



MyBlue
MedicareSM

2011

**Medicare Plus Blue PPOSM Signature
/ Prescription Blue PDPSM Option A**

2011 Comprehensive Formulary

(List of covered drugs)

PLEASE READ: THIS DOCUMENT
CONTAINS INFORMATION ABOUT THE DRUGS
WE COVER IN THIS PLAN

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2012.

A health plan with a Medicare contract.

To request this document in an alternate format, please call
Medicare Plus Blue Member Services at 1-877-241-2583,
seven days a week, 8 a.m. – 8 p.m.
TTY/TDD users should call 1-800-579-0235. Or call
Prescription Blue PDP Member Services at 1-800-565-1770,
seven days a week, 8 a.m. – 8 p.m.
TTY/TDD users should call 1-800-579-0235.

What is the Medicare Plus Blue PPO Signature / Prescription Blue PDP Option A Formulary?

A formulary is a list of covered drugs selected by **Medicare Plus Blue PPO Signature / Prescription Blue PDP Option A** in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. **Medicare Plus Blue** and **Prescription Blue** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Medicare Plus Blue** or **Prescription Blue** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary change?

Generally, if you are taking a drug on our 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current

as of September 13, 2010. To get updated information about the drugs covered by **Medicare Plus Blue PPO Signature** and **Prescription Blue PDP Option A**, please visit our website at www.bcbsm.com/medicare or call **Medicare Plus Blue** Member Services at 1-877-241-2583, seven days a week, 8 a.m. – 8 p.m. TTY/TDD users should call 1-800-579-0235. Or call **Prescription Blue** Member Services at 1-800-565-1770, seven days a week, 8 a.m. – 8 p.m. TTY/TDD users should call 1-800-579-0235. In the event of a mid-year non-maintenance formulary change, we will send out an errata sheet to notify you of this change.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension, Cholesterol". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page Index 1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Medicare Plus Blue and **Prescription Blue** cover both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** **Medicare Plus Blue** and **Prescription Blue** require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Medicare Plus Blue** or **Prescription Blue** before you fill your prescriptions. If you don't get approval, **Medicare Plus Blue** and **Prescription Blue** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Medicare Plus Blue** and **Prescription Blue** limit the amount of the drug that **Medicare Plus Blue** and **Prescription Blue** will cover. For example, **Medicare Plus Blue** and **Prescription Blue** provide two capsules per day for Celebrex 200 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **Medicare Plus Blue** and **Prescription Blue** require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, **Medicare Plus Blue** and **Prescription Blue** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Medicare Plus Blue** and **Prescription Blue** will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.bcbsm.com/medicare.

You can ask **Medicare Plus Blue** and **Prescription Blue** to make an exception to these restrictions or limits. See the section, "How do I request an exception to the **Medicare Plus Blue PPO Signature** and **Prescription Blue PDP Option A** formulary?" on page ii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that **Medicare Plus Blue** and **Prescription Blue** do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by **Medicare Plus Blue** and **Prescription Blue**. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by **Medicare Plus Blue** and **Prescription Blue**.
- You can ask **Medicare Plus Blue** and **Prescription Blue** to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Medicare Plus Blue PPO Signature / Prescription Blue PDP Option A Formulary?

You can ask **Medicare Plus Blue** and **Prescription Blue** to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, **Medicare Plus Blue** and **Prescription Blue** limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in Tier 3 Non-Preferred Generic and Brand Drugs or Tier 5 Injectable Drugs, you can ask us to cover it at the cost-sharing amount that applies to drugs in Tier 2 Preferred Brand Drugs instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in Tier 4 Specialty Drugs.

Generally, **Medicare Plus Blue** and **Prescription Blue** will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you move into (or out of) a long-term care facility, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Member Services if you require assistance in your transition. For more detailed information about our Transition Policy, refer to your Evidence of Coverage or visit our website at www.bcbsm.com/medicare/trans.shtml.

For more information

For more detailed information about your **Medicare Plus Blue** and **Prescription Blue** prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about **Medicare Plus Blue PPO**, please call Member Services at 1-877-241-2583, seven days a week, 8 a.m. – 8 p.m. TTY/TDD users should call 1-800-579-0235. If you have questions about **Prescription Blue**, call Member Services at 1-800-565-1770, seven days a week, 8 a.m. – 8 p.m. TTY/TDD users should call 1-800-579-0235. Or visit www.bcbsm.com/medicare.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, seven days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Medicare Plus Blue PPO Signature / Prescription Blue PDP Option A Formulary?

The formulary that begins on page 1 provides coverage information about some of the drugs covered by **Medicare Plus Blue** and **Prescription Blue**. If you have trouble finding your drug in the list, turn to the Index that begins on page Index 1.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., VYTORIN) and generic drugs are listed in lower-case italics (e.g., *zocor*).

The information in the Notes column tells you if **Medicare Plus Blue** and **Prescription Blue** have any special requirements for coverage of your drug.

Medicare Plus Blue PPO Signature / Prescription Blue PDP Option A Drug Tier Costs* for Initial Coverage Stage

* If you are eligible to receive a low-income subsidy or extra help, the copay and coinsurance amounts listed in this chart are not applicable. Refer to your *Evidence of Coverage* for cost-sharing details.

The Medicare Plus Blue PPO Signature plan has no deductible. You pay the amounts listed below until you reach your Initial Coverage Stage limit of \$2,840. This amount includes the total drug costs paid by you (copayments and coinsurance) and the plan.

The Prescription Blue PDP Option A plan has a \$145 deductible. After you have paid \$145 for your drugs, you pay the amounts listed below until you reach your Initial Coverage Stage limit of \$2,840. This amount includes the total drug costs paid by you (deductible, copayments, and coinsurance) and the plan.

Tier	Drug Description	Up to a 31-day supply			Up to a 90-day supply***	
		At long-term care, preferred, and non-preferred network pharmacies	At out-of-network pharmacies**	At the plan's mail order service	At preferred network pharmacies or the plan's mail order service	At non-preferred network pharmacies
Tier 1	Preferred Generic	Signature: \$3 Option A: \$5			Signature: \$7.50 Option A: \$12.50	Signature: \$9 Option A: \$15
Tier 2	Preferred Brand	Signature: \$40 Option A: \$35			Signature: \$100 Option A: \$87.50	Signature: \$120 Option A: \$105
Tier 3	Non-Preferred Generic and Brand	Signature: \$95 Option A: \$70			Signature: \$237.50 Option A: \$175	Signature: \$285 Option A: \$210
Tier 4	Specialty	25% of plan's approved amount		25% of plan's approved amount	90-day supply is not available	
Tier 5****	Non Self-Administered Injectables			Not Available		

**Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

***Most pharmacies will fill a 90-day supply of medication. Check with your pharmacist.

****Tier 5 drugs are not available through mail order.

Drug Tier Costs* for Coverage Gap Stage

* If you are eligible to receive a low-income subsidy or extra help, the copay and coinsurance amounts listed in this chart are not applicable. Refer to your *Evidence of Coverage* for cost-sharing details.

When your 2011 total drug costs reach the Initial Coverage Stage limit of **\$2,840**, you move on to the Coverage Gap Stage. In this stage, you will pay **93%** of all **generic** drug costs and receive a **discount** on all **brand-name** drug costs until your yearly out-of-pocket costs for covered drugs reach **\$4,550**, the maximum amount that Medicare has set for 2011.

It is important that you continue to use your **Medicare Plus Blue PPO** or **Prescription Blue PDP** card when you are in the Coverage Gap Stage. Using your card assures you will pay the price your plan negotiated with the network pharmacy (usually less than retail prices) and, by tracking your spending, assures you will receive catastrophic coverage as soon as you are eligible.

Drug Tier Costs* for Catastrophic Coverage Stage

* If you are eligible to receive a low-income subsidy or extra help, the copay and coinsurance amounts listed in this chart are not applicable. Refer to your *Evidence of Coverage* for cost-sharing details.

When your out-of-pocket costs have reached the **\$4,550** Coverage Gap Stage limit, you move on to the Catastrophic Coverage Stage. The plan will pay for most of your drug costs for the rest of the calendar year.

You will pay the following at network pharmacies:

Tier	Drug Description	Up to a 31-day supply at ALL retail pharmacies** or the plan's mail order service	Up to a 90-day supply at preferred and non-preferred retail pharmacies***
Tier 1	Preferred Generic	The greater of \$2.50 or 5% of the plan's approved amount	
Tier 2	Preferred Brand	The greater of \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or 5% coinsurance of the plan's approved amount	
Tier 3	Non-Preferred Generic and Brand		
Tier 4	Specialty	The greater of \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or 5% coinsurance of the plan's approved amount	90-day supply not available
Tier 5****	Non Self-Administered Injectables		

**This includes out-of-network pharmacies. Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

***Most pharmacies will fill a 90-day supply of medication. Check with your pharmacist.

****Tier 5 drugs are not available through mail order.

Drug Notes Code Definitions

Symbol	Definition
(g)	Brand name is listed for reference only; generic drug is covered.
I	Injectable formulation is Tier 5.
L	This prescription may be available only at certain pharmacies. For more information, consult your network pharmacy listing or call Medicare Plus Blue Member Services at 1-877-241-2583, seven days a week, 8 a.m. – 8 p.m. TTY/TDD users should call 1-800-579-0235. Or call Prescription Blue Member Services at 1-800-565-1770, seven days a week, 8 a.m. – 8 p.m. TTY/TDD users should call 1-800-579-0235.
M	Brand name drug is Tier 3, generic drug is Tier 1.
PA	Prior Authorization Required.
QL	Quantity Limit Restriction.
ST	Step Therapy Required.

ANTI-INFECTIVES

Aminoglycosides

Brand Name	Generic Name	Drug Tier	Notes
<i>amikacin</i>	<i>amikacin</i>	5	
<i>gentamicin sulfate</i>	<i>gentamicin sulfate</i>	5	
<i>kanamycin</i>	<i>kanamycin</i>	5	
<i>tobramycin</i>	<i>tobramycin</i>	5	
<i>zosar</i>	<i>streptomycin</i>	5	

Antifungals

Brand Name	Generic Name	Drug Tier	Notes
<i>abelcet</i>	<i>amphotericin b</i>	5	PA
AMBISOME	amphotericin b	5	PA
AMPHOTEC	amphotericin b	5	PA
ANCOBON	flucytosine	2	
CANCIDAS	caspofungin	4	
<i>diflucan</i>	<i>fluconazole</i>	1	(g) / I
ERAXIS	anidulafungin	5	
GRIFULVIN V	griseofulvin e	2	
<i>grifulvin v suspension</i>	<i>griseofulvin</i>	1	(g)
GRIS-PEG	griseofulvin	3	
LAMISIL GRANULES	terbinafine	3	
<i>lamisil tablet</i>	<i>terbinafine</i>	1	(g)
MYCAMINE	micafungin sodium	4	
<i>mycelex troche</i>	<i>clotrimazole</i>	1	(g)
<i>nizoral oral</i>	<i>ketoconazole</i>	1	(g)
NOXAFIL	posaconazole	4	
<i>nystatin oral</i>	<i>nystatin</i>	1	(g)
SPORANOX SOLUTION	itraconazole	2	
<i>sporonox</i>	<i>itraconazole</i>	1	(g)
VFEND	voriconazole	2	I

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTI-INFECTIVES

Antimalarials

Brand Name	Generic Name	Drug Tier	Notes
<i>aralen</i>	<i>chloroquine</i>	1	(g)
COARTEM	artemether/lumifantrine	2	
DARAPRIM	pyrimethamine	2	
<i>lariam</i>	<i>mefloquine hydrochloride</i>	1	(g)
MALARONE	atovaquone/proguanil hydrochloride	2	
<i>plaquenil</i>	<i>hydroxychloroquine</i>	1	(g)
PRIMAQUINE	primaquine	2	
QUALAQUIN	quinine	3	

Antiparasitics/Anthelmintics

Brand Name	Generic Name	Drug Tier	Notes
ALBENZA	albendazole	3	
ALINIA	nitazoxanide	2	
BILTRICIDE	praziquantel	2	
<i>humatin</i>	<i>paromomycin</i>	1	(g)
MEPRON	atovaquone	4	
STROMECTOL	ivermectin	2	
TINDAMAX	tinidazole	2	
<i>vermox</i>	<i>mebendazole</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTI-INFECTIVES

Antiretrovirals

Brand Name	Generic Name	Drug Tier	Notes
APTIVUS	tipranavir	4	
ATRIPLA	efavirenz/emtricitabine/tenofovir disoproxil fumarate	4	
COMBIVIR	lamivudine/zidovudine	4	
CRIXIVAN	indinavir	2	
EMTRIVA	emtricitabine	2	
EPIVIR	lamivudine	3	
EPIVIR HBV	lamivudine	3	
EPZICOM	abacavir/lamivudine	4	
FUZEON	enfuvirtide	4	
INTELENCE	etravirine	4	QL
INVIRASE	saquinavir mesylate	4	
ISENTRESS	raltegravir	4	
KALETRA 100/25 SOLUTION	lopinavir/ritonavir	2	
KALETRA 200/50	lopinavir/ritonavir	4	
LEXIVA	fosamprenavir	4	
LEXIVA ORAL SUSPENSION	fosamprenavir	2	
NORVIR CAPSULE	ritonavir	2	
NORVIR SOLUTION, TABLET	ritonavir	4	
PREZISTA	darunavir	4	
PREZISTA 75MG	darunavir	3	
RESCRIPTOR	delavirdine mesylate	2	
<i>retrovir</i>	<i>zidovudine</i>	1	(g) / I
REYATAZ	atazanavir	4	
SELZENTRY	maraviroc	4	
SUSTIVA	efavirenz	2	
TRIZIVIR	abacavir/lamivudine/zidovudine	4	
TRUVADA	emtricitabine/tenofovir disoproxil fumarate	4	
TYZEKA	telbivudine	3	
<i>videx</i>	<i>didanosine</i>	1	(g)
VIDEX ORAL SOLUTION	didanosine	2	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTI-INFECTIVES

Antiretrovirals (continued)

Brand Name	Generic Name	Drug Tier	Notes
VIRACEPT	nelfinavir	3	
VIRAMUNE	nevirapine	2	
VIREAD	tenofovir disoproxil fumarate	2	
zerit	stavudine	1	(g)
ZIAGEN	abacavir	2	

Antituberculars

Brand Name	Generic Name	Drug Tier	Notes
CAPASTAT	capreomycin	5	
dapsone	dapsone	1	(g)
isonarif	isoniazid/rifampin	1	(g)
isoniazid	isoniazid	1	(g) / I
myambutol	ethambutol	1	(g)
MYCOBUTIN	rifabutin	2	
PASER D/R	aminosalicylic acid	3	
PRIFTIN	rifapentine	3	
pyrazinamide	pyrazinamide	1	(g)
rifadin	rifampin	1	(g) / I
RIFATER	isoniazid/pyrazinamide/rifampin	2	
SEROMYCIN	cycloserine	2	
TRECTOR	ethionamide	3	

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTI-INFECTIVES

Antivirals

Brand Name	Generic Name	Drug Tier	Notes
BARACLUDE	entecavir	4	
BARACLUDE SOLUTION	entecavir	2	
<i>copegus 200mg</i>	<i>ribavirin</i>	1	(g)
<i>copegus 400mg, 600mg</i>	<i>ribavirin</i>	4	
<i>cytovene</i>	<i>ganciclovir</i>	4	
<i>famvir</i>	<i>famciclovir</i>	1	(g)
<i>flumadine</i>	<i>rimantadine hydrochloride</i>	1	(g)
<i>foscavir</i>	<i>foscarnet sodium</i>	5	PA
HEPSERA	adefovir dipivoxil	4	
<i>rebetol capsule, solution</i>	<i>ribavirin</i>	4	
RELENZA	zanamivir	2	QL
RIBAPAK	ribavirin	4	
<i>symmetrel</i>	<i>amantadine hydrochloride</i>	1	(g)
TAMIFLU	oseltamivir	2	QL
VALCYTE	valganciclovir	4	
<i>valtrex</i>	<i>valacyclovir</i>	1	(g)
VIRAZOLE	ribavirin	4	
VISTIDE	cidofovir	5	
<i>zovirax iv</i>	<i>acyclovir</i>	5	PA
<i>zovirax oral</i>	<i>acyclovir</i>	1	(g) / I

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTI-INFECTIVES

Cephalosporins

Brand Name	Generic Name	Drug Tier	Notes
<i>ancef</i>	<i>cefazolin</i>	5	
<i>ceclor</i>	<i>cefaclor</i>	1	(g)
CEDAX	ceftibuten	3	
<i>cefotan</i>	<i>cefotetan</i>	5	
CEFTIN	cefuroxime	3	
<i>cefzil</i>	<i>cefprozil</i>	1	(g)
<i>claforan</i>	<i>cefotaxime</i>	5	
<i>duricef</i>	<i>cefadroxil</i>	1	(g)
<i>fortaz, tazicef</i>	<i>ceftazidime</i>	5	
<i>keflex</i>	<i>cephalexin</i>	1	(g)
KEFLEX 750MG	cephalexin	3	
<i>maxipime</i>	<i>cefepime</i>	5	
<i>mefoxin</i>	<i>cefoxitin</i>	5	
<i>omnicef</i>	<i>cefdinir</i>	1	(g)
<i>rocephin</i>	<i>ceftriaxone</i>	5	
SPECTRACEF	cefditoren pivoxil	3	
SUPRAX	cefixime	3	
<i>vantin</i>	<i>cefpodoxime</i>	1	(g)
<i>zinacef</i>	<i>cefuroxime</i>	5	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTI-INFECTIVES

Macrolides

Brand Name	Generic Name	Drug Tier	Notes
<i>biaxin</i>	<i>clarithromycin</i>	1	(g)
<i>biaxin xl</i>	<i>clarithromycin</i>	1	(g) / QL
BIAXIN XL PAC	clarithromycin	3	QL
E.E.S. 200MG	erythromycin ethylsuccinate	3	
e.e.s. 400mg	<i>erythromycin ethylsuccinate</i>	1	(g)
ERYPED 200	erythromycin ethylsuccinate	3	
ERYPED 400	erythromycin ethylsuccinate	3	
<i>ery-tab 250mg</i>	<i>erythromycin</i>	1	(g)
ERY-TAB 500MG	erythromycin	3	
ERYTHROCIN	erythromycin lactobionate	5	
<i>erythrocin stearate</i>	<i>erythromycin stearate</i>	1	(g)
KETEK	telithromycin	3	QL
<i>pce 333mg</i>	<i>erythromycin</i>	1	(g)
PCE 500MG	erythromycin	3	
<i>pediazole</i>	<i>erythromycin ethylsuccinate/ sulfisoxazole</i>	1	(g)
<i>zithromax</i>	<i>azithromycin</i>	1	(g) / I
ZMAX SUSPENSION	azithromycin	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTI-INFECTIVES

Miscellaneous Anti-Infectives

Brand Name	Generic Name	Drug Tier	Notes
AZACTAM	aztreonam	5	
<i>baci-im</i>	<i>bacitracin</i>	5	
CAYSTON	aztreonam lysine	4	PA / QL
<i>chloromycetin</i>	<i>chloramphenicol</i>	5	
<i>cleocin</i>	<i>clindamycin</i>	1	(g) / I
CLEOCIN 75MG	clindamycin	3	
CLEOCIN ORAL SOLUTION	clindamycin	2	
<i>coly-mycin m</i>	<i>colistimethate</i>	5	
CUBICIN	daptomycin	5	
DORIBAX	doripenem	5	
<i>flagyl</i>	<i>metronidazole</i>	1	(g) / I
FLAGYL ER	metronidazole	2	
INVANZ	ertapenem	5	
LINCOCIN	lincomycin	5	
MERREM	meropenem	5	
NEBUPENT	pentamidine isethionate	3	PA
<i>neo-fradin</i>	<i>neomycin</i>	1	(g)
<i>neomycin sulfate</i>	<i>neomycin sulfate</i>	1	(g)
PENTAM	pentamidine isethionate	5	
<i>polymyxin b</i>	<i>polymyxin b</i>	5	
PRIMAXIN	cilastatin/imipenem	5	
SYNERCID	dalfopristin/quinupristin	5	
TOBI	tobramycin	4	PA
TYGACIL	tigecycline	5	
VANCOCIN	vancomycin	2	
<i>vancocin injection</i>	<i>vancomycin</i>	5	
VIBATIV	telavancin	4	
XIFAXAN	rifaximin	3	
ZYVOX	linezolid	4	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTI-INFECTIVES

Penicillins

Brand Name	Generic Name	Drug Tier	Notes
<i>amoxil</i>	<i>amoxicillin</i>	1	(g)
<i>augmentin</i>	<i>amoxicillin/clavulanate</i>	1	(g)
<i>bactocill</i>	<i>oxacillin</i>	5	
BICILLIN	penicillin g benzathine/penicillin g procaine	5	
<i>dicloxacillin</i>	<i>dicloxacillin</i>	1	(g)
MOXATAG	amoxicillin	3	
<i>nallpen, unipen</i>	<i>nafcillin</i>	5	
<i>penicillin g procaine</i>	<i>penicillin g procaine</i>	5	
<i>penicillin g sodium</i>	<i>penicillin g sodium</i>	5	
<i>pfizerpen</i>	<i>penicillin g potassium</i>	5	
<i>piperacillin</i>	<i>piperacillin</i>	5	
<i>polycillin</i>	<i>ampicillin</i>	1	(g) / I
<i>unasyn</i>	<i>ampicillin/sulbactam</i>	5	
<i>veetids</i>	<i>penicillin v potassium</i>	1	(g)
<i>zosyn</i>	<i>piperacillin/tazobactam</i>	5	

