

# CDPHP Clinical Formulary 2010 (02/24/10)

## INTRODUCTION

Capital District Physicians' Health Plan, Inc. (CDPHP) is pleased to provide the *CDPHP Clinical Formulary 2010* as a useful reference and informational tool to assist practitioners in selecting clinically appropriate and cost-effective drug therapies.

The information contained in this *CDPHP Clinical Formulary 2010* and its appendices is provided by CDPHP, solely for the convenience of medical practitioners. CDPHP does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This *CDPHP Clinical Formulary 2010* is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical practitioner in his/her choice of prescription drugs. All the information in the *CDPHP Clinical Formulary 2010* is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

CDPHP assumes no responsibility for the actions or omissions of any medical practitioner based upon reliance, in whole or in part, on the information contained herein. **The medical practitioner should consult the drug manufacturer's product literature or standard references for more detailed information.**

National guidelines can be found on the National Guideline Clearinghouse site at <http://www.guideline.gov>, on the Web sites listed under each therapeutic class and on the sites listed in the Web Sites section of this publication.

Please note, the information found in the *CDPHP Clinical Formulary 2010* does not apply to any of the CDPHP Medicare products that offer prescription drug benefits. For information on these plans, please visit the Medicare Information section on <http://www.cdphp.com>.

## PREFACE

The *CDPHP Clinical Formulary 2010* represents CDPHP's two-tier and three-tier formularies and is organized by sections. Please note, most CDPHP members have the three-tier formulary pharmacy benefit. The first section includes a list of CDPHP preferred products, drugs requiring prior authorization, quantity limits and step therapy. Thereafter, each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed alphabetically within each tier. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included in the *CDPHP Clinical Formulary 2010*. **Generics should be considered the first line of prescribing.**

The CDPHP two-tier and three-tier formularies are closed formularies. In a closed formulary, drugs are either covered or excluded. If a member's pharmacy benefit includes the two-tier closed formulary, copayments are determined by brand or generic status of a drug (e.g., \$10 for generics and \$20 for brands). The lower copayment is charged for generics (as defined by a national drug database) and the higher copayment is for formulary and nonformulary covered brand-name drugs. Within each drug class, excluded products are noted by the "E2" (excluded in the two-tier formulary) or the "E3" (excluded in the three-tier formulary) symbol. Products noted by either of these symbols are only available by medical exception.

Coverage of any agent listed in the formulary is subject to the member's contract and prescription drug rider. Quantity limits, prior authorization, dose optimization, and/or step therapy requirements may apply. Injectables are generally covered under the medical benefit. Injectables that are listed in the *CDPHP Clinical Formulary 2010* are covered under the pharmacy benefit (and require a drug rider) unless otherwise noted by the "^" symbol. Pharmacy benefits may impose additional coverage restrictions or may not cover selected drug products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not covered benefits unless the OTC product has been added to the formulary.

Drugs represented in the *CDPHP Clinical Formulary 2010* may have varying cost to the member. Generic medications typically are available at the lowest cost; brand-name medications listed in the *CDPHP Clinical Formulary 2010* will generally cost more than generics; and brand-name medications not on the list will generally cost the most.

The tiered format places drugs into tiers in the following manner:

- Tier 1: Generic prescription drugs which offer the most cost-effective alternative to available brand name prescription drug products. This tier also includes those over-the-counter drugs on the CDPHP formulary. It may also include those brand name prescription drug products determined by the Plan's P&T Committee to be included in quality initiative programs.
- Tier 2: Preferred brand name prescription drug products which offer overall clinical and/or financial value. Selected generic prescription drug products may also be included in this tier if they are not as cost-effective as a tier 1 generic drug.
- Tier 3: All other covered brand name or generic prescription drugs which do not offer significant clinical and/or cost advantages over a tier 1 or a tier 2 drug.

*Please note that all new drugs will be excluded from the formulary and require prior authorization until reviewed by the CDPHP Pharmacy and Therapeutics (P&T) Committee. CDPHP P&T Committee will consider inclusion to the formulary based on CVS Caremark's recommendations.*

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The CDPHP P&T Committee includes a cross-section of practicing network physicians and pharmacists whose primary role on the committee is to ensure that the most clinically appropriate and cost-effective drugs will be available for CDPHP members. The P&T Committee is responsible for reviewing new drugs, reviewing and revising pharmacy policies, reviewing patient profiles and drug utilization review quarterly reports, and reviewing clinical initiatives/programs for all lines of business. The members of the P&T Committee are bound by a confidentiality and conflict of interest agreement, which is renewed annually.

The actions of the CDPHP P&T Committee are communicated after each committee meeting by posting final decisions on the CDPHP Web page Formulary Updates section of Rx Corner on the providers tab of <http://www.cdphp.com>.

## PRODUCT SELECTION CRITERIA

*All new drugs will be excluded from the formulary and require prior authorization review until reviewed by the P&T Committee. CDPHP P&T Committee will consider inclusion to the formulary based on CVS Caremark's recommendations.*

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire CDPHP formulary is reviewed on an annual basis.

Drugs added to the formulary have been found to offer a clinical and/or cost advantage over other products. Selected formulary products within some therapeutic categories are "Preferred." Preferred products are identified by a "P" symbol. Use of these products, when clinically appropriate, is encouraged.

Quantity limitations, prior authorizations, dose optimization, and/or step therapy may also apply to formulary drugs. **Excluded drugs are not covered unless medical exception procedures have been followed and a medical exception is approved.** Please note that certain drugs are additionally excluded in member contracts (e.g., cosmetic agents).

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. **Boldface type** indicates generic availability. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In addition, boldface type may indicate that the brand name cited is a generic. Examples of the latter include Levoxyl and Trivora.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Research shows that members can save an average of 30-80% when they fill their prescriptions with a generic drug instead of a brand-name drug.

Generic drugs undergo a strict U.S. Food and Drug Administration (FDA) approval process. Here are just some of the FDA standards and practices that generic manufacturers must follow:

- A generic medicine must be bioequivalent (performs in the same manner) to its brand-name counterpart.
- A generic medicine must pass the FDA's review for both active and inactive ingredients.
- The manufacturer facility of the generic medicine must pass FDA inspection.
- The generic medicine must have the same active ingredients and be available in the same strength and dosage form as its brand-name counterpart.
- The label of the generic medicine must include the same information found on the packaging of its brand-name counterpart.
- Finally, the FDA continues to monitor the generic drug for quality control after it has been approved (<http://www.fda.gov>).

The FDA is very strict in their view of a generic medicine before it goes to market. In most cases, the average person would not be able to tell the difference between a generic and a brand-name drug, other than the size, color or shape. In fact, U.S. trademark laws require that generics look different from their brand-name equivalents.

## SPECIALTY DRUGS (SP)

Specialty pharmaceuticals are used in the management of complex chronic or genetic conditions and certain catastrophic diseases. They are often injectable medications, but they may also include oral agents. CDPHP has chosen CVS Caremark Specialty Pharmacy Services to dispense certain high-cost injectables and biotech drugs for its members. Eligible members will need to register and will receive a 30-day supply of medications and additional supplies needed to administer the medications.

Getting started with CVS Caremark Specialty Pharmacy Services is easy. There are three different options for contacting them: by phone toll-free at 1-800-237-2767, by fax toll-free at 1-800-323-2445 or online at <http://www.caremark.com>. CVS Caremark provides side-effect counseling, condition-specific materials, refill reminder calls, and access to health care professionals for emergency consultation 24 hours a day, seven days a week. CVS Caremark also provides Patient Resource Centers online at <http://www.caremark.com>. CDPHP members can access the latest news, helpful tips, interactive tools, drug information, safety alerts, support groups, links to communities, as well as other useful resources.

For a complete list of specialty medications, visit providers tab/Rx Corner/Specialty Pharmacy at <http://www.cdphp.com>. Drugs that should be filled through CVS Caremark Specialty Pharmacy services are noted within this booklet by the “**SP**” symbol.

### **PRIOR AUTHORIZATION (PA)**

CDPHP requires prior authorization for certain drugs before they will be approved for coverage. Coverage will be approved when specific approval criteria for that drug is met, according to CDPHP policies.

The list of drugs that require prior authorization is subject to change from time to time and may not be all-inclusive. If a drug on the list below is required, the prescribing practitioner should initiate a prior authorization request with CDPHP. Prior authorization can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208.

The medications on the following list may or may not be on the formulary. Drugs that require prior authorization are noted within this booklet by the “**PA**” symbol.

ADCIRCA <b>SP</b>	HUMATROPE <b>SP</b>
<b>ADIPEX-P</b>	HUMIRA <b>SP</b>
AFINITOR <b>SP</b>	HYCAMTIN ORAL CAPSULES <b>SP</b>
AMEVIVE <b>SP</b> ^	ILARIS <b>SP</b> ^
ARANESP <b>** SP</b> ^	INCRELEX <b>SP</b>
ARCALYST <b>SP</b>	INFERGEN <b>SP</b>
<b>ARAVA SP</b>	IONAMIN
AVONEX <b>SP</b>	KETAMINE (FOR TOPICAL USE)
<b>BENZPHETAMINE</b>	KINERET <b>SP</b>
BERINERT <b>SP</b> ^	KUVAN <b>SP</b>
BETASERON <b>SP</b>	LUVERIS <b>QL SP</b>
<b>BONTRIL</b>	MENOPUR <b>QL SP</b>
BOTOX <b>SP</b> ^	MERIDIA
BRAVELLE <b>QL SP</b>	<b>MINOCYCLINE EXT-REL E2</b>
<b>BUPIVACAINE</b> (FOR TOPICAL USE)	MYOBLOC <b>SP</b> ^
CELEBREX 400 mg	NEULASTA <b>** SP</b> ^
CETROTIDE <b>QL SP</b>	NEUPOGEN <b>** SP</b> ^
<b>CHORIONIC GONADOTROPIN QL SP</b>	NEXAVAR <b>SP</b>
CIMZIA <b>SP</b> ^	NORDITROPIN <b>SP</b>
CINRYZE <b>SP</b>	<b>NOVAREL QL SP</b>
COLCRYS	NUTROPIN <b>SP</b>
COPAXONE <b>P SP</b>	NUTROPIN AQ <b>SP</b>
<b>COPEGUS SP</b>	NUVIGIL
CRINONE <b>QL SP</b>	OMNITROPE <b>SP</b>
<b>DIDREX</b>	ONSOLIS
<b>DIETHYLPROPION</b>	OVIDREL <b>QL SP</b>
EMBEDA	PEGASYS <b>SP</b>
ENBREL <b>SP</b>	PEGINTRON <b>SP</b>
ENDOMETRIN <b>QL SP</b>	<b>PHENDIMETRAZINE</b>
ENTERAL FORMULAS	<b>PHTERMINE</b>
EPOGEN <b>** SP</b> ^	PROCHIEVE <b>QL SP</b>
EXTAVIA <b>SP</b>	PROCRIT <b>** SP</b> ^
<b>FASTIN</b>	PRO-FAST
FOLLISTIM AQ <b>QL SP</b>	PROVIGIL
GANIRELIX <b>QL SP</b>	<b>REBETOL SP</b>
GENOTROPIN <b>SP</b>	REBIF <b>P SP</b>
GONAL-F <b>QL SP</b>	REGANEX
GONAL-F RFF <b>QL SP</b>	REPRONEX <b>QL SP</b>

REVATIO **SP**  
 REVLIMID **SP**  
**RIBASPHERE SP**  
**RIBAVIRIN SP**  
 SABRIL **SP**  
 SAIZEN **SP**  
 SAPHRIS  
 SEROSTIM **SP**  
 SIMPONI **SP**  
 SOLID MODIFIED FOOD PRODUCTS  
 SOLIRIS **SP** ^  
**SOLODYN E2**  
 SPRYCEL **SP**

STELARA **SP** ^  
 SUBOXONE  
 SUTENT **SP**  
 SYNAGIS ^  
 TASIGNA **SP**  
 TEV-TROPIN **SP**  
 TYKERB **SP**  
 VOTRIENT **SP**  
 XENICAL  
 XOLAIR **SP** ^  
 ZOLINZA **SP**  
 ZORBTIVE **SP**

- ^ Covered under the medical benefit
- \*\* Prior Authorization required only when obtained from a pharmacy setting
- E2** Excluded product (not covered) in the two-tier closed formulary, available only by medical exception
- P** Preferred brand product
- QL** Quantity Limitations apply
- SP** Available through CVS Caremark Specialty Pharmacy Services, toll-free at 1-800-237-2767

## PRESCRIPTION QUANTITY MANAGEMENT

CDPHP, working closely with the P&T Committee members, has chosen to limit the quantity of certain drugs that CDPHP may cover for a member. Quantity limits for the following drugs are in place for quality and/or clinical considerations. The list of drugs that have quantity limits is subject to change from time to time and may not be all-inclusive. Drugs that have quantity limits are noted within this booklet by the “**QL**” symbol.

<b>Drug</b>	<b>Qty Per 30 Days Unless Otherwise Stated</b>
Aciphex #	30 tablets in 30 days (cumulative by class)
<b>Ambien</b>	30 tablets in 30 days (cumulative by class)
Ambien CR #	30 tablets in 30 days (cumulative by class)
Amerge	8 tablets in 30 days (cumulative by class)
Axert	8 tablets in 30 days (cumulative by class)
<b>buprenorphine</b>	24 mg per 365 days
<b>butorphanol nasal spray</b>	2 bottles in 30 days
Caverject **	6 units in 30 days (cumulative by class)
Chantix	One 24-week course per year; maximum of 3 years total
Cialis **	4 tablets in 30 days (cumulative by class)
<b>Combunox</b> ^^	28 tablets in 30 days
<b>Diflucan 150 mg (only)</b>	4 tablets in 30 days
Doral	30 tablets in 30 days (cumulative by class)
<b>Duragesic</b>	10 patches in 30 days
Edex **	6 units in 30 days (cumulative by class)
Edluar	30 tablets in 30 days (cumulative by class)
Emend	One 125 mg & two 80 mg capsules in 15 days Two 40 mg capsules in 30 days One infusion in 15 days
<b>estazolam</b>	30 tablets in 30 days (cumulative by class)
<b>fluconazole 150 mg (only) *P</b>	4 tablets in 30 days
<b>flurazepam</b>	30 capsules in 30 days (cumulative by class)
Forteo <b>P SP</b>	2 year lifetime maximum
Frova	9 tablets in 30 days (cumulative by class)
<b>Halcion</b>	30 tablets in 30 days (cumulative by class)
<b>Imitrex injection</b>	6 injections in 30 days (cumulative by class)
<b>Imitrex nasal spray</b>	6 doses (1 box) in 30 days (cumulative by class)
<b>Imitrex tablets</b>	9 tablets in 30 days (cumulative by class)
Infertility Drugs <b>PA SP</b>	Coverage limited to 6 cycles per attempt per year for members ages 21 through 44
Kapidex <b>ST</b>	30 capsules in 30 days (cumulative by class)

