETS ONLY
3	YES	DOSTINEX TABLETS	Cabergoline	MAXIMUM 8 PER 30 DAYS

TIER	GENERIC	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
2	YES	DOVONEX	Calcipotriene	MAXIMUM 120 GMS PER MONTH
2		DUAC KIT	Benzoyl Peroxide 5%/ Clindamycin 1%	QTY MAXIMUM 1 KIT PER MONTH
2		DUETACT TABLETS	Pioglitazone / Glimepiride	MAXIMUM 1 PER DAY
2		DULERA AEROSOL	Mometasone furoate-formoterol fumarate	MAXIMUM 1 INHALER PER MONTH
1	YES	DURAGESIC PATCHES	Fentanyl Transdermal Patch	QTY MAXIMUM 10 PATCHES PER MONTH
2		EASPIRIN TABLETS	Aspirin Delayed Release	MAXIMUM 5 PER DAY
1	YES	EFFEXOR XR	Venlafaxine Extended Release	37.5 MG and 75 MG MAXIMUM 1 PER DAY WITHOUT PRIOR AUTHORIZATION
2		ELIMITE CREAM	Permethrin Cream	AGE LIMIT 2 MONTHS; MAXIMUM TO 60 GM PER PRESCRIPTION
3		ELLA	Ulipristal	LIMITED TO 5 DAY COURSE OF THERAPY
3		EMEND	Aprepitant	MAXIMUM A 3-DAY TRIPACK PER COURSE OF THERAPY
2		EMTRIVA	Emtricitabine Capsules	MAXIMUM 1 PER DAY
2		ESTRADERM	Estradiol Transdermal - Bi-Weekly	MAXIMUM 8 PATCHES PER MONTH
3		ESTROGEL	Estradiol Gel	QTY MAXIMUM 50 GM PER MONTH
2		EVISTA	Raloxifene	MAXIMUM 1 PER DAY
3		FACTIVE	Gemifloxacin Mesylate	MAXIMUM 7 DAYS PER COURSE OF THERAPY
3	YES	FENTORA BUCCAL TABLETS	Fentanyl Citrate	MAXIMUM 3 PER DAY
3		FLECTOR PATCHES	Diclofenac Epolamine 1%	MAXIMUM 1 PER DAY
1	YES	FLOMAX TABLETS	Tamsulosin	MAXIMUM 2 PER DAY
1	YES	FLONASE NASAL SPRAY	Fluticasone Nasal Inhaler	MAXIMUM 2 SPRAYERS PER MONTH
2		FLOVENT HFA AEROSOL	Fluticasone Inhaler	MAXIMUM 2 INHALERS PER MONTH
3	YES	FOCALIN	Dexmethylphenidate	MAXIMUM 2 PER DAY
3		FORADIL AEROLIZER	Formoterol Fumarate	MAXIMUM 2 CAPSULES PER DAY
3		FORTESTA GEL	Testosterone gel	LIMITED TO 2.4GM / DAY
1	YES	FOSAMAX	Alendronate	5 MG & 10 MG MAXIMUM 1 PER DAY: 70 MG MAXIMUM 1 PER WEEK
3	YES	FOSAMAX-D	Alendronate / Vitamin D	MAXIMUM 4 PER MONTH
2		FREESTYLE TEST STRIPS	Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION

TIER	GENERIC	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
2		FREESTYLE LITE TEST STRIPS	Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
3		FROVA TABLETS	Frovatriptan Succinate	MAXIMUM 9 TABLETS PER MONTH
3		GELNIQUE GEL	Oxybutynin Chloride Gel	MAXIMUM 1 PKG PER DAY
3		HORIZANT SR	Gabapentin Enacarbil Tab SR 24HR 600 MG	MAXIMUM 1 PER DAY
2		HUMALOG INSULIN	Insulin, Lispro	MAXIMUM 40 ML PER PRESCRIPTION
2		HUMALOG INSULIN PENS	Insulin, Lispro	MAXIMUM 45 ML PER PRESCRIPTION
2		HUMULIN INSULIN	Insulin, Human mfg Lilly	MAXIMUM 40 ML PER PRESCRIPTION
2		HUMULIN INSULIN PENS	Insulin, Human mfg Lilly	MAXIMUM 45 ML PER PRESCRIPTION
1	YES	IMITREX TABLETS	Sumatriptan Tablets	MAXIMUM 9 TABLETS PER MONTH
1	YES	IMITREX NASAL SPRAY	Sumatriptan Nasal Spray	MAXIMUM 1 PKG OF 6 DOSES PER MONTH
3		INTUNIV TABLETS	Guanfacine 24 HR Tablets	MAXIMUM 1 PER DAY
3		JOLESSA	Levonorgestrel and ethinyl estradiol	MAXIMUM 3 MONTH SUPPLY
2		KADIAN	Morphine Sulfate Sustained Release Capsules	MAXIMUM 2 PER DAY
3		KAPIDEX	Dexlansoprazole Capsule Delayed Release	MAXIMUM 1 PER DAY
1	YES	Ketoconazole 2% Cream	Ketoconazole 2% Cream (QL)	MAXIMUM 60 GM PER MONTH
3	YES	KYTRIL	Granisetron	MAXIMUM 2 TABLETS COURSE OF THERAPY
3		LAMICTAL XR	Lamotrigine SR 24 hr Tablet	MAXIMUM 1 PER DAY
2		LANTUS	Insulin Glargine	MAXIMUM 40 ML PER PRESCRIPTION
2		LANTUS SOLOSTAR	Insulin Glargine Pen	MAXIMUM 45 ML PER PRESCRIPTION
1	YES	LARIAM	Mefloquine	MAXIMUM 6 TABLETS PER MONTH
3		LESCOL	Fluvastatin	MAXIMUM 1 PER DAY
3		LESCOL XL	Fluvastatin Extended Release Capsules	MAXIMUM 1 PER DAY
3		LEVAQUIN	Levofloxacin	MAXIMUM 14 TABLETS
2		LEVEMIR	Insulin Detemir	MAXIMUM 45 ML PER MONTH
2		LEXAPRO	Escitalopram Oxalate	MAXIMUM 1 PER DAY FOR 10 MG - 2 PER DAY FOR 20MG
3		LIPITOR	Atorvastatin	MAXIMUM 1 PER DAY
3		LIVALO	Pitavastatin	MAXIMUM 1 PER DAY