Quinolones

Brand Name	Generic Name	Drug Tier	Notes
AVELOX	moxifloxacin	2	I
<i>cipro</i>	<i>ciprofloxacin</i>	1	(g) / I
CIPRO SUSPENSION	ciprofloxacin	2	
<i>cipro xr</i>	<i>ciprofloxacin</i>	1	(g) / QL
FACTIVE	gemifloxacin	3	
<i>floxin</i>	<i>ofloxacin</i>	1	(g)
LEVAQUIN	levofloxacin	3	I
NOROXIN	norfloxacin	3	
PROQUIN	ciprofloxacin	3	QL

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTI-INFECTIVES

Sulfonamides and Combinations

Brand Name	Generic Name	Drug Tier	Notes
<i>bactrim ds, sepra ds</i>	<i>sulfamethoxazole/trimethoprim</i>	1	(g) / I
<i>bactrim, sepra</i>	<i>sulfamethoxazole/trimethoprim</i>	1	(g) / I
<i>sulfadiazine</i>	<i>sulfadiazine</i>	1	(g)

Tetracyclines

Brand Name	Generic Name	Drug Tier	Notes
ADOXA	doxycycline	3	
<i>doxy</i>	<i>doxycycline</i>	5	
<i>meclomen</i>	<i>demeclocycline</i>	1	(g)
<i>minocin</i>	<i>minocycline</i>	1	(g)
MONODOX 75MG	doxycycline	3	
<i>periostat</i>	<i>doxycycline</i>	1	(g)
<i>solodyn</i>	<i>minocycline</i>	1	(g) / QL
SOLODYN 65MG, 115MG	minocycline	3	QL
<i>sumycin</i>	<i>tetracycline</i>	1	(g)
<i>vibramycin</i>	<i>doxycycline</i>	1	(g)
VIBRAMYCIN SUSPENSION	doxycycline	3	
<i>vibra-tabs</i>	<i>doxycycline</i>	1	(g)

Urinary Tract Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>hiprex</i>	<i>methenamine</i>	1	(g)
LITHOSTAT	acetohydroxamic acid	3	
<i>macrobid</i>	<i>nitrofurantoin</i>	3	
<i>macrochantin</i>	<i>nitrofurantoin</i>	3	
MONUROL	fosfomycin	3	
PRIMSOL	trimethoprim	3	
<i>proloprim</i>	<i>trimethoprim</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

Adjuvant Therapy

Brand Name	Generic Name	Drug Tier	Notes
<i>fusilev</i>	<i>leucovorin</i>	5	
<i>leucovorin</i>	<i>leucovorin</i>	1	(g)
LEUKINE	sargramostim	4	
MESNEX	mesna	4	

Alkylating Agents

Brand Name	Generic Name	Drug Tier	Notes
ALKERAN	melphalan	5	
BICNU	carmustine	5	
BUSULFEX	busulfan	5	
CEENU	lomustine	2	
<i>cytoxan</i>	<i>cyclophosphamide</i>	1	(g) / PA
<i>dtic-dome</i>	<i>dacarbazine</i>	5	
LEUKERAN	chlorambucil	2	
MUSTARGEN	mechlorethamine	5	
<i>thiotepa</i>	<i>thiotepa</i>	5	

Antimetabolites

Brand Name	Generic Name	Drug Tier	Notes
<i>adrucil</i>	<i>fluorouracil</i>	5	PA
ALIMTA	pemetrexed	5	
<i>cytarabine</i>	<i>cytarabine</i>	5	PA
<i>fludara</i>	<i>fludarabine phosphate</i>	5	
GEMZAR	gemcitabine	4	
<i>leustatin</i>	<i>cladribine</i>	5	PA
<i>nipent</i>	<i>pentostatin</i>	5	
<i>purinethol</i>	<i>6-mercaptopurine</i>	1	(g)
<i>rheumatrex 2.5mg</i>	<i>methotrexate</i>	1	(g) / I / ST
TABLOID	thioguanine	2	
TREXALL	methotrexate	2	I / ST

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

Hormonal Agents

Brand Name	Generic Name	Drug Tier	Notes
ARIMIDEX	anastrozole	3	
AROMASIN	exemestane	2	PA
<i>casodex</i>	<i>bicalutamide</i>	1	(g)
ELIGARD	leuprolide acetate	3	
<i>eulexin</i>	<i>flutamide</i>	1	(g)
FARESTON	toremifene	2	
FASLODEX	fulvestrant	4	
FEMARA	letrozole	2	PA
FIRMAGON	degarelix	3	
<i>lupron</i>	<i>leuprolide</i>	1	(g)
LUPRON PED DEPOT 11.25MG	leuprolide	3	
LUPRON PED DEPOT 15MG	leuprolide	4	
<i>megace 125mg</i>	<i>megestrol acetate</i>	1	(g)
MEGACE 125MG SUSPENSION	megestrol acetate	3	
NILANDRON	nilutamide	2	
<i>nolvadex</i>	<i>tamoxifen</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

Immunomodulators

Brand Name	Generic Name	Drug Tier	Notes
ARCALYST	rilonacept	4	PA
AZASAN	azathioprine	3	PA
CELLCEPT 250MG	mycophenolate mofetil	3	I / M / PA
<i>cellcept 500mg</i>	<i>mycophenolate mofetil</i>	4	I / PA
CELLCEPT SUSPENSION	mycophenolate mofetil	4	I / PA
ILARIS	canakinumab/pf	4	PA
<i>imuran</i>	<i>azathioprine</i>	1	(g) / I / PA
MYFORTIC	mycophenolic acid	3	PA
<i>neoral</i>	<i>cyclosporine, modified</i>	3	M / PA
ORTHOCLONE OKT3	muromonab-cd3	5	PA
<i>prograf</i>	<i>tacrolimus</i>	1	(g) / I / PA
<i>prograf 5mg</i>	<i>tacrolimus</i>	4	I / PA
RAPAMUNE	sirolimus	3	PA
REVLIMID	lenalidomide	4	L
RITUXAN	rituximab	4	
<i>sandimmune</i>	<i>cyclosporine</i>	3	I / M / PA
SIMULECT	basiliximab	4	PA
THALOMID	thalidomide	4	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

Miscellaneous Antineoplastic Agents

Brand Name	Generic Name	Drug Tier	Notes
ABRAXANE	paclitaxel	5	
<i>adriamycin</i>	<i>doxorubicin</i>	5	PA
AFINITOR	everolimus	4	PA / QL
ARRANON	nelarabine	5	
ARZERRA	ofatumumab	4	PA
AVASTIN	bevacizumab	4	
<i>blenoxane</i>	<i>bleomycin</i>	5	PA
CAMPATH	alemtuzumab	5	
<i>camptosar</i>	<i>irinotecan hydrochloride</i>	5	
<i>cerubidine</i>	<i>daunorubicin</i>	5	
CLOLAR	clofarabine	5	
COSMEGEN	dactinomycin	4	
DOXIL	doxorubicin liposomal	5	PA
DROXIA	hydroxyurea	2	
<i>ellence</i>	<i>epirubicin hydrochloride</i>	5	
<i>eloxatin</i>	<i>oxaliplatin</i>	4	
ELSPAR	asparaginase	5	
EMCYT	estramustine	2	
ERBITUX	cetuximab	5	
<i>ethyol</i>	<i>amifostine</i>	4	
ETOPOFOS	etoposide	4	
GLEEVEC	imatinib	4	
HERCEPTIN	trastuzumab	4	PA
HEXALEN	altretamine	4	
HYCAMTIN	topotecan	5	
<i>hydrea</i>	<i>hydroxyurea</i>	1	(g)
<i>idamycin</i>	<i>idarubicin</i>	5	
<i>ifex</i>	<i>ifosfamide</i>	5	PA
<i>ifex/mesnex</i>	<i>ifosfamide/mesna</i>	5	PA
IRESSA	gefitinib	4	
ISTODAX	romidepsin	4	PA
IXEMPRA	ixabepilone	4	
LYSODREN	mitotane	2	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

Miscellaneous Antineoplastic Agents (continued)

Brand Name	Generic Name	Drug Tier	Notes
MATULANE	procarbazine	2	
<i>mesnex</i>	<i>mesna</i>	5	
<i>mutamycin</i>	<i>mitomycin</i>	5	PA
<i>navelbine</i>	<i>vinorelbine</i>	5	
NEXAVAR	sorafenib	4	
<i>novantrone</i>	<i>mitoxantrone</i>	5	
ONCASPAR	pegaspargase	4	
ONTAK	denileukin diftitox	5	
<i>paclitaxel</i>	<i>paclitaxel</i>	5	
<i>paraplatin</i>	<i>carboplatin</i>	5	
PHOTOFRIN	dihematoporphyrin ether	5	
<i>platinol</i>	<i>cisplatin</i>	5	
PROLEUKIN	aldesleukin	4	
SPRYCEL	dasatinib	4	
SUTENT	sunitinib	4	
TARCEVA	erlotinib hydrochloride	4	
TARGRETIN	bexarotene	4	
TASIGNA	nilotinib	4	
TAXOTERE	docetaxel	4	
<i>toposar</i>	<i>etoposide</i>	5	
TORISEL	temsirolimus	4	
TREANDA	bendamustine	4	
TRELSTAR DEPOT	triptorelin	5	
TRELSTAR LA	triptorelin	5	
TRISENOX	arsenic trioxide	5	
TYKERB	lapatinib	4	
VECTIBIX	panitumumab	4	
<i>velban</i>	<i>vinblastine</i>	5	PA
VELCADE	bortezomib	5	
<i>vesanoid</i>	<i>tretinoin</i>	4	
VIDAZA	azacitidine	4	
<i>vincasar</i>	<i>vincristine sulfate</i>	5	PA
VOTRIENT	pazopanib	4	PA

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

Miscellaneous Antineoplastic Agents (*continued*)

Brand Name	Generic Name	Drug Tier	Notes
<i>zinecard</i>	<i>dexrazoxane</i>	5	
ZOLINZA	vorinostat	4	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.
QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.
L - Drug may be available only at certain pharmacies (see page vi).
M - Brand name drug is Tier 3, generic drug is Tier 1.

CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Ace-Inhibitors and Combinations

Brand Name	Generic Name	Drug Tier	Notes
<i>accupril</i>	<i>quinapril</i>	1	(g)
<i>accuretic</i>	<i>hydrochlorothiazide/quinapril</i>	1	(g)
<i>aceon</i>	<i>perindopril erbumine</i>	1	(g)
<i>altace capsule</i>	<i>ramipril</i>	1	(g)
ALTACE TABLET	ramipril	3	
<i>capoten</i>	<i>captopril</i>	1	(g)
<i>capozide</i>	<i>captopril/hydrochlorothiazide</i>	1	(g)
<i>lotensin</i>	<i>benazepril hydrochloride</i>	1	(g)
<i>lotensin hct</i>	<i>benazepril hydrochloride/ hydrochlorothiazide</i>	1	(g)
<i>mavik</i>	<i>trandolapril</i>	1	(g)
<i>monopril</i>	<i>fosinopril sodium</i>	1	(g)
<i>monopril hct</i>	<i>fosinopril sodium/ hydrochlorothiazide</i>	1	(g)
<i>prinivil, zestril</i>	<i>lisinopril</i>	1	(g)
<i>prinzide, zestoretic</i>	<i>hydrochlorothiazide/lisinopril</i>	1	(g)
<i>uniretic</i>	<i>hydrochlorothiazide/moexipril</i>	1	(g)
<i>univasc</i>	<i>moexipril</i>	1	(g)
<i>vaseretic</i>	<i>enalapril maleate/ hydrochlorothiazide</i>	1	(g)
<i>vasotec</i>	<i>enalapril maleate</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Alpha-Adrenergic Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>aldomet</i>	<i>methyldopa</i>	3	
<i>aldoril</i>	<i>hydrochlorothiazide/methyldopa</i>	3	
<i>cardura</i>	<i>doxazosin</i>	3	
CARDURA XL	doxazosin	3	QL
<i>catapres</i>	<i>clonidine hydrochloride</i>	3	
<i>catapres-tts</i>	<i>clonidine hydrochloride</i>	1	(g) / QL
CLORPRES	chlorthalidone/clonidine hydrochloride	3	
<i>hytrin</i>	<i>terazosin</i>	1	(g)
<i>minipress</i>	<i>prazosin</i>	1	(g)
<i>tenex</i>	<i>guanfacine</i>	1	(g)
<i>wytensin</i>	<i>guanabenz</i>	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Angiotensin II Receptor Blockers and Combinations

Brand Name	Generic Name	Drug Tier	Notes
ATACAND	candesartan cilexetil	3	ST
ATACAND HCT	candesartan cilexetil/ hydrochlorothiazide	3	ST
AVALIDE	hydrochlorothiazide/irbesartan	3	ST
AVAPRO	irbesartan	3	ST
BENICAR	olmesartan medoxomil	2	ST
BENICAR HCT	hydrochlorothiazide/olmesartan medoxomil	2	ST
<i>cozaar</i>	<i>losartan</i>	1	(g)
DIOVAN	valsartan	3	ST
DIOVAN HCT	hydrochlorothiazide/valsartan	3	ST
EXFORGE	amlodipine/valsartan	3	
EXFORGE HCT	amlodipine/hydrochlorothiazide/ valsartan	3	ST
<i>hyzaar</i>	<i>hydrochlorothiazide/losartan</i>	1	(g)
MICARDIS	telmisartan	3	ST
MICARDIS-HCT	hydrochlorothiazide/telmisartan	3	ST
TEVETEN	eprosartan	3	ST
TEVETEN HCT	eprosartan/hydrochlorothiazide	3	ST

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Anti-Coagulants/Hemostasis Agents

Brand Name	Generic Name	Drug Tier	Notes
AGGRENOX	aspirin/dipyridamole	2	
<i>agrylin</i>	<i>anagrelide</i>	1	(g)
ARIXTRA	fondaparinux sodium	4	
ARIXTRA 5MG	fondaparinux sodium	5	
<i>coumadin</i>	<i>warfarin sodium</i>	3	I / M
EFFIENT	prasugrel	3	
FRAGMIN	dalteparin	4	
FRAGMIN 12500U, 25000U	dalteparin	3	
<i>heparin solution</i>	<i>heparin sodium</i>	5	
INNOHEP	tinzaparin	5	PA
LOVENOX	enoxaparin sodium	4	
LOVENOX 30MG, 40MG	enoxaparin sodium	2	
<i>pentopak</i>	<i>pentoxifylline</i>	1	(g)
PLAVIX	clopidogrel	2	
<i>pletal</i>	<i>cilostazol</i>	1	(g)
<i>ticlid</i>	<i>ticlopidine</i>	3	
<i>trental</i>	<i>pentoxifylline</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Beta Blockers and Combinations

Brand Name	Generic Name	Drug Tier	Notes
<i>betapace</i>	<i>sotalol</i>	1	(g) / I
<i>betapace af</i>	<i>sotalol</i>	1	(g)
<i>blocadren</i>	<i>timolol</i>	1	(g)
<i>coreg</i>	<i>carvedilol</i>	1	(g)
COREG CR	carvedilol phosphate	3	QL
<i>corgard</i>	<i>nadolol</i>	1	(g)
<i>corzide</i>	<i>bendroflumethiazide/nadolol</i>	1	(g)
<i>inderal</i>	<i>propranolol hydrochloride</i>	1	(g) / I
<i>inderal la</i>	<i>propranolol hydrochloride</i>	1	(g) / QL
INNOPRAN	propranolol hydrochloride	3	QL
<i>kerlone</i>	<i>betaxolol</i>	1	(g)
LEVATOL	penbutolol	3	
<i>lopressor</i>	<i>metoprolol tartrate</i>	1	(g) / I
<i>lopressor hct</i>	<i>hydrochlorothiazide/metoprolol tartrate</i>	1	(g)
<i>normodyne</i>	<i>labetalol hydrochloride</i>	1	(g) / I
<i>sectral</i>	<i>acebutolol</i>	1	(g)
<i>tenoretic</i>	<i>atenolol/chlorthalidone</i>	1	(g)
<i>tenormin</i>	<i>atenolol</i>	1	(g)
<i>toprol xl</i>	<i>metoprolol succinate</i>	1	(g) / QL
<i>visken</i>	<i>pindolol</i>	1	(g)
<i>zebeta</i>	<i>bisoprolol fumarate</i>	1	(g)
<i>ziac</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Calcium Channel Blockers and Combinations

Brand Name	Generic Name	Drug Tier	Notes
<i>adalat cc</i>	<i>nifedipine</i>	1	(g)
AZOR	amlodipine/olmesartan medoxomil	3	QL
<i>calan</i>	<i>verapamil hydrochloride</i>	1	(g)
<i>cardene</i>	<i>nicardipine hydrochloride</i>	1	(g) / I
<i>cardizem</i>	<i>diltiazem hydrochloride</i>	1	(g) / I
<i>cardizem cd</i>	<i>diltiazem hydrochloride</i>	1	(g)
CARDIZEM CD 360MG	diltiazem hydrochloride	3	QL
<i>cardizem la</i>	<i>diltiazem hydrochloride</i>	1	(g) / QL
CARDIZEM LA 120MG	diltiazem hydrochloride	3	QL
COVERA-HS	verapamil hydrochloride	2	QL
<i>dilacor xr</i>	<i>diltiazem hydrochloride</i>	1	(g) / QL
<i>dynacirc</i>	<i>isradipine</i>	1	(g)
DYNACIRC CR	isradipine	3	QL
<i>isoptin sr</i>	<i>verapamil hydrochloride</i>	1	(g)
<i>lotrel</i>	<i>amlodipine/benazepril hydrochloride</i>	1	(g)
LOTREL 5/40, 10/40	amlodipine/benazepril hydrochloride	2	
<i>norvasc</i>	<i>amlodipine</i>	1	(g)
<i>plendil</i>	<i>felodipine</i>	1	(g) / QL
<i>procardia xl</i>	<i>nifedipine</i>	1	(g)
SULAR	nisoldipine	3	QL
<i>sular 20mg, 30mg, 40mg</i>	<i>nisoldipine</i>	1	(g) / QL
<i>tarka</i>	<i>trandolapril/verapamil hydrochloride</i>	1	(g) / QL
TARKA 1-240	trandolapril/verapamil hydrochloride	3	QL
<i>verelan</i>	<i>verapamil hydrochloride</i>	1	(g) / I
<i>verelan pm</i>	<i>verapamil hydrochloride</i>	1	(g)

Carbonic Anhydrase Inhibitors

Brand Name	Generic Name	Drug Tier	Notes
<i>diamox</i>	<i>acetazolamide</i>	1	(g) / I
<i>neptazane</i>	<i>methazolamide</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.

QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Cardiovascular Treatment

Brand Name	Generic Name	Drug Tier	Notes
<i>cordarone</i>	<i>amiodarone hydrochloride</i>	1	(g) / I
DIBENZYLINE	phenoxybenzamine hydrochloride	3	
DIGOXIN ORAL SOLUTION	digoxin	2	
<i>lanoxin</i>	<i>digoxin</i>	3	I / M
<i>mexitil</i>	<i>mexiletine</i>	1	(g)
MULTAQ	dronedarone	3	QL
<i>norpace</i>	<i>disopyramide</i>	1	(g)
NORPACE CR	disopyramide	3	
PACERONE	amiodarone hydrochloride	3	
<i>proamatine</i>	<i>midodrine</i>	1	(g)
<i>procainamide hydrochloride</i>	<i>procainamide hydrochloride</i>	5	
<i>quinidine gluconate</i>	<i>quinidine gluconate</i>	1	(g) / I
<i>quinidine sulfate</i>	<i>quinidine sulfate</i>	1	(g)
RANEXA	ranolazine	3	
REMODULIN	treprostinil	5	PA
<i>rythmol</i>	<i>propafenone hydrochloride</i>	1	(g)
RYTHMOL SR	propafenone hydrochloride	3	
<i>tambocor</i>	<i>flecainide acetate</i>	1	(g)
TIKOSYN	dofetilide	2	

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Diuretics

Brand Name	Generic Name	Drug Tier	Notes
<i>aldactazide</i>	<i>hydrochlorothiazide/spironolactone</i>	1	(g)
ALDACTAZIDE 50-50MG	hydrochlorothiazide/spironolactone	3	
<i>aldactone</i>	<i>spironolactone</i>	1	(g)
<i>bumex</i>	<i>bumetanide</i>	1	(g) / I
<i>demadex</i>	<i>toremide</i>	1	(g)
<i>diuril</i>	<i>chlorothiazide</i>	1	(g) / I
DIURIL SUSPENSION	chlorothiazide	3	
<i>dyazide</i>	<i>hydrochlorothiazide/triamterene</i>	1	(g)
DYRENIUM	triamterene	2	
<i>enduron</i>	<i>methyclothiazide</i>	1	(g)
<i>hydrochlorothiazide tablet</i>	<i>hydrochlorothiazide</i>	1	(g)
<i>inspra</i>	<i>eplerenone</i>	1	(g)
<i>lasix</i>	<i>furosemide</i>	1	(g) / I
<i>lozol</i>	<i>indapamide</i>	1	(g)
<i>maxzide</i>	<i>hydrochlorothiazide/triamterene</i>	1	(g)
<i>microzide</i>	<i>hydrochlorothiazide</i>	1	(g)
<i>midamor</i>	<i>amiloride</i>	1	(g)
<i>moduretic</i>	<i>amiloride/hydrochlorothiazide</i>	1	(g)
<i>thalitone</i>	<i>chlorthalidone</i>	1	(g)
THALITONE 15MG TABLET	chlorthalidone	3	
<i>zaroxolyn</i>	<i>metolazone</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Lipid-Lowering Agents