<b>ketorolac</b> ^^	20 tablets in 30 days
<b>levonorgestrel tablets</b>	Coverage limited to 2 kits per year for members 17 years of age and younger
Levitra **	4 tablets in 30 days (cumulative by class)
Lunesta #	30 tablets in 30 days (cumulative by class)
Maxalt/Maxalt-MLT <b>P</b>	12 tablets in 30 days (cumulative by class)
Migranal nasal spray	1 x 4 pack in 30 days
Monurol	1 packet in 30 days
Muse **	6 units in 30 days (cumulative by class)
Nexium <b>P</b>	30 capsules/packets in 30 days (cumulative by class)
Nucynta	One 90-day course per year
<b>omeprazole 40 mg</b> * <b>P</b>	30 capsules in 30 days (cumulative by class)
<b>pantoprazole</b> <b>ST</b>	30 tablets in 30 days (cumulative by class)
Papaverine **	6 units in 30 days
Phentolamine **	6 units in 30 days
<b>Plan B</b>	Coverage limited to 2 kits per year for members 17 years of age and younger
Plan B One-Step	Coverage limited to 2 kits per year for members 17 years of age and younger
Plavix 300 mg	1 tablet in 30 days
Prevacid	30 capsules/tablets/packets in 30 days (cumulative by class)
<b>Prilosec</b> *	30 capsules in 30 days (cumulative by class)
<b>Protonix</b> *	30 tablets in 30 days (cumulative by class)
Relenza oral inhaler <b>P</b>	2 courses per year (cumulative by class)
Relpax	6 tablets in 30 days (cumulative by class)
<b>Restoril</b>	30 capsules in 30 days (cumulative by class)
Rozerem #	30 tablets in 30 days (cumulative by class)
Sancuso	2 patches in 30 days
Smoking Deterrents (Rx only)	One 12-week course per year; maximum of 3 years total
<b>Sonata</b> #	30 capsules in 30 days (cumulative by class)
Spiriva <b>P</b>	1 package in 30 days
<b>Subutex</b>	24 mg per 365 days
<b>sumatriptan injection</b> * <b>P</b>	6 injections in 30 days (cumulative by class)
<b>sumatriptan nasal spray</b> * <b>P</b>	6 doses (1 box) in 30 days (cumulative by class)
<b>sumatriptan tablets</b> * <b>P</b>	9 tablets in 30 days (cumulative by class)
Tamiflu <b>P</b>	2 courses per year (cumulative by class)
Treximet <b>P</b>	9 tablets in 30 days (cumulative by class)
Viagra **	4 tablets in 30 days (cumulative by class)
Xifaxan	126 tablets in 30 days
Zegerid #	30 capsules/packets in 30 days (cumulative by class)
Zomig nasal spray <b>P</b>	6 doses (1 box) in 30 days (cumulative by class)
Zomig/Zomig-ZMT <b>P</b>	6 tablets in 30 days (cumulative by class)
<b>Zyban</b>	One 24-week course per year; maximum of 3 years total

- # Tier 3 in three-tier formulary; excluded in two-tier formulary
- \* Generic is Tier 1; brand is Tier 3 in three-tier formulary, excluded in two-tier formulary
- \*\* Coverage limited to males only ages 18 years and older
- ^^ Based on dosing guidelines, can only be filled at network retail pharmacies
- P** CDPHP formulary, preferred brand product
- \***P** CDPHP formulary, preferred generic product
- PA** Prior Authorization required
- SP** Available through CVS Caremark Specialty Pharmacy Services, toll-free at 1-800-237-2767
- ST** Step Therapy criteria applies

## DOSE OPTIMIZATION

Dose optimization is a program to support appropriate and cost-effective drug therapy by recommending a higher once-daily dose of a product when members are taking multiple-daily doses of a lower strength. For example, a member may be taking two 20 mg tablets of a drug per day when only one 40 mg tablet could be used. If a practitioner determines that multiple daily doses are medically necessary, please submit the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration.

## STEP THERAPY (ST)

The Step Therapy (ST) program is another form of prior authorization. The step therapy program uses a standard protocol to determine if members qualify for a drug that otherwise would not be covered. Using the standard protocol, certain drugs are not covered unless members have tried one or more “prerequisite therapy” medication(s) first. If it is medically necessary for a member to use a step therapy medication as initial therapy without trying a “prerequisite therapy” drug, the practitioner can request coverage of the step therapy medication through a medical exception.

The list of drugs that require step therapy is subject to change from time to time and may not be all-inclusive. If a drug on the list below is required and the practitioner determines that the drug is medically necessary, please submit the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration. Drugs that require step therapy are noted within this booklet by the “**ST**” symbol.

- Adoxa †
- Celebrex 50 mg
- Celebrex 100 mg
- Celebrex 200 mg
- Clarinex †
- Doryx †
- Kapidex
- pantoprazole
- Singulair
- Xyzal †

† - ST effective 4-1-10

## MEDICAL EXCEPTION (APPLIES TO CLOSED FORMULARY ONLY)

The CDPHP P&T Committee developed the Medical Exception policy so that practitioners may request an excluded drug for a specific patient when medically necessary. The Medical Exception process is coordinated through CDPHP’s Pharmacy Department. Requests are processed in the order received. Medical exceptions can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208. In addition, a member may initiate a medical exception request by calling the telephone number to CVS Caremark printed on their CDPHP identification card or by utilizing the “Medical Exception Request” option found under Prescription Forms & Lists on the member tab of CDPHP’s Web site, **www.cdphp.com**. A response will be sent to both the medical practitioner and member as soon as possible. The drugs that are excluded (not covered) on the closed formulary are noted within this booklet by the “E” symbol.

## EDITOR

Your comments and suggestions regarding the *CDPHP Clinical Formulary 2010* are encouraged. Your input is vital to this formulary’s continued success. All responses will be reviewed and considered. Please send your comments to:

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## NOTICE

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The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with CDPHP. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between CDPHP and such third-party pharmaceutical companies.

## LEGEND

<b>P</b>	CDPHP formulary, preferred brand product
<b>* P</b>	CDPHP formulary, preferred generic product
<b>E2</b>	Excluded product (not covered) in the two-tier formulary, available only by medical exception
<b>E3</b>	Excluded product (not covered) in the three-tier formulary, available only by medical exception
<b>boldface</b>	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
ext-rel	Extended-release (also known as sustained-release)
delayed-rel	Delayed-release (also known as enteric-coated)
<b>OTC</b>	Over the counter
<b>PA</b>	Prior Authorization; refer to Prior Authorization section
<b>PA**</b>	Prior Authorization required only when obtained from a pharmacy setting; refer to Prior Authorization section
<b>QL</b>	Quantity Limitations; refer to Prescription Quantity Management section
<b>ST</b>	Step Therapy; refer to Step Therapy section
<b>^</b>	Covered under the medical benefit
<b>SP</b>	Available through CVS Caremark Specialty Pharmacy Services, toll-free at 1-800-237-2767

## CDPHP PREFERRED DRUG LIST

The *CDPHP Preferred Drug List* is a guide to excellent value within select therapeutic categories. Within the categories represented, these preferred brand and generic medicines are a selected list of medicines to help identify products that are clinically appropriate and cost-effective. **Bolded** entries represent generic medications.

### How to Use this List

Consider prescribing generic medicines whenever possible. If a generic is not available, consider prescribing a brand-name medicine from this list. **Generics should be considered the first line of prescribing.**

## ANTI-INFECTIVES

### Antibacterials

#### Cephalosporins

**cefaclor**  
**cefdinir**  
**cephalexin**  
•SUPRAX

#### Erythromycins/Macrolides

**azithromycin**  
**clarithromycin**  
**erythromycins** (generic of E.E.S., ERYTHROCIN STEARATE)

#### Fluoroquinolones

**ciprofloxacin ext-rel**  
**ciprofloxacin tablets**  
•AVELOX  
•LEVAQUIN

#### Penicillins

**amoxicillin**  
**amoxicillin/clavulanate**  
**dicloxacillin**  
**penicillin VK**

#### Tetracyclines

**doxycycline hyclate**  
**minocycline capsules**  
**tetracycline**

#### Miscellaneous

**clindamycin**  
**metronidazole tablets**  
**nitrofurantoin**  
**sulfamethoxazole/trimethoprim**

#### Antifungals

**fluconazole** (QL for 150 mg only)  
**itraconazole**  
**terbinafine tablets**

#### Antivirals

#### Herpes Agents

**acyclovir**  
**valacyclovir**

## **Influenza Agents**

amantadine  
rimantadine  
•RELENZA QL  
•TAMIFLU QL

## **CARDIOVASCULAR**

### **ACE Inhibitors**

fosinopril  
lisinopril  
quinapril  
ramipril capsules

### **ACE Inhibitor/Diuretic Combinations**

fosinopril/hydrochlorothiazide  
lisinopril/hydrochlorothiazide  
quinapril/hydrochlorothiazide

### **ACE Inhibitor/Calcium Channel Blockers**

•TARKA

### **Angiotensin II Receptor Antagonists/Combinations**

•AVAPRO/AVALIDE  
•AZOR  
•COZAAR/HYZAAR

### **Antilipemics**

#### **Bile Acid Resins**

cholestyramine  
•WELCHOL

#### **Cholesterol Absorption Inhibitors**

•ZETIA

#### **Fibrates**

fenofibrate  
•LIPOFEN  
•TRICOR

#### **HMG-CoA Reductase Inhibitors**

pravastatin  
simvastatin  
•CRESTOR  
•LIPITOR

#### **Niacins/Combinations**

•ADVICOR  
•NIASPAN

#### **Beta-blockers**

atenolol  
carvedilol  
metoprolol  
metoprolol succinate ext-rel  
nadolol

**propranolol**  
•COREG CR

#### **Calcium Channel Blockers**

**amlodipine**  
**diltiazem ext-rel** (generic of CARDIZEM CD, DILACOR XR)  
**nifedipine ext-rel** (generic of ADALAT CC, PROCARDIA XL)  
**verapamil ext-rel** (generic of CALAN SR, ISOPTIN SR)

#### **Calcium Channel Blocker/Antilipemic Combinations**

•CADUET

#### **Digitalis Glycosides**

**digoxin**

#### **Diuretics**

**furosemide**  
**hydrochlorothiazide**  
**metolazone**  
**spironolactone/hydrochlorothiazide**  
**toremide**  
**triamterene/hydrochlorothiazide**

### **CENTRAL NERVOUS SYSTEM**

#### **Antidepressants**

##### **Miscellaneous Agents**

**bupropion**  
**bupropion ext-rel**  
**mirtazapine**

##### **Selective Serotonin Reuptake Inhibitors (SSRIs)**

**citalopram**  
**fluoxetine**  
**paroxetine HCl**  
**paroxetine HCl ext-rel**  
**sertraline**

##### **Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)\***

**venlafaxine**  
•CYMBALTA  
•EFFEXOR XR

#### **Migraine**

##### **Selective Serotonin Agonists**

**sumatriptan QL**  
•MAXALT QL  
•ZOMIG QL

##### **Selective Serotonin Agonist/Nonsteroidal Anti-inflammatory Drug (NSAID) Combinations**

•TREXIMET QL

#### **Multiple Sclerosis Agents**

•COPAXONE PA SP  
•REBIF PA SP

## ENDOCRINE AND METABOLIC

### Androgens

- ANDROGEL

### Antidiabetics

#### Biguanides

- metformin
- metformin ext-rel

#### Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

- JANUVIA
- ONGLYZA

#### Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations

- JANUMET

### Incretin Mimetic Agents

- BYETTA

### Insulins

- APIDRA
- HUMALOG
- HUMULIN
- LANTUS
- LEVEMIR
- NOVOLIN
- NOVOLOG

### Insulin Sensitizers

- ACTOS

### Insulin Sensitizer/Biguanide Combinations

- ACTOPLUS MET

### Insulin Sensitizer/Sulfonylurea Combinations

- DUETACT

### Meglitinides

- PRANDIN

### Sulfonylureas

- glimepiride
- glipizide
- glipizide ext-rel

### Sulfonylurea/Biguanide Combinations

- glipizide/metformin
- glyburide/metformin

### Supplies

- ACCU-CHEK STRIPS AND KITS
- BD INSULIN SYRINGES AND NEEDLES
- ONETOUCH STRIPS AND KITS

## Calcium Regulators

### Bisphosphonates

alendronate tablets

- ACTONEL

### Calcitonins

calcitonin-salmon nasal spray

Fortical

### Parathyroid Hormones

- FORTEO QL SP

## Contraceptives

### Monophasic

ethinyl estradiol/drospirenone

### Triphasic

ethinyl estradiol/norgestimate

### Extended Cycle

ethinyl estradiol/levonorgestrel

- LOSEASONIQUE

- SEASONIQUE

### Vaginal

- NUVARING

## Estrogens

### Oral

estradiol

estropipate

- ENJUVIA

- PREMARIN

### Transdermal

estradiol

- ESTRADERM

- VIVELLE-DOT

### Oral Estrogen/Progestins

estradiol/norethindrone

- PREMPHASE

- PREMPRO

## Progestins

medroxyprogesterone

- PROMETRIUM

## Selective Estrogen Receptor Modulators

- EVISTA

## Thyroid Supplements

levothyroxine

## **GASTROINTESTINAL**

### **H<sub>2</sub> Receptor Antagonists**

ranitidine

### **Proton Pump Inhibitors**

omeprazole (QL for 40 mg only)

•NEXIUM QL

## **GENTOURINARY**

### **Benign Prostatic Hyperplasia**

doxazosin

finasteride

terazosin

•AVODART

•FLOMAX

### **Urinary Antispasmodics**

oxybutynin

oxybutynin ext-rel

•DETROL

•DETROL LA

•ENABLEX

•OXYTROL

•SANCTURA XR

•VESICARE

## **HEMATOLOGIC**

### **Anticoagulants**

warfarin

## **RESPIRATORY**

### **Anaphylaxis Treatment Agents**

•EPIPEN

•EPIPEN JR

### **Anticholinergics**

•SPIRIVA QL

### **Anticholinergic/Beta Agonists**

ipratropium/albuterol inhalation solution

•COMBIVENT

### **Antihistamines, Nonsedating**

fexofenadine

### **Beta Agonists**

#### **Short Acting**

•PROAIR HFA

•VENTOLIN HFA

#### **Long Acting**

•FORADIL

•SEREVENT

### Nasal Antihistamines

- ASTELIN
- ASTEPRO

### Nasal Steroids

- fluticasone**
- NASACORT AQ
- NASONEX
- VERAMYST

### Steroid/Beta Agonists

- ADVAIR
- SYMBICORT

### Steroid Inhalants

- budesonide inhalation suspension**
- ASMANEX
- FLOVENT
- PULMICORT
- QVAR

### TOPICAL

#### Ophthalmic

#### Beta-blockers, Nonselective

- timolol maleate solution**
- BETIMOL

#### Prostaglandins

- LUMIGAN
- TRAVATAN
- XALATAN

#### Sympathomimetics

- brimonidine 0.15%, 0.2%**

**FOR YOUR INFORMATION:** This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. The member's specific prescription benefit plan may have a different copay for specific products on the list.