**SECTION 4**

TIER	GENERIC	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
2		LOTEMAX	Loteprednol etabonate ophth susp 0.5%	MAXIMUM 2.5 ML PER MONTH
1	YES	LOTREL	Amlodipine / Benazepril	MAXIMUM 1 PER DAY
1	YES	LOTRISONE	Clotrimazole / Betamethasone	MAXIMUM 45 GM PER MONTH
2		LUMIGAN	Bimatoprost	MAXIMUM 2.5 ML PER MONTH
3		LUNESTA	Eszopiclone	MAXIMUM 1 PER DAY
3		LYRICA	Pregabalin Capsules	MAXIMUM 3 PER DAY
3		LYSTEDA	Tranexamic Acid	MAXIMUM 6 PER DAY FOR 5 DAYS
2		MAXAIR AUTOHALER	Pirbuterol	MAXIMUM 2 INHALERS PER MONTH
2		MAXALT	Rizatriptan	MAXIMUM 12 TABLETS PER MONTH
2		MAXALT-MLT	Rizatriptan Orally Disintegrating Tablet	MAXIMUM 12 TABLETS PER MONTH
3		MENOSTAR	Estradiol Patch - weekly	MAXIMUM 4 PATCHES PER MONTH
2		METHERGINE	Methylergonovine	MAXIMUM 28 TABLETS PER PRESCRIPTION
1	YES	MEVACOR	Lovastatin	MAXIMUM 1 PER DAY
3		MIGRANAL NASAL SPRAY	Dihydroergotamine	MAXIMUM 4 UNITS PER MONTH
1	YES	MIRALAX POWDER	Polyethylene Glycol 3350	MAXIMUM 527 GM. PER DAY
1	YES	MOBIC TABLETS	Meloxicam Tablets	MAXIMUM 1 PER DAY
3		MOXATAG TABLETS	Amoxicillin Extended Release Tablets	MAXIMUM 1 PER DAY X 10 DAYS
1	YES	MS CONTIN TABLETS	Morphine Sulfate Sustained Release Tablets	MAXIMUM 3 PER DAY
✓		MUSE INSERTS	Alprostadil Suppositories	MAXIMUM 6 SUPPOSITORIES PER MONTH
3		NASACORT AQ NASAL INHALATION	Triamcinolone Nasal Inhalation	MAXIMUM 2 INHALERS PER MONTH
2		NASONEX NASAL SUSPENSION	Mometasone Furoate Nasal Suspension	MAXIMUM 2 SPRAYERS PER MONTH
3		NATROBA SUSPENSION	Spinosad Topical Suspension	MINIMUM 4 YEARS OF AGE
3		NEXIUM	Esomeprazole	1 PER DAY
1	YES	Nitroglycerin Patches	Nitroglycerin Patches	MAXIMUM 30 PATCHES PER MONTH
1	YES	NIZORAL 2% CREAM	Ketoconazole Cream	MAXIMUM 60 GM PER MONTH
1	YES	NORVASC	Amlodipine	MAXIMUM 2 PER DAY
2		NUCYNTA TABLETS	Tapentadol	MAXIMUM 6 PER DAY
1	YES	OCUFLOX OPHTHALMIC SOLUTION	Ofloxacin	MAXIMUM 60 GM PER MONTH

TIER	GENERIC	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
1	YES	Omeprazole Capsules	Omeprazole	MAXIMUM 1 PER DAY
3		ONSOLIS BUCCAL FILM	Fentanyl Buccal Film	MAXIMUM 3 PER DAY
3		ONE TOUCH TEST STRIPS	Blood Glucose Test Strips	MAXIMUM 150 PER MONTH WITHOUT PRIOR AUTHORIZATION
3		ONE TOUCH ULTRA TEST STRIPS	Blood Glucose Test Strips	MAXIMUM 150 PER MONTH WITHOUT PRIOR AUTHORIZATION
3		OPANA ER	Oxymorphone Extended Release	MAXIMUM 2 PER DAY
3		OXYCONTIN	Oxycodone Extended Release Tablet	MAXIMUM 3 PER DAY
2		PATADAY OPHTHALMIC SOLUTION	Olopatadine 0.2%	MAX 2.5 ML PER MONTH
1	YES	PAXIL CR	Paroxetine CR	12.5 MG, 37.5 MG: MAXIMUM 1 PER DAY; 25 MG: MAXIMUM 2 PER DAY
2		PLAVIX	Clopidogrel	MAXIMUM 2 PER DAY
1	YES	PLETAL TABLETS	Cilostazol	MAXIMUM 2 PER DAY
1	YES	POLY-VI-FLOR	Fluoride / Polyvitamins (Without Iron; Drops & Tablets)	MAXIMUM 5 YEARS OF AGE OR YOUNGER
1	YES	PRAVACHOL	Pravastatin	10 MG, 20 MG, 80 MG: MAXIMUM 1 PER DAY; 40 MG: MAXIMUM 2 PER DAY
2		PRECISION Q.I.D. TEST STRIPS	Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
2		PRECISION XTRA TEST STRIPS	Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
3	YES	PREVACID CAPSULES	Lansoprazole Tablets	TABLETS NOT COVERED- USE SOLUTABS - PA REQUIRED
3		PREVACID NAPRAPAC	Lansoprazole + Naproxen	PA REQUIRED: MAXIMUM 2 CAPSULES PER DAY
3		PREVACID SOLUTABS	Lansoprazole	MAXIMUM 1 PER DAY
2		PREZISTA	Darunavir	MAXIMUM 4 PER DAY: 400MG/600MG MAXIMUM 2 PER DAY
3		PROMACTA	Eltrombopag Olamine	MAXIMUM 1 PER DAY
1	YES	PRILOSEC CAPSULES	Omeprazole	PA REQUIRED: MAXIMUM 12 WEEKS & 1 PER DAY
2		PRISTIQ TABLETS	Desvenlafaxine 24 Hr Tablets	MAXIMUM 1 PER DAY
3		PROMETRIUM	Progesterone Micronized	MAXIMUM 2 PER DAY
1	YES	PROTONIX	Pantoprazole	MAXIMUM 12 WEEKS & 1 PER DAY WITHOUT PRIOR AUTHORIZATION