Brand Name	Generic Name	Drug Tier	Notes
ADVICOR	lovastatin/niacin	3	QL / ST
ALTOPREV	lovastatin	3	QL / ST
ANTARA	fenofibrate	3	QL
<i>colestid</i>	<i>colestipol</i>	1	(g)
CRESTOR	rosuvastatin calcium	2	QL / ST
FENOGLIDE 40MG, 120MG	fenofibrate	3	QL
LESCOL	fluvastatin	3	QL / ST
LESCOL XL	fluvastatin	3	QL / ST
LIPOFEN	fenofibrate	3	QL
LIVALO	pitavastatin	3	QL / ST
<i>lofibra</i>	<i>fenofibrate</i>	1	(g) / QL
<i>lofibra 67mg, 134mg, 200mg</i>	<i>fenofibrate, micronized</i>	1	(g) / QL
<i>lopid</i>	<i>gemfibrozil</i>	1	(g)
LOVAZA	omega-3 acid ethyl esters	3	
<i>mevacor</i>	<i>lovastatin</i>	1	(g) / QL
<i>niacor</i>	<i>niacin</i>	1	(g)
NIASPAN	niacin	2	
<i>pravachol</i>	<i>pravastatin</i>	1	(g) / QL
<i>prevalite</i>	<i>cholestyramine resin</i>	1	(g)
SIMCOR	niacin/simvastatin	3	ST
TRICOR	fenofibrate	2	QL
TRIGLIDE	fenofibrate	3	QL
TRILIPIX	fenofibric acid	3	QL / ST
VYTORIN	ezetimibe/simvastatin	3	QL / ST
WELCHOL	colesevelam hydrochloride	2	
ZETIA	ezetimibe	2	QL / ST
<i>zocor</i>	<i>simvastatin</i>	1	(g) / QL

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Miscellaneous Antihypertensives

Brand Name	Generic Name	Drug Tier	Notes
ADCIRCA	tadalafil	4	PA / QL
<i>appresoline</i>	<i>hydralazine</i>	1	(g) / I
DEMSER	metyrosine 250mg	3	
LETAIRIS	ambrisentan	4	PA
<i>loniten</i>	<i>minoxidil</i>	1	(g)
<i>methyldopate hcl</i>	<i>methyldopate</i>	5	
PROGLYCEM	diazoxide 50mg/ml	3	
REVATIO	sildenafil	4	PA
TEKURNA	aliskiren	3	QL / ST
TEKURNA HCT	aliskiren/hydrochlorothiazide	3	QL / ST
TRACLEER	bosentan	4	L / PA
VENTAVIS	iloprost	4	PA

Nitrates and Combinations

Brand Name	Generic Name	Drug Tier	Notes
BIDIL	hydralazine/isosorbide dinitrate	2	
DILATRATE	isosorbide dinitrate	2	
<i>imdur</i>	<i>isosorbide mononitrate</i>	1	(g)
<i>ismo</i>	<i>isosorbide mononitrate</i>	1	(g)
<i>isochron</i>	<i>isosorbide dinitrate</i>	1	(g)
<i>isordil</i>	<i>isosorbide dinitrate</i>	1	(g)
ISORDIL 40MG	isosorbide dinitrate	3	
<i>monoket</i>	<i>isosorbide mononitrate</i>	1	(g)
NITRO-BID OINTMENT	nitroglycerin	2	
<i>nitro-dur</i>	<i>nitroglycerin</i>	3	M
NITRO-DUR 0.3MG. 0.8MG	nitroglycerin	3	
<i>nitroglycerin</i>	<i>nitroglycerin</i>	5	
NITROLINGUAL	nitroglycerin	2	
NITROSTAT	nitroglycerin	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CENTRAL NERVOUS SYSTEM

Anticonvulsants

Brand Name	Generic Name	Drug Tier	Notes
BANZEL	rufinamide	2	
CARBATROL	carbamazepine	3	
CELONTIN	methsuximide	2	
<i>cerebyx</i>	<i>fosphenytoin sodium</i>	5	
<i>depacon</i>	<i>valproate</i>	5	
<i>depakene</i>	<i>valproate</i>	3	M
<i>depakene oral solution</i>	<i>valproate</i>	3	M
<i>depakote 125mg sprinkle</i>	<i>valproate</i>	3	M
<i>depakote 125mg, 250mg, 500mg</i>	<i>valproate</i>	3	M
<i>depakote er</i>	<i>valproate</i>	3	M
<i>dilantin</i>	<i>phenytoin sodium</i>	3	I / M
DILANTIN CHEWABLE	phenytoin sodium	2	
<i>dilantin oral suspension</i>	<i>phenytoin sodium</i>	3	M
EQUETRO	carbamazepine	3	
FELBATOL	felbamate	2	
FELBATOL TABLET	felbamate	2	
GABITRIL	tiagabine	2	
<i>keppra</i>	<i>levetiracetam</i>	3	I / M
KEPPRA XR	levetiracetam	3	
<i>lamictal chewable</i>	<i>lamotrigine</i>	3	M
LAMICTAL DOSEPACK	lamotrigine	2	
LAMICTAL ODT	lamotrigine	3	
<i>lamictal tablet</i>	<i>lamotrigine</i>	3	M
LAMICTAL XR	lamotrigine	3	
LAMICTAL XR DOSE PACK	lamotrigine	3	
LYRICA	pregabalin	3	PA / QL
<i>mysoline</i>	<i>primidone</i>	1	(g)
<i>neurontin capsule</i>	<i>gabapentin</i>	1	(g)
NEURONTIN ORAL SOLUTION	gabapentin	2	
<i>neurontin tablet</i>	<i>gabapentin</i>	1	(g)
PEGANONE	ethoin	2	
SABRIL	vigabatrin	4	
STAVZOR	valproate	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CENTRAL NERVOUS SYSTEM

Anticonvulsants (*continued*)

Brand Name	Generic Name	Drug Tier	Notes
<i>tegretol</i>	<i>carbamazepine</i>	3	M
<i>tegretol er</i>	<i>carbamazepine</i>	3	M
<i>tegretol chewable</i>	<i>carbamazepine</i>	3	M
TEGRETOL ER 100MG	<i>carbamazepine</i>	2	
<i>topamax</i>	<i>topiramate</i>	1	(g)
<i>trileptal</i>	<i>oxcarbazepine</i>	1	(g)
VIMPAT	<i>lacosamide</i>	2	I
<i>zarontin</i>	<i>ethosuximide</i>	1	(g)
<i>zonegran</i>	<i>zonisamide</i>	3	M

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

CENTRAL NERVOUS SYSTEM

Antidepressants

Brand Name	Generic Name	Drug Tier	Notes
<i>anafranil</i>	<i>clomipramine hydrochloride</i>	1	(g)
APLENZIN	bupropion	3	
<i>ascendin</i>	<i>amoxapine</i>	1	(g)
<i>celexa</i>	<i>citalopram</i>	1	(g)
CYMBALTA	duloxetine	3	PA
<i>desyrel</i>	<i>trazodone hydrochloride</i>	1	(g)
<i>effexor</i>	<i>venlafaxine</i>	1	(g)
EFFEXOR XR	venlafaxine	3	ST
<i>elavil</i>	<i>amitriptyline hydrochloride</i>	3	
EMSAM	selegiline hydrochloride	3	
LEXAPRO	escitalopram	3	ST
<i>limbitrol</i>	<i>amitriptyline hydrochloride/ chlordiazepoxide</i>	3	
<i>ludiomil</i>	<i>maprotiline</i>	1	(g)
<i>luvox</i>	<i>fluvoxamine</i>	1	(g)
LUVOX CR	fluvoxamine	3	
MARPLAN	isocarboxazid	3	
NARDIL	phenelzine	2	
<i>norpramin</i>	<i>desipramine</i>	1	(g)
OLEPTRO	trazodone hydrochloride	3	PA / QL
<i>pamelor</i>	<i>nortriptyline</i>	1	(g)
<i>parnate</i>	<i>tranylcypromine</i>	1	(g)
<i>paxil</i>	<i>paroxetine</i>	1	(g)
<i>paxil cr</i>	<i>paroxetine</i>	1	(g)
PEXEVA	paroxetine	3	
PRISTIQ	desvenlafaxine	3	ST
<i>prozac</i>	<i>fluoxetine</i>	3	
<i>prozac weekly</i>	<i>fluoxetine</i>	1	(g) / QL
<i>remeron</i>	<i>mirtazapine</i>	1	(g)
<i>sarafem</i>	<i>fluoxetine</i>	3	
<i>serzone</i>	<i>nefazodone</i>	3	
<i>sinequan</i>	<i>doxepin</i>	3	
SURMONTIL	trimipramine	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CENTRAL NERVOUS SYSTEM

Antidepressants (continued)

Brand Name	Generic Name	Drug Tier	Notes
SURMONTIL 100MG	trimipramine	2	
tofranil	imipramine hydrochloride	1	(g)
tofranil-pm	imipramine pamoate	3	
triavil	amitriptyline hydrochloride/ perphenazine	3	
venlafaxine er tablet	venlafaxine	3	ST
vivactil	protriptyline	1	(g)
wellbutrin	bupropion	1	(g)
wellbutrin sr	bupropion	1	(g)
wellbutrin xl	bupropion	1	(g)
zoloft	sertraline	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

CENTRAL NERVOUS SYSTEM

Antipsychotics

Brand Name	Generic Name	Drug Tier	Notes
ABILIFY	aripiprazole	2	I
<i>clozaril</i>	<i>clozapine</i>	1	M
FANAPT	iloperidone	3	
FAZACLO	clozapine	3	
GEODON	ziprasidone	2	I
<i>haldol</i>	<i>haloperidol</i>	1	(g) / I
INVEGA	paliperidone	3	QL
INVEGA SUSTENNA 117MG, 156MG, 234MG	paliperidone palmitate	4	
INVEGA SUSTENNA 39MG, 78MG	paliperidone palmitate	5	
<i>loxitane</i>	<i>loxapine</i>	1	(g)
<i>mellaril</i>	<i>thioridazine</i>	3	
<i>navane</i>	<i>thiothixene</i>	1	(g)
NAVANE 20MG	thiothixene	3	
ORAP	pimozide	2	
<i>prolixin</i>	<i>fluphenazine</i>	1	(g) / I
<i>risperdal</i>	<i>risperidone</i>	1	(g)
RISPERDAL CONSTA 18.8MG, 25MG	risperidone	4	
RISPERDAL CONSTA 6.25MG, 12.5MG	risperidone	5	
<i>risperdal m-tab</i>	<i>risperidone</i>	1	(g)
SAPHRIS	asenapine	3	QL
SEROQUEL	quetiapine	2	
SEROQUEL XR	quetiapine	3	QL
<i>stelazine</i>	<i>trifluoperazine</i>	1	(g)
SYMBYAX	fluoxetine/olanzapine	3	
<i>thorazine</i>	<i>chlorpromazine</i>	1	(g) / I
<i>trilafon</i>	<i>perphenazine</i>	1	(g)
ZYPREXA	olanzapine	2	I

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CENTRAL NERVOUS SYSTEM

CNS Stimulants

Brand Name	Generic Name	Drug Tier	Notes
NUVIGIL	armodafinil	3	PA / QL
PROVIGIL	modafinil	2	PA / QL
<i>ritalin</i>	<i>methylphenidate</i>	1	(g)
STRATTERA	atomoxetine	3	ST

Migraine Therapy

Brand Name	Generic Name	Drug Tier	Notes
AMERGE	naratriptan	3	QL / ST
AXERT	almotriptan	3	QL / ST
<i>cafergot</i>	<i>caffeine/ergotamine</i>	3	
<i>dhe-45</i>	<i>dihydroergotamine mesylate</i>	5	
ERGOMAR	ergotamine	3	
FROVA	frovatriptan	3	QL / ST
<i>imitrex statdose</i>	<i>sumatriptan</i>	1	(g) / QL
<i>imitrex tablet</i>	<i>sumatriptan</i>	1	(g) / QL
MAXALT, MAXALT MLT	rizatriptan	2	QL / ST
MIGERGOT	caffeine/ergotamine	3	
MIGRANAL	dihydroergotamine mesylate	3	QL
RELPAX	eletriptan	3	QL / ST
<i>stadol</i>	<i>butorphanol tartrate</i>	1	(g)
SUMAVEL DOSEPRO	sumatriptan	3	QL / ST
TREXIMET	naproxen sodium/sumatriptan	3	PA / QL
ZOMIG, ZOMIG ZMT	zolmitriptan	3	QL / ST

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

CENTRAL NERVOUS SYSTEM

Miscellaneous CNS

Brand Name	Generic Name	Drug Tier	Notes
ARICEPT	donepezil	2	
BOTOX, NON-COSMETIC	onabotulinumtoxina	5	
<i>buspar</i>	<i>bupirone hydrochloride</i>	1	(g)
COGNEX	tacrine	3	
<i>eskalith</i>	<i>lithium carbonate</i>	1	(g)
<i>eskalith cr</i>	<i>lithium carbonate</i>	1	(g)
EXELON	rivastigmine	2	
<i>guanidine</i>	<i>guanidine</i>	1	(g)
<i>hydergine</i>	<i>ergoloid mesylates</i>	1	(g)
<i>lithobid</i>	<i>lithium carbonate</i>	1	(g)
<i>lithonate</i>	<i>lithium citrate</i>	1	(g)
<i>lithotab</i>	<i>lithium carbonate</i>	1	(g)
MYOBLOC	rimabotulinumtoxinb	5	
NAMENDA	memantine	2	
NAMENDA TRITRATION PAK	memantine	2	
<i>nimotop</i>	<i>nimodipine</i>	4	
<i>razadyne</i>	<i>galantamine</i>	1	(g)
<i>razadyne er</i>	<i>galantamine hydrobromide</i>	1	(g) / QL
RILUTEK	riluzole	4	
SAVELLA	milnacipran hydrochloride	3	PA / QL
SAVELLA TITRATION	milnacipran hydrochloride	3	PA / QL
<i>xylocaine</i>	<i>lidocaine</i>	5	

Myesthenia Gravis

Brand Name	Generic Name	Drug Tier	Notes
<i>mestinon</i>	<i>pyridostigmine</i>	1	(g)
MESTINON ORAL SOLUTION	pyridostigmine	2	
MYTELASE	ambenonium	3	
REGONOL	pyridostigmine	5	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CENTRAL NERVOUS SYSTEM

Narcotic Antagonists

Brand Name	Generic Name	Drug Tier	Notes
<i>buprenex</i>	<i>buprenorphine</i>	5	
<i>narcan</i>	<i>naloxone</i>	5	
<i>revia</i>	<i>naltrexone</i>	1	(g)
SUBOXONE	buprenorphine/naloxone	2	PA
<i>subutex</i>	<i>buprenorphine</i>	1	(g) / PA

Narcotic Mixed Agonist/Antagonist

Brand Name	Generic Name	Drug Tier	Notes
<i>nubain</i>	<i>nalbuphine</i>	5	
<i>stadol injection</i>	<i>butorphanol tartrate 1mg/ml</i>	5	
<i>ultracet</i>	<i>acetaminophen/tramadol hydrochloride</i>	1	(g)
<i>ultram</i>	<i>tramadol hydrochloride</i>	1	(g)
<i>ultram er</i>	<i>tramadol hydrochloride</i>	1	(g) / QL

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

CENTRAL NERVOUS SYSTEM

Narcotic/Analgesic Combinations

Brand Name	Generic Name	Drug Tier	Notes
CAPITAL WITH CODEINE	acetaminophen/codeine	3	
<i>combunox</i>	<i>ibuprofen/oxycodone</i>	1	(g)
<i>hycet</i>	<i>acetaminophen/hydrocodone bitartrate</i>	1	(g)
<i>lorcet</i>	<i>acetaminophen/hydrocodone bitartrate</i>	1	(g)
<i>lortab</i>	<i>acetaminophen/hydrocodone bitartrate</i>	1	(g)
MAGNACET	acetaminophen/oxycodone	3	
<i>norco</i>	<i>acetaminophen/hydrocodone bitartrate</i>	1	(g)
<i>panlor</i>	<i>acetaminophen/caffeine/dihydrocodeine</i>	1	(g)
<i>percocet</i>	<i>acetaminophen/oxycodone</i>	1	(g)
<i>percodan</i>	<i>aspirin/oxycodone hydrochloride</i>	1	(g)
SYNALGOS-DC	aspirin/caffeine/dihydrocodeine	2	
<i>tylenol-codeine</i>	<i>acetaminophen/codeine</i>	1	(g)
<i>vicodin</i>	<i>acetaminophen/hydrocodone bitartrate</i>	1	(g)
<i>vicoprofen</i>	<i>hydrocodone bitartrate/ibuprofen</i>	1	(g)
XODOL	acetaminophen/hydrocodone bitartrate	3	
ZAMICET	acetaminophen/hydrocodone bitartrate	3	
ZYDONE	acetaminophen/hydrocodone bitartrate	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CENTRAL NERVOUS SYSTEM

Narcotics

Brand Name	Generic Name	Drug Tier	Notes
<i>actiq</i>	<i>fentanyl</i>	4	PA / QL
AVINZA	morphine sulfate	3	QL
<i>codeine</i>	<i>codeine</i>	1	(g)
<i>dilaudid</i>	<i>hydromorphone hydrochloride</i>	1	(g) / I
DILAUDID ORAL SOLUTION	hydromorphone hydrochloride	3	
<i>dolophine</i>	<i>methadone hydrochloride</i>	1	(g) / I
<i>duragesic</i>	<i>fentanyl</i>	1	(g) / QL
<i>duramorph</i>	<i>morphine sulfate</i>	5	
<i>fentanyl injection</i>	<i>fentanyl</i>	5	
FENTORA	fentanyl	4	PA / QL
INFUMORPH	morphine sulfate	5	
KADIAN	morphine sulfate	3	
<i>levorphanol</i>	<i>levorphanol</i>	1	(g)
<i>morphine sulfate</i>	<i>morphine sulfate</i>	1	(g)
<i>ms contin</i>	<i>morphine sulfate</i>	1	(g)
NUCYNTA	tapentadol	3	QL
ONSOLIS	fentanyl	4	PA / QL
OPANA	oxymorphone	3	
<i>roxicodone</i>	<i>oxycodone</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CENTRAL NERVOUS SYSTEM

Non-Steroidal Anti-Inflammatory

Brand Name	Generic Name	Drug Tier	Notes
<i>anaprox</i>	<i>naproxen sodium</i>	3	
<i>anaprox ds</i>	<i>naproxen sodium</i>	3	
<i>ansaid</i>	<i>flurbiprofen</i>	1	(g)
ARTHROTEC	diclofenac sodium/misoprostol	3	
<i>cataflam</i>	<i>diclofenac potassium</i>	1	(g)
CELEBREX	celecoxib	3	QL
<i>clinoril</i>	<i>sulindac</i>	1	(g)
<i>daypro</i>	<i>oxaprozin</i>	3	
<i>dolobid</i>	<i>diflunisal</i>	1	(g)
<i>ec naprosyn</i>	<i>naproxen</i>	3	
<i>feldene</i>	<i>piroxicam</i>	3	
<i>indocin</i>	<i>indomethacin</i>	3	
INDOCIN SUSPENSION	indomethacin	3	
<i>lodine</i>	<i>etodolac</i>	1	(g)
<i>lodine xl</i>	<i>etodolac</i>	1	(g)
<i>meclomen</i>	<i>meclofenamate</i>	1	(g)
<i>mobic</i>	<i>meloxicam</i>	1	(g)
<i>motrin rx</i>	<i>ibuprofen</i>	1	(g)
NALFON 200MG	fenoprofen	3	
<i>nalfon 600mg</i>	<i>fenoprofen</i>	1	(g)
NAPRELAN	naproxen sodium	3	
<i>naprosyn</i>	<i>naproxen</i>	3	
<i>orudis</i>	<i>ketoprofen</i>	1	(g)
<i>oruvail</i>	<i>ketoprofen</i>	1	(g) / QL
PONSTEL	mefenamic acid	3	
<i>relafen</i>	<i>nabumetone</i>	1	(g)
<i>tolectin</i>	<i>tolmetin</i>	1	(g)
<i>tolectin ds</i>	<i>tolmetin</i>	1	(g)
<i>voltaren</i>	<i>diclofenac sodium</i>	1	(g)
ZIPSOR	diclofenac potassium	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CENTRAL NERVOUS SYSTEM

Parkinsons Disease and Related Disorders

Brand Name	Generic Name	Drug Tier	Notes
APOKYN	apomorphine	2	
AZILECT	rasagiline	3	
<i>cogentin</i>	<i>benztropine mesylate</i>	1	(g) / I
COMTAN	entacapone	2	
<i>dostinex</i>	<i>cabergoline</i>	1	(g)
<i>eldepryl</i>	<i>selegiline hydrochloride</i>	1	(g)
LODOSIN	carbidopa	3	
<i>mirapex</i>	<i>pramipexole dihydrochloride</i>	1	(g)
MIRAPEX 0.75MG	pramipexole dihydrochloride	2	
<i>parcopa</i>	<i>carbidopa/levodopa</i>	1	(g)
<i>parlodol</i>	<i>bromocriptine</i>	1	(g)
<i>requip</i>	<i>ropinirole</i>	1	(g)
REQUIP XL	ropinirole	3	
<i>selegiline tablet</i>	<i>selegiline hydrochloride</i>	1	(g)
<i>sinemet</i>	<i>carbidopa/levodopa</i>	1	(g)
<i>sinemet cr</i>	<i>carbidopa/levodopa</i>	1	(g)
STALEVO	carbidopa/entacapone/levodopa	2	
TASMAR	tolcapone	3	
<i>trihexy</i>	<i>trihexyphenidyl</i>	1	(g)
ZELAPAR	selegiline hydrochloride	3	

Sedative/Hypnotics

Brand Name	Generic Name	Drug Tier	Notes
<i>ambien</i>	<i>zolpidem tartrate</i>	1	(g) / QL
ROZEREM	ramelteon	3	QL / ST
<i>sonata</i>	<i>zaleplon</i>	1	(g) / QL
XYREM	sodium oxybate	4	L