Unless specifically indicated, drug list products will include all dosage forms.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

- Preferred brand-name medicines are noted with a bullet.
- \* Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

**PA** Prior Authorization required

**QL** Quantity Limitations apply

**SP** Available through CVS Caremark Specialty Pharmacy Services, toll-free at 1-800-237-2767

**ST** Step Therapy criteria applies

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## ANALGESICS

Practice guidelines of pain management are available at:  
<http://www.asahq.org>

### NSAIDs

#### Tier 1

choline magnesium trisalicylate

diclofenac potassium (generic of CATAFLAM)

diclofenac sodium delayed-rel (generic of VOLTAREN)

diclofenac sodium ext-rel (generic of VOLTAREN-XR)

diflunisal

etodolac

etodolac ext-rel

fenoprofen

flurbiprofen (generic of ANSAID)

ibuprofen (generic of MOTRIN)

indomethacin

indomethacin ext-rel (generic of INDOCIN SR)

ketoprofen

ketoprofen ext-rel

ketorolac QL

meclofenamate

mefenamic acid (generic of PONSTEL)

meloxicam (generic of MOBIC)

nabumetone

naproxen (generic of NAPROSYN)

naproxen delayed-rel (generic of EC-NAPROSYN)

naproxen sodium (generic of ANAPROX)

naproxen sodium (generic of ANAPROX DS)

naproxen sodium delayed-rel (generic of NAPRELAN)

oxaprozin (generic of DAYPRO)

piroxicam (generic of FELDENE)

salsalate

sulindac (generic of CLINORIL)

tolmetin

#### Tier 2

INDOCIN susp

#### Tier 3

ANAPROX E2

ANAPROX DS E2

ANSAID E2

ARTHROTEC

CATAFLAM E2

CLINORIL E2

DAYPRO E2

EC-NAPROSYN E2

FELDENE E2

FLECTOR E2

INDOCIN SR E2

MOBIC E2

MOTRIN E2

NALFON E2

NAPRELAN E2

NAPROSYN E2

PONSTEL E2

PREVACID NAPRAPAC E2

VOLTAREN E2

VOLTAREN topical gel E2

VOLTAREN-XR E2

## COX-2 INHIBITORS

### Tier 3

CELEBREX 400 mg **PA**

CELEBREX 50 mg, 100 mg, 200 mg **ST**

## GOUT

### Tier 1

**allopurinol** (generic of ZYLOPRIM)

**colchicine/probenecid**

**probenecid**

### Tier 3

COLCRYS **PA**

ULORIC

ZYLOPRIM

## NARCOTIC ANALGESICS

Practice Guidelines for Cancer Pain Management (includes WHO analgesic ladder) are available at:

<http://www.asahq.org>

<http://www.nccn.org>

Opioid guidelines in the management of chronic non-malignant pain are available at: <http://www.asipp.org/Guidelines.htm>

### Tier 1

**codeine/acetaminophen** (generic of TYLENOL w/CODEINE)

**hydrocodone/acetaminophen** (generic of ANEXSIA, LORCET, LORTAB, NORCO, VICODIN, VICODIN ES)

**ibuprofen/hydrocodone** (generic of VICOPROFEN)

**propoxyphene HCl** (generic of DARVON)

**propoxyphene HCl/aspirin/caffeine**

**propoxyphene nap/acetaminophen** (generic of DARVOCET-N 100, DARVOCET A500)

### Tier 3

ANEXSIA **E2**

CAPITAL w/CODEINE **E2**

DARVOCET A500 **E2**

DARVOCET-N 100 **E2**

DARVON **E2**

LORCET **E2**

LORTAB **E2**

NORCO **E2**

PANLOR DC **E2**

SYNALGOS-DC **E2**

TALACEN **E2**

TALWIN NX **E2**

TYLENOL w/CODEINE

VICODIN **E2**

VICODIN ES **E2**

VICOPROFEN **E2**

All brand-name hydrocodone/acetaminophen combination products where a generic exists (e.g., Anexsia, Lorcet, Lortab, Norco, Vicodin) are excluded for the two-tier formulary.

All brand-name propoxyphene and combination products where a generic exists (e.g., Darvon, Darvocet-N) are excluded for the two-tier formulary.

## NARCOTIC ANALGESICS, CII

### Tier 1

**fentanyl citrate oral transmucosal** (generic of ACTIQ)

**fentanyl transdermal** (generic of DURAGESIC) **QL**

**hydromorphone** (generic of DILAUDID)

**morphine** (generic of ROXANOL)

**morphine ext-rel** (generic of MS CONTIN)

**morphine supp**

**oxycodone caps 5 mg** (generic of OXYIR)

**oxycodone tabs 15 mg, soln 5 mg/5 mL** (generic of ROXICODONE)

**oxycodone tabs 5 mg**

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**oxycodone/acetaminophen** (generic of PERCOCET, TYLOX)

**oxycodone/aspirin** (generic of PERCODAN)

---

**Tier 2**

AVINZA

ROXICET soln

---

**Tier 3**

ACTIQ **E2**

ALCET **E2**

DEMEROL **E2**

DILAUDID

DURAGESIC **QL**

EMBEDA **PA**

FENTORA **E2**

KADIAN **E2**

MS CONTIN

NUCYNTA **QL**

ONSOLIS **PA**

OPANA **E2**

OPANA ER **E2**

ORAMORPH SR

OXYCONTIN

OXYIR

PERCOCET

PERCODAN

ROXANOL

ROXICODONE INTENSOL

ROXICODONE oral soln 5 mg/5 mL

ROXICODONE tabs 15 mg

ROXICODONE tabs 30 mg

TYLOX

---

**NON-NARCOTIC ANALGESICS**

**Tier 1**

**butalbital/acetaminophen**

**butalbital/acetaminophen/caffeine** (generic of ESGIC)

**butalbital/acetaminophen/caffeine** (generic of FIORICET)

**butalbital/aspirin/caffeine** (generic of FIORINAL)

**tramadol** (generic of ULTRAM)

**tramadol ext-rel** (generic of ULTRAM ER)

**tramadol/acetaminophen** (generic of ULTRACET)

---

**Tier 3**

ALAGESIC LQ **E2**

DOLGIC PLUS **E2**

ESGIC

ESGIC-PLUS **E2**

FIORICET

FIORINAL

PHRENILIN FORTE **E2**

RYZOLT

ULTRACET

ULTRAM **E2**

ULTRAM ER **E2**

---

## ANTI-INFECTIVES

**Hepatitis:** CDC recommendations on the treatment of hepatitis are available at:  
<http://www.cdc.gov/hepatitis/index.htm>

Guidelines for the management of chronic hepatitis by the American Association for the Study of Liver Disease are available at:  
<http://www.aasld.org>

**HIV/AIDS:** Guidelines for the treatment of HIV patients by the U.S. Department of Health and Human Services are available at:  
<http://www.aidsinfo.nih.gov>

**Infective Endocarditis:** American Heart Association recommendations for the prevention of bacterial endocarditis are available at:  
<http://www.americanheart.org>

**Influenza:** Recommendations of the Advisory Committee on Immunization Practices are available at:  
<http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

**International Travel:** CDC recommendations for international travel are available at: <http://www.cdc.gov/travel>

**Sexually Transmitted Diseases:** CDC Sexually Transmitted Diseases Guidelines are available at:  
<http://www.cdc.gov/std/treatment/default.htm>

**Respiratory Tract Infection/Antibiotic Use/Community Acquired Pneumonia/Other:** Principles of appropriate antibiotic use for treatment of nonspecific upper respiratory tract infection in adults are available at:  
[http://www.cdc.gov/ncidod/guidelines/guidelines\\_topic\\_ar.htm](http://www.cdc.gov/ncidod/guidelines/guidelines_topic_ar.htm)

Practice guidelines and statements developed and endorsed by the Infectious Diseases Society of America are available at:  
<http://www.idsociety.org>

### ANTIBACTERIALS

#### Cephalosporins

##### First Generation

###### Tier 1

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cefadroxil

---

cephalexin (generic of KEFLEX) \* P

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###### Tier 3

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KEFLEX E2

---

##### Second Generation

###### Tier 1

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cefaclor \* P

---

cefprozil

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cefuroxime axetil (generic of CEFTIN)

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###### Tier 3

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CEFTIN susp

---

CEFTIN tabs E2

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##### Third Generation

###### Tier 1

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cefdinir (generic of OMNICEF) \* P

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cefpodoxime (generic of VANTIN)

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###### Tier 2

---

SUPRAX P

---

###### Tier 3

---

CEDAX

---

OMNICEF

---

SPECTRACEF E2

---

VANTIN

---

## Erythromycins/Macrolides

### Tier 1

azithromycin (generic of ZITHROMAX) \* P

clarithromycin (generic of BIAXIN) \* P

clarithromycin ext-rel (generic of BIAXIN XL)

erythromycin delayed-rel \* P

erythromycin ethylsuccinate (generic of E.E.S., ERYPED) \* P

erythromycin stearate (generic of ERYTHROCIN STEARATE) \* P

erythromycin/sulfisoxazole \* P

### Tier 2

ZMAX

### Tier 3

BIAXIN E2

BIAXIN XL E2

E.E.S.

ERYPED

ERY-TAB

PCE E2

ZITHROMAX

## Fluoroquinolones

### Tier 1

ciprofloxacin ext-rel (generic of CIPRO XR) \* P

ciprofloxacin tabs (generic of CIPRO tabs) \* P

ofloxacin

### Tier 2

AVELOX P

CIPRO susp

LEVAQUIN P

### Tier 3

CIPRO tabs

CIPRO XR E2

FACTIVE E2

MAXAQUIN E2

NOROXIN E2

PROQUIN XR E2

## Ketolides

### Tier 3

KETEK

## Penicillins

### Tier 1

amoxicillin (generic of AMOXIL) \* P

amoxicillin/clavulanate (generic of AUGMENTIN) \* P

amoxicillin/clavulanate (generic of AUGMENTIN ES-600) \* P

ampicillin

dicloxacillin \* P

penicillin VK (generic of VEETIDS) \* P

### Tier 2

AMOXICILLIN chewable tabs

### Tier 3

AMOXIL \* E2

AUGMENTIN

AUGMENTIN ES-600

AUGMENTIN XR

\* E2 Only Amoxil 500 mg & 875 mg film-coated tabs, 200 mg & 400 mg chew tabs, 200 mg/5 mL & 400 mg/5 mL susp are excluded for the two-tier formulary.

### Sulfonamides

#### Tier 2

GANTRISIN

### Tetracyclines

#### Tier 1

doxycycline hyclate (generic of VIBRAMYCIN) \* P

doxycycline hyclate (generic of VIBRA-TABS) \* P

doxycycline monohydrate (generic of ADOXA)

doxycycline monohydrate (generic of MONODOX)

doxycycline monohydrate oral suspension (generic of VIBRAMYCIN SUSPENSION)

minocycline (generic of MINOCIN) \* P

minocycline caps (generic of DYNACIN caps) \* P

minocycline ext-rel (generic of SOLODYN) E2 PA

minocycline tabs (generic of DYNACIN tabs)

tetracycline caps \* P

#### Tier 2

VIBRAMYCIN SYRUP

#### Tier 3

ADOXA E2 ST †

DORYX E2 ST †

DYNACIN E2

MINOCIN E2

MONODOX E2

ORAXYL E2

SOLODYN E2 PA

VIBRAMYCIN caps

VIBRAMYCIN SUSPENSION

VIBRA-TABS

† - ST effective 4-1-10

### ANTIFUNGALS

#### Tier 1

clotrimazole troches (generic of MYCELEX TROCHES)

fluconazole (generic of DIFLUCAN) \* P QL

griseofulvin microsize susp (generic of GRIFULVIN V)

itraconazole caps (generic of SPORANOX) \* P

ketoconazole (generic of NIZORAL)

nystatin

nystatin oral susp

terbinafine tabs (generic of LAMISIL) \* P

#### Tier 2

VFEND

#### Tier 3

DIFLUCAN QL

FULVICIN U/F

GRIFULVIN V

GRIS-PEG

LAMISIL

MYCELEX

NIZORAL

NOXAFIL

SPORANOX E2

QL 150 mg strength only

## ANTIMALARIALS

### Tier 1

chloroquine phosphate (generic of ARALEN)

mefloquine

### Tier 2

MALARONE

MEPRON

### Tier 3

ARALEN

COARTEM

## ANTIRETROVIRAL AGENTS

All antiviral agents for the treatment of HIV infection are covered.

### Antiretroviral Combinations

#### Tier 2

ATRIPLA

COMBIVIR

EPZICOM

TRIZIVIR

TRUVADA

### Chemokine Receptor Antagonists

#### Tier 2

SELZENTRY

### Fusion Inhibitors

#### Tier 2

FUZEON SP

### Integrase Inhibitors

#### Tier 2

ISENTRESS

### Non-nucleoside Reverse Transcriptase Inhibitors

#### Tier 2

INTELENCE

RESCRIPTOR

SUSTIVA

VIRAMUNE

### Nucleoside Reverse Transcriptase Inhibitors

#### Tier 1

didanosine delayed-rel (generic of VIDEX EC)

stavudine (generic of ZERIT)

zidovudine (generic of RETROVIR)

#### Tier 2

EMTRIVA

EPIVIR

VIDEX soln

ZIAGEN

#### Tier 3

RETROVIR

VIDEX EC

ZERIT

### Nucleotide Reverse Transcriptase Inhibitors

#### Tier 2

VIREAD

## Protease Inhibitors

### Tier 2

APTIVUS

CRIXIVAN

INVIRASE

KALETRA

LEXIVA

NORVIR

PREZISTA

REYATAZ

VIRACEPT

## ANTITUBERCULAR AGENTS

### Tier 1

**ethambutol** (generic of MYAMBUTOL)

**isoniazid**

**pyrazinamide**

**rifampin** (generic of RIFADIN)

### Tier 2

MYCOBUTIN

### Tier 3

MYAMBUTOL

RIFADIN

## ANTIVIRALS

### Cytomegalovirus Agents

#### Tier 1

**ganciclovir**

#### Tier 2

VALCYTE

### Hepatitis Agents

(See Interferons section for additional agents to treat Hepatitis.)