SECTION 4

TIER	GENERIC	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
2		PROTOPIC	Tacrolimus Ointment	MAXIMUM 60 GMS PER FILL; 2 FILLS IN 6 MONTHS
2		PROVENTIL HFA	Albutreol Inhaler	QTY. LIMIT UP TO 1 INHALER / 30 DAYS SUPPLY
3		PROVIGIL	Modafinil Tablets	MAXIMUM 1 PER DAY
1	YES	PROZAC 10 MG & 20 MG	Fluoxetine Capsules	40 MG NOT COVERED-USE TWO 20 MG CAPSULES
2	YES	PULMICORT INHALATION SUSPENSION	Budesonide Inhalation Suspension	MAXIMUM 8 YEARS OF AGE OR YOUNGER
2		PULMICORT FLEXHALER	Budesonide Turbuhaler	MAXIMUM 1 INHALER PER 45 DAYS
2		PULMOZYME	Dornase Alfa	MAXIMUM 30 AMPS PER MONTH
3		QUALAQUIN	Quinine	FOR TREATMENT OF MALARIA ONLY-NOT COVERED FOR LEG CRAMPS
2		QVAR	Beclomethasone Dipronate Aerosol	MAXIMUM 2 INHALERS PER MONTH
3		RANEXA	Ranolazine	MAXIMUM 4 PER DAY FOR 500MG
3	YES	RAZADYNE ER	Galantamine ER capsules	MAXIMUM 1 CAPSULE PER DAY
3		REGRANEX	Becaplermin Gel	MAXIMUM 15 GMS PER FILL
1	YES	RELAFEN	Nabumetone Tablets	MAX. 4 PER DAY FOR 500MG; MAX. 3 PER DAY FOR 750MG
3		RELPAX	Eletriptan	MAXIMUM 6 TABLETS FOR MONTH
1	YES	RESTORIL	Temazepam	MAXIMUM 1 PER DAY
2		REYATAZ	Atazanavir	MAXIMUM 400 MG PER DAY
3		RHINOCORT AQUA SUSPENSION	Budesonide Nasal Suspension	MAXIMUM 2 INHALERS PER MONTH
3		ROZEREM	Ramelteon	MAXIMUM 1 PER DAY
1	YES	RYTHMOL TABLETS	Propafenone	150 MG: MAXIMUM 6 PER DAY; 225 MG, 300 MG: MAXIMUM 3 PER DAY
2		SAMSCA TABLETS	Tolvaptan Tablets	MAXIMUM 1 PER DAY
3		SANCUSO PATCHES	Granisetron	MAXIMUM 1 PER 21 DAYS
2		SAPHRIS SL TABLETS	Asenapine	MAXIMUM 2 PER DAY
3		SAVELLA	Milnacipran	MAXIMUM 2 PER DAY
2		SELZENTRY	Maraviroc Tablets	MAXIMUM 60 TABLETS PER MONTH
2		SEREVENT DISKUS	Salmeterol	MAXIMUM TO 2 BLISTERS PER DAY

TIER	GENERIC	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
1	YES	SEROPHENE	Clomiphene	NOT COVERED BY ALL PLANS – MAXIMUM 15 TABLETS
3		SILENOR TABLETS	Doxepin	MAXIMUM 1 PER DAY
1	YES	SONATA	Zaleplon	MAXIMUM 1 PER DAY
3		SORIATANE CK KIT	Acitretin Capsules plus Moisturizer	MAXIMUM 1 KIT PER MONTH
2		SPIRIVA INHALER	Tiotropium	MAXIMUM 1 CAPSULE PER DAY
3		SPRIX NASAL SPRAY	Ketorolac Tromethamine Nasal Spray 15.75 MG/SPRAY	MAXIMUM 5 DAYS TREATMENT
3	YES	STADOL NASAL SPRAY	Butorphanol Nasal Spray	MAXIMUM 3 CANNISTERS PER MONTH
3		STRATTERA	Atomoxetine Tablets	MAXIMUM 1 PER DAY
3		SUBOXONE	Buprenorphine / Naloxone	2/0.5 MG: MAXIMUM 3 PER DAY; 8/2 MG: MAXIMUM 4 PER DAY
3		SUBOXONE FILM	Buprenorphine / Naloxone	MAXIMUM 1 PER DAY
3	YES	SUBUTEX	Buprenorphine	2 MG: MAXIMUM 3 PER DAY; 8 MG: MAXIMUM 4 PER DAY
1	YES	SULFACET-R LOTION	Sulfacetamide 10%/ Sulfur 5% Lotion	MAXIMUM 25 ML PER PRESCRIPTION
1	YES	SUMATRIPTAN	Sumatriptan Tablets	MAXIMUM 9 TABLETS PER MONTH
2		TAMIFLU	Oseltamivir	MAXIMUM 10 CAPSULES PER PRESCRIPTION
2		TAZORAC CREAM / GEL	Tazarotene	MAXIMUM 30 GM PER PRESCRIPTION
2		TEMODAR	Temozolomide	MAXIMUM 15 PER MONTH
1	YES	TOBRADEX	Tobramycin / Dexamethasone	MAXIMUM 5 ML PER PRESCRIPTION
1	YES	TORADOL	Ketorolac Oral Tablets	MAXIMUM 20 TABLETS PER PRESCRIPTION
2		TOVIAZ	Fesoterodine Fumarate Tab SR 24HR	MAXIMUM 1 PER DAY
2		TRAVATAN Z OPTHALMIC SOLUTION	Travoprost	MAXIMUM 2.5 ML PER MONTH
3		TREXIMET TABLETS	Sumatriptan / Naproxen	MAXIMUM 9 TABLETS PER MONTH
1	YES	TRI-VI-FLOR	Fluoride / Vitamins A,D,C (Without Iron; Drops & Tablets)	MAXIMUM 5 YEARS OF AGE OR YOUNGER
3		TRUETRACK TEST STRIPS	Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
3		TWYNSTA TABLETS	Telmisartan / Amlodipine	MAXIMUM 1 PER DAY
1	YES	ULTRAM 50MG	Tramadol 50 MG Tablets	MAXIMUM 8 PER DAY
3		UROXATRAL TABLETS	Alfuzosin	MAXIMUM 1 PER DAY

SECTION 4

TIER	GENERIC	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
2		VALCYTE	Valganciclovir	MAXIMUM 4 PER DAY
2		VALTURNA	Aliskiren-Valsartan Tablets	MAXIMUM 1 PER DAY
1	YES	VALTREX	Valacyclovir	MAXIMUM 30 PER MONTH
2		VECTICAL OINTMENT	Calcitriol Ointment	MAXIMUM 200 GMS PER PRESCRIPTION
2		VERAMYST	Fluticasone Furoate	MAXIMUM 1 INHALER PER MONTH
3		VEREGEN OINTMENT	Sinecatechins	MAXIMUM 15 GM PER MONTH
1	YES	VERMOX	Mebendazole	MAXIMUM 6 TABLETS PER PRESCRIPTION
1	YES	VFEND	Voriconazole	MAXIMUM 2 TABLETS PER DAY
✓		VIAGRA	Sildenafil	CHECK SPECIFIC PLAN FOR COVERAGE, QUANTITY AND COINSURANCE
1	YES	VI-DAYLIN/F	Fluoride / Polyvitamins (Without Iron; Drops & Tablets)	AGE LIMIT 5 YEARS OR YOUNGER
2		VIGAMOX	Moxifloxacin	MAXIMUM 3 ML PER PRESCRIPTION
2		VIREAD	Tenofovir Disoproxil Fumarate (PMPA)	MAXIMUM 1 PER DAY
1	YES	VOSPIRE ER	Albuterol Sulfate ER Tablets	MAXIMUM 2 PER DAY
2		VYTORIN	Simvastatin / Ezetimibe	MAXIMUM 1 PER DAY
2		VYVANSE	Lisdexamfetamine	MAXIMUM 1 PER DAY
1	YES	WELLBUTRIN XL	Bupropion Extended Release	MAXIMUM 1 PER DAY
3	YES	XALATAN	Latanoprost	MAXIMUM 2.5 ML PER MONTH
3		XIFAXAN	Rifaximin	MAXIMUM 9 TABLETS PER PRESCRIPTION
3		XERESE CREAM	Acyclovir-Hydrocortisone Cream	MAXIMUM 5 GM TUBE PER PRESCRIPTION
2		XOPENEX HFA AEROSOL	Levalbuterol	QTY. LIMIT UP TO 1 INHALER / 30 DAYS SUPPLY
3	YES	XYZAL TABLETS	Levocetirizine	MAXIMUM 1 PER DAY
3		ZIPSOR CAPSULES	Diclofenac Potassium	MAXIMUM 4 TABLETS PER DAY-MAXIMUM 7 DAYS
1	YES	ZITHROMAX	Azithromycin	MAXIMUM 6 TABLETS PER PRESCRIPTION
2		ZMAX SUSPENSION	Azithromycin Extended Release for oral susp 2 gm	MAXIMUM 1 PER DAY (Equals 2 Gm dose Per day)
1	YES	ZOCOR	Simvastatin	MAXIMUM 1 PER DAY
1	YES	ZOFRAN	Ondansetron	MAXIMUM 9 TABLETS PER PRESCRIPTION
1	YES	ZOFRAN ODT	Ondansetron ODT	MAXIMUM 9 TABLETS PER PRESCRIPTION
3		ZOMIG / NASAL SPRAY	Zolmitriptan	MAXIMUM 1 PKG OF 6 DOSES PER MONTH