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CENTRAL NERVOUS SYSTEM

Skeletal Muscle Relaxants

Brand Name	Generic Name	Drug Tier	Notes
<i>dantrium</i>	<i>dantrolene sodium</i>	1	(g)
<i>lioresal</i>	<i>baclofen</i>	1	(g)
<i>robaxin</i>	<i>methocarbamol</i>	1	(g)
<i>skelaxin 800mg</i>	<i>metaxalone</i>	3	
ZANAFLEX CAPSULE	tizanidine	3	
<i>zanaflex tablet</i>	<i>tizanidine</i>	3	

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

DERMATOLOGY

Acne Treatment

Brand Name	Generic Name	Drug Tier	Notes
<i>acutane</i>	<i>isotretinoin</i>	1	(g)
ATRALIN	tretinoin	2	
AZELEX	azelate	3	
BENZACLIN	benzoyl peroxide/clindamycin	3	
<i>benzamycin</i>	<i>benzoyl peroxide/erythromycin</i>	1	(g)
<i>cleocin</i>	<i>clindamycin</i>	1	(g)
CLINDAGEL	clindamycin	3	
<i>duac</i>	<i>benzoyl peroxide/clindamycin</i>	1	(g)
EPIDUO	adapalene/benzoyl peroxide	3	
<i>evoclin</i>	<i>clindamycin</i>	1	(g)
FINACEA	azelate	3	
<i>klaron</i>	<i>sulfacetamide</i>	1	(g)
<i>metrogel, metro lotion, metrocream</i>	<i>metronidazole</i>	1	(g)
NORITATE	metronidazole	3	
<i>retin-a</i>	<i>tretinoin</i>	1	(g)
RETIN-A MICRO	tretinoin	2	
TAZORAC	tazarotene	2	
TRETIN X	tretinoin	3	
ZIANA	clindamycin/tretinoin	3	

Antipsoriatic/Antiseborrheic

Brand Name	Generic Name	Drug Tier	Notes
8-MOP	methoxsalen	2	
AMEVIVE	alefacept	4	
DOVONEX	calcipotriene	2	
<i>dovonex solution</i>	<i>calcipotriene</i>	1	(g)
OXSORALEN	methoxsalen	2	
OXSORALEN-ULTRA	methoxsalen	3	
<i>selsun rx</i>	<i>selenium sulfide</i>	1	(g)
SORIATANE	acitretin	4	
TACLONEX	betamethasone/calcipotriene	3	
VECTICAL	calcitriol	3	

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

DERMATOLOGY

Emollients

Brand Name	Generic Name	Drug Tier	Notes
<i>lac-hydrin cream</i>	<i>ammonium lactate</i>	1	(g)
<i>lac-hydrin lotion</i>	<i>ammonium lactate</i>	1	(g)

High Potency Corticosteroids

Brand Name	Generic Name	Drug Tier	Notes
<i>amcinonide</i>	<i>amcinonide</i>	1	(g)
<i>diprolene</i>	<i>betamethasone dipropionate</i>	1	(g)
<i>diprolene af</i>	<i>augmented betamethasone dipropionate</i>	1	(g)
HALOG	halcinonide	3	
<i>kenalog</i>	<i>triamcinolone acetonide</i>	3	
KENALOG SPRAY	triamcinolone acetonide	3	
<i>psorcon</i>	<i>diflorasone diacetate</i>	1	(g)
<i>topicort</i>	<i>desoximetasone</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

DERMATOLOGY

Low Potency Corticosteroids

Brand Name	Generic Name	Drug Tier	Notes
<i>aclovate</i>	<i>alclometasone dipropionate</i>	1	(g)
<i>ala cort</i>	<i>hydrocortisone</i>	1	(g)
CAPEX	fluocinolone acetonide	2	
CAPEX SHAMPOO	fluocinolone acetonide	2	
<i>carmol-hc</i>	<i>hydrocortisone acetate; urea</i>	1	(g)
DERMA-SMOOTHIE/FS	fluocinolone acetonide	3	
DESONATE	desonide	3	
<i>desowen</i>	<i>desonide</i>	1	(g)
DESOWEN KIT	desonide	3	
<i>hytone</i>	<i>hydrocortisone</i>	1	(g)
<i>lidex</i>	<i>fluocinonide</i>	1	(g)
<i>lidex e</i>	<i>fluocinolone acetonide</i>	1	(g)
<i>synalar</i>	<i>fluocinolone acetonide</i>	1	(g)
VANOS	fluocinonide	3	
VERDESO	desonide	3	
VERDESO	desonide	3	

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

DERMATOLOGY

Medium Potency Corticosteroids

Brand Name	Generic Name	Drug Tier	Notes
CLODERM	clocortolone pivalate	2	
CORDRAN	flurandrenolide	2	
<i>cutivate</i>	<i>fluticasone propionate</i>	1	(g)
CUTIVATE LOTION	fluticasone propionate	2	
<i>dermatop</i>	<i>prednicarbate</i>	1	(g)
<i>elocon</i>	<i>mometasone furoate</i>	1	(g)
<i>kenalog</i>	<i>triamcinolone acetonide</i>	1	(g)
<i>locoid</i>	<i>hydrocortisone butyrate</i>	1	(g)
LOCOID LIPOCREAM	hydrocortisone butyrate	3	
LOCOID LIQUID	hydrocortisone butyrate	3	
LUXIQ	betamethasone valerate	3	
PANDEL	hydrocortisone buteprate	3	
<i>topicort lp</i>	<i>desoximetasone</i>	1	(g)
<i>valisone</i>	<i>betamethasone valerate</i>	1	(g)
<i>westcort</i>	<i>hydrocortisone valerate</i>	1	(g)

Miscellaneous Dermatologicals

Brand Name	Generic Name	Drug Tier	Notes
<i>aldara</i>	<i>imiquimod</i>	1	(g)
CARAC	fluorouracil	2	
CONDYLOX	podofilox	2	
<i>condylox solution</i>	<i>podofilox</i>	1	(g)
<i>efudex</i>	<i>fluorouracil</i>	1	(g)
ELIDEL	pimecrolimus	2	
FLUOROPLEX	fluorouracil	2	
PANRETIN	alitretinoin	2	
PROTOPIC	tacrolimus	3	
SOLARAZE	diclofenac sodium	3	
TARGRETIN TOPICAL	bexarotene	4	
<i>u-cort</i>	<i>hydrocortisone</i>	1	(g)
VEREGEN	sinecatechins	3	
VOLTAREN	diclofenac sodium	3	PA / QL

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

DERMATOLOGY

Scabicides/Pediculicides

Brand Name	Generic Name	Drug Tier	Notes
<i>elimite</i>	<i>permethrin</i>	1	(g)
EURAX	crotamiton	2	
<i>lindane</i>	<i>lindane</i>	1	(g)
<i>ovide</i>	<i>malathion</i>	1	(g)
ULESFIA	benzyl alcohol	3	

Topical Anesthetics

Brand Name	Generic Name	Drug Tier	Notes
<i>emla</i>	<i>lidocaine/prilocaine</i>	1	(g)
LIDODERM	lidocaine	3	QL
SYNERA	lidocaine/tetracaine	3	
<i>xylocaine</i>	<i>lidocaine</i>	1	(g)
<i>xylocaine jel</i>	<i>lidocaine</i>	1	(g)
<i>xylocaine ointment</i>	<i>lidocaine</i>	1	(g)
<i>xylocaine viscous</i>	<i>lidocaine</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

DERMATOLOGY

Topical Antibacterials

Brand Name	Generic Name	Drug Tier	Notes
AKNEMYCIN	erythromycin	3	
ALTABAX	retapamulin	3	
BACTROBAN	mupirocin	2	
BACTROBAN NASAL	mupirocin	2	
<i>bactroban ointment</i>	<i>mupirocin</i>	1	(g)
CORTISPORIN CREAM	hydrocortisone/neomycin/polymyxin b	2	
CORTISPORIN OINTMENT	bacitracin/hydrocortisone/neomycin/polymyxin b	3	
<i>ery-gel</i>	<i>erythromycin</i>	1	(g)
<i>ery-pads</i>	<i>erythromycin</i>	1	(g)
<i>gentamicin</i>	<i>gentamicin sulfate</i>	1	(g)
METROGEL	metronidazole	2	
PHISOHEX	hexachlorophene	2	
SULFAMYLON	mafenide	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

DERMATOLOGY

Topical Antifungals

Brand Name	Generic Name	Drug Tier	Notes
ERTACZO	sertaconazole	3	
EXELDERM	sulconazole	3	
EXTINA	ketoconazole	3	
KURIC	ketoconazole	3	
LAMISIL SPRAY	terbinafine	3	
<i>loprox</i>	<i>ciclopirox</i>	1	(g)
<i>lotrimin</i>	<i>clotrimazole</i>	1	(g)
<i>lotrisone</i>	<i>betamethasone/clotrimazole</i>	1	(g)
MENTAX	butenafine	3	
<i>mycolog</i>	<i>nystatin/triamcinolone</i>	1	(g)
<i>mycostatin</i>	<i>nystatin</i>	1	(g)
NAFTIN	naftifine hydrochloride	3	
<i>nizoral</i>	<i>ketoconazole</i>	1	(g)
<i>nystop</i>	<i>nystatin</i>	1	(g)
OXISTAT	oxiconazole	3	
<i>penlac</i>	<i>ciclopirox</i>	1	(g)
<i>spectazole</i>	<i>econazole nitrate</i>	1	(g)
XOLEGEL	ketoconazole	3	

Topical Antivirals

Brand Name	Generic Name	Drug Tier	Notes
DENAVIR	penciclovir	3	
ZOVIRAX	acyclovir	2	

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

DERMATOLOGY

Very High Potency Corticosteroids

Brand Name	Generic Name	Drug Tier	Notes
CLOBEX	clobetasol propionate	3	
<i>diprolene</i>	<i>augmented betamethasone dipropionate</i>	1	(g)
<i>olux-e</i>	<i>clobetasol propionate</i>	1	(g)
<i>temovate</i>	<i>clobetasol propionate</i>	1	(g)
<i>temovate-e</i>	<i>clobetasol propionate</i>	3	
<i>ultravate</i>	<i>halobetasol propionate</i>	1	(g)

Wound and Burn Therapy

Brand Name	Generic Name	Drug Tier	Notes
REGRANEX	becaplermin	4	
SANTYL	collagenase	3	
<i>thermazene</i>	<i>silver sulfadiazine</i>	3	M

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

DIAGNOSTIC AND OTHER MISCELLANEOUS

Diagnostic and Other Miscellaneous

Brand Name	Generic Name	Drug Tier	Notes
ACETADOTE	acetylcysteine	5	
ACTHIB	haemophilus influenzae b, capsular polysaccharide inactivated tetanus toxoid conjugate	5	
ADACEL	acellular pertussis/diphtheria toxoid/tetanus toxoid	5	
ANTABUSE	disulfiram	2	
<i>antizol</i>	<i>fomepizole</i>	5	
APHTHASOL	amlexanox	3	
ATTENUVAX	measles	5	PA
BERINERT	c1 esterase inhibitor	4	PA
BOOSTRIX	acellular pertussis/diphtheria toxoid/tetanus toxoid	5	
CAMPRAL	acamprosate calcium	3	PA
<i>carnitor</i>	<i>levocarnitine</i>	1	(g) / I
CERVARIX	hpv bivalent recomb vac	5	
CHEMET	succimer	3	
CINRYZE	c1 esterase inhibitor	4	PA
COMVAX	haemophilus b polysaccharide conj vacc; hepatitis b virus vaccine recombinant	5	
CYKLOKAPRON	tranexamic acid	5	
DAPTACEL	acellular pertussis/diphtheria toxoid/tetanus toxoid	5	
DECAVAC	diphtheria toxoid/tetanus toxoid	5	
<i>diphtheria toxoid/tetanus toxoid</i>	<i>diphtheria toxoid/tetanus toxoid</i>	5	
ELAPRASE	idursulfase	4	
ENGERIX-B	hepatitis b surface antigen	5	PA
EVOXAC	cevimeline	3	
EXJADE	deferasirox	4	
FOSRENOL	lanthanum carbonate	3	
GARDASIL	quadrivalent hpv recomb vac	5	
GOLYTELY	polyethylene glycol 3350/potassium chloride/sodium bicarbonate/sodium chloride/sodium sulfate	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

DIAGNOSTIC AND OTHER MISCELLANEOUS

Diagnostic and Other Miscellaneous (continued)

Brand Name	Generic Name	Drug Tier	Notes
<i>halflytely</i>	<i>polyethylene glycol 3350/potassium chloride/sodium bicarbonate/sodium chloride/sodium sulfate</i>	1	(g)
HAVRIX	hepatitis a (inactivated)	5	PA
IMOVAX RABIES	rabies vaccine human diploid cell	5	PA
INFANRIX	acellular pertussis/diphtheria toxoid/tetanus toxoid	5	
IPOL	poliovirus vaccine inactivated	5	
IXIARO	japanese encephalitis virus	5	
JE-VAX	japanese encephalitis virus	5	
KALBITOR	ecallantide	4	PA
<i>kenalog in orabase</i>	<i>triamcinolone</i>	1	(g)
KEPIVANCE	palifermin	5	
<i>kionex</i>	<i>sodium polystyrene sulfonate</i>	1	(g)
KUVAN	sapropterin dihydrochloride	4	
<i>lactated ringers, irrigation</i>	<i>calcium chloride/potassium chloride/sodium chloride/sodium lactate</i>	5	
MENACTRA	meningococcal polysaccharide vac a-c-y-w	5	
MENOMUNE	meningococcal polysaccharide vac a-c-y-w	5	
MERUVAX II	rubella virus vaccine live	5	
<i>miralax rx</i>	<i>polyethylene glycol 3350</i>	1	(g)
M-M-R II	measles virus vaccine live; mumps virus vaccine live; rubella virus vaccine live	5	
MOVIPREP	ascorbic acid/polyethylene glycol/potassium chloride/sodium ascorbate/sodium chloride	3	
MOZOBIL	plerixafor	4	PA
<i>neosporin, irrigation</i>	<i>neomycin/polymyxin b</i>	5	
<i>normal saline, irrigation</i>	<i>sodium chloride</i>	5	
<i>nulytely</i>	<i>polyethylene glycol 3350/potassium chloride/sodium bicarbonate/sodium chloride</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

DIAGNOSTIC AND OTHER MISCELLANEOUS

Diagnostic and Other Miscellaneous (continued)

Brand Name	Generic Name	Drug Tier	Notes
ORFADIN	nitisinone	4	
OSMOPREP	sodium phosphate	3	
PEDIARIX	acellular pertussis/diphtheria toxoid/hepatitis b surface antigen/poliovirus/poliovirus	5	
PEDVAXHIB	haemophilus b polysaccharide conj vacc	5	
<i>periogard</i>	<i>chlorhexidine gluconate</i>	1	(g)
<i>phoslo</i>	<i>calcium acetate</i>	1	(g)
PHYSIOLYTE	magnesium chloride/potassium chloride/sodium acetate/sodium chloride/sodium gluconate	5	
PHYSIOSOL	magnesium chloride/potassium chloride/sodium acetate/sodium chloride/sodium gluconate	5	
PROMACTA	eltrombopag	4	PA / QL
PROQUAD	measles virus vaccine live; mumps virus vaccine live; rubella virus vaccine live; varicella virus vaccine live	5	
RABAVERT	rabies vaccine purified chick embryo cel	5	PA
RECOMBIVAX	hepatitis b virus vaccine recombinant	5	PA
RENAGEL	sevelamer hydrochloride	2	
RENVELA	sevelamer carbonate	2	
<i>ringer's, irrigation</i>	<i>calcium chloride/potassium chloride/sodium chloride</i>	5	
ROTATEQ	rotavirus vaccine live pentavalent	2	
<i>salagen</i>	<i>pilocarpine</i>	1	(g)
SAMSCA	tolvaptan	4	
<i>tetanus toxoid</i>	<i>tetanus toxoid</i>	5	PA
TIS-U-SOL	magnesium chloride/potassium chloride/sodium acetate/sodium chloride/sodium gluconate	5	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

DIAGNOSTIC AND OTHER MISCELLANEOUS

Diagnostic and Other Miscellaneous (continued)

Brand Name	Generic Name	Drug Tier	Notes
TRIHIBIT	acellular pertussis/diphtheria toxoid/haemophilus influenzae b, capsular polysaccharide inactivated tetanus toxoid/tetanus toxoid	5	
TRIPEDIA	acellular pertussis/diphtheria toxoid/tetanus toxoid	5	
TWINRIX	hepatitis a virus vaccine inactivated; hepatitis b virus vaccine recombinant	5	
TYPHIM VI	typhoid vi polysaccharide vaccine	5	
UVADEX	methoxsalen	5	
VAQTA	hepatitis a vaccine, inactivated 50	5	PA
VARIVAX	chickenpox vaccine	5	
VISICOL	sodium phosphate, dibasic/sodium phosphate, monobasic, monohydrate	3	
VIVITROL	naltrexone	4	
VIVOTIF	typhoid vaccine live ty21a	3	
water, irrigation	water	5	
XENAZINE	tetrabenazine	4	PA / QL
XIAFLEX	collagenase clostridium hist	4	PA / QL
YF-VAX	yellow-fever virus vaccine	5	
ZAVESCA	miglustat	4	
ZOSTAVAX	zoster vaccine live	5	

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

ENDOCRINOLOGY

Androgens

Brand Name	Generic Name	Drug Tier	Notes
ANADROL-50	oxymetholone	3	PA
ANDRODERM	testosterone	2	
ANDROGEL	testosterone	3	
ANDROID	methyltestosterone	3	
<i>androxy</i>	<i>fluoxymesterone</i>	1	(g)
<i>danocrine</i>	<i>danazol</i>	1	(g)
<i>delatestryl</i>	<i>testosterone enanthate</i>	5	
DEPO-TESTOSTERONE	testosterone cypionate	5	
METHITEST	methyltestosterone	3	
<i>oxandrin</i>	<i>oxandrolone</i>	1	(g) / PA
STRIANT	testosterone	3	
TESTIM	testosterone	3	
TESTRED	methyltestosterone	3	

Antithyroid Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>propylthiouracil</i>	<i>propylthiouracil</i>	1	(g)
<i>tapazole</i>	<i>methimazole</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

ENDOCRINOLOGY

Corticosteroids

Brand Name	Generic Name	Drug Tier	Notes
CELESTONE ORAL	betamethasone	3	
<i>cortef</i>	<i>hydrocortisone</i>	1	(g)
<i>cortone</i>	<i>cortisone acetate</i>	1	(g)
<i>decadron</i>	<i>dexamethasone</i>	1	(g)
DEPO-MEDROL	methylprednisolone	5	
ENTOCORT EC	budesonide	3	
<i>florinef</i>	<i>fludrocortisone</i>	1	(g)
<i>medrol</i>	<i>methylprednisolone</i>	1	(g)
<i>medrol 16mg, 32mg</i>	<i>methylprednisolone</i>	3	M
MILLIPRED	prednisolone	3	
ORAPRED	prednisolone	3	
<i>prednisone</i>	<i>prednisone</i>	1	(g)
<i>prednisone oral solution</i>	<i>prednisone</i>	3	
<i>prelone</i>	<i>prednisolone</i>	1	(g)
<i>solu-medrol</i>	<i>methylprednisolone</i>	5	

Glucocorticoids

Brand Name	Generic Name	Drug Tier	Notes
<i>decadron</i>	<i>dexamethasone</i>	5	
SOLU-CORTEF	hydrocortisone	5	

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

ENDOCRINOLOGY

Growth Hormone and Related Products

Brand Name	Generic Name	Drug Tier	Notes
GENOTROPIN	somatropin	4	PA
GENOTROPIN 0.2MG	somatropin	3	PA
HUMATROPE	somatropin	4	PA
NORDITROPIN	somatropin	4	PA
NUTROPIN	somatropin	4	PA
NUTROPIN AQ	somatropin	4	PA
OMNITROPE	somatropin	4	PA
SAIZEN	somatropin	4	PA
SEROSTIM	somatropin	4	PA
TEV TROPIN	somatropin	4	PA
ZORBTIVE	somatropin	4	PA

Insulins

Brand Name	Generic Name	Drug Tier	Notes
<i>alcohol swabs</i>	<i>isopropyl alcohol</i>	1	(g)
APIDRA	insulin, glulisine, human	2	
<i>gauze pads</i>	<i>gauze pads and dressings - pads 2 x 2</i>	1	(g)
HUMALOG	insulin lispro	2	
HUMALOG MIX	insulin npl/insulin	2	
HUMULIN	hum insulin	2	
HUMULIN N	nph, human insulin isophane	2	
HUMULIN R	insulin regular, human	2	
<i>insulin pen needles</i>	<i>insulin pen needle</i>	1	(g)
<i>insulin syringes</i>	<i>insulin syringe</i>	1	(g)
LANTUS	insulin glargine 100 unt/ml	2	
LEVEMIR	insulin detemir 100 unt/ml	2	
NOVOLIN	hum insulin	2	
NOVOLIN N	nph, human insulin isophane	2	
NOVOLIN R	insulin regular, human	2	
NOVOLOG	insulin aspart	2	
NOVOLOG MIX	insulin asp prt/insulin aspart	2	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ENDOCRINOLOGY

Miscellaneous Endocrine

Brand Name	Generic Name	Drug Tier	Notes
ACTHAR H.P.	corticotropin	4	PA
A-HYDROCORT	hydrocortisone	5	
ALDURAZYME	laronidase	4	
<i>aredia</i>	<i>pamidronate</i>	5	
BUPHENYL	sodium phenylbutyrate	3	
CEREDASE	alglucerase	5	
CEREZYME	imiglucerase	4	
CHORIONIC GONADOTROPIN	chorionic gonadotropin	2	PA
CYSTADANE	betaine	3	
<i>ddavp</i>	<i>desmopressin</i>	1	(g) / I
ELITEK	rasburicase	5	
FABRAZYME	agalsidase beta	4	
GLUCAGEN	glucagon	2	
INCRELEX	mecasermin	4	PA
MYOZYME	alglucosidase alfa	4	
NAGLAZYME	galsulfase	4	
<i>rocaltrol</i>	<i>calcitriol</i>	1	(g) / I
<i>sandostatin</i>	<i>octreotide</i>	4	PA
<i>sandostatin 50mcg/ml</i>	<i>octreotide</i>	1	(g) / PA
SANDOSTATIN LAR	octreotide	4	PA
SENSIPAR	cinacalcet	4	
SENSIPAR 30MG	cinacalcet	2	
SKELID	tiludronate	3	QL
SOMATULINE	lanreotide	4	
SOMAVERT	pegvisomant	4	PA
SYPRINE	trientine	3	
VPRIV	velaglucerase alfa	4	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ENDOCRINOLOGY

Non-Insulin Hypoglycemic Agents

Brand Name	Generic Name	Drug Tier	Notes
BYETTA	exenatide	3	PA
SYMLIN	pramlintide acetate	3	
VICTOZA	liraglutide	3	PA / QL

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.
QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.
L - Drug may be available only at certain pharmacies (see page vi).
M - Brand name drug is Tier 3, generic drug is Tier 1.