#### Tier 1

**Ribasphere** (generic of REBETOL) **PA SP**

**ribavirin caps** (generic of REBETOL) **PA SP**

**ribavirin tabs** (generic of COPEGUS) **PA SP**

#### Tier 2

BARACLUDE

EPIVIR-HBV

HEPSERA

REBETOL oral soln **PA SP**

TYZEKA

#### Tier 3

COPEGUS **PA SP**

REBETOL caps **PA SP**

### Herpes Agents

#### Tier 1

**acyclovir** (generic of ZOVIRAX) **\* P**

**famciclovir**

**valacyclovir** (generic of VALTREX) **\* P**

#### Tier 3

VALTREX

ZOVIRAX

## Influenza Agents

### Tier 1

amantadine \* P

rimantadine tabs (generic of FLUMADINE) \* P

### Tier 2

FLUMADINE syrup

RELENZA P QL

TAMIFLU P QL

### Tier 3

FLUMADINE tabs

## MISCELLANEOUS

### Tier 1

clindamycin (generic of CLEOCIN) \* P

mebendazole

metronidazole tabs (generic of FLAGYL) \* P

nitrofurantoin ext-rel (generic of MACROBID) \* P

nitrofurantoin macrocrystals (generic of MACRODANTIN) \* P

sulfamethoxazole/trimethoprim (generic of SEPTRA) \* P

trimethoprim tabs

### Tier 2

ALINIA

DAPSONE

DARAPRIM

FURADANTIN

NEBUPENT

THALOMID SP

TINDAMAX

VANCOCIN

ZYVOX

### Tier 3

CLEOCIN

FLAGYL

FLAGYL 375 MG

MACROBID

MACRODANTIN

MONUROL QL

SEPTRA

XIFAXAN QL

## ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<http://www.asco.org>

<http://www.nccn.org>

## ALKYLATING AGENTS

### Tier 1

cyclophosphamide

### Tier 2

ALKERAN

CEENU

EMCYT

HEXALEN

LEUKERAN

MYLERAN

TEMODAR SP

## ANTIMETABOLITES

### Tier 1

mercaptopurine (generic of PURINETHOL)

### Tier 2

THIOGUANINE

TREXALL

XELODA **SP**

### Tier 3

PURINETHOL

## HORMONAL ANTINEOPLASTIC AGENTS

### Androgens

#### Tier 3

TESLAC

### Antiandrogens

#### Tier 1

bicalutamide (generic of CASODEX)

flutamide

#### Tier 2

NILANDRON

#### Tier 3

CASODEX

### Antiestrogens

#### Tier 1

tamoxifen

#### Tier 2

FARESTON

### Aromatase Inhibitors

#### Tier 2

ARIMIDEX

AROMASIN

FEMARA

### Luteinizing Hormone-releasing Hormone (LHRH) Agonists

#### Tier 1

leuprolide acetate **SP ^**

#### Tier 2

LUPRON DEPOT **SP ^**

TRELSTAR **SP ^**

ZOLADEX **SP ^**

### Progestins

#### Tier 1

megestrol acetate (generic of MEGACE)

#### Tier 2

MEGACE ES

#### Tier 3

MEGACE

## KINASE INHIBITORS

### Tier 2

GLEEVEC **SP**

NEXAVAR **PA SP**

SPRYCEL **PA SP**

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SUTENT PA SP  
TARCEVA SP  
TASIGNA PA SP  
TYKERB PA SP

---

**Tier 3**

---

AFINITOR PA SP  
IRESSA  
VOTRIENT PA SP

---

**MISCELLANEOUS**

**Tier 1**

**etoposide**

---

hydroxyurea (generic of HYDREA)  
tretinoin caps (generic of VESANOID)

---

**Tier 2**

---

DROXIA  
LYSODREN  
MATULANE  
MESNEX  
TARGRETIN caps  
ZOLINZA PA SP

---

**Tier 3**

---

HYDREA  
VESANOID

---

**CARDIOVASCULAR**

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at:

<http://www.nhlbi.nih.gov/guidelines/hypertension>

Guidelines for the evaluation and management of cardiovascular diseases in adults are available at:

<http://www.acc.org>  
<http://www.americanheart.org>  
<http://www.heartfailureguideline.org>

**ACE INHIBITORS**

Guidelines for the use of ACE inhibitors are available at:

<http://professional.diabetes.org>  
<http://www.acc.org>  
<http://www.americanheart.org>  
<http://www.nhlbi.nih.gov/guidelines/hypertension>

**Tier 1**

---

benazepril (generic of LOTENSIN)  
captopril  
enalapril (generic of VASOTEC)  
fosinopril (generic of MONOPRIL) \* P  
lisinopril (generic of ZESTRIL) \* P  
perindopril (generic of ACEON)  
quinapril (generic of ACCUPRIL) \* P  
ramipril caps (generic of ALTACE) \* P  
trandolapril (generic of MAVIK)

---

**Tier 3**

---

ACCUPRIL  
ACEON E2  
ALTACE  
LOTENSIN E2  
MAVIK  
MONOPRIL E2

---

---

PRINIVIL **E2**  
VASOTEC **E2**  
ZESTRIL **E2**

---

**ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS**

**Tier 1**

**amlodipine/benazepril** (generic of LOTREL)

---

**Tier 2**

TARKA **P**

---

**Tier 3**

LOTREL

---

**ACE INHIBITOR/DIURETIC COMBINATIONS**

**Tier 1**

**benazepril/hydrochlorothiazide** (generic of LOTENSIN HCT)

**captopril/hydrochlorothiazide** (generic of CAPOZIDE)

**enalapril/hydrochlorothiazide** (generic of VASERETIC)

**fosinopril/hydrochlorothiazide** (generic of MONOPRIL-HCT) \* **P**

**lisinopril/hydrochlorothiazide** (generic of ZESTORETIC) \* **P**

**quinapril/hydrochlorothiazide** (generic of ACCURETIC) \* **P**

---

**Tier 3**

ACCURETIC

CAPOZIDE **E2**

LOTENSIN HCT **E2**

MONOPRIL-HCT **E2**

PRINZIDE **E2**

UNIRETIC

VASERETIC **E2**

ZESTORETIC **E2**

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**ADRENOLYTICS, CENTRAL**

**Tier 1**

**clonidine** (generic of CATAPRES)

**clonidine transdermal** (generic of CATAPRES-TTS)

**guanfacine** (generic of TENEX)

---

**Tier 3**

CATAPRES

CATAPRES-TTS

TENEX

---

**ALDOSTERONE RECEPTOR ANTAGONISTS**

**Tier 1**

**eplerenone** (generic of INSPRA)

**spironolactone** (generic of ALDACTONE)

---

**Tier 3**

ALDACTONE

INSPRA

---

**ALPHA BLOCKERS**

Guidelines for the use of alpha blockers in various patient populations are available at:

<http://www.nhlbi.nih.gov/guidelines/hypertension>

---

**Tier 1**

**doxazosin** (generic of CARDURA) \* **P**

**prazosin** (generic of MINIPRESS)

**terazosin** (generic of HYTRIN) \* **P**

---

**Tier 3**

CARDURA

HYTRIN

MINIPRESS

**ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS**

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:

<http://professional.diabetes.org><http://www.nhlbi.nih.gov/guidelines/hypertension>**Tier 2**AVALIDE **P**AVAPRO **P**COZAAR **P**HYZAAR **P****Tier 3**ATACAND **\*\***

ATACAND HCT

BENICAR **E2**BENICAR HCT **E2**DIOVAN **E2**DIOVAN HCT **E2**MICARDIS **E2**MICARDIS HCT **E2**TEVETEN **E2**TEVETEN HCT **E2**

**\*\*** Atacand should be reserved for patients who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

**ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS****Tier 2**AZOR **P**

EXFORGE

**Tier 3**

TWYNSTA

**ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS****Tier 2**

EXFORGE HCT

**ANTIARRHYTHMICS**

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at:

<http://www.acc.org>**Tier 1****amiodarone** (generic of CORDARONE)**disopyramide** (generic of NORPACE)**disopyramide ext-rel** (generic of NORPACE CR)**flecainide** (generic of TAMBOCOR)**mexiletine****propafenone** (generic of RYTHMOL)**quinidine gluconate ext-rel****quinidine sulfate****sotalol** (generic of BETAPACE)**sotalol** (generic of BETAPACE AF)**Tier 2**

PACERONE

RYTHMOL SR

TIKOSYN

**Tier 3**

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**BETAPACE E2**

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BETAPACE AF

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CORDARONE

---

MULTAQ

---

NORPACE

---

NORPACE CR

---

RYTHMOL

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TAMBOCOR**ANTILIPEMICS**

The Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) is available at:

<http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>

**Antilipemic Combinations****Tier 3**

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VYTORIN**Bile Acid Resins****Tier 1**

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**cholestyramine** (generic of QUESTRAN/QUESTRAN LIGHT) \* P

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**colestipol** (generic of COLESTID)

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**Prevalite** (generic of QUESTRAN/QUESTRAN LIGHT) \* P**Tier 2**

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WELCHOL P**Tier 3**

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COLESTID

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QUESTRAN/QUESTRAN LIGHT E2**Cholesterol Absorption Inhibitors****Tier 2**

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ZETIA P**Fibrates****Tier 1**

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**fenofibrate, micronized** (generic of LOFIBRA) \* P

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**gemfibrozil** (generic of LOPID)**Tier 2**

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LIPOFEN P

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TRICOR P**Tier 3**

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ANTARA

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LOFIBRA

---

LOPID

---

TRIGLIDE

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TRILIPIX**HMG-CoA Reductase Inhibitors****Tier 1**

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**lovastatin** (generic of MEVACOR)

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**pravastatin** (generic of PRAVACHOL) \* P

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**simvastatin** (generic of ZOCOR) \* P**Tier 2**

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CRESTOR P

---

LIPITOR P

**Tier 3**ALTOPREV **E2**

LESCOL

LESCOL XL

MEVACOR **E2**

PRAVACHOL

ZOCOR **E2****Niacins/Combinations****Tier 2**ADVICOR **P**NIASPAN **P****Tier 3**

SIMCOR

**Omega-3 Fatty Acids****Tier 3**

LOVAZA

**BETA-BLOCKERS**

Guidelines for the use of beta-blockers and beta-blocker combinations in various patient populations are available at:

<http://www.acc.org><http://www.nhlbi.nih.gov/guidelines/hypertension>**Tier 1**

acebutolol (generic of SECTRAL)

atenolol (generic of TENORMIN) \* **P**

betaxolol (generic of KERLONE)

bisoprolol (generic of ZEBETA)

carvedilol (generic of COREG) \* **P**

labetalol (generic of TRANDATE)

metoprolol (generic of LOPRESSOR) \* **P**metoprolol succinate ext-rel (generic of TOPROL-XL) \* **P**nadolol (generic of CORGARD) \* **P**

pindolol

propranolol \* **P**

propranolol ext-rel (generic of INDERAL LA)

timolol

**Tier 2**COREG CR **P****Tier 3**

BYSTOLIC

COREG

CORGARD **E2**

INDERAL LA

INNOPRAN XL

KERLONE **E2**LEVATOL **E2**LOPRESSOR **E2**SECTRAL **E2**TENORMIN **E2**

TOPROL-XL

TRANDATE **E2**ZEBETA **E2**

## BETA-BLOCKER/DIURETIC COMBINATIONS

Guidelines for the use of beta-blockers and diuretic combinations in various patient populations are available at:

<http://www.acc.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

### Tier 1

**atenolol/chlorthalidone** (generic of TENORETIC)

**bisoprolol/hydrochlorothiazide** (generic of ZIAC)

**metoprolol/hydrochlorothiazide** (generic of LOPRESSOR HCT)

**nadolol/bendroflumethiazide** (generic of CORZIDE)

**propranolol/hydrochlorothiazide** (generic of INDERIDE)

### Tier 3

CORZIDE

INDERIDE

LOPRESSOR HCT

TENORETIC **E2**

ZIAC **E2**

## CALCIUM CHANNEL BLOCKERS

### Dihydropyridines

#### Tier 1

**amlodipine** (generic of NORVASC) \* **P**

**felodipine ext-rel**

**nicardipine**

**nifedipine** (generic of PROCARDIA)

**nifedipine ext-rel** (generic of ADALAT CC, PROCARDIA XL) \* **P**

**nisoldipine ext-rel** (generic of SULAR)

#### Tier 3

ADALAT CC **E2**

CARDENE SR **E2**

DYNACIRC CR **E2**

NORVASC

PROCARDIA **E2**

PROCARDIA XL **E2**

SULAR

### Nondihydropyridines

#### Tier 1

**diltiazem** (generic of CARDIZEM)

**diltiazem ext-rel** (generic of CARDIZEM CD) \* **P**

**diltiazem ext-rel** (generic of DILACOR XR) \* **P**

**diltiazem ext-rel** (generic of TIAZAC)

**verapamil** (generic of CALAN)

**verapamil ext-rel** (generic of CALAN SR) \* **P**

**verapamil ext-rel** (generic of ISOPTIN SR) \* **P**

**verapamil ext-rel** (generic of VERELAN)

**verapamil ext-rel** (generic of VERELAN PM)

#### Tier 3

CALAN **E2**

CALAN SR **E2**

CARDIZEM **E2**

CARDIZEM CD **E2**

CARDIZEM LA

COVERA-HS **E2**

DILACOR XR **E2**

ISOPTIN SR **E2**

TIAZAC

VERELAN **E2**

VERELAN PM **E2**

**CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS****Tier 2**CADUET **P****DIGITALIS GLYCOSIDES****Tier 1****digoxin** (generic of LANOXIN) \* **P****digoxin elixir** \* **P****Tier 3**

LANOXIN

**DIRECT RENIN INHIBITORS****Tier 2**

TEKTURNA

**DIRECT RENIN INHIBITOR COMBINATIONS****Tier 2**

TEKTURNA HCT

**Tier 3**

VALTURNA

**DIURETICS****Carbonic Anhydrase Inhibitors****Tier 1****acetazolamide****acetazolamide ext-rel** (generic of DIAMOX SEQUELS)**methazolamide****Tier 3**

DIAMOX SEQUELS

**Loop Diuretics****Tier 1****bumetanide****furosemide** (generic of LASIX) \* **P****torseamide** (generic of DEMADEx) \* **P****Tier 3**

DEMADEX

LASIX

**Potassium-sparing Diuretics****Tier 1****amiloride****Tier 3**

DYRENIUM

**Thiazides and Thiazide-like Diuretics****Tier 1****chlorthalidone****hydrochlorothiazide** \* **P****indapamide****metolazone** (generic of ZAROXOLYN) \* **P****Tier 3**

ZAROXOLYN

**Diuretic Combinations****Tier 1****amiloride/hydrochlorothiazide****spironolactone/hydrochlorothiazide** (generic of ALDACTAZIDE) \* **P****triamterene/hydrochlorothiazide** (generic of DYZAZIDE, MAXZIDE) \* **P**

**Tier 3**

ALDACTAZIDE

DYAZIDE

MAXZIDE

**NITRATES****Oral****Tier 1**

isosorbide dinitrate ext-rel tabs

isosorbide dinitrate oral (generic of ISORDIL)

isosorbide mononitrate (generic of ISMO)

isosorbide mononitrate ext-rel (generic of IMDUR)

**Tier 3**

IMDUR

ISMO

ISORDIL

**Sublingual****Tier 1**

nitroglycerin sublingual (generic of NITROSTAT)

**Tier 2**

NITROSTAT

**Tier 3**

NITROLINGUAL

**Transdermal****Tier 1**

nitroglycerin transdermal (generic of NITRO-DUR)

**Tier 3**

NITRO-BID

NITRO-DUR

**NITRATE/VASODILATOR COMBINATIONS****Tier 2**

BIDIL

**PULMONARY ARTERIAL HYPERTENSION****Endothelin Receptor Antagonists****Tier 2**LETAIRIS **SP**TRACLEER **SP****Phosphodiesterase Inhibitors****Tier 3**ADCIRCA **PA SP**REVATIO **PA SP****Prostaglandin Vasodilators****Tier 1**epoprostenol sodium (generic of FLOLAN) **SP ^****Tier 2**VENTAVIS **SP****Tier 3**FLOLAN **SP ^**REMODULIN **SP ^**TYVASO **SP**

## MISCELLANEOUS

### Tier 1

hydralazine

methyldopa

midodrine (generic of PROAMATINE)

nimodipine (generic of NIMOTOP)

### Tier 2

RANEXA

### Tier 3

NIMOTOP

PROAMATINE

## CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:

<http://www.psych.org>

### ANTI-ANXIETY

#### Benzodiazepines

##### Tier 1

alprazolam (generic of XANAX)

alprazolam orally disintegrating tabs (generic of NIRAVAM)

chlordiazepoxide (generic of LIBRIUM)

clonazepam tabs (generic of KLONOPIN)

clorazepate (generic of TRANXENE)

diazepam (generic of VALIUM)

lorazepam (generic of ATIVAN)

oxazepam

##### Tier 2

ALPRAZOLAM oral concentrate

DIAZEPAM oral concentrate

LORAZEPAM INTENSOL

##### Tier 3

ATIVAN **E2**

KLONOPIN

LIBRIUM **E2**

NIRAVAM **E2**

TRANXENE **E2**

TRANXENE SD **E2**

VALIUM **E2**

XANAX **E2**

XANAX XR **E2**

#### Miscellaneous

##### Tier 1

bupirone (generic of BUSPAR)

clomipramine (generic of ANAFRANIL)

fluvoxamine

##### Tier 3

ANAFRANIL

BUSPAR **E2**

LUVOX CR **E2**

VANSPAR **E2**

## ANTICONVULSANTS

Practice guidelines for the treatment of epilepsy are available at:  
<http://www.aan.com>