TIER	GENERIC	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
3		ZOMIG ZMT	Zolmitriptan	MAXIMUM 6 TABLETS PER MONTH
2		ZOVIRAX OINTMENT	Acyclovir Ointment	MAXIMUM 30 GM PER PRESCRIPTION
3		ZUPLENZ ORAL FILM	Ondansetron Oral Film	MAXIMUM 10 PER MONTH
3		ZYCLARA CREAM	Imiquimod Cream 3.75%	MAXIMUM 28 PER 28 DAYS
2		ZYLET OPTHALMIC SUSPENSION	Loteprednol etabonate / Tobramycin	MAXIMUM 5 ML PER PRESCRIPTION

## ALTERNATIVE MEDICATIONS ON THE RECOMMENDED DRUG LIST

DRUG NAME	SUGGESTED ALTERNATIVE DRUGS
ACEON TABLETS	Benazepril (LOTENSIN), Lisinopril (ZESTRIL), Fosinopril (MONOPRIL)
ACTIQ LOZENGES	Acetaminophen /Codeine (TYLENOL/CODEINE), Fentanyl (DURAGESIC), Hydrocodone/Acetaminophen (LORTAB/LORCET/VICODIN/VICODIN ES), Hydromorphone (DILAUDID), Meperidine (DEMEROL), Methadone (DOLOPHINE), Morphine sulfate (MSIR), Morphine Sulfate Controlled Release (MS CONTIN), Oxycodone/ Acetaminophen (PERCOCET), Oxycodone/ Aspirin (PERCODAN)
ACTIVELLA	CLIMARA PRO, PREMPRO, PREMPHASE, PREMARIN/ Estradiol Patches (CLIMARA)/ VIVELLE/ ESTRADERM <b>AND</b> Medroxyprogesterone (PROVERA)
ACTONEL	Alendronate (FOSAMAX)
ACTONEL WITH CALCIUM	Alendronate (FOSAMAX)
ADDERALL XR CAPSULES	Methylphenidate SR (Ritalin SR), Dextroamphetamine SR (DEXEDRINE SPANSULE), Methylphenidate SR OSM (METHYLPHENIDATE SR OSM (CONCERTA), VYVANSE
AGGRENOX CAPSULES	PLAVIX, Ticlopidine (TICLID)
ALAMAST OPHTHALMIC DROPS	Cromolyn (CROLOM), ALOMIDE, PATANOL, PATADAY
ALDARA	CONDYLOX GEL
ALLEGRA (-D)	ALLEGRA (-D) AVAILABLE OTC - NOT COVERED
ALOCRILOPHTHALMIC SOLN.	Cromolyn (CROLOM), ALOMIDE, PATANOL, PATADAY
ALORA PATCHES	ESTRADERM, Estradiol Patches (CLIMARA), VIVELLE, VIVELLE-DOT
ALREX OPHTHALMIC SUSPENSION	Dexamethasone (Decadron), Prednisolone (Pred Mild, Inflammase Mild)
ALTOPREV TABLETS	Lovastatin Tablets
AMBIEN CR TABLETS	Lorazepam (ATIVAN), Temazepam (RESTORIL), Flurazepam (DALMANE), Zolpidem (AMBIEN)
Amitriptyline / Perphenazine Tablets	Amitriptyline Tablets <b>AND</b> Perphenazine Tablets
Amphetamine Salt Combo SR	Methylphenidate SR (Ritalin SR), Dextroamphetamine SR (DEXEDRINE), Amphetamine Mixture (ADDERALL), METHYLPHENIDATE SR OSM (CONCERTA), VYVANSE
ANGELIQ TABLETS	PREMPRO, PREMPHASE, CLIMARA PRO, PREMARIN / Estradiol Patches (CLIMARA) / VIVELLE/ESTRADERM <b>AND</b> Medroxyprogesterone (PROVERA)
ANZEMET	Ondansetron (ZOFRAN) TABLETS, metoclopramide, prochlorperazine, promethazine, trimethobenzamide,
ARTHROTEC TABLETS	Misoprostil (CYTOTEC) <b>AND</b> Diclofenac (VOLTAREN)
ATACAND	Losartan (COZAAR), Benazepril (LOTENSIN), Lisinopril (ZESTRIL), BENICAR, DIOVAN
ATACAND HCT	Losartan / HCTZ (HYZAAR), Benazepril /HCTZ (LOTENSIN /HCT), Lisinopril /HCTZ (ZESTORETIC), BENICAR HCT, DIOVAN HCT
AVALIDE	Losartan / HCTZ (HYZAAR), BENICAR HCT, DIOVAN HCT
AVAPRO	Losartan (COZAAR), BENICAR, DIOVAN