ENDOCRINOLOGY

Oral Hypoglycemic Agents

Brand Name	Generic Name	Drug Tier	Notes
ACTOPLUS MET	metformin hydrochloride/ pioglitazone	2	
ACTOPLUS MET XR	metformin hydrochloride/ pioglitazone	3	QL
ACTOS	pioglitazone	2	
<i>amaryl</i>	<i>glimepiride</i>	1	(g)
AVANDAMET	metformin hydrochloride/ rosiglitazone	3	
AVANDARYL	glimepiride/rosiglitazone	3	
AVANDIA	rosiglitazone	2	
<i>diabeta</i>	<i>glyburide</i>	1	(g)
DUETACT	glimepiride/pioglitazone	2	
FORTAMET	metformin hydrochloride	3	QL
<i>glucophage</i>	<i>metformin hydrochloride</i>	1	(g)
<i>glucophage xr</i>	<i>metformin hydrochloride</i>	1	(g) / QL
<i>glucotrol</i>	<i>glipizide</i>	1	(g)
<i>glucotrol xl</i>	<i>glipizide</i>	1	(g) / QL
<i>glucovance</i>	<i>glyburide/micro/metformin hydrochloride</i>	1	(g)
GLUMETZA	metformin hydrochloride	3	QL
GLYCRON 4.5MG	glyburide	2	
<i>glynase</i>	<i>glyburide, micronized</i>	1	(g)
GLYSET	miglitol	3	
JANUMET	metformin hydrochloride/sitagliptin	3	
JANUVIA	sitagliptin	3	QL
<i>metaglip</i>	<i>glipizide/metformin hydrochloride</i>	1	(g)
ONGLYZA	saxagliptin	3	QL
PRANDIMET	metformin hydrochloride/repaglinide	3	
PRANDIN	repaglinide	2	
<i>precose</i>	<i>acarbose</i>	1	(g)
RIOMET	metformin hydrochloride	3	
<i>starlix</i>	<i>nateglinide</i>	1	(g)
<i>tolinase</i>	<i>tolazamide</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ENDOCRINOLOGY

Thyroid Hormones

Brand Name	Generic Name	Drug Tier	Notes
<i>cytomel</i>	<i>liotrix</i>	1	(g) / I
LEVOTHROID	levothyroxine	3	M
LEVOXYL	levothyroxine	3	M
SYNTHROID	levothyroxine	3	M
THYROLAR	thyroxine/triiodothyronine	2	
UNITHROID	levothyroxine	3	M

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.
QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.
L - Drug may be available only at certain pharmacies (see page vi).
M - Brand name drug is Tier 3, generic drug is Tier 1.

GASTROINTESTINAL AGENTS

Antidiarrheals and Antispasmodics

Brand Name	Generic Name	Drug Tier	Notes
<i>atropine injection</i>	<i>atropine</i>	5	
<i>bentyl</i>	<i>dicyclomine</i>	3	I
CANTIL	mepenzolate	3	
<i>lomotil</i>	<i>atropinel/diphenoxylate</i>	1	(g)
MOTOFEN	atropine/difenoxin	3	
<i>pamine</i>	<i>methscopolamine</i>	1	(g)
<i>pamine forte</i>	<i>methscopolamine</i>	1	(g)
<i>robinul</i>	<i>glycopyrrolate</i>	1	(g) / I
<i>robinul forte</i>	<i>glycopyrrolate</i>	1	(g)

Antiemetics

Brand Name	Generic Name	Drug Tier	Notes
ALOXI	palonosetron	4	
<i>antivert</i>	<i>meclizine</i>	1	(g)
ANTIVERT 50MG	meclizine	2	
ANZEMET	dolasetron	3	I / PA
CESAMET	nabilone	3	
<i>compazine</i>	<i>prochlorperazine</i>	1	(g) / I
EMEND	aprepitant	2	PA
<i>kytril</i>	<i>granisetron</i>	1	(g) / I / PA
<i>marinol</i>	<i>tetrahydrocannabinol</i>	1	(g)
SANCUSO	granisetron	4	PA / QL
<i>tigan 300mg capsule</i>	<i>trimethobenzamide hydrochloride</i>	1	(g) / I
TRANSDERM SCOP	scopolamine	2	
<i>zofran</i>	<i>ondansetron</i>	1	(g) / I / PA
<i>zofran odt</i>	<i>ondansetron</i>	1	(g) / PA

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

GASTROINTESTINAL AGENTS

Digestive Enzymes

Brand Name	Generic Name	Drug Tier	Notes
CREON	amylases/endopeptidases/lipase	2	
PANCREAZE	amylases/endopeptidases/lipase	3	
SUCRAID	sacrosidase	3	
ZENPEP	amylases/endopeptidases/lipase	3	

H2-Receptor Antagonists

Brand Name	Generic Name	Drug Tier	Notes
<i>axid</i>	<i>nizatidine</i>	1	(g)
<i>pepcid</i>	<i>famotidine</i>	1	(g) / I
PEPCID ORAL SUSPENSION	famotidine	3	
<i>zantac</i>	<i>ranitidine</i>	1	(g) / I
ZANTAC ORAL SOLUTION	ranitidine	3	

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

GASTROINTESTINAL AGENTS

Miscellaneous Gastrointestinal Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>actigall</i>	<i>ursodiol</i>	1	(g)
AMITIZA	lubiprostone	3	PA
<i>anusol hc</i>	<i>hydrocortisone</i>	1	(g)
APRISO	mesalamine	3	
ASACOL	mesalamine	2	
<i>azulfidine</i>	<i>sulfasalazine</i>	1	(g)
<i>azulfidine en-tabs</i>	<i>sulfasalazine</i>	1	(g)
CANASA	mesalamine	2	
<i>colazal</i>	<i>balsalazide disodium</i>	1	(g)
<i>cortenema</i>	<i>hydrocortisone</i>	1	(g)
DIPENTUM	olsalazine	3	
<i>enulose</i>	<i>lactulose</i>	1	(g)
KRISTALOSE	lactulose	2	
LIALDA	mesalamine	3	
LOTRONEX	alosetron	2	PA
PENTASA	mesalamine	2	
<i>reglan</i>	<i>metoclopramide</i>	1	(g) / I
RELISTOR	methylnaltrexone	2	PA
<i>rowasa</i>	<i>mesalamine</i>	1	(g)
<i>urso</i>	<i>ursodiol</i>	1	(g)
<i>urso forte</i>	<i>ursodiol</i>	1	(g)

Other Ulcer Therapy

Brand Name	Generic Name	Drug Tier	Notes
<i>carafate</i>	<i>sucralfate</i>	1	(g)
CARAFATE SUSPENSION	sucralfate	2	
<i>cytotec</i>	<i>misoprostol</i>	1	(g)
HELIDAC THERAPY	bismuth subsalicylate/metronidazole/ tetracycline	2	
PREVPAC	amoxicillin/clarithromycin/ lansoprazole	2	
PYLERA	bismuth subcitrate/metronidazole/ tetracycline	3	

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

GASTROINTESTINAL AGENTS

Proton Pump Inhibitors

Brand Name	Generic Name	Drug Tier	Notes
<i>prevacid</i>	<i>lansoprazole</i>	1	(g)
PREVACID TABLET	lansoprazole	2	
<i>prilosec</i>	<i>omeprazole</i>	1	(g)
<i>protonix</i>	<i>pantoprazole</i>	3	I
PROTONIX GRANULES	pantoprazole	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.
QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.
L - Drug may be available only at certain pharmacies (see page vi).
M - Brand name drug is Tier 3, generic drug is Tier 1.

IMMUNOLOGY AND HEMATOLOGY

Colony Stimulating Factors

Brand Name	Generic Name	Drug Tier	Notes
ARANESP	darbepoetin alfa	4	PA
ARANESP 25MCG, 40MCG	darbepoetin alfa	3	PA / QL
EPOGEN	epoetin alfa	4	PA
EPOGEN 2000U, 3000U, 4000U	epoetin alfa	3	PA / QL
NEULASTA	pegfilgrastim	4	QL
NEUPOGEN	filgrastim	4	
PROCRIT	epoetin alfa	4	PA
PROCRIT 2000U, 3000U, 4000U	epoetin alfa	2	PA / QL

Immunoglobulins

Brand Name	Generic Name	Drug Tier	Notes
ADAGEN	pegademase bovine	4	
ATGAM	lymphocyte immune globulin	4	
CARIMUNE	immunoglobulins, intravenous	4	PA
FLEBOGAMMA	immunoglobulins, intravenous	4	PA
GAMASTAN	immune globulin (human)	5	PA
GAMMAGARD	immunoglobulins, intravenous	4	PA
GAMUNEX	immunoglobulins, intravenous	4	PA
OCTAGAM	immunoglobulins, intravenous	4	PA
PRIVIGEN	immunoglobulins, intravenous	4	PA
SYNAGIS	palivizumab	4	
THYMOGLOBULIN	rabbit anti-human t-lymphocyte globulin	4	
VIVAGLOBIN	immune globulin subcutaneous (human)	4	PA

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.
QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.
L - Drug may be available only at certain pharmacies (see page vi).
M - Brand name drug is Tier 3, generic drug is Tier 1.

IMMUNOLOGY AND HEMATOLOGY

Interferons and MS Therapy

Brand Name	Generic Name	Drug Tier	Notes
ACTIMMUNE	interferon gamma-1b	4	
ALFERON N	interferon alfa-n3	4	
AMPYRA	dalfampridine	4	PA / QL
AVONEX	interferon beta-1a	4	
BETASERON	interferon beta-1b	4	ST
COPAXONE	glatiramer	4	
EXTAVIA	interferon beta-1b	4	
INFERGEN	interferon alfacon-1	4	
INTRON A	interferon alfa-2b 1	2	
PEGASYS	peginterferon alfa-2a	4	QL
PEGINTRON	peginterferon alfa-2b	4	QL
REBIF	interferon beta-1a	4	

Miscellaneous Immunologic and Hematologic Agents

Brand Name	Generic Name	Drug Tier	Notes
ACTEMRA	tocilizumab	4	PA
CIMZIA	certolizumab pegol	4	PA
ENBREL	etanercept	4	PA / QL
HUMIRA	adalimumab	4	PA / QL
KINERET	anakinra	4	PA / QL
NEUMEGA	oprelvekin	4	
NPLATE	romiplostim	4	PA / QL
ORENCIA	abatacept	4	
REMICADE	infliximab	4	PA
SIMPONI	golimumab	4	PA
STELARA	ustekinumab	4	PA
TYSABRI	natalizumab	4	L / PA

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

IMMUNOLOGY AND HEMATOLOGY

Protein C1 Inhibitors

Brand Name	Generic Name	Drug Tier	Notes
ARALAST	alpha-1-proteinase inhibitor,human	5	PA
PROLASTIN	alpha 1-antitrypsin	5	PA
ZEMAIRA	alpha 1-antitrypsin	5	PA

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.
QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.
L - Drug may be available only at certain pharmacies (see page vi).
M - Brand name drug is Tier 3, generic drug is Tier 1.

LIFESTYLE MODIFICATION

Smoking Cessation

Brand Name	Generic Name	Drug Tier	Notes
CHANTIX	varenicline	2	
NICOTROL INHALER	nicotine	3	
NICOTROL NASAL	nicotine	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.
QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.
L - Drug may be available only at certain pharmacies (see page vi).
M - Brand name drug is Tier 3, generic drug is Tier 1.

OPHTHALMOLOGY

Cycloplegic/Mydriatics

Brand Name	Generic Name	Drug Tier	Notes
<i>mydracyl</i>	<i>tropicamide</i>	1	(g)
PROPINE	dipivefrin	3	

Miscellaneous Ophthalmic Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>ak-con</i>	<i>naphazoline</i>	1	(g)
ALAMAST	pemirolast potassium	3	
ALOCRIAL	nedocromil sodium	2	
ALOMIDE	lodoxamide	2	
BEPREVE	bepotastine besilate	3	
<i>betoptic</i>	<i>betaxolol</i>	1	(g)
BETOPTIC S	betaxolol	2	
ELESTAT	epinastine hydrochloride	3	
EMADINE	emedastine	3	
LACRISERT	hydroxypropylcellulose	2	
<i>ophthetic</i>	<i>proxymetacaine</i>	1	(g)
<i>opticrom</i>	<i>cromolyn sodium</i>	1	(g)
<i>optivar</i>	<i>azelastine hydrochloride</i>	1	(g)
PATADAY	olopatadine	2	
PATANOL	olopatadine	2	
RESTASIS	cyclosporine	2	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

OPHTHALMOLOGY

Ophthalmic Anti-Infective/Steroid Combinations

Brand Name	Generic Name	Drug Tier	Notes
<i>blephamide drops</i>	<i>prednisolone/sulfacetamide</i>	1	(g)
BLEPHAMIDE OINTMENT	prednisolone/sulfacetamide g	2	
<i>dexasporin</i>	<i>dexamethasone/neomycin/polymyxin b</i>	1	(g)
<i>maxitrol</i>	<i>dexamethasone/neomycin/polymyxin b</i>	1	(g)
POLY PRED	neomycin/polymyxin b/prednisolone	2	
<i>polysporin</i>	<i>bacitracin/hydrocortisone/neomycin/polymyxin b</i>	1	(g)
<i>tobradex drops</i>	<i>dexamethasone/tobramycin</i>	1	(g)
TOBRADEX OINTMENT	dexamethasone/tobramycin	2	
ZYLET	loteprednol etabonate/tobramycin	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.
QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.
L - Drug may be available only at certain pharmacies (see page vi).
M - Brand name drug is Tier 3, generic drug is Tier 1.

OPHTHALMOLOGY

Ophthalmic Anti-Infectives

Brand Name	Generic Name	Drug Tier	Notes
AZASITE	azithromycin	3	
<i>bacitracin</i>	<i>bacitracin</i>	1	(g)
BESIVANCE	besifloxacin	3	
<i>bleph-10</i>	<i>sulfacetamide</i>	1	(g)
<i>ciloxan</i>	<i>ciprofloxacin</i>	1	(g)
CILOXAN OINTMENT	ciprofloxacin	2	
<i>erythromycin</i>	<i>erythromycin</i>	1	(g)
<i>garamycin</i>	<i>gentamicin sulfate</i>	1	(g)
<i>gentak</i>	<i>gentamicin sulfate</i>	1	(g)
<i>gentak</i>	<i>gentamicin sulfate</i>	1	(g)
<i>gentasol</i>	<i>gentamicin sulfate</i>	1	(g)
IQUIX	levofloxacin	3	
NATACYN	natamycin	2	
<i>neomycin-polymyxin/gramicidin</i>	<i>gramicidin/neomycin/polymyxin b</i>	1	(g)
<i>neosporin</i>	<i>bacitracin/neomycin/polymyxin b</i>	1	(g)
<i>ocuflox</i>	<i>ofloxacin</i>	1	(g)
<i>polycin-b</i>	<i>bacitracin/polymyxin b</i>	1	(g)
<i>polytrim</i>	<i>polymyxin b/trimethoprim</i>	1	(g)
PRED-G	gentamicin sulfate/prednisolone	3	
QUIXIN	levofloxacin	3	
<i>sulfacetamide</i>	<i>sulfacetamide</i>	1	(g)
<i>tobrex drops</i>	<i>tobramycin</i>	1	(g)
TOBREX OINTMENT	tobramycin	3	
VIGAMOX	moxifloxacin	2	
<i>viroptic</i>	<i>trifluridine</i>	1	(g)
ZIRGAN	ganciclovir	2	
ZYMAR	gatifloxacin	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

OPHTHALMOLOGY

Ophthalmic Anti-Inflammatory Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>acular</i>	<i>ketorolac tromethamine</i>	1	(g)
<i>acular ls</i>	<i>ketorolac tromethamine</i>	1	(g)
ACUVAIL	ketorolac tromethamine	3	
<i>ocufen</i>	<i>flurbiprofen</i>	1	(g)
<i>voltaren</i>	<i>diclofenac sodium</i>	1	(g)
XIBROM	bromfenac	3	

Ophthalmic Beta Blockers

Brand Name	Generic Name	Drug Tier	Notes
<i>betagan</i>	<i>levobunolol</i>	1	(g)
BETIMOL	timolol	3	
ISTALOL	timolol	3	
<i>ocupress</i>	<i>carteolol</i>	1	(g)
<i>optipranolol</i>	<i>metipranolol</i>	1	(g)
<i>timoptic</i>	<i>timolol</i>	1	(g)
TIMOPTIC DROPERETTE	timolol	3	
<i>timoptic xe</i>	<i>timolol</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

OPHTHALMOLOGY

Ophthalmic Steroids

Brand Name	Generic Name	Drug Tier	Notes
ALREX	loteprednol etabonate	3	
<i>decadron</i>	<i>dexamethasone</i>	1	(g)
DUREZOL	difluprednate	3	
FLAREX	fluorometholone	3	
<i>fml</i>	<i>fluorometholone</i>	1	(g)
FML FORTE	fluorometholone	3	
FML S.O.P.	fluorometholone	3	
LOTEMAX	loteprednol etabonate	3	
MAXIDEX	dexamethasone	3	
NEVANAC	nepafenac	3	
<i>omnipred</i>	<i>prednisolone</i>	1	(g)
<i>pred forte</i>	<i>prednisolone</i>	1	(g)
PRED MILD	prednisolone	2	
VEXOL	rimexolone	2	

Other Glaucoma Agents

Brand Name	Generic Name	Drug Tier	Notes
ALPHAGAN P 1%	brimonidine tartrate	2	
<i>alphagan p 2%</i>	<i>brimonidine tartrate</i>	1	(g)
AZOPT	brinzolamide	2	
COMBIGAN	brimonidine tartrate	3	
<i>cosopt</i>	<i>dorzolamide/timolol</i>	1	(g)
<i>iopidine</i>	<i>apraclonidine</i>	3	
LUMIGAN	bimatoprost	2	
PHOSPHOLINE IODIDE	echothiophate iodide	2	
PILOPINE-HS	pilocarpine	2	
TRAVATAN	travoprost	2	
<i>trusopt</i>	<i>dorzolamide</i>	1	(g)
XALATAN	latanoprost	2	

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

OTIC AND NASAL PREPARATIONS

Otic Preparations

Brand Name	Generic Name	Drug Tier	Notes
CETRAXAL	ciprofloxacin	3	
CIPRO HC	ciprofloxacin/hydrocortisone	2	
CIPRODEX	ciprofloxacin/dexamethasone	2	
COLY-MYCIN S	colistin/hydrocortisone/neomycin/ thonzonium bromide	3	
<i>cortisporin</i>	<i>hydrocortisone/neomycin/polymyxin b</i>	1	(g)
CORTISPORIN-TC	colistin/hydrocortisone/neomycin/ thonzonium bromide	3	
DERMOTIC	fluocinolone	2	
<i>floxin</i>	<i>ofloxacin</i>	1	(g)
<i>vosol</i>	<i>acetic acid</i>	1	(g)
<i>vosol hc</i>	<i>acetic acid/hydrocortisone</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.
QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.
L - Drug may be available only at certain pharmacies (see page vi).
M - Brand name drug is Tier 3, generic drug is Tier 1.