### Tier 1

<b>carbamazepine</b> (generic of TEGRETOL)
<b>carbamazepine ext-rel</b> (generic of TEGRETOL-XR)
<b>divalproex sodium delayed-rel</b> (generic of DEPAKOTE)
<b>divalproex sodium ext-rel</b> (generic of DEPAKOTE ER)
<b>divalproex sodium sprinkle caps</b> (generic of DEPAKOTE SPRINKLE)
<b>ethosuximide</b> (generic of ZARONTIN)
<b>gabapentin</b> (generic of NEURONTIN)
<b>lamotrigine</b> (generic of LAMICTAL)
<b>lamotrigine chewable dispersible tabs 5 mg, 25 mg</b> (generic of LAMICTAL Chewable Dispersible Tablets 5 mg, 25 mg)
<b>levetiracetam</b> (generic of KEPPRA)
<b>oxcarbazepine oral suspension</b> (generic of TRILEPTAL)
<b>oxcarbazepine tabs</b> (generic of TRILEPTAL)
<b>phenobarbital</b>
<b>phenytoin sodium extended</b> (generic of DILANTIN)
<b>phenytoin sodium extended</b> (generic of PHENYTEK)
<b>primidone</b> (generic of MYSOLINE)
<b>topiramate</b> (generic of TOPAMAX)
<b>topiramate sprinkle caps</b> (generic of TOPAMAX SPRINKLE)
<b>valproic acid</b> (generic of DEPAKENE)
<b>zonisamide</b> (generic of ZONEGRAN)

### Tier 2

CARBATROL
DEPAKOTE
DEPAKOTE ER
DEPAKOTE SPRINKLE
DIASTAT
DILANTIN
DILANTIN INFATABS
GABTRIL
KEPPRA
KEPPRA XR
LAMICTAL
LAMICTAL ODT
MYSOLINE
NEURONTIN soln
PHENYTEK
TEGRETOL
TEGRETOL-XR
TOPAMAX
TOPAMAX SPRINKLE
TRILEPTAL

### Tier 3

BANZEL
DEPAKENE
LAMICTAL Chewable Dispersible Tablets 5 mg, 25 mg
LAMICTAL XR
LYRICA
NEURONTIN caps, tabs
SABRIL <b>PA SP</b>
VIMPAT
ZARONTIN
ZONEGRAN

## ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:  
<http://www.aan.com>

### Tier 1

**galantamine** (generic of RAZADYNE)

**galantamine ext-rel** (generic of RAZADYNE ER)

### Tier 2

ARICEPT

EXELON

EXELON PATCH

NAMENDA

### Tier 3

RAZADYNE

RAZADYNE ER

## ANTIDEPRESSANTS

Although these agents are primarily indicated for depression, some of these are also approved for other indications, including bipolar disorder, bulimia nervosa, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, premenstrual dysphoric disorder, seasonal affective disorder, and social anxiety disorder.

Guidelines for the evaluation and management of bipolar and depressive disorders are available at:  
<http://www.psych.org>

### Monoamine Oxidase Inhibitors (MAOIs)

#### Tier 1

**tranylcypromine** (generic of PARNATE)

#### Tier 2

NARDIL

#### Tier 3

EMSAM

PARNATE

### Selective Serotonin Reuptake Inhibitors (SSRIs)

#### Tier 1

**citalopram** (generic of CELEXA) \* P

**fluoxetine** (generic of PROZAC) \* P

**paroxetine HCl** (generic of PAXIL) \* P

**paroxetine HCl ext-rel** (generic of PAXIL CR) \* P

**sertraline** (generic of ZOLOFT) \* P

#### Tier 3

CELEXA

LEXAPRO

PAXIL

PAXIL CR

PEXEVA

PROZAC E2

PROZAC WEEKLY E2

RAPIFLUX E2

SARAFEM

ZOLOFT

### Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)\*

\* Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

#### Tier 1

**venlafaxine** (generic of EFFEXOR) \* P

**Tier 2**

CYMBALTA **P**  
 EFFEXOR XR **P**

**Tier 3**

EFFEXOR  
 PRISTIQ **E2**

**Tricyclic Antidepressants (TCAs)****Tier 1**

amitriptyline  
 desipramine (generic of NORPRAMIN)  
 doxepin  
 imipramine HCl (generic of TOFRANIL)  
 nortriptyline (generic of PAMELOR)

**Tier 3**

NORPRAMIN  
 PAMELOR  
 TOFRANIL

**Miscellaneous Agents****Tier 1**

bupropion (generic of WELLBUTRIN) \* **P**  
 bupropion ext-rel (generic of WELLBUTRIN SR) \* **P**  
 bupropion ext-rel (generic of WELLBUTRIN XL) \* **P**  
 mirtazapine (generic of REMERON) \* **P**  
 nefazodone  
 trazodone

**Tier 3**

ALENZIN **E2**  
 REMERON  
 WELLBUTRIN **E2**  
 WELLBUTRIN SR  
 WELLBUTRIN XL

**ANTIPARKINSONIAN AGENTS**

Practice guidelines for the diagnosis and treatment of Parkinson's disease are available at:  
<http://www.aan.org>

**Tier 1**

amantadine \* **P**  
 benztropine  
 bromocriptine (generic of PARLODEL)  
 carbidopa/levodopa (generic of SINEMET)  
 carbidopa/levodopa ext-rel (generic of SINEMET CR)  
 carbidopa/levodopa orally disintegrating tabs (generic of PARCOPA)  
 pramipexole (generic of MIRAPEX)  
 ropinirole (generic of REQUIP)  
 selegiline (generic of ELDEPRYL)  
 trihexyphenidyl

**Tier 2**

APOKYN  
 AZILECT  
 COMTAN  
 MIRAPEX  
 STALEVO

**Tier 3**

ELDEPRYL  
 PARCOPA

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## ANTIPSYCHOTICS

### Atypicals

#### Tier 1

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#### Tier 2

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#### Tier 3

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### Miscellaneous

#### Tier 1

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#### Tier 3

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## ATTENTION DEFICIT HYPERACTIVITY DISORDER

Guidelines for the evaluation and management of attention deficit disorder are available at:

<http://www.aacap.org>  
<http://www.aap.org>

#### Tier 1

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#### Tier 2

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METHYLIN chewable tabs, oral soln  
STRATTERA

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**Tier 3**

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ADDERALL  
ADDERALL XR  
DEXEDRINE  
DEXEDRINE SPANSULE  
INTUNIV  
METADATE ER  
RITALIN  
RITALIN LA  
RITALIN-SR  
VYVANSE

---

**FIBROMYALGIA**

**Tier 3**

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SAVELLA

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**HUNTINGTON'S DISEASE**

**Tier 3**

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XENAZINE **SP**

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**HYPNOTICS**

Practice parameters for the treatment of sleep disorders and clinical guidelines for the evaluation and management of chronic insomnia in adults are available at:

<http://www.aasmnet.org>

Short-term insomnia may last for a few weeks and may recur. A sedative/hypnotic can be useful but should preferably not be given for more than 7-10 days.

**Benzodiazepines**

**Tier 1**

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estazolam **QL**  
flurazepam **QL**  
temazepam (generic of RESTORIL) **QL**  
triazolam (generic of HALCION) **QL**

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**Tier 3**

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DORAL **QL**  
HALCION **QL**  
RESTORIL **QL**

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**Nonbenzodiazepines**

**Tier 1**

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chloral hydrate syrup  
zaleplon (generic of SONATA) **QL**  
zolpidem (generic of AMBIEN) **QL**

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**Tier 3**

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AMBIEN **QL**  
AMBIEN CR **QL E2**  
EDLUAR **QL E2**  
LUNESTA **QL E2**  
ROZEREM **QL E2**  
SONATA **QL E2**

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**MIGRAINE**

Guidelines for prevention and management of migraine headaches are available at:  
<http://www.aan.com>

**Abortive Therapy****Ergotamine Derivatives****Tier 1**

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**dihydroergotamine inj** (generic of D.H.E. 45)

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**ergotamine/caffeine tabs** (generic of CAFERGOT)

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**Tier 2**

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MIGERGOT supp

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MIGRANAL **QL**

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**Tier 3**

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CAFERGOT tabs

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D.H.E. 45

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**Selective Serotonin Agonists****Tier 1**

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**sumatriptan** (generic of IMITREX) \* **P QL**

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**Tier 2**

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MAXALT **P QL**

---

ZOMIG **P QL**

---

**Tier 3**

---

AMERGE **QL**

---

AXERT **QL**

---

FROVA **QL**

---

IMITREX inj **QL**

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IMITREX nasal spray **QL**

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IMITREX tabs **QL**

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RELPAX **QL**

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**Selective Serotonin Agonist/Nonsteroidal Anti-inflammatory Drug (NSAID) Combinations****Tier 2**

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TREXIMET **P QL**

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**Miscellaneous****Tier 1**

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**acetaminophen/dichloralphenazone/isometheptene** (generic of MIDRIN)

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**Tier 3**

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MIDRIN

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**MOOD STABILIZERS****Tier 1**

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**lithium carbonate**

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**lithium carbonate ext-rel tabs 300 mg** (generic of LITHOBID)

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**lithium carbonate ext-rel tabs 450 mg**

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**lithium citrate syrup**

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**Tier 2**

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EQUETRO

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**Tier 3**

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LITHOBID

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## MULTIPLE SCLEROSIS

Practice guidelines for multiple sclerosis are available at:  
<http://www.aan.com>

### Tier 2

AVONEX **PA SP**

BETASERON **PA SP**

COPAXONE **PA P SP**

REBIF **PA P SP**

### Tier 3

EXTAVIA **PA SP**

## MUSCULOSKELETAL THERAPY AGENTS

### Tier 1

**baclofen**

**chlorzoxazone** (generic of PARAFON FORTE DSC)

**cyclobenzaprine** (generic of FLEXERIL)

**dantrolene** (generic of DANTRIUM)

**methocarbamol** (generic of ROBAXIN)

**orphenadrine/aspirin/caffeine**

**tizanidine tabs** (generic of ZANAFLEX tabs)

### Tier 3

DANTRIUM

FLEXERIL

PARAFON FORTE DSC

ROBAXIN

SKELAXIN

ZANAFLEX

## MYASTHENIA GRAVIS

### Tier 1

**pyridostigmine** (generic of MESTINON)

### Tier 2

MESTINON syrup

MESTINON TIMESPAN

### Tier 3

MESTINON

## NARCOLEPSY/CATAPLEXY

See Attention Deficit Hyperactivity Disorder section for additional agents used to treat narcolepsy.

### Tier 2

XYREM

### Tier 3

NUVIGIL **PA**

PROVIGIL **PA**

## PSYCHOTHERAPEUTIC-MISCELLANEOUS

### Alcohol Deterrents

#### Tier 2

ANTABUSE

CAMPRAL

### Narcotic Antagonists

#### Tier 1

**naltrexone** (generic of REVIA)

### Tier 3

REVIA

## Opiate Partial Agonists

### Tier 1

**buprenorphine** (generic of SUBUTEX) **QL**

### Tier 2

SUBOXONE **PA**

### Tier 3

SUBUTEX **QL**

## Smoking Deterrents

### Tier 1

**bupropion ext-rel** (generic of ZYBAN) **QL**

**nicotine transdermal** **QL**

### Tier 3

CHANTIX **QL**

NICOTROL INHALER **QL**

NICOTROL NS **QL**

ZYBAN **QL**

## ENDOCRINE AND METABOLIC

### ANDROGENS

Clinical practice guidelines for the treatment of hypogonadism are available at:

<http://www.aace.com>

### Tier 2

ANDROGEL **P**

### Tier 3

ANDRODERM

STRIANT

TESTIM

### ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<http://professional.diabetes.org>

Diabetic drugs/supplies are covered as a diabetic benefit for most members and are subject to applicable copayment.

### Alpha-glucosidase Inhibitors

### Tier 1

**acarbose** (generic of PRECOSE)

### Tier 3

GLYSET

PRECOSE

### Amylin Analogs

### Tier 2

SYMLIN

### Biguanides

### Tier 1

**metformin** (generic of GLUCOPHAGE) \* **P**

**metformin ext-rel** (generic of GLUCOPHAGE XR) \* **P**

### Tier 3

FORTAMET

GLUCOPHAGE

GLUCOPHAGE XR

GLUMETZA

RIOMET

### Biguanide/Sulfonylurea Combinations

#### Tier 1

glipizide/metformin (generic of METAGLIP) \* P

glyburide/metformin (generic of GLUCOVANCE) \* P

#### Tier 3

GLUCOVANCE

METAGLIP

### Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

#### Tier 2

JANUVIA P

ONGLYZA P

### Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations

#### Tier 2

JANUMET P

### Glucose Elevating Agents

#### Tier 2

GLUCAGON

### Incretin Mimetic Agents

#### Tier 2

BYETTA P

### Insulins

All insulins, syringes, and needles are covered.