DRUG NAME	SUGGESTED ALTERNATIVE DRUGS
AVODART CAPSULES	Finasteride (PROSCAR), Doxazosin (CARDURA), Terazosin (HYTRIN)
AXERT TABLETS	Sumatriptan (IMITREX TABLETS), Naratriptan (AMERGE TABLETS)
AZELEX CREAM	Erythromycin Topical, Clindamycin Topical, Tretinoin (RETIN-A), RETIN A MICRO), DIFFERIN, DUAC, TAZORAC, Sulfacetamide/sulfur (SULFACET-R)
BECONASE AQ	Fluticasone (FLONASE), NASONEX, VERAMYST
BENZACLIN GEL	Erythromycin Topical, Clindamycin Topical, Tretinoin (RETIN-A, RETIN A MICRO), DIFFERIN, DUAC, TAZORAC, Sulfacetamide/sulfur (SULFACET-R)
BEPREVE OPTHALMIC SOLUTION	Cromolyn (CROLOM), ALOMIDE, PATANOL, PATADAY
BIDIL TABLETS	Hydralazine (APRESOLINE) <b>AND</b> Isosorbide (ISORDIL)
BONIVA TABLETS	Alendronate (FOSAMAX)
Butorphanol Nasal Spray	FIORICET, FIORINAL, ISOYLL, Acetaminophen and codeine (TYLENOL/CODEINE), Hydrocodone 5mg and Acetaminophen 500 mg (VICODIN, LORTAB)
CAMPRAL TABLETS	Naltrexone, Disulfiram (ANTABUSE)
CARDENE CAPSULES	Nifedipine SR (ADALAT CC), Felodipine (PLENDIL), Nislodipine (SULAR), Verapamil SA Tabs (CALAN SR), Amlodipine (NORVASC), Diltiazem (CARDIZEM, TIAZAC, DILACOR)
CARDENE SR CAPSULES	Nifedipine SR (ADALAT CC), Felodipine (PLENDIL), NISLODIPINE (SULAR), Verapamil SA Tabs (CALAN SR), Amlodipine (NORVASC), Diltiazem (CARDIZEM, TIAZAC, DILACOR)
CARDIZEM LA TABLETS	Nifedipine SR (ADALAT CC), Felodipine (PLENDIL), NISLODIPINE (SULAR), Verapamil SA Tabs (CALAN SR), Amlodipine (NORVASC), Diltiazem (CARDIZEM, TIAZAC, DILACOR)
CATAFLAM TABLETS	Ibuprofen (MOTRIN), Naproxen (NAPROSYN), Etodolac (LODINE), Oxaprozin (DAYPRO), Nabumetone (RELAFEN), Sulindac (CLINORIL), Diclofenac (VOLTAREN), Piroxicam (FELDENE), Ketoprofen (ORUDIS)
CATAPRES-TTS PATCHES	Clonidine Tablets (CATAPRES)
CELEBREX	Ibuprofen (MOTRIN), Meloxicam (MOBIC), Naproxen (NAPROSYN), Etodolac (LODINE), Oxaprozin (DAYPRO), Nabumetone (RELAFEN), Sulindac (CLINORIL), Diclofenac (VOLTAREN), Piroxicam (FELDENE), Ketoprofen (ORUDIS), Tramadol (ULTRAM)
CENESTIN TABLETS	PREMARIN, Estropipate (OGEN, ORTHO-EST), Esterified Estrogens (MENEST, ESTRATAB), Estradiol (ESTRACE)
CESAMET CAPSULES	Ondansetron (ZOFTRAN) Tablets, metoclopramide, prochlorperazine, promethazine, trimethobenzamide,
Chlorzoxazone Tablets	Methocarbamol (ROBAXIN), Carisoprodol 350 MG (SOMA), Cyclobenzaprine (FLEXERIL)
CIPRO HC OTIC SOLUTION	Cortisporin Otic, TOBRADEX, ZYLET SUSPENSION
CLARINEX TABLETS	CLARITIN (AVAILABLE OTC - NOT COVERED)
CLENIA CREAM	Erythromycin Topical, Clindamycin Topical, Tretinoin (RETIN-A), RETIN A MICRO), DIFFERIN, DUAC, TAZORAC, Sulfacetamide/sulfur (SULFACET-R)

DRUG NAME	SUGGESTED ALTERNATIVE DRUGS
CLOBEX LOTION	Betamethasone Dip. Augmented (DIPROLENE), clobetasol (TEMOVATE), Desoxymethasone (TOPICORT LP)
COGNEX CAPSULES	PLAVIX, Ticlopidine (TICLID)
COLESTID GRANULES	Cholestipol Tablets (COLESTID), Cholestyramine Powder (QUESTRAN, QUETRAN LIGHT)
COMBIPATCH	CLIMARA PRO, PREMPRO, PREMPHASE, PREMARIN and Medroxyprogesterone (PROVERA)
COMBIVENT INHALER	PROVENTIL HFA <b>AND</b> Ipratropium (ATROVENT)
COMBUNOX TABLETS	Acetaminophen /Codeine (TYLENOL/CODEINE), Fentanyl (DURAGESIC), Hydrocodone/Acetaminophen (LORTAB/LORCET/VICODIN/VICODIN ES), Hydromorphone (DILAUDID), Meperidine (DEMEROL), Methadone (DOLOPHINE), Morphine sulfate (MSIR), Morphine Sulfate Controlled Release (MS CONTIN), Oxycodone/ Acetaminophen (PERCOCET), Oxycodone/ Aspirin (PERCODAN)
CORDRAN CREAM / OINTMENT / TAPE	Betamethasone Dip. (DIPROSONE), Betamethasone Val. (VALISONE), Fluocinolone (SYNALAR), ELOCON, Triamcinolone (KENALOG, ARISTOCORT)
COSOPT OPHTHALMIC SOLN.	AZOPT <b>AND</b> Timolol (TIMOPTIC)
COVERA -HS TABLETS	Verapamil SA Tabs (CALAN SR)
CUTIVATE CREAM /OINTMENT	Betamethasone Dipropionate Lotion (DIPROSONE), Betamethasone Valerate Cream (VALISONE), Fluocinolone 0.025% (SYNALAR), Mometasone (ELOCON), Triamcinolone 0.1% (KENALOG, ARISTOCORT)
DEMADEX TABLETS	Furosemide (LASIX), Bumetanide (BUMEX)
DENAVIR CREAM	ABREVA ((AVAILABLE OTC - NOT COVERED), Acyclovir (ZOVIRAX (oral)), Valacyclovir (VALTREX)
DIDRONEL TABLETS	Alendronate (FOSAMAX)
DITROPAN XL TABLETS	Oxybutynin Immediate Release Tablets (DITROPAN), DETROL, DETROL LA
DORAL TABLETS	Zolpidem (AMBIEN), Lorazepam (ATIVAN), Temazepam (RESTORIL), Flurazepam (DALMANE)
DORYX	Doxycycline Hyclate (Immediate release)
DYNACIN - USE MINOCYCLINE	Minocycline (MINOCIN)
DYNACIRC CR TABLETS	ADALAT CC, Felodipine (PLENDIL), NISLODIPINE (SULAR), Verapamil SA Tabs (CALAN SR)
EDECIN TABLETS	Furosemide (LASIX), Bumetanide (BUMEX), Metolazone (ZAROXOLYN)
ELESTAT OPHTHALMIC SOLUTION	Cromolyn (CROLOM), Lodoxamide (ALOMIDE), Olopatadine (PATANOL)
ELIDEL CREAM	PROTOPIC (PA)
EMEND CAPSULES	Ondansetron (ZOFRAN) Tablets, Metoclopramide (REGLAN), Prochlorperazine (COMPAZINE), Promethazine (PHENERGAN), Trimethobenzamide Capsules (TIGAN)
ENABLEX TABLETS	Oxybutynin Immediate Release Tablets (DITROPAN), DETROL, DETROL LA
ERTACZO CREAM	Nystatin (MYCOSTATIN), Econazole (SPECTAZOLE), LAMISIL AT (OTC)
Estazolam Tablets	Lorazepam (ATIVAN), Temazepam (RESTORIL), Flurazepam (DALMANE)