RESPIRATORY AND ALLERGY

Antihistamine/Decongestant Combinations

Brand Name	Generic Name	Drug Tier	Notes
<i>allegra-d 12</i>	<i>fexofenadine/pseudoephedrine</i>	1	(g)
ALLEGRA-D 24	fexofenadine/pseudoephedrine	2	QL
SEMPREX-D	acrivastine/pseudoephedrine	2	

Antihistamines

Brand Name	Generic Name	Drug Tier	Notes
<i>allegra</i>	<i>fexofenadine</i>	1	(g)
ALLEGRA SUSPENSION	fexofenadine	3	
<i>astelin</i>	<i>azelastine hydrochloride</i>	1	(g)
ASTEPRO	azelastine hydrochloride	2	
<i>benadryl rx</i>	<i>diphenhydramine</i>	3	I
<i>carbinoxamine</i>	<i>carbinoxamine</i>	1	(g)
<i>tavist rx</i>	<i>clemastine fumarate</i>	1	(g)
<i>zyrtec solution</i>	<i>cetirizine</i>	1	(g)

Epinephrine

Brand Name	Generic Name	Drug Tier	Notes
<i>epinephrine injection</i>	<i>epinephrine</i>	5	
EPIPEN	epinephrine	2	
EPIPEN JR	epinephrine	2	
TWINJECT	epinephrine	2	

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

RESPIRATORY AND ALLERGY

Inhaled Beta-Agonists

Brand Name	Generic Name	Drug Tier	Notes
BROVANA	arformoterol	3	PA / QL
FORADIL	formoterol	2	
MAXAIR	pirbuterol	2	
PERFOROMIST	formoterol	3	PA
PROAIR HFA	albuterol	2	
PROVENTIL	albuterol	3	
<i>proventil solution</i>	<i>albuterol</i>	1	(g) / PA
SEREVENT	salmeterol	2	
VENTOLIN	albuterol	2	
<i>ventolin solution</i>	<i>albuterol</i>	1	(g) / PA
<i>xopenex 1.25mg/0.5ml</i>	<i>levalbuterol</i>	1	(g) / PA
XOPENEX INHALER	levalbuterol	3	
XOPENEX SOLUTION	levalbuterol	3	PA

Inhaled Steroids

Brand Name	Generic Name	Drug Tier	Notes
AEROBID	flunisolide	3	
ALVESCO	ciclesonide	2	
ASMANEX	mometasone furoate	2	
FLOVENT	fluticasone propionate	2	
PULMICORT 0.5MG SOLUTION	budesonide	3	PA
PULMICORT INHALER	budesonide	2	
<i>pulmicort solution</i>	<i>budesonide</i>	1	(g) / PA
QVAR	beclomethasone	2	

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

RESPIRATORY AND ALLERGY

Intranasal Steroids

Brand Name	Generic Name	Drug Tier	Notes
BECONASE	beclomethasone	3	ST
<i>flonase</i>	<i>fluticasone propionate</i>	1	(g)
NASACORT	triamcinolone	2	ST
<i>nasarel</i>	<i>flunisolide</i>	1	(g)
NASONEX	mometasone furoate	3	ST
OMNARIS	ciclesonide	3	ST
RHINOCORT	budesonide	3	ST
VERAMYST	fluticasone furoate	3	ST

Miscellaneous Pulmonary Agents

Brand Name	Generic Name	Drug Tier	Notes
ACCOLATE	zafirlukast	2	
ADVAIR DISKUS	fluticasone propionate/salmeterol	2	
ADVAIR HFA	fluticasone propionate/salmeterol	2	
ATROVENT	ipratropium bromide	2	
<i>atrovent nasal</i>	<i>ipratropium bromide</i>	1	(g)
<i>atrovent solution</i>	<i>ipratropium bromide</i>	1	(g) / PA
COMBIVENT	albuterol/ipratropium bromide	2	
<i>duoneb solution</i>	<i>albuterol/ipratropium bromide</i>	1	(g) / PA
GASTROCROM	cromolyn sodium	3	
<i>intal solution</i>	<i>cromolyn sodium</i>	1	(g) / PA
<i>mucomyst</i>	<i>acetylcysteine</i>	1	(g) / PA
PATANASE	olopatadine	3	
PULMOZYME	dornase alfa	4	PA
SINGULAIR	montelukast	2	
SPIRIVA	tiotropium	2	QL
SYMBICORT	budesonide/formoterol	2	QL
TYZINE	tetrahydrozoline	2	
XOLAIR	omalizumab	4	
ZYFLO	zileuton	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

RESPIRATORY AND ALLERGY

Oral Beta-Agonists

Brand Name	Generic Name	Drug Tier	Notes
<i>alupent</i>	<i>metaproterenol</i>	1	(g)
<i>brethine</i>	<i>terbutaline sulfate</i>	1	(g) / I
<i>proventil</i>	<i>albuterol</i>	1	(g)
<i>vospire er</i>	<i>albuterol</i>	1	(g)

Theophyllines

Brand Name	Generic Name	Drug Tier	Notes
<i>elixophyllin</i>	<i>theophylline</i>	1	(g)
THEO-24	<i>theophylline</i>	3	QL
<i>theochron</i>	<i>theophylline</i>	1	(g)
<i>theophylline</i>	<i>theophylline</i>	1	(g)
<i>uniphyl</i>	<i>theophylline</i>	1	(g)

Xanthines

Brand Name	Generic Name	Drug Tier	Notes
<i>aminophylline</i>	<i>aminophylline</i>	1	(g) / I
LUFYLLIN	<i>dyphylline</i>	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

RHEUMATOLOGY AND MUSCULOSKELETAL

Gout Therapy

Brand Name	Generic Name	Drug Tier	Notes
<i>aloprim</i>	<i>allopurinol</i>	5	
COLCRYS	colchicine	3	
<i>col-probenecid</i>	<i>colchicine/probenecid</i>	1	(g)
<i>probenecid</i>	<i>probenecid</i>	1	(g)
ULORIC	febuxostat	3	QL / ST
<i>zyloprim</i>	<i>allopurinol</i>	1	(g)

Miscellaneous Rheumatologic Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>arava</i>	<i>leflunomide</i>	1	(g)
CUPRIMINE	penicillamine	2	
DEPEN	penicillamine	3	
RIDAURA	auranofin	2	

Osteoporosis/Bone Resorption

Brand Name	Generic Name	Drug Tier	Notes
ACTONEL	risedronate	2	QL / ST
BONIVA	ibandronate	3	I / QL / ST
<i>didronel</i>	<i>etidronate</i>	1	(g)
EVISTA	raloxifene	2	
FORTEO	teriparatide	4	PA / QL
FORTICAL	salmon calcitonin	2	
<i>fosamax 35mg, 70mg</i>	<i>alendronate</i>	1	(g) / QL
<i>fosamax 5mg, 10mg, 40mg</i>	<i>alendronate</i>	1	(g)
FOSAMAX PLUS D	alendronate/cholecalciferol	3	QL
FOSAMAX SOLUTION	alendronate	3	QL
<i>miacalcin</i>	<i>salmon calcitonin</i>	1	(g)
ZOMETA	zoledronic acid	4	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

UROLOGY

BPH Treatment

Brand Name	Generic Name	Drug Tier	Notes
AVODART	dutasteride	2	
<i>flomax</i>	<i>tamsulosin</i>	1	(g) / QL
<i>proscar</i>	<i>finasteride</i>	1	(g)
RAPAFLO	silodosin	3	QL
UROXATRAL	alfuzosin hydrochloride	2	QL

Miscellaneous Urologicals

Brand Name	Generic Name	Drug Tier	Notes
CYSTAGON	cysteamine	3	
ELMIRON	pentosan polysulfate	2	
THIOLA	tiopronin	3	
<i>urecholine</i>	<i>bethanechol chloride</i>	1	(g)
<i>urocit k</i>	<i>potassium citrate</i>	1	(g)

Urinary Antispasmodics

Brand Name	Generic Name	Drug Tier	Notes
DETROL	tolterodine tartrate	2	
DETROL LA	tolterodine tartrate	2	
<i>ditropan</i>	<i>oxybutynin chloride</i>	3	
<i>ditropan xl</i>	<i>oxybutynin chloride</i>	1	(g) / QL
OXYTROL	oxybutynin	3	QL
SANCTURA	trospium chloride	3	QL
<i>urispas</i>	<i>flavoxate</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

VITAMINS AND SUPPLEMENTS

Electrolytes and Misc. Nutrients

Brand Name	Generic Name	Drug Tier	Notes
<i>ammonium chloride</i>	<i>ammonium chloride 5 meq/ml</i>	5	
IONOSOL	dibasic potassium phosphate/glucose/magnesium chloride/potassium chloride/sodium chloride	5	
ISOLYTE	dibasic potassium phosphate/glucose/magnesium chloride/potassium chloride/sodium acetate	5	
<i>magnesium sulfate</i>	<i>magnesium sulfate</i>	5	
NORMOSOL	glucose/magnesium acetate/potassium acetate/sodium chloride	5	
<i>plasma-lyte</i>	<i>calcium chloride/magnesium chloride/potassium chloride/sodium acetate/sodium chloride</i>	5	
<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	5	
<i>sodium lactate</i>	<i>sodium lactate</i>	5	

IV Fat Emulsions

Brand Name	Generic Name	Drug Tier	Notes
INTRALIPID	egg yolk phospholipids/glycerin/soybean oil	5	PA
LIPOSYN	egg yolk phospholipids/glycerin/safflower oil/soybean oil	5	PA

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.
QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.
L - Drug may be available only at certain pharmacies (see page vi).
M - Brand name drug is Tier 3, generic drug is Tier 1.

VITAMINS AND SUPPLEMENTS

IV Solutions

Brand Name	Generic Name	Drug Tier	Notes
<i>alcohol in dextrose</i>	<i>ethanol/glucose</i>	5	
<i>dextrose- saline solution</i>	<i>glucose/sodium chloride</i>	5	
<i>dextrose solutions</i>	<i>dextrose</i>	5	
<i>dextrose-water solutions</i>	<i>glucose</i>	5	PA
<i>lactated ringers</i>	<i>ringers solution, lactated</i>	5	
<i>saline solutions</i>	<i>sodium chloride</i>	5	

Potassium Replacement

Brand Name	Generic Name	Drug Tier	Notes
KAON-CL	potassium chloride	3	
<i>klor-con</i>	<i>potassium chloride</i>	1	(g)
K-TAB	potassium chloride	3	
<i>micro-k</i>	<i>potassium chloride</i>	1	(g)
<i>potassium solutions</i>	<i>potassium chloride 0.1 meq/ml</i>	5	
<i>potassium-saline solutions</i>	<i>glucose/potassium chloride/sodium chloride</i>	5	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

VITAMINS AND SUPPLEMENTS

Protein Replacement

Brand Name	Generic Name	Drug Tier	Notes
AMINOSYN	amino acids	5	PA
CLINIMIX	amino acids	5	PA
CLINISOL	amino acids	5	PA
FREAMINE	amino acids	5	PA
HEPATAMINE	amino acids	5	PA
HEPATASOL	amino acids	5	PA
NEPHRAMINE	amino acids	5	PA
NOVAMINE	amino acids	5	PA
PREMASOL	amino acids	5	PA
PROCALAMINE	amino acids	5	PA
PROSOL	amino acids	5	PA
RENAMIN	amino acids	5	PA
TRAVASOL	amino acids	5	PA
TROPHAMINE	amino acids	5	PA

Vitamins and Minerals

Brand Name	Generic Name	Drug Tier	Notes
FUSILEV	levoleucovorin	4	
HECTOROL	doxercalciferol	3	I
<i>prenatal vitamins rx</i>	<i>prenatal vit/fe/fa</i>	1	(g)
<i>sodium fluoride</i>	<i>sodium fluoride</i>	1	(g)
ZEMPLAR	paricalcitol	3	I

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

WOMEN'S HEALTH

Estrogen/Progestin Combinations

Brand Name	Generic Name	Drug Tier	Notes
ACTIVELLA 0.5/0.1	estradiol/norethindrone	3	
<i>activella 1/0.5</i>	<i>estradiol/norethindrone</i>	1	(g)
ANGELIQ	drospirenone/ethinyl estradiol	3	
CLIMARA PRO	estradiol/levonorgestrel	3	QL
COMBIPATCH	estradiol/norethindrone	3	QL
FEMHRT	ethinyl estradiol/norethindrone	2	
NUVARING	estradiol/etonogestrel	3	QL
PREFEST	estradiol/norgestimate	3	
PREMPHASE	estrogens, conjugated 0.625mg/medroxyprogesterone 5mg	2	
PREMPRO	estrogens, conjugated/ medroxyprogesterone	2	

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 5.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

WOMEN'S HEALTH

Estrogens

Brand Name	Generic Name	Drug Tier	Notes
ALORA	estradiol	2	QL
CENESTIN	estrogens, conjugated synthetic a	3	
<i>climara</i>	<i>estradiol</i>	1	(g) / QL
DELESTROGEN	estradiol	5	
DEPO-ESTRADIOL	estradiol	5	
DIVIGEL	estradiol	3	
ELESTRIN	estradiol	3	
ENJUWIA	estrogens, conjugated synthetic b	3	
ESTRACE CREAM	estradiol	3	
ESTRACE TABLET	estradiol	3	M
ESTRADERM	estradiol	2	QL
<i>estradiol tablet</i>	<i>estradiol</i>	1	(g)
ESTRASORB	estradiol	3	QL
ESTRING	estradiol	2	QL
ESTROGEL	estradiol	3	
EVAMIST	estradiol	3	
FEMRING	estradiol	3	QL
FEMTRACE	estradiol	3	
GYNODIOL 1.5MG	estradiol	3	
MENEST	estrogens, esterified	3	
MENOSTAR	estradiol	3	QL
<i>ogen</i>	<i>estropipate</i>	1	(g)
<i>ortho-est</i>	<i>estropipate</i>	1	(g)
PREMARIN	estrogens, conjugated	2	I
PREMARIN CREAM	estrogens, conjugated	2	
VAGIFEM	estradiol	3	
VIVELLE	estradiol	2	QL

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

WOMEN'S HEALTH

Miscellaneous Women's Health

Brand Name	Generic Name	Drug Tier	Notes
LUPRON DEPOT 3.75MG, 11.25MG	leuprolide	3	
LUPRON DEPOT 7.5MG, 22.5MG, 30MG	leuprolide	4	
METHERGINE	methylergonovine	2	
SYNAREL	nafarelin	2	

Oral Contraceptives-Biphasic

Brand Name	Generic Name	Drug Tier	Notes
LOSEASONIQUE	ethinyl estradiol/ethinyl estradiol/levonorgestrel	3	
<i>ortho-novum 10-11</i>	<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel</i>	1	(g)
SEASONIQUE	ethinyl estradiol/ethinyl estradiol/levonorgestrel	3	QL

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.
QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.
L - Drug may be available only at certain pharmacies (see page vi).
M - Brand name drug is Tier 3, generic drug is Tier 1.

WOMEN'S HEALTH

Oral Contraceptives-Monophasic

Brand Name	Generic Name	Drug Tier	Notes
<i>allose</i>	<i>ethinyl estradiol/levonorgestrel</i>	1	(g)
<i>demulen</i>	<i>ethinyl estradiol/ethynodiol</i>	1	(g)
<i>desogen</i>	<i>desogestrel/ethinyl estradiol</i>	1	(g)
<i>levlite</i>	<i>ethinyl estradiol/levonorgestrel</i>	1	(g)
<i>loestrin</i>	<i>ethinyl estradiol/norethindrone</i>	1	(g)
LOESTRIN 24 FE	ethinyl estradiol/ferrous fumarate/norethindrone	3	
<i>loestrin fe</i>	<i>ethinyl estradiol/ferrous fumarate/norethindrone</i>	1	(g)
<i>low-ogestrel</i>	<i>ethinyl estradiol/norgestrel</i>	1	(g)
LYBREL	ethinyl estradiol/levonorgestrel	2	
<i>mircette</i>	<i>desogestrel/ethinyl estradiol</i>	1	(g)
<i>nordette</i>	<i>ethinyl estradiol/levonorgestrel</i>	1	(g)
<i>norinyl 1/35</i>	<i>ethinyl estradiol/norethindrone</i>	1	(g)
ORTHO EVRA	ethinyl estradiol/norelgestromin	2	QL
<i>ortho-cept</i>	<i>desogestrel/ethinyl estradiol</i>	1	(g)
OVCON 50 28 DAY	ethinyl estradiol/norethindrone	3	
<i>seasonale</i>	<i>ethinyl estradiol/levonorgestrel</i>	1	(g) / QL
<i>sprintec</i>	<i>ethinyl estradiol/norgestimate</i>	1	(g)
<i>yasmin 28</i>	<i>drospirenone/ethinyl estradiol</i>	1	(g)
YAZ 28 DAY	drospirenone/ethinyl estradiol	2	

Oral Contraceptives-Progestin Only

Brand Name	Generic Name	Drug Tier	Notes
<i>next choice</i>	<i>levonorgestrel</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

WOMEN'S HEALTH

Oral Contraceptives-Triphasic

Brand Name	Generic Name	Drug Tier	Notes
<i>cyclessa</i>	<i>desogestrel/desogestrel/desogestrel/ethinyl estradiol</i>	1	(g)
<i>ortho novum 7/7/7</i>	<i>ethinyl estradiol/norethindrone/norethindrone/norethindrone</i>	1	(g)
<i>ortho tri-cyclen</i>	<i>ethinyl estradiol/norgestimate/norgestimate/norgestimate</i>	1	(g)
ORTHO TRI-CYCLEN LO	ethinyl estradiol/norgestimate/norgestimate/norgestimate	3	
<i>trivora</i>	<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel/levonorgestrel</i>	1	(g)

Progestins

Brand Name	Generic Name	Drug Tier	Notes
<i>aygestin</i>	<i>norethindrone</i>	1	(g)
CRINONE	progesterone	2	
<i>depo-provera</i>	<i>medroxyprogesterone</i>	1	(g)
DEPO-SUBQ PROVERA	medroxyprogesterone	2	
ENDOMETRIN	progesterone	2	
PROCHIEVE	progesterone	2	
PROMETRIUM	progesterone	2	
<i>provera</i>	<i>medroxyprogesterone</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

WOMEN'S HEALTH

Vaginal Anti-Infective/Anti-Fungal

Brand Name	Generic Name	Drug Tier	Notes
<i>cleocin cream</i>	<i>clindamycin</i>	1	(g)
CLEOCIN SUPPOSITORY	clindamycin	3	
CLINDESSE	clindamycin	3	
GYNAZOLE-1	butoconazole nitrate	3	
<i>metrogel</i>	<i>metronidazole</i>	1	(g)
<i>monistat 3</i>	<i>miconazole</i>	1	(g)
<i>terazol 3</i>	<i>terconazole</i>	1	(g)
<i>terazol 7</i>	<i>terconazole</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 5.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

INDEX OF DRUGS

6

6-Mercaptopurine11

8

8-Mop40

A

Abelcet1
 Abilify31
 Abraxane14
 Acarbose57
 Accolate75
 Accupril17
 Accuretic17
 Accutane40
 Acebutolol21
 Aceon17
 Acetadote48
 Acetaminophen /Caffeine/Dihydrocodeine . . .35
 Acetaminophen/Codeine35
 Acetaminophen/Hydrocodone Bitartrate . . .35
 Acetaminophen/Oxycodone35
 Acetaminophen/Tramadol Hydrochloride . . .34
 Acetazolamide22
 Acetic Acid72
 Acetic Acid/Hydrocortisone72
 Acetylcysteine75
 Aclovate42
 Actemra64
 Acthar H.P.55
 Acthib48
 Actigall61
 Actimmune64
 Actiq36
 Activella 0.5/0.182
 Activella 1/0.582
 Actonel77
 Actoplus Met57
 Actoplus Met XR57
 Actos57
 Acular70
 Acular LS70
 Acuvail70
 Acyclovir5
 Adacel48

Adagen63
 Adalat CC22
 Adcirca26
 Adoxa10
 Adriamycin14
 Adrucil11
 Advair Diskus75
 Advair HFA75
 Advicor25
 Aerobid74
 Afinitor14
 Aggrenox20
 Agrylin20
 A-Hydrocort55
 Ak-Con67
 Aknemycin45
 Ala Cort42
 Alamast67
 Albenza2
 Albuterol74, 76
 Albuterol/Ipratropium Bromide75
 Alclometasone Dipropionate42
 Alcohol In Dextrose80
 Alcohol Swabs54
 Aldactazide24
 Aldactazide 50-50mg24
 Aldactone24
 Aldara43
 Aldomet18
 Aldoril18
 Aldurazyme55
 Alendronate77
 Alferon N64
 Alimta11
 Alinia2
 Alkeran11
 Allegra73
 Allegra Suspension73
 Allegra-D 1273
 Allegra-D 2473
 Allese85
 Allopurinol77
 Alocril67
 Alomide67
 Aloprim77
 Alora83
 Aloxi59
 Alphagan P 1%71
 Alphagan P 2%71

INDEX OF DRUGS

Alrex	71	Antizol	48
Altabax	45	Anusol HC	61
Altace Capsule	17	Anzemet	59
Altace Tablet	17	Aphthasol	48
Altoprev	25	Apidra	54
Alupent	76	Aplenzin	29
Alvesco	74	Apokyn	38
Amantadine Hydrochloride	5	Appresoline	26
Amaryl	57	Apriso	61
Ambien	38	Aptivus	3
Ambisome	1	Aralast	65
Amcinonide	41	Aralen	2
Amerge	32	Aranesp	63
Amevive	40	Aranesp 25mcg, 40mcg	63
Amikacin	1	Arava	77
Amiloride	24	Arcalyst	13
Amiloride/Hydrochlorothiazide	24	Aredia	55
Aminophylline	76	Aricept	33
Aminosyn	81	Arimidex	12
Amiodarone Hydrochloride	23	Arixtra	20
Amitiza	61	Arixtra 5mg	20
Amlodipine	22	Aromasin	12
Amlodipine/Benazepril Hydrochloride	22	Arranon	14
Ammonium Chloride	79	Arthrotec	37
Ammonium Lactate	41	Arzerra	14
Amoxapine	29	Asacol	61
Amoxicillin	9	Ascendin	29
Amoxicillin /Clavulanate	9	Asmanex	74
Amoxil	9	Aspirin /Oxycodone Hydrochloride	35
Amphotec	1	Astelin	73
Ampicillin	9	Astepro	73
Ampyra	64	Atacand	19
Anadrol-50	52	Atacand HCT	19
Anafranil	29	Atenolol	21
Anagrelide	20	Atenolol/Chlorthalidone	21
Anaprox	37	Atgam	63
Anaprox DS	37	Atralin	40
Ancef	6	Atripla	3
Ancobon	1	Atropine Injection	59
Androderm	52	Atropinel/Diphenoxylate	59
Androgel	52	Atrovent	75
Android	52	Atrovent Nasal	75
Androxy	52	Atrovent Solution	75
Angeliq	82	Attenuvax	48
Ansaid	37	Augmented Betamethasone Dipropionate .41, 47	
Antabuse	48	Augmentin	9
Antara	25	Avalide	19
Antivert	59	Avandamet	57
Antivert 50mg	59	Avandaryl	57