#### Tier 2

APIDRA P

HUMALOG P

HUMALOG MIX P

HUMULIN 70/30 OTC P

HUMULIN N OTC P

HUMULIN R OTC P

LANTUS P

LEVEMIR P

NOVOLIN 70/30 OTC P

NOVOLIN N OTC P

NOVOLIN R OTC P

NOVOLOG P

NOVOLOG MIX 70/30 P

### Insulin Sensitizers

#### Tier 2

ACTOS P

AVANDIA

### Insulin Sensitizer/Biguanide Combinations

#### Tier 2

ACTOPLUS MET P

AVANDAMET

### Insulin Sensitizer/Sulfonylurea Combinations

#### Tier 2

AVANDARYL

DUETACT P

### Meglitinides

#### Tier 1

nateglinide (generic of STARLIX)

#### Tier 2

PRANDIN P

**Tier 3**

STARLIX

**Sulfonylureas****Tier 1**

glimepiride (generic of AMARYL) \* P

glipizide (generic of GLUCOTROL) \* P

glipizide ext-rel (generic of GLUCOTROL XL) \* P

glyburide

glyburide, micronized (generic of GLYNASE)

**Tier 2**

GLYCRON 4.5 mg

**Tier 3**

AMARYL

DIABETA

GLUCOTROL

GLUCOTROL XL

GLYNASE

**Supplies**

ACCU-CHEK STRIPS AND KITS P

BD INSULIN SYRINGES AND NEEDLES P

lancets

ONETOUCH STRIPS AND KITS P

**ANTIOBESITY**

Guidelines of treatment and management of obesity are available at:

<http://www.aace.com>[http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_home.htm](http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm)**Monoamine Reuptake Inhibitors****Tier 2**

MERIDIA PA

**Fat Absorption Decreasing Agents****Tier 2**

XENICAL PA

**CALCIUM REGULATORS****Bisphosphonates**

Guidelines of treatment and management of osteoporosis are available at:

<http://www.aace.com><http://www.nof.org>**Tier 1**

alendronate tabs (generic of FOSAMAX) \* P

**Tier 2**

ACTONEL P

**Tier 3**

ACTONEL WITH CALCIUM

BONIVA

FOSAMAX

FOSAMAX PLUS D

**Calcitonins****Tier 1**

calcitonin-salmon nasal spray (generic of MIACALCIN nasal spray)

Fortical \* P

**Tier 2**

MIACALCIN

**Tier 3**

MIACALCIN nasal spray \* P

**Parathyroid Hormones****Tier 2**

FORTEO P QL SP

**CONTRACEPTIVES****Monophasic****20 mcg Estrogen****Tier 1**

Aviane

Junel (generic of LOESTRIN 1/20)

Junel Fe (generic of LOESTRIN FE 1/20)

Lessina

Lutera

Microgestin 1/20 (generic of LOESTRIN 1/20)

Microgestin FE 1/20 (generic of LOESTRIN FE 1/20)

**Tier 3**

LOESTRIN 1/20

LOESTRIN 24 FE

LOESTRIN FE 1/20

YAZ

**30 mcg Estrogen****Tier 1**

Apri (generic of DESOGEN, ORTHO-CEPT)

Cryselle (generic of LO/OVRAL)

Junel (generic of LOESTRIN 1.5/30)

Junel Fe (generic of LOESTRIN FE 1.5/30)

Levora (generic of NORDETTE)

Low-Ogestrel (generic of LO/OVRAL)

Microgestin 1.5/30 (generic of LOESTRIN 1.5/30)

Microgestin FE 1.5/30 (generic of LOESTRIN FE 1.5/30)

Ocella (generic of YASMIN) \* P

Portia (generic of NORDETTE)

Reclipsen (generic of DESOGEN, ORTHO-CEPT)

Solia (generic of DESOGEN, ORTHO-CEPT)

**Tier 3**

DESOGEN

LO/OVRAL

LOESTRIN 1.5/30

LOESTRIN FE 1.5/30

NORDETTE

ORTHO-CEPT

YASMIN

**35 mcg Estrogen****Tier 1**

Balziva (generic of OVCON 35)

Kelnor 1/35

Mononessa (generic of ORTHO-CYCLEN)

Necon 0.5/35 (generic of BREVICON, MODICON)

Necon 1/35 (generic of NORINYL 1+35, ORTHO-NOVUM 1/35)

Nortrel 0.5/35 (generic of BREVICON, MODICON)

Nortrel 1/35 (generic of NORINYL 1+35, ORTHO-NOVUM 1/35)

Previfem (generic of ORTHO-CYCLEN)

---

**Sprintec** (generic of ORTHO-CYCLEN)

**Zovia 1/35**

---

**Tier 3**

BREVICON

FEMCON FE **E2**

MODICON

NORINYL 1+35

ORTHO-CYCLEN

ORTHO-NOVUM 1/35

OVCON 35

OVCON FE **E2**

---

**50 mcg Estrogen**

**Tier 1**

**Necon 1/50** (generic of NORINYL 1+50)

**Ogestrel**

**Zovia 1/50**

---

**Tier 2**

OVCON 50

---

**Tier 3**

NORINYL 1+50

---

**Biphasic**

**Tier 1**

**Kariva** (generic of MIRCETTE)

---

**Tier 3**

MIRCETTE

NECON 10/11

---

**Triphasic**

**Tier 1**

**Aranelle** (generic of TRI-NORINYL)

**Cesia** (generic of CYCLESSA)

**Enpresse**

**Leena** (generic of TRI-NORINYL)

**Necon 7/7/7** (generic of ORTHO-NOVUM 7/7/7)

**Nortrel 7/7/7** (generic of ORTHO-NOVUM 7/7/7)

**Tilia Fe** (generic of ESTROSTEP FE)

**Tri-Legest Fe** (generic of ESTROSTEP FE)

**Trinessa** (generic of ORTHO TRI-CYCLEN) \* **P**

**Tri-Previfem** (generic of ORTHO TRI-CYCLEN) \* **P**

**Tri-Sprintec** (generic of ORTHO TRI-CYCLEN) \* **P**

**Trivora**

**Velivet** (generic of CYCLESSA)

---

**Tier 3**

CYCLESSA

ESTROSTEP FE

ORTHO TRI-CYCLEN

ORTHO TRI-CYCLEN LO

ORTHO-NOVUM 7/7/7

TRI-NORINYL

---

**Extended Cycle**

**Tier 1**

**Jolessa** (generic of SEASONALE) \* **P**

**Quasense** (generic of SEASONALE) \* **P**

---

**Tier 2**

LOSEASONIQUE **P**

SEASONIQUE **P**

**Tier 3**

SEASONALE

**Continuous**

**Tier 3**

LYBREL

**Progestin Only**

**Tier 1**

**Camila** (generic of NOR-QD)

**Errin** (generic of ORTHO MICRONOR)

**Jolivette** (generic of ORTHO MICRONOR)

**Nora-Be** (generic of NOR-QD)

**Tier 3**

NOR-QD

ORTHO MICRONOR

**Emergency Contraception**

**Tier 1**

**levonorgestrel - Next Choice** (generic of PLAN B) \* **QL**

**Tier 2**

PLAN B ONE-STEP \* **QL**

**Tier 3**

PLAN B \* **QL**

\* Coverage limited to members 17 years of age and younger

**Implant**

**Tier 3**

IMPLANON **SP**

**Injectable**

**Tier 1**

**medroxyprogesterone acetate vial 150 mg/mL** (generic of DEPO-PROVERA)

**Tier 3**

DEPO-PROVERA

DEPO-SUBQ PROVERA 104

**Progestin Intrauterine Device**

**Tier 2**

MIRENA

**Transdermal**

**Tier 2**

ORTHO EVRA

**Vaginal**

**Tier 2**

NUVARING **P**

**ENDOMETRIOSIS**

**Tier 1**

**danazol**

**Tier 2**

SYNAREL

## ESTROGENS

Guidelines of treatment and management of hormone therapy and menopause are available at:  
<http://www.menopause.org>

### Oral

#### Tier 1

---

estradiol (generic of ESTRACE) \* P

---

estropipate (generic of OGEN) \* P

---

#### Tier 2

---

ENJUVIA P

---

PREMARIN P

---

#### Tier 3

---

CENESTIN

---

ESTRACE

---

FEMTRACE

---

MENEST

---

OGEN

---

### Transdermal

#### Tier 1

---

estradiol (generic of CLIMARA) \* P

---

#### Tier 2

---

ESTRADERM P

---

VIVELLE-DOT P

---

#### Tier 3

---

ALORA

---

CLIMARA

---

ESTRASORB

---

ESTROGEL

---

MENOSTAR

---

### Vaginal

#### Tier 2

---

ESTRACE

---

ESTRING

---

FEMRING

---

PREMARIN

---

VAGIFEM

---

## ESTROGEN/PROGESTINS

### Oral

#### Tier 1

---

estradiol/norethindrone acetate 1 mg/0.5 mg (generic of ACTIVELLA) \* P

---

#### Tier 2

---

PREMPHASE P

---

PREMPRO P

---

#### Tier 3

---

ACTIVELLA

---

ANGELIQ

---

FEMHRT

---

PREFEST

---

### Transdermal

#### Tier 2

---

CLIMARA PRO

---

#### Tier 3

---

COMBIPATCH

---

## FERTILITY REGULATORS

### Tier 1

chorionic gonadotropin inj **PA QL SP**  
clomiphene (generic of CLOMID)

### Tier 2

CETROTIDE **PA QL SP**  
FOLLISTIM AQ **PA QL SP**  
GANIRELIX **PA QL SP**  
GONAL-F **PA QL SP**  
GONAL-F RFF **PA QL SP**  
LUTREPULSE  
LUVERIS **PA QL SP**  
MENOPUR **PA QL SP**  
OVIDREL **PA QL SP**

### Tier 3

BRAVELLE **PA QL SP**  
CLOMID  
ENDOMETRIN **PA QL SP**  
REPRONEX **PA QL SP**

## GLUCOCORTICOIDS

### Tier 1

dexamethasone  
fludrocortisone  
hydrocortisone (generic of CORTEF)  
methylprednisolone (generic of MEDROL)  
prednisolone  
prednisolone sodium phosphate (generic of ORAPRED)  
prednisolone sodium phosphate (generic of PEDIAPRED)  
prednisolone syrup (generic of PRELONE)  
prednisone (generic of STERAPRED)

### Tier 2

ORAPRED ODT

### Tier 3

CORTEF  
FLUDROCORTISONE  
MEDROL  
ORAPRED  
PEDIAPRED  
PRELONE  
STERAPRED

## HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

<http://www.ace.com>

### Tier 2

GENOTROPIN **PA SP**  
HUMATROPE **PA SP**  
NORDITROPIN **PA SP**  
NUTROPIN/NUTROPIN AQ **PA SP**  
SAIZEN **PA SP**  
SEROSTIM **PA SP**  
TEV-TROPIN **PA SP**  
ZORBTIVE **PA SP**

## HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

### Tier 2

HECTOROL caps

**INSULIN-LIKE GROWTH FACTOR**

**Tier 3**

INCRELEX **PA SP**

---

**PHENYLKETONURIA TREATMENT AGENTS**

**Tier 3**

KUVAN **PA SP**

---

**PHOSPHATE BINDER AGENTS**

**Tier 1**

calcium acetate (generic of PHOSLO)

---

**Tier 2**

FOSRENOL

REVELA

---

**Tier 3**

PHOSLO

---

**PROGESTINS**

**Oral**

**Tier 1**

medroxyprogesterone acetate (generic of PROVERA) \* **P**

norethindrone acetate (generic of AYGESTIN)

---

**Tier 2**

PROMETRIUM **P**

---

**Tier 3**

AYGESTIN

PROVERA

---

**Vaginal**

**Tier 2**

CRINONE **PA QL SP**

PROCHIEVE **PA QL SP**

---

**SELECTIVE ESTROGEN RECEPTOR MODULATORS**

**Tier 2**

EVISTA **P**

---

**SOMATROPIN ANTAGONISTS**

**Tier 2**

SOMAVERT **SP**

---

**THYROID AGENTS**

**Antithyroid Agents**

**Tier 1**

methimazole (generic of TAPAZOLE)

propylthiouracil

---

**Tier 3**

TAPAZOLE

---

**Thyroid Supplements**

**Tier 1**

Levothroid \* **P**

levothyroxine \* **P**

Levoxyl \* **P**

Unithroid \* **P**

---

**Tier 2**

SYNTHROID

---

## VASOPRESSIN RECEPTOR ANTAGONISTS

### Tier 3

SAMSCA

## VASOPRESSINS

### Tier 1

desmopressin spray, tabs (generic of DDAVP)

### Tier 3

DDAVP spray

DDAVP tabs

## MISCELLANEOUS

### Tier 1

cabergoline

levocarnitine (generic of CARNITOR)

### Tier 2

METHERGINE

SENSIPAR **SP**

ZEMPLAR

### Tier 3

CARNITOR

## GASTROINTESTINAL

Guidelines of treatment and management of various gastrointestinal diseases/conditions are available at:

<http://www.acg.gi.org>

<http://www.gastro.org>

## ANTIDIARRHEALS

### Tier 1

diphenoxylate/atropine (generic of LOMOTIL)

loperamide caps

### Tier 3

LOMOTIL

## ANTIEMETICS

### Tier 1

dronabinol (generic of MARINOL)

granisetron (generic of KYTRIL)

meclizine (generic of ANTIVERT)

metoclopramide (generic of REGLAN)

ondansetron (generic of ZOFRAN)

prochlorperazine supp, tabs (generic of COMPAZINE)

promethazine (generic of PHENERGAN)

trimethobenzamide caps (generic of TIGAN caps)

### Tier 2

COMPAZINE syrup

EMEND **QL**

TRANSDERM SCOP

### Tier 3

ANTIVERT

ANZEMET

CESAMET

COMPAZINE supp, tabs

KYTRIL

MARINOL

METOZOLV ODT

PHENERGAN

REGLAN

---

SANCUSO **QL**

---

TIGAN caps

---

ZOFRAN

---

**ANTISPASMODICS**

**Tier 1**

---

**atropine/hyoscyamine/scopolamine/phenobarbital** (generic of DONNATAL)

---

**chlordiazepoxide/clidinium**

---

**dicyclomine** (generic of BENTYL)

---

**hyoscyamine sulfate 0.125 mg tabs** (generic of LEVSIN)

---

**hyoscyamine sulfate 0.15 mg tabs**

---

**hyoscyamine sulfate ext-rel** (generic of LEVBID)

---

**hyoscyamine sulfate orally disintegrating tabs**

---

**Tier 3**

---

BENTYL

---

DONNATAL

---

LEVBID

---

LEVSIN

---

**CHOLELITHOLYTICS**

**Tier 1**

---

**ursodiol** (generic of ACTIGALL)

---

**ursodiol** (generic of URSO)

---

**ursodiol** (generic of URSO FORTE)

---

**Tier 3**

---

ACTIGALL

---

URSO

---

URSO FORTE

---

**H<sub>2</sub> RECEPTOR ANTAGONISTS**

**Tier 1**

---

**cimetidine** (generic of TAGAMET)

---

**famotidine** (generic of PEPCID)

---

**nizatidine** (generic of AXID)

---

**ranitidine** (generic of ZANTAC) \* **P**

---

**Tier 2**

---

PEPCID susp

---

**Tier 3**

---

AXID **E2**

---

AXID soln

---

PEPCID **E2**

---

PEPCID RPD **E2**

---

TAGAMET **E2**

---

ZANTAC **E2**

---

**INFLAMMATORY BOWEL DISEASE**

**Oral Agents**

**Tier 1**

---

**sulfasalazine** (generic of AZULFIDINE)

---

**sulfasalazine delayed-rel** (generic of AZULFIDINE EN-TABS)

---

**Tier 2**

---

ASACOL

---

ASACOL HD

---

DIPENTUM

---

PENTASA

---

**Tier 3**

AZULFIDINE

AZULFIDINE EN-TABS

ENTOCORT EC

**Rectal Agents****Tier 1****hydrocortisone enema****hydrocortisone enemas** (generic of CORTENEMA)**mesalamine rectal susp** (generic of ROWASA)**Tier 2**

CANASA

CORTIFOAM

SFROWASA

**Tier 3**

CORTENEMA

ROWASA

**IRRITABLE BOWEL SYNDROME****Irritable Bowel Syndrome with Constipation****Tier 3**

AMITIZA

**Irritable Bowel Syndrome with Diarrhea****Tier 3**

LOTRONEX \*\* †

**\*\*** Indicates product is covered for females only.**†** For safety reasons, to prescribe Lotronex, the physician must be enrolled in the Prescribing Program for Lotronex. Physicians must understand the benefits and risks of treatment with Lotronex for severe diarrhea-predominant IBS, including the information in the Prescribing Information, Medication Guide and Patient-Physician Agreement for Lotronex.To enroll or for more information on the Prescribing Program for Lotronex, call 1-888-423-5227 or visit [www.lotronex.com](http://www.lotronex.com) to complete the Physician Enrollment Form.**LAXATIVES****Tier 1****lactulose****peg 3350/electrolytes** (generic of GOLYTELY)**polyethylene glycol 3350** (generic of MIRALAX)**Trilyte** (generic of NULYTELY)**Tier 2**

HALFLYTELY

KRISTALOSE

VISICOL

**Tier 3**

GOLYTELY

MIRALAX

NULYTELY

**PANCREATIC ENZYMES****Tier 2**

CREON

**PROSTAGLANDINS****Tier 1****misoprostol** (generic of CYTOTEC)**Tier 3**

CYTOTEC

## PROTON PUMP INHIBITORS

### Tier 1

lansoprazole delayed-rel (generic of PREVACID) **QL**

omeprazole delayed-rel 20 mg (generic of PRILOSEC) \* **P**

omeprazole delayed-rel 20 mg **OTC**

omeprazole delayed-rel 40 mg (generic of PRILOSEC) \* **P QL**

pantoprazole delayed-rel (generic of PROTONIX) **QL ST**

Prevacid 24HR **OTC**

Prilosec **OTC**

### Tier 2

NEXIUM **P QL**

### Tier 3

ACIPHEX **QL E2**

KAPIDEX **QL ST**

PREVACID **QL**

PRILOSEC **QL E2**

PROTONIX **QL E2**

ZEGERID **QL E2**

## SALIVA STIMULANTS

### Tier 1

pilocarpine tabs (generic of SALAGEN)

### Tier 2

EVOXAC

### Tier 3

SALAGEN

## STEROIDS, RECTAL

### Tier 1

hydrocortisone acetate supp (generic of ANUSOL-HC)

hydrocortisone crm 2.5%

### Tier 2

PROCTOFOAM-HC

### Tier 3

ANUSOL-HC

## ULCER THERAPY COMBINATIONS

### Tier 2

PREVPAC

PYLERA

## MISCELLANEOUS

### Tier 1

sucralfate tabs (generic of CARAFATE)

### Tier 2

CARAFATE susp

### Tier 3

CARAFATE tabs

## GENITOURINARY

### BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:  
<http://www.aunanet.org/guidelines>

#### Tier 1

---

**doxazosin** (generic of CARDURA) \* **P**

---

**finasteride** (generic of PROSCAR) \* **P**

---

**terazosin** (generic of HYTRIN) \* **P**

---

#### Tier 2

---

AVODART **P**

---

FLOMAX **P**

---

#### Tier 3

---

CARDURA

---

CARDURA XL **E2**

---

HYTRIN

---

PROSCAR

---

RAPAFLO

---

UROXATRAL

---

### ERECTILE DYSFUNCTION

Guidelines for the management of erectile dysfunction are available at:  
<http://www.aunanet.org/guidelines>

#### Alprostadil Agents

##### Tier 2

---

EDEX **QL** \*\*

---

MUSE **QL** \*\*

---

##### Tier 3

---

CAVERJECT **QL** \*\*

---

\*\* Coverage limited to males only, 18 years of age and older and cumulative by class.