DRUG NAME	SUGGESTED ALTERNATIVE DRUGS
ESTRASORB TOPICAL EMULSION	ESTRADERM, Estradiol Patches (CLIMARA), VIVELLE, VIVELLE-DOT
ESTRING	PREMARIN, Estropipate (OGEN, ORTHO-EST), Esterified Estrogens (MENEST, ESTRATAB), Estradiol (ESTRACE), CLIMARA, VIVELLE, ESTRADERM
ESTROGEL	PREMARIN, Estropipate (OGEN, ORTHO-EST), Esterified Estrogens (MENEST, ESTRATAB), Estradiol (ESTRACE), Estradiol Patches (CLIMARA), VIVELLE, ESTRADERM
EXELDERM	Nystatin, Econazole (SPECTAZOLE), LAMISIL AT (OTC)
FACTIVE TABLETS	Ciprofloxacin (CIPRO)
FAMVIR TABLETS	Acyclovir (ZOVIRAX), Valacyclovir (VALTREX)
FASTTAKE TEST STRIPS	ACCU-CHEK AVIVA, ACCU-CHEK COMPACT PLUS, ACTIVE, FREESTYLE FREEDOM LITE, FREESTYLE LITE, PRECISION XTRA TEST STRIPS
FEMHRT TABLETS	PREMPRO, PREMPHASE, CLIMARA PRO, PREMARIN / Estradiol Patches (CLIMARA) / VIVELLE/ESTRADERM <b>AND</b> Medroxyprogesterone (PROVERA)
FEMRING (3 Month Supply)	PREMARIN VAGINAL Cream, ESTRACE VAGINAL Cream, ESTRADERM, Estradiol Patches (CLIMARA), VIVELLE, VIVELLE-DOT
Fentanyl Lozenges	Acetaminophen /Codeine (TYLENOL/CODEINE), Fentanyl (DURAGESIC), Hydrocodone/Acetaminophen (LORTAB/LORCET/VICODIN/VICODIN ES), Hydromorphone (DILAUDID), Meperidine (DEMEROL), Methadone (DOLOPHINE), Morphine sulfate (MSIR), Morphine Sulfate Controlled Release (MS CONTIN), Oxycodone/ Acetaminophen (PERCOCET), Oxycodone/ Aspirin (PERCODAN)
FENTORA BUCCAL	Fentanyl Transdermal Patch
Fluoxetine Tablets	Fluoxetine Capsules (PROZAC), Citalopram (CELEXA), Paroxetine (PAXIL), Venlafaxine SR (EFFEXOR XR), Bupropion (WELLBUTRIN, WELLBUTRIN SR)
FOCALIN TABLETS	Methylphenidate SR (Ritalin SR), Dextroamphetamine SR (DEXEDRINE), VYVANSE, METHYLPHENIDATE SR OSM (CONCERTA)
FOCALIN XR CAPSULES	Methylphenidate SR (Ritalin SR), Dextroamphetamine SR (DEXEDRINE), VYVANSE, Methylphenidate SR OSM (CONCERTA)
FROVA	Sumatriptan (IMITREX TABLETS), Naratriptan (AMERGE TABLETS)
GLYSET TABLETS	Tolazamide (TOLINASE), TOLBUTAMIDE, Glipizide Extended Release (GLUCOTROL XL), Glipizide (GLUCOTROL), Glyburide (DIABETA, MICRONASE)
HALOG CREAM / OINTMENT	Betamethasone Dipropionate Cream & Ointment (DIPROSONE), Betamethasone Valerate Ointment (BETA-VAL, Augmented betamethasone dipropionate. (DIPROLENE AF), Desoximetasone (TOPICORT), Diflorasone Cream (APEXICON E, PSORCON E), Fluocinonide (LIDEX, LIDEX E)
HIPREX TABLETS	Methenamine Mandelate Tablets
INNOPRAN XL CAPSULES	INDERAL LA CAPSULES
INSPRA TABLETS	Spironolactone
KERLONE TABLETS	Atenolol (TENORMIN), Metoprolol SR (TOPROL XL), Metoprolol (LOPRESSOR)