INDEX OF DRUGS

Avandia	.57	Bentyl	.59
Avapro	.19	Benzaclin	.40
Avastin	.14	Benzamycin	.40
Avelox	.9	Benzoyl Peroxide/Clindamycin	.40
Avinza	.36	Benzoyl Peroxide/Erythromycin	.40
Avodart	.78	Benzotropine Mesylate	.38
Avonex	.64	Bepreve	.67
Axert	.32	Berinert	.48
Axid	.60	Besivance	.69
Aygestin	.86	Betagan	.70
Azactam	.8	Betamethasone /Clotrimazole	.46
Azasan	.13	Betamethasone Dipropionate	.41
Azasite	.69	Betamethasone Valerate	.43
Azathioprine	.13	Betapace	.21
Azelastine Hydrochloride	.67, 73	Betapace AF	.21
Azelex	.40	Betaseron	.64
Azilect	.38	Betaxolol	.21, 67
Azithromycin	.7	Bethanechol Chloride	.78
Azopt	.71	Betimol	.70
Azor	.22	Betoptic	.67
Azulfidine	.61	Betoptic S	.67
Azulfidine En-Tabs	.61	Biaxin	.7

B

Baci-Im	.8	Biaxin XL	.7
Bacitracin	.69	Biaxin XL Pac	.7
Bacitracin/Hydrocortisone/Neomycin/Polymyxin B	.68	Bicalutamide	.12
Bacitracin/Neomycin/Polymyxin B	.69	Bicillin	.9
Bacitracin/Polymyxin B	.69	Bicnu	.11
Baclofen	.39	Bidil	.26
Bactocill	.9	Biltricide	.2
Bactrim DS, Septra DS	.10	Bisoprolol Fumarate	.21
Bactrim, Septra	.10	Bisoprolol Fumarate /Hydrochlorothiazide	.21
Bactroban	.45	Blenoxane	.14
Bactroban Nasal	.45	Bleph-10	.69
Bactroban Ointment	.45	Blephamide Drops	.68
Balsalazide Disodium	.61	Blephamide Ointment	.68
Banzel	.27	Blocadren	.21
Baraclude	.5	Boniva	.77
Baraclude Solution	.5	Boostrix	.48
Beconase	.75	Botox, Non-Cosmetic	.33
Benadryl Rx	.73	Brethine	.76
Benazepril Hydrochloride	.17	Brimonidine Tartrate	.71
Benazepril Hydrochloride/Hydrochlorothiazide	.17	Bromocriptine	.38
Bendroflumethiazide/Nadolol	.21	Brovana	.74
Benicar	.19	Budesonide	.74
Benicar HCT	.19	Bumetanide	.24
		Bumex	.24
		Buphenyl	.55
		Buprenex	.34
		Buprenorphine	.34

INDEX OF DRUGS

Bupropion	30
Buspar	33
Buspirone Hydrochloride	33
Busulfex	11
Butorphanol Tartrate	32
Byetta	56

C

Cabergoline	38
Cafergot	32
Calan	22
Calcipotriene	40
Calcitriol	55
Calcium Acetate	50
Campath	14
Campral	48
Camptosar	14
Canasa	61
Cancidas	1
Cantil	59
Capastat	4
Capex	42
Capex Shampoo	42
Capital With Codeine	35
Capoten	17
Capozide	17
Captopril	17
Captopril/Hydrochlorothiazide	17
Carac	43
Carafate	61
Carafate Suspension	61
Carbatrol	27
Carbidopa /Levodopa	38
Carbinoxamine	73
Cardene	22
Cardizem	22
Cardizem CD	22
Cardizem CD 360mg	22
Cardizem LA	22
Cardizem LA 120mg	22
Cardura	18
Cardura XL	18
Carimune	63
Carmol-HC	42
Carnitor	48
Carteolol	70
Carvedilol	21
Casodex	12

Cataflam	37
Catapres	18
Catapres-TTS	18
Cayston	8
Ceclor	6
Cedax	6
Ceenu	11
Cefaclor	6
Cefadroxil	6
Cefdinir	6
Cefotan	6
Cefpodoxime	6
Cefprozil	6
Ceftin	6
Cefzil	6
Celebrex	37
Celestone Oral	53
Celexa	29
Cellcept 250mg	13
Cellcept 500mg	13
Cellcept Suspension	13
Celontin	27
Cenestin	83
Cephalexin	6
Cerebyx	27
Ceredase	55
Cerezyme	55
Cerubidine	14
Cervarix	48
Cesamet	59
Cetirizine	73
Cetraxal	72
Chantix	66
Chemet	48
Chlorhexidine Gluconate	50
Chloromycetin	8
Chloroquine	2
Chlorothiazide	24
Chlorpromazine	31
Chlorthalidone	24
Cholestyramine Resin	25
Chorionic Gonadotropin	55
Ciclopirox	46
Cilostazol	20
Ciloxan	69
Ciloxan Ointment	69
Cimzia	64
Cinryze	48
Cipro	9

INDEX OF DRUGS

Cipro HC	.72	Combunox	.35
Cipro Suspension	.9	Compazine	.59
Cipro XR	.9	Comtan	.38
Ciprodex	.72	Comvax	.48
Ciprofloxacin	.9, 69	Condylox	.43
Citalopram	.29	Condylox Solution	.43
Claforan	.6	Copaxone	.64
Clarithromycin	.7	Copegus 200mg	.5
Clemastine Fumarate	.73	Copegus 400mg, 600mg	.5
Cleocin	.8, 40	Cordarone	.23
Cleocin 75mg	.8	Cordran	.43
Cleocin Cream	.87	Coreg	.21
Cleocin Oral Solution	.8	Coreg CR	.21
Cleocin Suppository	.87	Corgard	.21
Climara	.83	Cortef	.53
Climara Pro	.82	Cortenema	.61
Clindagel	.40	Cortisone Acetate	.53
Clindamycin	.8, 40, 87	Cortisporin	.72
Clindamycin 0.01mg/mg	.40	Cortisporin Cream	.45
Clindesse	.87	Cortisporin Ointment	.45
Clinimix	.81	Cortisporin-TC	.72
Clinisol	.81	Cortone	.53
Clinoril	.37	Corzide	.21
Clobetasol Propionate	.47	Cosmegen	.14
Clobex	.47	Cosopt	.71
Cloderm	.43	Coumadin	.20
Clolar	.14	Covera-HS	.22
Clomipramine Hydrochloride	.29	Cozaar	.19
Clonidine Hydrochloride	.18	Creon	.60
Clorpres	.18	Crestor	.25
Clotrimazole	.1, 46	Crinone	.86
Clozapine	.31	Crixivan	.3
Clozaril	.31	Cromolyn Sodium	.67, 75
Coartem	.2	Cubicin	.8
Codeine	.36	Cuprimine	.77
Cogentin	.38	Cutivate	.43
Cognex	.33	Cutivate Lotion	.43
Colazal	.61	Cyclessa	.86
Colchicine /Probenecid	.77	Cyclophosphamide	.11
Colcrys	.77	Cyklokapron	.48
Colestid	.25	Cymbalta	.29
Colestipol	.25	Cystadane	.55
Col-Probenecid	.77	Cystagon	.78
Coly-Mycin M	.8	Cytarabine	.11
Coly-Mycin S	.72	Cytomel	.58
Combigan	.71	Cytotec	.61
Combipatch	.82	Cytovene	.5
Combivent	.75	Cytoxan	.11
Combivir	.3		

INDEX OF DRUGS

D

Danazol	52	Detrol LA	78
Danocrine	52	Dexamethasone	53, 71
Dantrium	39	Dexamethasone/Neomycin/Polymyxin B	68
Dantrolene Sodium	39	Dexamethasone/Tobramycin	68
Dapsone	4	Dexasporin	68
Daptacel	48	Dextrose- Saline Solution	80
Daraprim	2	Dextrose Solutions	80
Daypro	37	Dextrose-Water Solutions	80
DDAVP	55	Dhe-45	32
Decadron	53, 71	Diabeta	57
Decavac	48	Diamox	22
Delatestryl	52	Dibenzyline	23
Delestrogen	83	Diclofenac Potassium	37
Demadex	24	Diclofenac Sodium	37, 70
Demeclocycline	10	Dicloxacillin	9
Demser	26	Didanosine	3
Demulen	85	Didronel	77
Denavir	46	Diflorasone Diacetate	41
Depacon	27	Diffucan	1
Depakene	27	Diflunisal	37
Depakene Oral Solution	27	Digoxin Oral Solution	23
Depakote 125mg, 250mg, 500mg	27	Dilacor XR	22
Depakote 125mg Sprinkle	27	Dilantin	27
Depakote ER	27	Dilantin Chewable	27
Depen	77	Dilantin Oral Suspension	27
Depo-Estradiol	83	Dilatrate	26
Depo-Medrol	53	Dilaudid	36
Depo-Provera	86	Dilaudid Oral Solution	36
Depo-Subq Provera	86	Diltiazem Hydrochloride	22
Depo-Testosterone	52	Diovan	19
Derma-Smoothe/Fs	42	Diovan HCT	19
Dermatop	43	Dipentum	61
Dermotic	72	Diphtheria Toxoid/Tetanus Toxoid	48
Desipramine	29	Diprolene	41, 47
Desmopressin	55	Diprolene AF	41
Desogen	85	Disopyramide	23
Desogestrel/Desogestrel/Desogestrel /Ethinyl Estra	86	Ditropan	78
Desogestrel/Ethinyl Estradiol	85	Ditropan XL	78
Desonate	42	Diuril	24
Desonide	42	Diuril Suspension	24
Desowen	42	Divigel	83
Desowen Kit	42	Dolobid	37
Desoximetasone	41, 43	Dolophine	36
Desyrel	29	Doribax	8
Detrol	78	Dorzolamide	71
		Dorzolamide/Timolol	71
		Dostinex	38
		Dovonex	40
		Dovonex Solution	40

INDEX OF DRUGS

Doxil	14	Enalapril Maleate	17
Doxy	10	Enalapril Maleate/Hydrochlorothiazide	17
Doxycycline	10	Enbrel	64
Drospirenone/Ethinyl Estradiol	85	Endometrin	86
Droxia	14	Enduron	24
Dtic-Dome	11	Engerix-B	48
Duac	40	Enjuvia	83
Duetact	57	Entocort EC	53
Duoneb Solution	75	Enulose	61
Duragesic	36	Epiduo	40
Duramorph	36	Epinephrine Injection	73
Durezol	71	Epipen	73
Duricef	6	Epipen Jr	73
Dyazide	24	Epivir	3
Dynacirc	22	Epivir HBV	3
Dynacirc CR	22	Eplerenone	24
Dyrenium	24	Epogen	63
E			
EC Naprosyn	37	Epogen 2000U, 3000U, 4000U	63
Econazole Nitrate	46	Epzicom	3
E.E.S. 200mg	7	Equetro	27
E.E.S. 400mg	7	Eraxis	1
Effexor	29	Erbitux	14
Effexor XR	29	Ergoloid Mesylates	33
Effient	20	Ergomar	32
Efudex	43	Ertaczo	46
Elaprase	48	Ery-Gel	45
Elavil	29	Ery-Pads	45
Eldepryl	38	Eryped 200	7
Elestat	67	Eryped 400	7
Elestrin	83	Ery-Tab 250mg	7
Elidel	43	Ery-Tab 500mg	7
Eligard	12	Erythrocin	7
Elimite	44	Erythrocin Stearate	7
Elitek	55	Erythromycin	7, 45, 69
Elixophyllin	76	Erythromycin Ethylsuccinate	7
Ellence	14	Erythromycin Ethylsuccinate/Sulfisoxazole	7
Elmiron	78	Erythromycin Stearate	7
Elocon	43	Eskalith	33
Eloxatin	14	Eskalith CR	33
Elspar	14	Estrace Cream	83
Emadine	67	Estrace Tablet	83
Emcyt	14	Estraderm	83
Emend	59	Estradiol	83
Emla	44	Estradiol Tablet	83
Emsam	29	Estradiol/Norethindrone	82
Emtriva	3	Estrasorb	83
		Estring	83
		Estrogel	83
		Estropipate	83

INDEX OF DRUGS

Ethambutol	4	Femara	12
Ethinyl Estradiol /Norethindrone	85	Femhrt	82
Ethinyl Estradiol/Ethinyl Estradiol/ Levonorgestrel	84, 86	Femring	83
Ethinyl Estradiol/Ethinodiol	85	Femtrace	83
Ethinyl Estradiol/Ferrous Fumarate/ Norethindrone	85	Fenofibrate	25
Ethinyl Estradiol/Levonorgestrel	85	Fenofibrate, Micronized	25
Ethinyl Estradiol/Norethindrone	85	Fenoglide 40mg, 120mg	25
Ethinyl Estradiol/Norethindrone/Norethindrone/ Nore	86	Fenoprofen	37
Ethinyl Estradiol/Norgestimate	85	Fentanyl	36
Ethinyl Estradiol/Norgestimate/Norgestimate/ Norges	86	Fentanyl Injection	36
Ethinyl Estradiol/Norgestrel	85	Fentora	36
Ethosuximide	28	Fexofenadine	73
Ethyol	14	Fexofenadine /Pseudoephedrine	73
Etidronate	77	Finacea	40
Etodolac	37	Finasteride	78
Etopofos	14	Firmagon	12
Eulexin	12	Flagyl	8
Eurax	44	Flagyl ER	8
Evamist	83	Flarex	71
Evista	77	Flavoxate	78
Evoclin	40	Flebogamma	63
Evoxac	48	Flecainide Acetate	23
Exelderm	46	Flomax	78
Exelon	33	Flonase	75
Exforge	19	Florinef	53
Exforge HCT	19	Flovent	74
Exjade	48	Floxin	9, 72
Extavia	64	Fluconazole	1
Extina	46	Fludara	11

F

Fabrazyme	55	Fludrocortisone	53
Factive	9	Flumadine	5
Famciclovir	5	Flunisolide	75
Famotidine	60	Fluocinolone Acetonide	42
Famvir	5	Fluocinonide	42
Fanapt	31	Fluorometholone	71
Fareston	12	Fluoroplex	43
Faslodex	12	Fluorouracil	43
Fazaclo	31	Fluoxetine	29
Felbatol	27	Fluoxymesterone	52
Felbatol Tablet	27	Fluphenazine	31
Feldene	37	Flurbiprofen	37, 70
Felodipine 10mg	22	Flutamide	12
		Fluticasone Propionate	43, 75
		Fluvoxamine	29
		FML	71
		FML Forte	71
		FML S.O.P.	71
		Foradil	74
		Fortamet	57

INDEX OF DRUGS

Fortaz, Tazicef	6	Glucotrol	57
Forteo	77	Glucotrol XL	57
Fortical	77	Glucovance	57
Fosamax 35mg, 70mg	77	Glumetza	57
Fosamax 5mg, 10mg, 40mg	77	Glyburide	57
Fosamax Plus D	77	Glyburide/ Micro/Metformin Hydrochloride	57
Fosamax Solution	77	Glyburide, Micronized	57
Foscavir	5	Glycopyrrolate	59
Fosinopril Sodium	17	Glycron 4.5mg	57
Fosinopril Sodium/Hydrochlorothiazide	17	Glynase	57
Fosrenol	48	Glyset	57
Fragmin	20	Golytely	48
Fragmin 12500U, 25000U	20	Gramicidin /Neomycin/Polymyxin B	69
Freamine	81	Granisetron	59
Frova	32	Grifulvin V	1
Furosemide	24	Grifulvin V Suspension	1
Fusilev	11, 81	Griseofulvin	1
Fuzeon	3	Gris-Peg	1

G

Gabapentin	27
Gabitril	27
Galantamine	33
Galantamine Hydrobromide	33
Gamastan	63
Gammagard	63
Gamunex	63
Garamycin	69
Gardasil	48
Gastrocrom	75
Gauze Pads	54
Gauze Pads And Dressings - Pads 2 X 2	54
Gemfibrozil	25
Gemzar	11
Genotropin	54
Genotropin 0.2mg	54
Gentak	69
Gentamicin	45
Gentamicin Sulfate	1, 45, 69
Gentasol	69
Geodon	31
Gleevec	14
Glimepiride	57
Glipizide	57
Glipizide /Metformin Hydrochloride	57
Glucagen	55
Glucophage	57
Glucophage XR	57

H

Haldol	31
Halflytely	49
Halobetasol Propionate	47
Halog	41
Haloperidol	31
Havrix	49
Hectorol	81
Helidac Therapy	61
Heparin Solution	20
Hepatamine	81
Hepatasol	81
Hepsera	5
Herceptin	14
Hexalen	14
Hiprex	10
Humalog	54
Humalog Mix	54
Humatin	2
Humatrope	54
Humira	64
Humulin	54
Humulin N	54
Humulin R	54
Hycamtin	14

INDEX OF DRUGS

Hycet	35	Infumorph	36
Hydergine	33	Innohep	20
Hydralazine	26	Innopran	21
Hydrea	14	Inspra	24
Hydrochlorothiazide	24	Insulin Pen Needle	54
Hydrochlorothiazide /Losartan	19	Insulin Pen Needles	54
Hydrochlorothiazide /Metoprolol Tartrate	21	Insulin Syringe	54
Hydrochlorothiazide Tablet	24	Insulin Syringes	54
Hydrochlorothiazide/Lisinopril	17	Intal Solution	75
Hydrochlorothiazide/Moexipril	17	Intelence	3
Hydrochlorothiazide/Quinapril	17	Intralipid	79
Hydrochlorothiazide/Spirolactone	24	Intron A	64
Hydrochlorothiazide/Triamterene	24	Invanz	8
Hydrocodone Bitartrate/Ibuprofen	35	Invega	31
Hydrocortisone	42, 43, 53, 61	Invega Sustenna 117mg, 156mg, 234mg	31
Hydrocortisone Acetate; Urea	42	Invega Sustenna 39mg, 78mg	31
Hydrocortisone Butyrate	43	Invirase	3
Hydrocortisone Valerate	43	Ionosol	79
Hydrocortisone/Neomycin/Polymyxin B	72	Iopidine	71
Hydromorphone Hydrochloride	36	Ipol	49
Hydroxychloroquine	2	Ipratropium Bromide	75
Hydroxyurea	14	Iquix	69
Hytone	42	Iressa	14
Hytrin	18	Isentress	3
Hyzaar	19	Ismo	26

I

Ibuprofen	37	Isoniazid	4
Ibuprofen/Oxycodone	35	Isoniazid/Rifampin	4
Idamycin	14	Isopropyl Alcohol	54
Ifex	14	Isoptin SR	22
Ifex/Mesnex	14	Isordil	26
Ilaris	13	Isordil 40mg	26
Imdur	26	Isosorbide Dinitrate	26
Imipramine Hydrochloride	30	Isosorbide Mononitrate	26
Imiquimod	43	Isotretinoin	40
Imitrex Statdose	32	Isradipine	22
Imitrex Tablet	32	Istalol	70
Imovax Rabies	49	Istodax	14
Imuran	13	Itraconazole	1
Increlex	55	Ixempra	14
Indapamide	24	Ixiaro	49
Inderal	21		
Inderal LA	21		
Indocin	37		
Indocin Suspension	37		
Infanrix	49		
Infergen	64		

J

Janumet	57
Januvia	57
Je-Vax	49

INDEX OF DRUGS

K

Kadian	.36
Kalbitor	.49
Kaletra 100/25 Solution	.3
Kaletra 200/50	.3
Kanamycin	.1
Kaon-CL	.80
Keflex	.6
Keflex 750mg	.6
Kenalog	.41, 43
Kenalog In Orabase	.49
Kenalog Spray	.41
Kepivance	.49
Keppra	.27
Keppra XR	.27
Kerlone	.21
Ketek	.7
Ketoconazole	.1, 46
Ketoprofen	.37
Ketorolac Tromethamine	.70
Kineret	.64
Kionex	.49
Klaron	.40
Klor-Con	.80
Kristalose	.61
K-Tab	.80
Kuric	.46
Kuvan	.49
Kytril	.59

L

Labetalol Hydrochloride	.21
Lac-Hydrin Cream	.41
Lac-Hydrin Lotion	.41
Lacrisert	.67
Lactated Ringers	.80
Lactated Ringers, Irrigation	.49
Lactulose	.61
Lamictal Chewable	.27
Lamictal Dosepack	.27
Lamictal ODT	.27
Lamictal Tablet	.27
Lamictal XR	.27
Lamictal XR Dose Pack	.27
Lamisil Granules	.1
Lamisil Spray	.46

Lamisil Tablet	.1
Lanoxin	.23
Lansoprazole	.62
Lantus	.54
Lariam	.2
Lasix	.24
Leflunomide	.77
Lescol	.25
Lescol XL	.25
Letairis	.26
Leucovorin	.11
Leukeran	.11
Leukine	.11
Leuprolide	.12
Leustatin	.11
Levalbuterol	.74
Levaquin	.9
Levatol	.21
Levemir	.54
Levlite	.85
Levobunolol	.70
Levocarnitine	.48
Levonorgestrel	.85
Levorphanol	.36
Levothroid	.58
Levoxyl	.58
Lexapro	.29
Lexiva	.3
Lexiva Oral Suspension	.3
Lialda	.61
Lidex	.42
Lidex E	.42
Lidocaine	.44
Lidocaine/Prilocaine	.44
Lidoderm	.44
Limbitrol	.29
Lincocin	.8
Lindane	.44
Lioresal	.39
Liotrix	.58
Lipofen	.25
Liposyn	.79
Lisinopril	.17
Lithium Carbonate	.33
Lithium Citrate	.33
Lithobid	.33
Lithonate	.33
Lithostat	.10
Lithotab	.33