#### Phosphodiesterase Inhibitors

##### Tier 2

---

CIALIS **QL** \*\*

---

LEVITRA **QL** \*\*

---

VIAGRA **QL** \*\*

---

\*\* Coverage limited to males only, 18 years of age and older and cumulative by class.

### URINARY ANTISPASMODICS

#### Tier 1

---

**oxybutynin** \* **P**

---

**oxybutynin ext-rel** (generic of DITROPAN XL) \* **P**

---

#### Tier 2

---

DETROL **P**

---

DETROL LA **P**

---

ENABLEX **P**

---

OXYTROL **P**

---

SANCTURA XR **P**

---

VESICARE **P**

---

#### Tier 3

---

DITROPAN XL

---

GELNIQUE

---

SANCTURA **E2**

---

TOVIAZ

---

## VAGINAL ANTI-INFECTIVES

### Tier 1

**clindamycin crm** (generic of CLEOCIN crm)

**metronidazole gel** (generic of METROGEL-VAGINAL)

**terconazole crm 0.4%** (generic of TERAZOL 7)

**terconazole crm 0.8%, supp 80 mg** (generic of TERAZOL 3)

### Tier 2

CLEOCIN supp

CLINDESSE

### Tier 3

CLEOCIN crm

FLAGYL ER

METROGEL-VAGINAL

TERAZOL 3

TERAZOL 7

## MISCELLANEOUS

### Tier 1

**bethanechol** (generic of URECHOLINE)

**phenazopyridine** (generic of PYRIDIUM)

**potassium citrate** (generic of UROCIT-K)

### Tier 2

ELMIRON

### Tier 3

PYRIDIUM

RELISTOR

URECHOLINE

UROCID-K

## HEMATOLOGIC

Guidelines of treatment and management of hemophilia are available at:

<http://www.hemophilia.org>

## ANTICOAGULANTS

### Injectable

#### Tier 3

FRAGMIN ^

INNOHEP ^

LOVENOX ^

### Oral

#### Tier 1

**warfarin** (generic of COUMADIN) \* P

#### Tier 2

COUMADIN

### Synthetic Heparinoid-like Agents

#### Tier 3

ARIXTRA ^

## HEMATOPOIETIC GROWTH FACTORS

Guidelines for the management of neutropenia are available at:  
<http://www.asco.org>

Guidelines for the management of anemia associated with chronic kidney disease are available at:  
[http://www.kidney.org/professionals/kdoqi/guidelines\\_commentaries.cfm#guidelines](http://www.kidney.org/professionals/kdoqi/guidelines_commentaries.cfm#guidelines)

### Tier 2

---

ARANESP **PA\*\* SP ^**

---

EPOGEN **PA\*\* SP ^**

---

NEULASTA **PA\*\* SP ^**

---

NEUPOGEN **PA\*\* SP ^**

---

PROCRIT **PA\*\* SP ^**

---

### Tier 3

---

PROMACTA **SP**

---

## IRON CHELATING AGENTS

### Tier 3

---

EXJADE **SP**

---

## PLATELET AGGREGATION INHIBITORS

### Tier 1

---

dipyridamole (generic of PERSANTINE)

---

### Tier 2

---

PLAVIX

---

PLAVIX 300 mg **QL**

---

### Tier 3

---

AGGRENOX

---

EFFIENT

---

PERSANTINE

---

## PLATELET SYNTHESIS INHIBITORS

### Tier 1

---

anagrelide (generic of AGRYLIN)

---

### Tier 3

---

AGRYLIN

---

## MISCELLANEOUS

### Tier 1

---

cilostazol (generic of PLETAL)

---

pentoxifylline ext-rel (generic of TRENTAL)

---

### Tier 3

---

PLETAL

---

TRENTAL

---

## IMMUNOLOGIC AGENTS

### DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

Guidelines for the management of rheumatic diseases are available at:  
<http://www.rheumatology.org>

### Tier 1

---

hydroxychloroquine (generic of PLAQUENIL)

---

leflunomide (generic of ARAVA) **PA SP**

---

methotrexate 2.5 mg

---

### Tier 2

---

ENBREL **PA SP**

---

HUMIRA **PA SP**

---

KINERET **PA SP**

---

---

RIDAURA  
SIMPONI **PA SP**

---

**Tier 3**

---

ARAVA **PA SP**  
CUPRIMINE  
PLAQUENIL  
RHEUMATREX

---

**IMMUNOMODULATORS**

CDC recommendations on the treatment of hepatitis are available at:  
<http://www.cdc.gov/hepatitis/index.htm>

Guidelines for the management of hepatitis are available at:  
<http://www.aasld.org>

**Interferons**

**Tier 2**

---

INFERGEN **PA SP**  
INTRON A **SP ^**  
PEGASYS **PA SP**  
PEGINTRON **PA SP**

---

**Miscellaneous**

**Tier 3**

---

ARCALYST **PA SP**  
ILARIS **PA SP ^**  
REVLIMID **PA SP**

---

**IMMUNOSUPPRESSANTS**

**Antimetabolites**

**Tier 1**

---

azathioprine (generic of IMURAN)  
mycophenolate mofetil (generic of CELLCEPT)

---

**Tier 2**

---

AZASAN  
CELLCEPT  
MYFORTIC

---

**Tier 3**

---

IMURAN

---

**Calcineurin Inhibitors**

**Tier 1**

---

cyclosporine (generic of SANDIMMUNE)  
cyclosporine, modified (generic of NEORAL)  
tacrolimus (generic of PROGRAF)

---

**Tier 2**

---

NEORAL  
PROGRAF  
SANDIMMUNE

---

**Rapamycin Derivatives**

**Tier 2**

---

RAPAMUNE

---

**NUTRITIONAL/SUPPLEMENTS**

**ELECTROLYTES**

**Potassium**

**Tier 1**

---

potassium chloride ext-rel (generic of KLOR-CON, MICRO-K)  
potassium chloride liquid (generic of KAON-CL, KAY CIEL)

---

**Tier 3**

KAON-CL  
 KAY CIEL  
 K-TAB  
 MICRO-K

**VITAMINS AND MINERALS****Folic Acid Agents****Tier 1****folic acid****folic acid/vitamin B6/vitamin B12** (generic of FOLTX)**Tier 3**

FOLTX

**Prenatal Vitamins****Tier 1****prenatal vitamins w/folic acid \*****Tier 2**

DUET DHA \*  
 PRECARE \*  
 PRECARE CONCEIVE \*  
 PRENATE ELITE \*  
 VITAFOL-OB \*  
 VITAFOL-PN \*

\* The formulary includes numerous prescription prenatal vitamins, which cover the majority of prescriptions.

**Miscellaneous****Tier 1**

**calcitriol (1,25-D3)** (generic of ROCALTROL)  
**cyanocobalamin inj** (generic of vitamin B-12) ^  
**ergocalciferol (D2)** (generic of DRISDOL)  
**fluoride drops**  
**fluoride tabs** (generic of LURIDE LOZI-TABS)  
**multivitamins/fluoride drops, tabs**  
**multivitamins/fluoride/iron drops, tabs**  
**vitamin ADC/fluoride drops**  
**vitamin ADC/fluoride/iron drops**

**Tier 2**

LURIDE LOZI-TABS  
 MEPHYTON

**Tier 3**

DRISDOL  
 NUTRESTORE  
 ROCALTROL

**RESPIRATORY**

Guidelines to the management, prevention, or treatment of COPD and asthma are available at:

<http://www.aaaai.org>  
<http://www.ginasthma.com>  
<http://www.goldcopd.com>  
<http://www.nhlbi.nih.gov>

The Allergy Report and guidelines for allergy-related conditions are available at:

<http://www.aaaai.org>**ANAPHYLAXIS TREATMENT AGENTS****Tier 2**

EPIPEN **P**  
 EPIPEN JR. **P**

**Tier 3**

TWINJECT

**ANTICHOLINERGICS****Tier 1**

ipratropium soln

**Tier 2**

SPIRIVA P QL

**Tier 3**

ATROVENT HFA

**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS****Tier 1**

ipratropium/albuterol sulfate soln (generic of DUONEB) \* P

**Tier 2**

COMBIVENT P

**Tier 3**

DUONEB

**ANTIHISTAMINES, LOW SEDATING****Tier 2**

ZYRTEC SYRUP \*

**Tier 3**

XYZAL E2 ST †

\* Product also available OTC.

† - ST effective 4-1-10

**ANTIHISTAMINES, NONSEDATING****Tier 1**

fexofenadine (generic of ALLEGRA) \* P

**Tier 3**

ALLEGRA

ALLEGRA ODT

CLARINEX E2 ST †

† - ST effective 4-1-10

**ANTIHISTAMINES, SEDATING****Tier 1**

clemastine 2.68 mg

cyproheptadine

diphenhydramine 50 mg

hydroxyzine HCl

hydroxyzine pamoate caps (generic of VISTARIL)

**Tier 3**

VISTARIL caps

**ANTIHISTAMINE/DECONGESTANT COMBINATIONS****Tier 1**

brompheniramine/pseudoephedrine 4 mg/45 mg per 5 mL

chlorpheniramine/phenylephrine 1 mg/3.5 mg per mL

chlorpheniramine/phenylephrine 4 mg/12.5 mg per 5 mL

chlorpheniramine/phenylephrine 4.5 mg/5 mg per 5 mL (generic of RYNATAN)

chlorpheniramine/pseudoephedrine ext-rel 8 mg/120 mg (generic of DECONAMINE SR)

fexofenadine/pseudoephedrine ext-rel 60 mg/120 mg (generic of ALLEGRA-D)

**Tier 3**

ALLEGRA-D

CLARINEX-D **E2**

DECONAMINE SR

RYNATAN

**ANTITUSSIVES****Tier 1****benzonatate** (generic of TESSALON)**Tier 3**

TESSALON

**ANTITUSSIVE COMBINATIONS****Narcotic****Tier 1****Cheratussin AC****Cheratussin DAC****codeine/promethazine****codeine/promethazine/phenylephrine****hydrocodone/homatropine****Phenylhistine DH****Non-narcotic****Tier 1****dextromethorphan/promethazine****BETA AGONISTS****Inhalants****Short Acting****Tier 1****albuterol soln****albuterol sulfate soln** (generic of ACCUNEB)**Tier 2**PROAIR HFA **P**VENTOLIN HFA **P****Tier 3**

ACCUNEB

MAXAIR AUTOHALER

PROVENTIL HFA

XOPENEX

XOPENEX HFA

**Long Acting****Tier 2**FORADIL AEROLIZER **P**SEREVENT DISKUS **P****Tier 3**

BROVANA

**Oral Agents****Tier 1****albuterol****albuterol sulfate ext-rel** (generic of VOSPIRE ER)**terbutaline** (generic of BRÉTHINE)**Tier 3**

BRÉTHINE

VOSPIRE ER

**CYSTIC FIBROSIS****Tier 2**PULMOZYME **SP**TOBI **SP****LEUKOTRIENE RECEPTOR ANTAGONISTS****Tier 2**SINGULAIR **ST****Tier 3**

ACCOLATE

ZYFLO CR

**MAST CELL STABILIZERS****Tier 1**

cromolyn soln

**MONOCLONAL ANTIBODIES****Tier 2**XOLAIR **PA SP ^****NASAL ANTIHISTAMINES****Tier 2**ASTELIN **P**ASTEPRO **P****Tier 3**

PATANASE

**NASAL STEROIDS****Tier 1**

flunisolide spray

fluticasone spray (generic of FLONASE) \* **P****Tier 2**NASACORT AQ **P**NASONEX **P**VERAMYST **P****Tier 3**BECONASE AQ **E2**

FLONASE

RHINOCORT AQUA

**STEROID/BETA AGONIST COMBINATIONS****Tier 2**ADVAIR DISKUS **P**ADVAIR HFA **P**SYMBICORT **P****STEROID INHALANTS****Tier 1**budesonide inhalation suspension (generic of PULMICORT RESPULES) \* **P****Tier 2**ASMANEX **P**FLOVENT **P**PULMICORT **P**QVAR **P****Tier 3**AEROBID/AEROBID-M **E2**

ALVESCO

## XANTHINES

### Tier 1

theophylline ext-rel

theophylline ext-rel tabs (generic of UNIPHYL)

### Tier 2

ELIXOPHYLLIN

THEO-24

UNIPHYL

## MISCELLANEOUS (NASAL)

### Tier 1

ipratropium spray (generic of ATROVENT spray)

### Tier 3

ATROVENT spray

## TOPICAL

### DERMATOLOGY

#### Acne

Guidelines for the care and treatment of acne vulgaris are available at:

<http://www.aad.org>

#### Oral

### Tier 1

isotretinoin

#### Topical

### Tier 1

benzoyl peroxide (generic of BENZAC AC)

clindamycin gel, lotion, pledgets, soln (generic of CLEOCIN T)

clindamycin/benzoyl peroxide gel (generic of BENZACLIN)

erythromycin gel 2%

erythromycin pledgets, soln

erythromycin/benzoyl peroxide (generic of BENZAMYCIN)

sulfacetamide lotion 10% (generic of KLARON)

sulfacetamide/sulfur cleanser, gel (generic of AVAR)

sulfacetamide/sulfur gel, lotion (generic of ROSULA)

tretinoin crm, gel (generic of RETIN-A)