<b>DRUG NAME</b>	<b>SUGGESTED ALTERNATIVE DRUGS</b>
Ketoconazole Cream	Econazole (SPECTAZOLE) Cream
KLARON LOTION	Erythromycin Topical, Clindamycin Topical, Tretinoin (RETIN-A), RETIN A MICRO), DIFFERIN, DUAC, TAZORAC, Sulfacetamide/sulfur (SULFACET-R)
KRISTALOSE CRYSTALS	Lactulose Solution (CHRONULAC), (Poethylene Glycol 3350 (MIRALAX- Available OTC)
KYTRIL TABLETS	Ondansetron (ZOFTRAN) Tablets, Metoclopramide, Prochlorperazine, Promethazine, Trimethobenzamide,
LANOXICAPS CAPSULES	Digoxin (LANOXIN)
LEVAQUIN TABLETS	Ciprofloxacin (CIPRO), AVELOX
LIPITOR	Lovastatin (MEVACOR), Pravastatin (PRAVACHOL), Simvastatin (ZOCOR), VYTORIN, CRESTOR
LIVOSTIN OPHTHALMIC SOLUTION	ALOMIDE, PATANOL, Cromolyn (CROLOM)
LOCOID CREAM / OINTMENT	Betamethasone Dipropionate Lotion (DIPROSONE), Betamethasone Valerate Cream (BETA-VAL), Fluocinolone 0.025% (SYNALAR), Mometasone (ELOCON), Triamcinolone 0.1% (KENALOG, ARISTOCORT)
LOPROX CREAM / GEL / SUSPENSION	Nystatin, Econazole (SPECTAZOLE), LAMISIL AT (OTC)
LORABID CAPSULES / SUSPENSION	OMNICEF, Cefprozil (CEFZIL), Cefuroxime (CEFTIN), Cefuroxime (CEFTIN), Cefadroxil (DURICEF)
LUNESTA TABLETS (EST)	Zolpidem (AMBIEN), Lorazepam (ATIVAN), Temazepam (RESTORIL), Flurazepam (DALMANE)
LYRICA TABLETS	Gabapentin (NEURONTIN)
MALARONE TABLETS	FANSIDAR
MARINOL CAPSULES	Ondansetron (ZOFTRAN) Tablets, Metoclopramide (REGLAN), Prochlorperazine (COMPAZINE), Promethazine (PHENERGAN), Trimethobenzamide (TIGAN)
MAVIK TABLETS	Benazepril (LOTENSIN), Lisinopril (ZESTRIL), Fosinopril (MONOPRIL)
Meprobamate Tablets	Lorazepam (ATIVAN), Diazepam (VALIUM)
METADATE CD TABLETS	Methylphenidate SR (Ritalin SR), Dextroamphetamine SR (DEXEDRINE), Amphetamine Mixture (ADDERALL), METHYLPHENIDATE SR OSM (CONCERTA)
MICARDIS	Losartan (COZAAR), Benazepril (LOTENSIN), Lisinopril (ZESTRIL), BENICAR, DIOVAN
MICARDIS HCT	Losartan (COZAAR), Benazepril (LOTENSIN), Lisinopril (ZESTRIL), BENICAR, DIOVAN
MIGRANAL NASAL SPRAY	IMITREX NASAL SPRAY
MILTOWN TABLETS	Lorazepam (ATIVAN), Diazepam (VALIUM)
MONODOX	Doxycycline Hyclate (VIBRAMYCIN)
NAMENDA	Donezpil (ARICEPT), Rivastigmine (EXELON)
NEXIUM CAPSULES	ACIPHEX, Omeprazole (PRILOSEC), Pantoprazole (Protonix)
Nicardipine Capsules	Nifedipine SR (ADALAT CC), Felodipine (PLENDIL), NISLODIPINE (SULAR), Verapamil SA Tabs (CALAN SR), Amlodipine (NORVASC), Diltiazem (CARDIZEM, TIAZAC, DILACOR)
NOROXIN TABLETS	Ciprofloxacin (CIPRO), AVELOX
NOVOLIN (VIALS OR CARTRIDGES ONLY)	USE HUMULIN
NOVOLOG (VIALS OR CARTRIDGES ONLY)	USE HUMALOG

DRUG NAME	SUGGESTED ALTERNATIVE DRUGS
Ofloxacin Tablets	Ciprofloxacin (CIPRO)
ONE TOUCH TEST STRIPS	FREESTYLE FREEDOM LITE, FREESTYLE LITE, ACCU-CHEK COMPACT PLUS, ACCU-CHEK AVIVA, PRECISION XTRA
OPTIVAR OPHTHALMIC SOLUTION	ALOMIDE, PATANAOL, PATADAY, ZADITOR ( OTC AVAILABLE - NOT COVERED)
ORAMORPH TABLETS	Morphine Sulfate, MS CONTIN, MSIR, DILAUDID, KADIAN
OVCON	ORTHO-NOVUM, MODICON, ORTHO-CEPT, MICROGESTIN (LOESTRIN), ORTHO-CYCLEN, ORTHO TRI-CYCLEN
OVIDE LOTION	EURAX, Permethrin (ELIMITE, ACTICIN)
OXISTAT CREAM	Nystatin, Econazole (SPECTAZOLE), LAMISIL AT (AVAILABLE OTC - NOT COVERED)
OXYCONTIN	Tramadol (ULTRAM), Morphine Sulfate (MS CONTIN, MSIR), Hydromorphone (DILAUDID), KADIAN, Meperidine (DEMEROL), Methadone, Codeine, Oxycodone Immediate Release, Fentanyl Patches (DURAGESIC), PERCOCET 5/325, PERCODAN 5/325
OXYTROL PATCHES	Oxybutynin Immediate Release Tablets (DITROPAN), DETROL, DETROL LA
PENTASA CAPSULES	Sulfasalazine, ASACOL
PLETAL TABLETS	Pentoxifylline (TRENTAL)
PLEXION CREAM	Erythromycin Topical, Clindamycin Topical, Tretinoin (RETIN-A), RETIN A MICRO), DIFFERIN, DUAC, TAZORAC, Sulfacetamide/sulfur (SULFACET-R)
PONSTEL CAPSULES	Ibuprofen (MOTRIN), Naproxen (NAPROSYN), Etodolac (LODINE), Oxaprozin (DAYPRO), Nabumetone (RELAFEN), Sulindac (CLINORIL), Diclofenac (VOLTAREN), Piroxicam (FELDENE), Ketoprofen (ORUDIS)
PREFEST TABLETS	PREMPRO, PREMPHASE, CLIMARA PRO, PREMARIN/Estradiol Patches (CLIMARA)/VIVELLE/ESTRADERM <b>AND</b> Medroxyprogesterone (PROVERA)
PREVACID NAPRAPAC	ACIPHEX, Omeprazole (PRILOSEC), Pantoprazole (Protonix) <b>AND</b> Naproxen (NAPROSYN)
PREVACID TABLETS / SOLUTABS	ACIPHEX, Omeprazole (PRILOSEC), Pantoprazole (PROTONIX)
PROMETRIUM CAPSULES	Medroxyprogesterone (PROVERA)
PROSOM TABLETS	Zolpidem (AMBIEN), Lorazepam (ATIVAN), Temazepam (RESTORIL), Flurazepam (DALMANE), Oxazepam (SERAX)
PROVIGIL	Methylphenidate (RITALIN, RITALIN SR), Dextroamphetamine (DEXEDRINE, DEXEDRINE SPANSULE), Amphetamine mixture (ADDERALL), METHYLPHENIDATE SR OSM (CONCERTA)
PROZAC TABLETS	Fluoxetine (PROZAC) Capsules
PROZAC WEEKLY CAPSULES	Fluoxetine Capsules (PROZAC), Citalopram (CELEXA), Paroxetine (PAXIL), VENLAFAXINE SR (EFFEXOR XR), Bupropion (WELLBUTRIN, WELLBUTRIN SR)
QUIXIN OPHTHALMIC SOLN.	Ciprofloxacin (CILOXAN), OCUFLOX
RAZADYNE ER CAPSULES	Donepezil (ARICEPT), RIVASTIGMINE (EXELON)
RAZADYNE TABLETS	Donepezil (ARICEPT), RIVASTIGMINE (EXELON)
RELPAX	Sumatriptan (IMITREX TABLETS), Naratriptan (AMERGE TABLETS)
RHINOCORT AQUA	NASONEX, Fluticasone (FLONASE), VERAMYST
RITALIN LA CAPSULES	Methylphenidate SR (Ritalin SR), Dextroamphetamine SR (DEXEDRINE), METHYLPHENIDATE SR OSM (CONCERTA), VYNASE