INDEX OF DRUGS

Naprosyn	37	Nizoral Oral	1
Narcan	34	Nolvadex	12
Nardil	29	Norco	35
Nasacort	75	Nordette	85
Nasarel	75	Norditropin	54
Nasonex	75	Norethindrone	86
Natacyn	69	Norinyl 1/35	85
Nateglinide	57	Noritate	40
Navane	31	Normal Saline, Irrigation	49
Navane 20mg	31	Normodyne	21
Navelbine	15	Normosol	79
Nebupent	8	Noroxin	9
Neo-Fradin	8	Norpace	23
Neomycin	8	Norpace CR	23
Neomycin Sulfate	8	Norpramin	29
Neomycin-Polymyxin/Gramicidin	69	Nortriptyline	29
Neoral	13	Norvasc	22
Neosporin	69	Norvir Capsule	3
Neosporin, Irrigation	49	Norvir Solution, Tablet	3
Nephramine	81	Novamine	81
Neptazane	22	Novantrone	15
Neulasta	63	Novolin	54
Neumega	64	Novolin N	54
Neupogen	63	Novolin R	54
Neurontin Capsule	27	Novolog	54
Neurontin Oral Solution	27	Novolog Mix	54
Neurontin Tablet	27	Noxafil	1
Nevanac	71	Nplate	64
Nexavar	15	Nubain	34
Next Choice	85	Nucynta	36
Niacin	25	Nulytely	49
Niacor	25	Nutropin	54
Niaspan	25	Nutropin AQ	54
Nicardipine Hydrochloride	22	Nuvaring	82
Nicotrol Inhaler	66	Nuvigil	32
Nicotrol Nasal	66	Nystatin	1, 46
Nifedipine	22	Nystatin Oral	1
Nilandron	12	Nystatin /Triamcinolone	46
Nimotop	33	Nystop	46
Nipent	11		
Nisoldipine	22		
Nitro-Bid Ointment	26		
Nitro-Dur	26		
Nitro-Dur 0.3mg, 0.8mg	26		
Nitroglycerin	26		
Nitrolingual	26		
Nitrostat	26		
Nizatidine	60		
Nizoral	46		

O

Octagam	63
Octreotide	55
Ocufen	70
Ocuflox	69
Ocupress	70
Ofloxacin	9, 69, 72
Ogen	83

INDEX OF DRUGS

Phospholine Iodide	71	Premasol	81
Photofrin	15	Premphase	82
Physiolyte	50	Prempro	82
Physiosol	50	Prenatal Vitamins Rx	81
Pilocarpine	50	Prenatal Vit/Fe/Fa	81
Pilopine-HS	71	Prevacid	62
Pindolol	21	Prevacid Tablet	62
Piperacillin	9	Prevalite	25
Plaquenil	2	Prevpac	61
Plasma-Lyte	79	Prezista	3
Platinol	15	Prezista 75mg	3
Plavix	20	Priftin	4
Plendil	22	Prilosec	62
Pletal	20	Primaquine	2
Podofilox	43	Primaxin	8
Poly Pred	68	Primidone	27
Polycillin	9	Primsol	10
Polycin-B	69	Prinivil, Zestril	17
Polyethylene Glycol 3350	49	Prinzide, Zestoretic	17
Polyethylene Glycol 3350/Potassium Chloride/Sodium	49	Pristiq	29
Polymyxin B	8	Privigen	63
Polymyxin B /Trimethoprim	69	Proair HFA	74
Polysporin	68	Proamatine	23
Polytrim	69	Probenecid	77
Ponstel	37	Procainamide Hydrochloride	23
Potassium Chloride	80	Procalamine	81
Potassium Citrate	78	Procardia XL	22
Potassium Solutions	80	Prochieve	86
Potassium-Saline Solutions	80	Prochlorperazine	59
Pramipexole Dihydrochloride	38	Procrit	63
Prandimet	57	Procrit 2000U, 3000U, 4000U	63
Prandin	57	Proglycem	26
Pravachol	25	Prograf	13
Pravastatin	25	Prograf 5mg	13
Prazosin	18	Prolastin	65
Precose	57	Proleukin	15
Pred Forte	71	Prolixin	31
Pred Mild	71	Proloprim	10
Pred-G	69	Promacta	50
Prednicarbate	43	Prometrium	86
Prednisolone	53, 71	Propafenone Hydrochloride	23
Prednisolone /Sulfacetamide+e1284	68	Propine	67
Prednisone	53	Propranolol Hydrochloride	21
Prednisone Oral Solution	53	Propylthiouracil	52
Prefest	82	Proquad	50
Prelone	53	Proquin	9
Premarin	83	Proscar	78
Premarin Cream	83	Prosol	81
		Protonix	62

INDEX OF DRUGS

Protonix Granules	62	Relpax	32
Protopic	43	Remeron	29
Protriptyline	30	Remicade	64
Proventil	74, 76	Remodulin	23
Proventil Solution	74	Renagel	50
Provera	86	Renamin	81
Provigil	32	Renvela	50
Proxymetacaine	67	Requip	38
Prozac	29	Requip XL	38
Prozac Weekly	29	Rescriptor	3
Psorcon	41	Restasis	67
Pulmicort 0.5mg Solution	74	Retin-A	40
Pulmicort Inhaler	74	Retin-A Micro	40
Pulmicort Solution	74	Retrovir	3
Pulmozyme	75	Revatio	26
Purinethol	11	Revia	34
Pylera	61	Revlimid	13
Pyrazinamide	4	Reyataz	3
Pyridostigmine	33	Rheumatrex 2.5mg	11
Q			
Qualaquin	2	Rhinocort	75
Quinapril	17	Ribapak	5
Quinidine Gluconate	23	Ribavirin	5
Quinidine Sulfate	23	Ridaura	77
Quixin	69	Rifadin	4
Qvar	74	Rifampin	4
R			
Rabavert	50	Rifater	4
Ramipril	17	Rilutek	33
Ranexa	23	Rimantadine Hydrochloride	5
Ranitidine	60	Ringer'S, Irrigation	50
Rapaflo	78	Riomet	57
Rapamune	13	Risperdal	31
Razadyne	33	Risperdal Consta 18.8mg, 25mg	31
Razadyne ER	33	Risperdal Consta 6.25mg, 12.5mg	31
Rebetol Capsule, Solution	5	Risperdal M-Tab	31
Rebif	64	Risperidone	31
Recombivax	50	Ritalin	32
Reglan	61	Rituxan	13
Regonol	33	Robaxin	39
Regranex	47	Robinul	59
Relafen	37	Robinul Forte	59
Relenza	5	Rocaltrol	55
Relistor	61	Rocephin	6
		Ropinirole	38
		Rotateq	50
		Rowasa	61
		Roxicodone	36
		Rozerem	38
		Rythmol	23
		Rythmol SR	23

INDEX OF DRUGS

S

Sabril . . . . .	.27	Sodium Fluoride . . . . .	.81
Saizen . . . . .	.54	Sodium Lactate . . . . .	.79
Salagen . . . . .	.50	Sodium Polystyrene Sulfonate . . . . .	.49
Saline Solutions . . . . .	.80	Solaraze . . . . .	.43
Salmon Calcitonin . . . . .	.77	Solodyn . . . . .	.10
Samsca . . . . .	.50	Solodyn 65mg, 115mg . . . . .	.10
Sanctura . . . . .	.78	Solu-Cortef . . . . .	.53
Sancuso . . . . .	.59	Solu-Medrol . . . . .	.53
Sandimmune . . . . .	.13	Somatuline . . . . .	.55
Sandostatin . . . . .	.55	Somavert . . . . .	.55
Sandostatin 50mcg/ml . . . . .	.55	Sonata . . . . .	.38
Sandostatin LAR . . . . .	.55	Soriatane . . . . .	.40
Santyl . . . . .	.47	Sotalol . . . . .	.21
Saphris . . . . .	.31	Spectazole . . . . .	.46
Sarafem . . . . .	.29	Spectracef . . . . .	.6
Savella . . . . .	.33	Spiriva . . . . .	.75
Savella Titration . . . . .	.33	Spirolactone . . . . .	.24
Seasonale . . . . .	.85	Sporanox Solution . . . . .	.1
Seasonique . . . . .	.84	Sporonox . . . . .	.1
Sectral . . . . .	.21	Sprintec . . . . .	.85
Selegiline Hydrochloride . . . . .	.38	Sprycel . . . . .	.15
Selegiline Tablet . . . . .	.38	Stadol . . . . .	.32
Selenium Sulfide . . . . .	.40	Stadol Injection . . . . .	.34
Selsun Rx . . . . .	.40	Stalevo . . . . .	.38
Selzentry . . . . .	.3	Starlix . . . . .	.57
Semprex-D . . . . .	.73	Stavudine . . . . .	.4
Sensipar . . . . .	.55	Stavzor . . . . .	.27
Sensipar 30mg . . . . .	.55	Stelara . . . . .	.64
Serevent . . . . .	.74	Stelazine . . . . .	.31
Seromycin . . . . .	.4	Strattera . . . . .	.32
Seroquel . . . . .	.31	Striant . . . . .	.52
Seroquel XR . . . . .	.31	Stromectol . . . . .	.2
Serostim . . . . .	.54	Suboxone . . . . .	.34
Sertraline . . . . .	.30	Subutex . . . . .	.34
Serzone . . . . .	.29	Sucraid . . . . .	.60
Simcor . . . . .	.25	Sucralfate . . . . .	.61
Simponi . . . . .	.64	Sular . . . . .	.22
Simulect . . . . .	.13	Sular 20mg, 30mg, 40mg . . . . .	.22
Simvastatin . . . . .	.25	Sulfacetamide . . . . .	.40, 69
Sinemet . . . . .	.38	Sulfacetamide 100mg/ml . . . . .	.69
Sinemet CR . . . . .	.38	Sulfadiazine . . . . .	.10
Sinequan . . . . .	.29	Sulfamethoxazole/Trimethoprim . . . . .	.10
Singulair . . . . .	.75	Sulfamylon . . . . .	.45
Skelaxin 800mg . . . . .	.39	Sulfasalazine . . . . .	.61
Skelid . . . . .	.55	Sulindac . . . . .	.37
Sodium Bicarbonate . . . . .	.79	Sumatriptan . . . . .	.32
		Sumavel Dosepro . . . . .	.32
		Sumycin . . . . .	.10
		Suprax . . . . .	.6

INDEX OF DRUGS

Surmontil	29	Terazol 7	87
Surmontil 100mg	30	Terazosin	18
Sustiva	3	Terbinafine	1
Sutent	15	Terbutaline Sulfate	76
Symbicort	75	Terconazole	87
Symbyax	31	Testim	52
Symlin	56	Testred	52
Symmetrel	5	Tetanus Toxoid	50
Synagis	63	Tetracycline	10
Synalar	42	Tetrahydrocannabinol	59
Synalgos-DC	35	Tev Tropin	54
Synarel	84	Teveten	19
Synera	44	Teveten HCT	19
Synercid	8	Thalitone	24
Synthroid	58	Thalitone 15mg Tablet	24
Syprine	55	Thalomid	13
T			
Tabloid	11	Theo-24	76
Taclonex	40	Theochron	76
Tacrolimus	13	Theophylline	76
Tambocor	23	Thermazene	47
Tamiflu	5	Thiola	78
Tamoxifen	12	Thiotepa	11
Tamsulosin	78	Thiothixene	31
Tapazole	52	Thorazine	31
Tarceva	15	Thymoglobulin	63
Targretin	15	Thyrolar	58
Targretin Topical	43	Ticlid	20
Tarka	22	Tigan 300mg Capsule	59
Tarka 1-240	22	Tikosyn	23
Tasigna	15	Timolol	21, 70
Tasmar	38	Timoptic	70
Tavist Rx	73	Timoptic Droperette	70
Taxotere	15	Timoptic Xe	70
Tazorac	40	Tindamax	2
Tegretol	28	Tis-U-Sol	50
Tegretol Chewable	28	Tobi	8
Tegretol ER	28	Tobradex Drops	68
Tegretol ER 100mg	28	Tobradex Ointment	68
Tekturna	26	Tobramycin	1, 69
Tekturna HCT	26	Tobrex Drops	69
Temovate	47	Tobrex Ointment	69
Temovate-E	47	Tofranil	30
Tenex	18	Tofranil-PM	30
Tenoretic	21	Tolazamide	57
Tenormin	21	Tolectin	37
Terazol 3	87	Tolectin DS	37
		Tolinase	57
		Tolmetin	37
		Topamax	28

INDEX OF DRUGS

Topicort	.41	Twinrix	.51
Topicort Lp	.43	Tygacil	.8
Topiramate	.28	Tykerb	.15
Toposar	.15	Tylenol-Codeine	.35
Toprol XL	.21	Typhim VI	.51
Torisel	.15	Tysabri	.64
Torse mide	.24	Tyzeka	.3
Tracleer	.26	Tyzine	.75
Tramadol Hydrochloride	.34		
Trandolapril	.17	U	
Trandolapril/ Verapamil Hydrochloride	.22	U-Cort	.43
Transderm Scop	.59	Ulesfia	.44
Tranylcypro mine	.29	Uloric	.77
Travasol	.81	Ultracet	.34
Travatan	.71	Ultram	.34
Trazodone Hydrochloride	.29	Ultram ER	.34
Treanda	.15	Ultravate	.47
Trecator	.4	Unasyn	.9
Trelstar Depot	.15	Uniphyl	.76
Trelstar LA	.15	Uniretic	.17
Trental	.20	Unithroid	.58
Tretin X	.40	Univasc	.17
Tretinoin	.40	Urecholine	.78
Trexall	.11	Urispas	.78
Treximet	.32	Urocit K	.78
Triamcinolone	.49	Uroxatral	.78
Triamcinolone Acetonide	.43	Urso	.61
Triavil	.30	Urso Forte	.61
Tricor	.25	Ursodiol	.61
Trifluoperazine	.31	Uvadex	.51
Trifluridine	.69		
Triglide	.25	V	
Trihexy	.38	Vagifem	.83
Trihexyphenidyl	.38	Valacyclovir	.5
Trihibit	.51	Valcyte	.5
Trilafon	.31	Valisone	.43
Trileptal	.28	Valtrex	.5
Trilipix	.25	Vancocin	.8
Trimethobenzamide Hydrochloride	.59	Vancocin Injection	.8
Trimethoprim	.10	Vanos	.42
Tripedia	.51	Vantin	.6
Trisenox	.15	Vaqta	.51
Trivora	.86	Varivax	.51
Trizivir	.3	Vaseretic	.17
Trophamine	.81	Vasotec	.17
Tropicamide	.67	Vectibix	.15
Trusopt	.71		
Truvada	.3		
Twinject	.73		

INDEX OF DRUGS

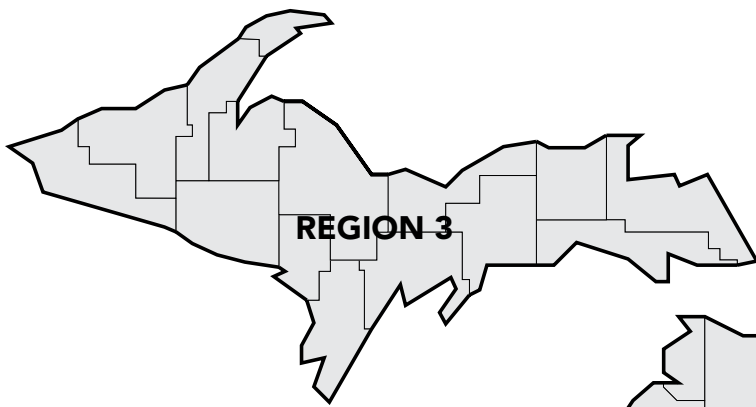
Vectical	40	Votrient.	15
Veetids	9	Vpriv	55
Velban	15	Vytorin	25
Velcade	15		
Venlafaxine	29	W	
Venlafaxine ER Tablet.	30	Water, Irrigation	51
Ventavis	26	Welchol	25
Ventolin	74	Wellbutrin.	30
Ventolin Solution	74	Wellbutrin SR	30
Veramyst	75	Wellbutrin XL	30
Verapamil Hydrochloride	22	Westcort.	43
Verdeso	42	Wytensin	18
Veregen	43		
Verelan.	22	X	
Verelan PM	22	Xalatan.	71
Vermox.	2	Xenazine	51
Vesanoid	15	Xiaflex	51
Vexol	71	Xibrom	70
Vfend	1	Xifaxan	8
Vibativ.	8	Xodol	35
Vibramycin.	10	Xolair	75
Vibramycin Suspension	10	Xolegel.	46
Vibra-Tabs	10	Xopenex 1.25mg/0.5ml.	74
Vicodin	35	Xopenex Inhaler.	74
Vicoprofen	35	Xopenex Solution.	74
Victoza	56	Xylocaine	33, 44
Vidaza	15	Xylocaine Jel	44
Videx.	3	Xylocaine Ointment	44
Videx Oral Solution	3	Xylocaine Viscous	44
Vigamox.	69	Xyrem.	38
Vimpat	28		
Vincasar.	15	Y	
Viracept	4	Yasmin 28	85
Viramune	4	Yaz 28 Day	85
Virazole	5	Yf-Vax.	51
Viread	4		
Viroptic	69	Z	
Visicol.	51	Zaleplon.	38
Visken	21	Zamicet	35
Vistide.	5	Zanaflex Capsule	39
Vivactil	30	Zanaflex Tablet.	39
Vivaglobin	63	Zanosar	1
Vivelle.	83	Zantac	60
Vivitrol	51	Zantac Oral Solution	60
Vivotif	51		
Voltaren	37, 43, 70		
Vosol	72		
Vosol HC	72		
Vospire ER	76		

INDEX OF DRUGS

Zarontin .....	.28
Zaroxolyn.....	.24
Zavesca.....	.51
Zebeta .....	.21
Zelapar.....	.38
Zemaira .....	.65
Zemplar .....	.81
Zenpep.....	.60
Zerit.....	.4
Zetia .....	.25
Ziac.....	.21
Ziagen .....	.4
Ziana .....	.40
Zidovudine.....	.3
Zinacef .....	.6
Zinecard.....	.16
Zipsor.....	.37
Zirgan.....	.69
Zithromax.....	.7
Zmax Suspension .....	.7
Zocor .....	.25
Zofran.....	.59
Zofran ODT.....	.59
Zolinza .....	.16
Zoloft .....	.30
Zolpidem Tartrate.....	.38
Zometa.....	.77
Zomig, Zomig ZMT .....	.32
Zonegran.....	.28
Zorbtive .....	.54
Zostavax .....	.51
Zosyn .....	.9
Zovirax.....	.46
Zovirax IV .....	.5
Zovirax Oral.....	.5
Zydone.....	.35
Zyflo .....	.75
Zylet .....	.68
Zyloprim.....	.77
Zymar.....	.69
Zyprexa .....	.31
Zyrtec Solution.....	.73
Zyvox .....	.8

Notes

Medicare Plus Blue PPO Service Area



REGION 3

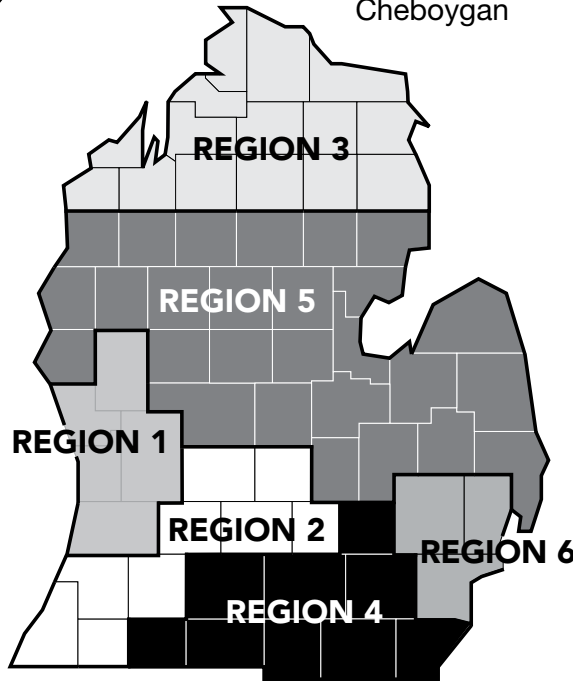
- | | | |
|------------|----------------|--------------|
| Alcona | Chippewa | Leelanau |
| Alger | Crawford | Luce |
| Alpena | Delta | Mackinac |
| Antrim | Dickinson | Marquette |
| Baraga | Emmet | Menominee |
| Benzie | Gogebic | Montmorency |
| Charlevoix | Grand Traverse | Ontonagon |
| Cheboygan | Houghton | Oscoda |
| | Iron | Otsego |
| | Kalkaska | Presque Isle |
| | Keweenaw | Schoolcraft |

REGION 1

- Allegan
- Kent
- Muskegon
- Newaygo
- Ottawa

REGION 2

- Barry
- Berrien
- Cass
- Clinton
- Eaton
- Ingham
- Ionia
- Kalamazoo
- Van Buren



REGION 5

- | | |
|----------|------------|
| Arenac | Midland |
| Bay | Missaukee |
| Clare | Montcalm |
| Genesee | Oceana |
| Gladwin | Ogemaw |
| Gratiot | Osceola |
| Huron | Roscommon |
| Iosco | Saginaw |
| Isabella | Sanilac |
| Lake | Shiawassee |
| Lapeer | St. Clair |
| Manistee | Tuscola |
| Mason | Wexford |
| Mecosta | |

REGION 4

- | | |
|-----------|------------|
| Branch | Livingston |
| Calhoun | Monroe |
| Hillsdale | St. Joseph |
| Jackson | Washtenaw |
| Lenawee | |

REGION 6

- Macomb
- Oakland
- Wayne

www.bcbsm.com/medicare

Medicare PLUS Blue PPOSM



Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Prescription Blue PDPSM



Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.