### Tier 2

DIFFERIN

DUAC CS

RETIN-A lotion

RETIN-A MICRO

### Tier 3

ACZONE

ATRALIN

AVAR

AZELEX

BENZAC AC

BENZACLIN

BENZAMYCIN

BREVOXYL

CLEOCIN T

EPIDUO

ERYCETTE

KLARON

RETIN-A crm, gel

ROSULA

TAZORAC

ZIANA gel

## Actinic Keratosis

### Tier 1

fluorouracil (generic of EFUDEX)

### Tier 2

CARAC

EFUDEX adhesive bandage

SOLARAZE

### Tier 3

EFUDEX crm, soln

## Antibiotics

### Tier 1

gentamicin

mupirocin oint (generic of BACTROBAN)

silver sulfadiazine (generic of SILVADENE)

### Tier 2

BACTROBAN crm

BACTROBAN NASAL

### Tier 3

ALTABAX

BACTROBAN oint

SILVADENE

## Antifungals

### Tier 1

ciclopirox (generic of LOPROX)

clotrimazole (generic of LOTRIMIN)

econazole

ketoconazole (generic of NIZORAL)

nystatin

nystatin/triamcinolone

### Tier 2

OXISTAT

### Tier 3

LOPROX crm, gel, topical susp

LOPROX shampoo

LOTRIMIN

NIZORAL

VUSION

## Antipsoriatics

Guidelines of care for the management and treatment of psoriasis with topical therapies are available at:

<http://www.aad.org>

### Injectable

#### Tier 2

AMEVIVE PA SP ^

### Oral

#### Tier 2

OXSORALEN-ULTRA

SORIATANE CK

### Topical

#### Tier 1

calcipotriene soln (generic of DOVONEX soln)

**Tier 2**

DOVONEX crm

**Tier 3**

DOVONEX soln

TACLONEX E2

TAZORAC

**Antiseborrheics****Tier 1**

ketoconazole shampoo 2% (generic of NIZORAL SHAMPOO)

selenium sulfide shampoo 2.5% (generic of SELSUN)

sodium sulfacetamide crm, gel, wash 10% (generic of OVACE)

**Tier 2**

OVACE foam

**Tier 3**

NIZORAL SHAMPOO

OVACE crm, gel, wash

SELSUN

**Antivirals****Tier 1**

podofilox soln (generic of CONDYLOX)

**Tier 2**

ALDARA

CONDYLOX gel

ZOVIRAX

**Tier 3**

CONDYLOX soln

VEREGEN

**Corticosteroids****Low Potency****Tier 1**

alclometasone crm, oint 0.05% (generic of ACLOVATE)

desonide crm, lotion, oint 0.05% (generic of DESOWEN)

fluocinolone acetonide crm, soln 0.01%

hydrocortisone crm, lotion, oint 1%

hydrocortisone crm, lotion, oint 2.5%

**Tier 3**

ACLOVATE

DESOWEN

**Medium Potency****Tier 1**

betamethasone valerate crm, lotion, oint 0.1%

desoximetasone crm 0.05% (generic of TOPICORT LP)

fluocinolone acetonide crm, oint 0.025%

fluticasone propionate crm 0.05%, oint 0.005% (generic of CUTIVATE)

hydrocortisone butyrate crm, oint, soln 0.1% (generic of LOCOID)

hydrocortisone valerate crm, oint 0.2% (generic of WESTCORT)

mometasone crm, lotion, oint 0.1% (generic of ELOCON)

triamcinolone acetonide crm, lotion, oint 0.025%

triamcinolone acetonide crm, lotion, oint 0.1%

**Tier 2**

CORDRAN

CUTIVATE lotion

**Tier 3**

CUTIVATE crm, oint

ELOCON

LOCOID

LUXIQ

TOPICORT LP

WESTCORT

**High Potency****Tier 1**

betamethasone dipropionate augmented crm 0.05% (generic of DIPROLENE AF)

betamethasone dipropionate augmented lotion 0.05% (generic of DIPROLENE lotion)

betamethasone dipropionate crm, gel, lotion, oint 0.05% (generic of DIPROSONE)

desoximetasone crm, oint 0.25%, gel 0.05% (generic of TOPICORT)

diflorasone diacetate crm 0.05%

fluocinonide crm, gel, oint, soln 0.05% (generic of LIDEX)

triamcinolone acetonide crm, oint 0.5%

**Tier 2**

KENALOG spray

**Tier 3**

APEXICON E

DIPROLENE AF

DIPROLENE lotion

DIPROSONE

LIDEX

TOPICORT

**Very High Potency****Tier 1**

betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE)

clobetasol propionate crm, gel, oint, soln 0.05% (generic of TEMOVATE)

clobetasol propionate foam 0.05% (generic of OLUX)

diflorasone diacetate oint 0.05%

halobetasol propionate crm, oint 0.05% (generic of ULTRAVATE)

**Tier 2**

CLOBEX lotion, shampoo, spray

**Tier 3**

DIPROLENE oint

OLUX

OLUX-E

TEMOVATE

ULTRAVATE

**Emollients****Tier 1**

ammonium lactate 12% (generic of LAC-HYDRIN)

**Tier 3**

LAC-HYDRIN

**Immunomodulators**

Guidelines of treatment of atopic dermatitis are available at:

<http://www.aad.org>**Tier 2**

ELIDEL \*\*\*

PROTOPIC \*\*\*

\*\*\* Coverage limited to members age 2 and over.

## Local Analgesics

### Tier 2

LIDODERM

## Local Anesthetics

### Tier 1

lidocaine/prilocaine (generic of EMLA)

### Tier 3

EMLA

## Rosacea

### Tier 1

metronidazole crm 0.75% (generic of METROCREAM)

metronidazole gel 0.75%

metronidazole lotion 0.75% (generic of METROLOTION)

sulfacetamide/sulfur cleanser, cleansing cloths, crm, lotion, susp (generic of PLEXION)

### Tier 2

FINACEA

METROGEL 1%

NORITATE

ORACEA

### Tier 3

METROCREAM

METROLOTION

PLEXION

## Scabicides and Pediculicides

### Tier 1

lindane shampoo

malathion lotion 0.5% (generic of OVIDE)

permethrin 5% (generic of ELIMITE)

### Tier 2

EURAX

### Tier 3

ELIMITE

OVIDE

ULESFIA

## Miscellaneous Skin and Mucous Membrane

### Tier 2

REGRANEX PA

## MOUTH/THROAT/DENTAL AGENTS

### Anesthetics - Topical Oral

#### Tier 1

lidocaine viscous

### Steroids - Mouth/Throat

#### Tier 1

triamcinolone paste

## OPHTHALMIC

Preferred Practice Pattern Guidelines for the treatment of various ophthalmic conditions are available at:

<http://one.aao.org>

## Antiallergics

### Tier 1

azelastine (generic of OPTIVAR)

cromolyn sodium (generic of CROLOM)

**Tier 2**

ALOCRI  
ALOMIDE  
PATANOL

**Tier 3**

ALAMAST  
BEPREVE  
CROLOM  
ELESTAT  
OPTIVAR

**Anti-infectives****Tier 1****bacitracin**

**ciprofloxacin** (generic of CILOXAN)

**erythromycin****Gentak oint**

**gentamicin soln** (generic of GARAMYCIN)

**neomycin/polymyxin B/gramicidin** (generic of NEOSPORIN)

**ofloxacin** (generic of OCUFLOX)

**polymyxin B/bacitracin**

**polymyxin B/trimethoprim** (generic of POLYTRIM)

**sulfacetamide soln 10%** (generic of BLEPH-10)

**tobramycin soln** (generic of TOBEX)

**Tier 2**

TOBEX oint

**Tier 3**

AZASITE  
BESIVANCE  
BLEPH-10 soln  
CILOXAN  
GARAMYCIN  
IQUIX  
NEOSPORIN  
OCUFLOX  
POLYTRIM  
QUIXIN  
TOBEX soln  
VIGAMOX  
ZYMAR

**Anti-infective/Anti-inflammatory Combinations****Tier 1**

**neomycin/polymyxin B/dexamethasone** (generic of MAXITROL)

**neomycin/polymyxin B/hydrocortisone** (generic of CORTISPORIN)

**sulfacetamide/prednisolone phosphate 10%/0.25%**

**tobramycin/dexamethasone susp** (generic of TOBRADEX susp)

**Tier 2**

BLEPHAMIDE  
BLEPHAMIDE SOP  
POLY-PRED  
TOBRADEX oint  
ZYLET

**Tier 3**

CORTISPORIN  
MAXITROL  
TOBRADEX susp

## Anti-inflammatories

### Nonsteroidal

#### Tier 1

diclofenac sodium (generic of VOLTAREN)

flurbiprofen (generic of OCUFEN)

ketorolac 0.4% (generic of ACULAR LS)

ketorolac 0.5% (generic of ACULAR)

#### Tier 2

XIBROM

#### Tier 3

ACULAR

ACULAR LS

ACUVAIL

NEVANAC

OCUFEN

VOLTAREN

### Steroidal

#### Tier 1

dexamethasone sodium phosphate

fluorometholone (generic of FML)

prednisolone acetate 1% (generic of PRED FORTE)

prednisolone phosphate 1%

#### Tier 2

FML FORTE

FML S.O.P.

LOTEMAX

PRED MILD

#### Tier 3

DUREZOL

FML

PRED FORTE

## Antivirals

#### Tier 1

trifluridine (generic of VIROPTIC)

#### Tier 3

VIROPTIC

## Beta-blockers

### Nonselective

#### Tier 1

betaxolol

carteolol

levobunolol (generic of BETAGAN)

metipranolol (generic of OPTIPRANOLOL)

timolol maleate (generic of TIMOPTIC) \* P

timolol maleate gel (generic of TIMOPTIC-XE)

#### Tier 2

BETIMOL P

#### Tier 3

BETAGAN

ISTALOL

OPTIPRANOLOL

TIMOPTIC

TIMOPTIC-XE

**Selective**

**Tier 3**

BETOPTIC S

**Carbonic Anhydrase Inhibitors**

**Topical**

**Tier 1**

**dorzolamide** (generic of TRUSOPT)

**Tier 2**

AZOPT

**Tier 3**

TRUSOPT

**Carbonic Anhydrase Inhibitor/Beta-blocker Combinations**

**Tier 1**

**dorzolamide/timolol maleate** (generic of COSOPT)

**Tier 3**

COSOPT

**Immunomodulators**

**Tier 2**

RESTASIS

**Mydriatics**

**Tier 1**

**atropine**

**Parasympathomimetics**

**Tier 3**

PILOPINE HS

**Prostaglandins**

**Tier 2**

LUMIGAN P

TRAVATAN P

XALATAN P

**Sympathomimetics**

**Tier 1**

**brimonidine 0.15%** (generic of ALPHAGAN P) \* P

**brimonidine 0.2%** \* P

**dipivefrin** (generic of PROPINE)

**Tier 3**

ALPHAGAN P

PROPINE

**Sympathomimetic/Beta-blocker Combinations**

**Tier 3**

COMBIGAN

**OTIC**

Clinical practice guidelines for the treatment of otitis media are available at:

<http://www.aap.org>

**Anti-infectives**

**Tier 1**

**acetic acid** (generic of ACETASOL)

**acetic acid/aluminum acetate** (generic of DOMEBORO OTIC)

**ofloxacin otic** (generic of FLOXIN OTIC)

**Tier 3**

---

ACETASOL

---

CETRAXAL

---

DOMEBORO OTIC

---

FLOXIN OTIC

---

**Anti-infective/Anti-inflammatory Combinations**

**Tier 1**

---

**Acetasol HC**

---

**neomycin/polymyxin B/hydrocortisone** (generic of CORTISPORIN OTIC)

---

**Tier 2**

---

CIPRO HC OTIC

---

CIPRODEX

---

**Tier 3**

---

CORTISPORIN OTIC

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## WEB SITES

Agency for Healthcare Research and Quality  
<http://www.ahrq.gov>

Alzheimer's Association  
<http://www.alz.org>

American Academy of Allergy, Asthma and Immunology  
<http://www.aaaai.org>

American Academy of Child & Adolescent Psychiatry  
<http://www.aacap.org>

American Academy of Dermatology  
<http://www.aad.org>

American Academy of Neurology  
<http://www.aan.com>

American Academy of Ophthalmology  
<http://www.aao.org>

American Academy of Pediatrics  
<http://www.aap.org>

American Association for the Study of Liver Disease  
<http://www.aasld.org>

American Association of Clinical Endocrinologists  
<http://www.aace.com>

American Association of Diabetes Educators  
<http://www.diabeteseducator.org>

American Cancer Society  
<http://www.cancer.org>

American College of Allergy, Asthma and Immunology  
<http://www.acaai.org>

American College of Cardiology  
<http://www.acc.org>

American College of Chest Physicians  
<http://www.chestnet.org>

American College of Gastroenterology  
<http://www.acg.gi.org>

American Congress of Obstetricians and Gynecologists  
<http://www.acog.org>

American College of Physicians  
<http://www.acponline.org>

American College of Rheumatology  
<http://www.rheumatology.org>

American Diabetes Association  
<http://www.diabetes.org>

American Gastroenterological Association  
<http://www.gastro.org>

American Headache Society Committee for Headache Education  
<http://www.achenet.org>

American Heart Association  
<http://www.americanheart.org>

American Lung Association  
<http://www.lungusa.org>

American Medical Association  
<http://www.ama-assn.org>

American Psychiatric Association  
<http://www.psych.org>

American Society of Anesthesiologists  
<http://www.asahq.org>

American Society of Clinical Oncology  
<http://www.asco.org>

American Society of Interventional Pain Physicians  
<http://www.asipp.org>

American Urological Association  
<http://www.auanet.org>

Centers for Disease Control and Prevention  
<http://www.cdc.gov>

Centers for Disease Control and Prevention  
Guideline topics: AIDS  
<http://www.cdc.gov/hiv/resources/guidelines/index.htm>

Centers for Disease Control and Prevention  
Guideline topics: Sexually Transmitted Diseases  
<http://www.cdc.gov/std/treatment/default.htm>

CVS Caremark  
<http://www.caremark.com>

The Food and Drug Administration  
<http://www.fda.gov>

Global Initiative for Asthma  
<http://www.ginasthma.com>

Infectious Diseases Society of America  
<http://www.idsociety.org>

Institute for Safe Medication Practices  
<http://www.ismp.org>

Johns Hopkins AIDS Service  
<http://www.hopkins-aids.edu>

Juvenile Diabetes Research Foundation International  
<http://www.jdf.org>

MedWatch  
<http://www.fda.gov/medwatch>

National Agricultural Library  
<http://www.nal.usda.gov>

National Cancer Institute  
<http://www.cancer.gov/cancerinformation>

National Comprehensive Cancer Network  
<http://www.nccn.org>

National Foundation for Infectious Diseases  
<http://www.nfid.org>

National Guideline Clearinghouse  
<http://www.guideline.gov>

National Heart, Lung and Blood Institute  
<http://www.nhlbi.nih.gov>

National Institutes of Health  
<http://www.nih.gov>

National Kidney Foundation  
<http://www.kidney.org>

National Osteoporosis Foundation  
<http://www.nof.org>

North American Menopause Society  
<http://www.menopause.org>

United States Department of Health and Human  
Services  
<http://www.os.dhhs.gov>

World Health Organization  
<http://www.who.int>

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