DRUG NAME	SUGGESTED ALTERNATIVE DRUGS
ROBINUL TABLETS	Dicyclomine (BENTYL)
ROSAC CREAM	Erythromycin Topical, Clindamycin Topical, Tretinoin (RETIN-A), RETIN A MICRO), DIFFERIN, DUAC, TAZORAC, Sulfacetamide/sulfur (SULFACET-R)
ROSULA GEL	Erythromycin Topical, Clindamycin Topical, Tretinoin (RETIN-A), RETIN A MICRO), DIFFERIN, DUAC, TAZORAC, Sulfacetamide/sulfur(SULFACET-R)
ROZEREM TABLETS (EST)	Lorazepam (ATIVAN), Temazepam (RESTORIL), Flurazepam (DALMANE), Zolpidem (AMBIEN)
SANCTURA TABLETS	Oxybutynin Immediate Release Tablets, DETROL, DETROL LA
SEASONALE TABLETS (3 month supply)	ORTHO-NOVUM, MODICON, ORTHO-CEPT, MICROGESTIN (LOESTRIN), ORTHO-CYCLEN, ORTHO TRI-CYCLEN
SKELAXIN TABLETS	Methocarbamol (ROBAXIN), Carisoprodol 350 MG (SOMA), Cyclobenzaprine (FLEXERIL 10mg)
SOLODYN	Minocycline Capsules (MINOCIN CAPSULES)
SPECTRACEF TABLETS	Cefdinir (OMNICEF)
STADOL NASAL SPRAY	FIORICET, FIORINAL , ISOYLL, Acetaminophen and codeine (TYLENOL / CODEINE), Hydrocodone 5mg and Acetaminophen 500 mg (VICODIN, LORTAB), Tramadol (ULTRAM)
STRATTERA	Methylphenidate SR (Ritalin SR), Dextroamphetamine SR (DEXEDRINE SPANSULE), Amphetamine Mixture (ADDERALL), Methylphenidate SR OSM (CONCERTA)
SURESTEP TEST STRIPS	ACCU-CHEK AVIVA, ACCU-CHEK COMPACT PLUS, ACTIVE, FREESTYLE LITE, FREEDOM LITE, PRECISION XTRA TEST STRIPS
SURMONTIL CAPSULES	Amitriptyline (ELAVIL), Doxepin (SINEQUAN), AMOXAPINE, Nortriptyline (PAMELOR), Imipramine (TOFRANIL), Paroxetine (PAXIL), Citalopram (CELEXA), Fluoxetine (PROZAC),
TACLONEX OINTMENT	DOVONEX OR VECTICAL
TALWIN NX TABLETS	Hydrocodone and Acetaminophen (VICODIN, LORTAB)
TAMIFLU	Amantadine (SYMMETREL)
TARKA TABLETS	Benazepril (LOTENSIN), Lisinopril (ZESTRIL), Captopril (CAPOTEN) <b>AND</b> Verapamil SA Tabs (CALAN SR), Felodipine (PLENDIL), NISLODIPINE (SULAR) or Nifedipine SR (ADALAT CC)
TERAZOL VAGINAL CREAM / TABLETS	MONISTAT (AVAILABLE OTC - NOT COVERED), GYNE LOTRIMIN (AVAILABLE OTC - NOT COVERED), VAGISTAT (AVAILABLE OTC - NOT COVERED), Fluconazole (DIFLUCAN 150mg)
TEVETEN HCT CAPSULES	Benazepril / HCTZ (LOTENSIN HCT), Lisinopril / HCTZ (ZESTORETIC), BENICAR HCT , DIOVAN HCT
TEVETEN TABLETS	Losartan (COZAAR), Benazepril (LOTENSIN), Lisinopril (ZESTRIL), BENICAR, DIOVAN
THYROLAR TABLETS	Levothyroxine (SYNTHROID, LEVOXYL), CYTOMEL
Tizanidine Tablets	Methocarbamol (ROBAXIN), Carisoprodol 350 MG (SOMA), Cyclobenzaprine (FLEXERIL)



DRUG NAME	SUGGESTED ALTERNATIVE DRUGS
TOFRANIL PM CAPSULES	Imipramine (TOFRANIL)
Torseamide Tablets	Furosemide (LASIX), Bumetanide (BUMEX)
TRUSOPT OPHTHALMIC SOLN.	AZOPT
TWYNSTA CAPSULES	Losartan (COZAAR), BENICAR OR DIOVAN <b>AND</b> Amodipine (NORVASC)
ULTRACET TABLETS	Tramadol (ULTRAM) <b>AND</b> Acetaminophen (TYLENOL)
UROXATRAL TABLETS	Oxybutynin Immediate Release Tabs.
VAGIFEM VAGINAL TABLETS	PREMARIN VAGINAL CR, ESTRACE VAGINAL CR
VERELAN PM CAPSULES	Verapamil SA Tabs (CALAN SR), Felodipine (PLENDIL), Nifedipine SA (ADALAT CC)
VESICARE TABLETS	Oxybutynin Immediate Release Tablets (DITROPAN), DETROL, DETROL LA, TOVIAZ
VEXOL OPHTHALMIC SUSPENSION	Dexamethasone (Decadron), Prednisolone (Pred Mild, Inflamase Mild)
VICOPROFEN TABLETS	Hydrocodone / Acetaminophen (VICODIN, LORTAB) <b>AND</b> Ibuprofen (MOTRIN)
VIVACTIL TABLETS	Desipramine (NORPRAMIN), Nortriptyline (PAMELOR)
WELCHOL TABLETS	Cholestyramine Powder (QUESTRAN, QUESTRAN LIGHT) - BULK POWDER ONLY
XALATAN OPHTHALMIC SOLN.	LUMIGAN, TRAVATAN Z
XANAX XR TABLETS	Lorazepam (ATIVAN), Alprazolam (XANAX)
XOPENEX NEBULIZER SOLUTION	XOPENEX HFA
ZANAFLEX TABLETS	Methocarbamol (ROBAXIN), Carisoprodol 350 MG (SOMA), Cyclobenzaprine (FLEXERIL)
ZETIA TABLETS	Lovastatin (MEVACOR), VYTORIN, Pravastatin (PRAVACHOL), Simvastatin (ZOCOR), CRESTOR
ZOMIG TABLETS / NASAL SPRAY	Sumatriptan (IMITREX TABLETS), Naratriptan (AMERGE TABLETS), IMITREX NASAL SPRAY
ZOMIG ZMT TABLETS	Sumatriptan (IMITREX), Naratriptan (AMERGE)
ZONALON CREAM	OTC BENADRYL CREAM
ZYFLO CR TABLETS	SINGULAIR, Zafirlukast Tablets (ACCOLATE) (EST)
ZYMAR OPHTHALMIC SOLN.	Ciprofloxacin (CILOXAN), OCUFLOX
ZYPREXA ZYDIS	RISPERDAL, ZYPREXA, SEROQUEL
ZYRTEC TABLETS	ZYRTEC (AVAILABLE OTC - NOT COVERED), CLARITIN (AVAILABLE OTC - NOT COVERED)

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